VEGETOTHERAPY†

By Walter Frank, * M.D.

I. HISTORICAL SURVEY.

Vegetotherapy was founded by Dr. Wilhelm Reich. It constitutes at one and the same time a continuation of Freud’s psychoanalysis and a break with it, both with regard to theoretical orientation and technical development of psychotherapy. This statement calls for substantiation by way of a review of the development of what is called “psychoanalytic psychology.” Somewhat schematically speaking, the development of psychology is characterized by three epochs:

1. Psychology before Freud. This phase is properly called the “phenomenological” period. Its field of investigation was the external psychic phenomena as they are recognizable to anyone. It registered the phenomena of the psychic surface and collected a wealth of data. Present-day psychiatry is in this period of observing and registering psychic phenomena. During the past decades, its development has been in the direction of tying together observations from the physical and the psychic realms into a “psychosomatic” concept of the organism as a whole.

   The phenomenological period of psychology has provided us with a wealth of material, and probably will always continue to exist as a definite branch of investigation. But, apart from the valuable empirical material it provides, it is purely descriptive, dry, and “mechanistic.”

2. Freud, at the close of the past century, started an entirely new epoch in psychology which represents a tremendous step forward. The most important fruits of his work are (1) the demonstration of infantile sexuality; (2) the systematic investigation of the unconscious, a field upon which previous scientists had touched, without however, recognizing and exploring it as did Freud; (3) the introduction of a depth psychology, based on the discovery and application of (4) the psychoanalytic technique of investigation and therapy.

   What interests us most here is Freud’s theory of sex. With most people, including many who rate as experts, the concept of “sexuality” is limited to such sensations, reactions and actions as are connected with the genital organs. In psychoanalysis, and even more so in sex-economy, “sexuality” has a different and far broader meaning.

   The sex-economic concept of sexuality is identical with that of energy, of “life energy.” Our own perception of “life” is, directly or indirectly, bound up with our instinctual energy, our sexuality.

   Psychoanalytic investigation, as initiated by Freud, together with modern child psychology, has opened our eyes to the fact that what in the adult manifests itself as genital sexuality has its beginnings in the infant in quite different forms.

   The sexual energy, or vital energy, seeks pleasure, and it seeks it wherever it can be found. In the infant, it is attached to the functions of sucking and feeding, and to the skin, particularly certain parts of it. Later, it is extended also to the processes of defecation and urination. It is attached to the organs which participate in all of the foregoing processes: lips, tongue, throat; rectum, urethra; and various skin regions such as the palms, the face, the nipples, etc. In the adult, we find these places of early sexual gratification in the form of “erogenous zones,” i.e., regions on the body surface the stimulation of which leads to genital excitation. More than that, we find adults in whom the development toward genital sexuality has been inhibited and in whom sexual gratification re-
remains limited to these infantile localizations. At an early age, the infant begins to play with these erogenous zones and to stimulate them. Later on, the genitals are included in this stimulation, which then is called masturbation. The careful observer can readily notice the fact that the infant is fully aware of the increase in pleasure sensations when it shifts from non-genital to genital stimulation. The forms of self-stimulation which take place before the child begins to masturbate are called pregenital. They are connected mostly with the mouth, the anus and the urethra, and particularly with the functions of defecation and urination. The products of these processes, feces and urine, also arouse the child’s lively interest. In adults, pregenital forms of stimulation are apt to be found as "masturbation equivalents." The pleasure sensations connected with motion can readily be seen in the infant’s spontaneous and seemingly unmotivated muscular activities.

In our society, all these spontaneous expressions of infantile sexuality are more or less inhibited, because our society has a negative attitude toward sexuality. The innocent play of the child is considered "not nice," "bad" or even "dangerous"; the environment reacts to it with exclamations like "Shame on you!" or even with more or less drastic punishment. The child is brought up not according to his own drives and needs, but according to the adults’ conceptions and intolerance, or according to the size of the parents’ apartment. Biologically speaking, the child is born into the "wrong world," that is to say, the world of adults and not that of the child. There are in existence only a few primitive societies, matriarchates with a positive attitude toward sexuality, which can convey to us something like a biologically correct picture of how children really behave when they are allowed to develop according to their own nature, instead of on the basis of the instinctual repression imposed on them by the "adults."

Freud’s most important discovery is undoubtedly that of infantile sexuality. This discovery made him study individual development from infancy to adulthood in an entirely new light. He saw and demonstrated the individual’s inner development, its mute history, that life which goes on behind the mask of external manifestations. Freud’s psychology, thus, can be called a historical, genetic psychology. It discloses the individual’s inner history in terms of the fate of its sexuality.

Freud’s work ushered in an epoch which represents a revolutionary change in psychology. His observations led to an entirely new concept of human functioning. They provided the indispensable basis for a new field of investigation based on the question: What is the source of energy of all these phenomena? With this question, we arrive at the third epoch, the functional-economic, as initiated and worked out by Wilhelm Reich in his sex-economy.

3. Functional-economic psychology goes an essential step farther. Just as Freud’s historical, genetic psychology was a break with the previous phenomenological psychology, so does Reich’s psychology constitute a break with psychoanalysis. Sex-economy has a good deal of common ground with psychoanalysis, but in its basic concept it is something new. It does not look upon “libido” as a psychic phenomenon, but as vegetative energy, identical with “life energy.” In Reich’s psychology, the problem is shifted to the investigation of that energy which is the motor of all the "phenomena" and "histories" disclosed by psychoanalysis.

Thus, the problem of the neuroses necessarily enlarges itself to include the somatic phenomena. But not in the mechanistic sense that psychic conditions affect somatic conditions and vice versa.

Translator’s note: In the original: “energetisch-funktionell.” Unfortunately, the German "energetisch," meaning “relating to energy,” “from an energy point of view,” cannot be rendered with “energetic” because the English word has the meaning of “vigorou,” corresponding to the German "energisch." The word used in translating this term, namely “economic,” means “relating to the energy economy.”
The energy concept of sex-economy shows the neurotic symptoms, both somatic and psychic, to be specific results of an inhibition of the functioning of sexual energy; this inhibition manifests itself through whatever mechanism the soma or the psyche may make use of.

Reich arrived at his conclusions through an integration of psychological, sexological and biological investigation. In his sexological studies, the central problem was the orgasm and its energy function. Clinical investigation and experience showed him again and again that only the normal genital orgasm can provide an adequate discharge of the vegetative sexual energy dammed up in the organism.

In the neurotic individual, normal orgasm is never found. That means that the sex life of the neurotic is characterized by an incomplete pleasure mechanism and incomplete energy discharge. What energy is not discharged is "dammed up" in the organism; it is bound up in all sorts of somatic and psychic mechanisms, and produces disturbances in functioning, or, in everyday language, nervous symptoms.

Thus, from a sex-economic point of view, the very term "neurosis" assumes a different significance. In everyday usage, "neurosis" really means nothing but that collection of symptoms that makes the patient seek the help of the physician. The essence of the neurosis, however, lies not in these nervous manifestations, but in the disturbance of the metabolism of sexual energy. The various "functional physical disturbances" should not be merely described according to their localization and "phenomenology," but should be comprehended as somatic expressions of the damming-up of vegetative, sexual energy.

If one were to be wholly consistent, psychotherapy in the sex-economic sense should not be called vegetotherapy, but orgasmotherapy. This would express the actual goal of sex-economic therapy, which is to establish full orgasmic potency by means of dissolving the psychic and somatic mechanisms in which the sexual energy is bound up. Full orgasmic potency is the only criterion of healthy functioning.

II. THE VEGETATIVE NERVOUS SYSTEM.

Sexual energy and sexual function are "vegetative" phenomena. The vegetative nervous system is the tangible, concrete machinery through which this energy works. A recapitulation of our knowledge, anatomical and functional, of this vegetative nervous system seems in order. I also wish to point out that the sex-economic concept of this nervous system is a functional one, in contradistinction to the concept which is still current in medicine and which is "phenomenological."

A) ANATOMY

The vegetative nervous system is represented in the central nervous system as well as in the periphery. In the central nervous system, we find vegetative ganglia in the gray matter around the central canal, from the third ventricle to the conus terminalis (the lower end of the spinal cord). The cranial part is well known anatomically. It is represented in three of the cranial nerves: oculomotor, supplying the vegetative innervation of the eye; the facial nerve, via the corda tympani for the salivary and tear glands, and the vasodilators of the face. Third, and most important, we find the nerve centers for the 10th cranial nerve, the vagus, the cranial autonomic nerve. The branches of this nerve are found in the whole body; the intestines, the glands, the blood-producing organs, the blood vessels and the heart, the skin, etc. In addition, we find various vegetative centers in the cranial part, particularly around the bottom of the third ventricle. Fibres from these centers blend with the other vegetative nerve fibres going to the various parts of the body. In the spinal cord, the vegetative cells are found in the gray matter, par-
particularly in the lateral parts of the thoracic spinal cord, but also over its whole length.

In the cerebrospinal nervous system we find a sharp distinction between central nervous system (brain and spinal cord) and the peripheral nervous system (sensory and motor nerves). In the vegetative nervous system, there is no such distinction. Here, we find the fibres running from brain and spinal cord to one or more sets of large nerve centers. The first set of these is called the vertebral ganglia and consists of nodes arranged in pairs on the front side of the spinal column. These vertebral ganglia are connected with each other so as to form two long nerve tracts. This is the sympathetic trunk. From this, nerve fibres go off, in far larger numbers than those coming from the spinal cord. These go for the most part to another set of vegetative nerve centers, the prevertebral ganglia. Some of these are considerably larger than the other vegetative centers. The most important of these are the solar plexus, the hypogastric plexus, and, down in the pelvis, the pudendal plexus with its pelvic nerves which represent the sacral-autonomic part of the vegetative nervous system. All these vegetative centers send out fibres to all parts of the organism.

However, in addition to this continuous system of vegetative nerve centers and fibres we find another set of cells and fibres. These are the so-called juxta- or intramural ganglia, which are found in particularly large numbers in the large hollow organs such as the intestines, the kidneys, sexual organs, and the heart. These ganglia are connected with the rest of the vegetative system. But even if, experimentally or as the result of disease, they are cut off from impulses from the rest of the vegetative system, they continue to function independently, only with another rhythm. These juxta- and intramural ganglia represent the most primitive autonomic function, that of the organs.

**b) PHYSIOLOGY**

The most important physiological characteristics of the vegetative system can be summarized in three points:

1. Functional identity of the highest and the lowest part of the vegetative system (the cranial and the sacral part). These parts together are called the "parasympathetic." Similarly, we find functional identity of those parts that originate from the thoracic and the lumbar segments of the spinal cord. These together are called the "sympathetic."

2. The antagonistic function of sympathetic and parasympathetic (cf. table, p. 70).

3. Practically all organs have a double innervation, that is, they receive impulses from both the sympathetic and the parasympathetic.

**c) PHARMACOLOGY**

A great number of chemical substances stimulate the vegetative system in one way or another. The most interesting and therapeutically most important are hormones and alkaloids (atropine, pilocarpine, cocaine, alkaloids of opium, etc.). Such substances have diverse effects. Some affect both parts of the vegetative system, others almost exclusively one or the other, either in the sense of stimulation or of inhibition.

In various illnesses the normal balance between sympathetic and parasympathetic is disturbed. For example, in hyperthyroidism we find a general predominance of sympathetic innervation, a "sympatheticotonia"; in bronchial asthma, on the other hand, we find a "parasympatheticotonia," particularly of the small bronchi. In many forms of nervousness we find that both sympathetic and parasympathetic show an abnormal sensitivity to stimuli, be they psychic or chemical.
One may attempt to re-establish the vegetative equilibrium by the administration of drugs. However, most drugs are unsatisfactory for this purpose in that their effect is not sufficiently specific with regard to the function of individual organs; furthermore, in somewhat higher doses they affect one as well as the other of the two antagonistic systems. The best results are perhaps achieved with substitution therapy in cases of hormone deficiency (such as myxedema, menopause, or diabetes).

**D) FUNCTION TESTS**

Such tests have the purpose of detecting changes in the excitability of the two parts of the vegetative system, or of finding out whether the "vegetative tonus" of individual organs lies within, above or below normal limits. The function tests are mechanical, pharmacological, or a combination of both.

**Mechanical** tests: skin tests, in which the skin is stroked in order to provoke various forms of dermographism; pilomotor reflexes; mechanical heart reactions (Aschner's oculocardiac reflex); Shermak's reflex (pressure on the parasympathetic at the neck); pulmonary reflex ("juvenile" bradycardia, i.e., slowing of the pulse, with deep inspiration); solar plexus reflex (bradycardia with pressure on the epigastrium); Ebner's test: in the presence of parasympatheticotonia, exercise results in bradycardia instead of tachycardia; etc.

The **pharmacological** tests fall into four main groups: Inhibition of the sympathetic (cocaine, gynergen); stimulation of the sympathetic (adrenalin); inhibition of the parasympathetic (atropine); stimulation of the parasympathetic (pilocarpine).

Unfortunately, these function tests are of relatively little value. Except for the fact that they demonstrate a greater or lesser shift in vegetotonus, they are rarely helpful either from an etiological, diagnostic or therapeutic point of view. Patients with an outspoken vegetative symptomatology show as a rule a generally increased vegetotonus and an increased irritability of both parts of the vegetative system (that is, both a sympatheticotonia and a parasympatheticotonia). Occasionally, one finds such changes limited to individual organs, so that one may be tempted to speak of vegetative organ neuroses in cases where the disturbance is not caused by some physical disease. The therapeutic results range from the mostly useless attempts to influence the reactions of the whole organism, to the more frequently successful surgical or medical treatment of more localized disturbances.

But in the majority of cases, such as dyspepsia, spastic constipation, cardiac neurosis, all kinds of "rheumatic" disturbances, and anxiety states with their innumerable subjective complaints and objective symptoms, the usual medical therapy is a hopeless proposition. One gets lost in a kaleidoscopic confusion of complaints and symptoms. A therapeutic measure which improves one symptom may aggravate another. One loses sight of the total picture and often gets lost in the jungle of psychic and somatic phenomena. And last but not least: the more the symptoms increase in variety and intensity, the more is the individual, the patient himself, lost sight of.

The official medical literature gives only meager hints toward a theoretical and practical understanding of the real function of this vegetative nervous system in the living organism.

**III. THE SEX-ECONOMIC CONCEPT OF THE VEGETATIVE NERVOUS SYSTEM.**

On the following page is a schematic summary of the effects of the two vegetative antagonists upon the various organs:
Functioning of the Autonomic Nervous System

<table>
<thead>
<tr>
<th>Sympathetic Action</th>
<th>Organ</th>
<th>Parasympathetic Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhibition of m. sphincter pupillae:</td>
<td>Musculature of iris</td>
<td>Stimulation of m. sphincter pupillae:</td>
</tr>
<tr>
<td>Dilatation of pupils.</td>
<td></td>
<td>Narrowing of pupils.</td>
</tr>
<tr>
<td>Inhibition of lachrymal glands:</td>
<td>Lachrymal glands</td>
<td>Stimulation of lachrymal glands:</td>
</tr>
<tr>
<td>&quot;Dry Eyes.&quot;</td>
<td></td>
<td>&quot;Bright eyes.&quot;</td>
</tr>
<tr>
<td>Inhibition of salivary glands:</td>
<td>Salivary glands</td>
<td>Stimulation of salivary glands:</td>
</tr>
<tr>
<td>&quot;Dry mouth.&quot;</td>
<td></td>
<td>&quot;Mouth waters.&quot;</td>
</tr>
<tr>
<td>Stimulation of sweat glands:</td>
<td>Sweat glands</td>
<td>Inhibition of sweat glands:</td>
</tr>
<tr>
<td>&quot;Cold sweat.&quot;</td>
<td></td>
<td>Dry skin.</td>
</tr>
<tr>
<td>Contraction of arteries:</td>
<td>Arteries</td>
<td>Dilatation of arteries:</td>
</tr>
<tr>
<td>&quot;Cold sweat&quot;; pallor.</td>
<td></td>
<td>Redness of skin, increased turgor, without sweating.</td>
</tr>
<tr>
<td>Stimulation of arrectores pilorum:</td>
<td>Arrectores pilorum</td>
<td>Inhibition of arrectores pilorum:</td>
</tr>
<tr>
<td>Hair is &quot;raised.&quot; &quot;Gooseflesh.&quot;</td>
<td></td>
<td>Skin smooth.</td>
</tr>
<tr>
<td>Inhibition of contracting musculature:</td>
<td>Bronchial musculature</td>
<td>Stimulation of contracting musculature:</td>
</tr>
<tr>
<td>Relaxation of bronchi.</td>
<td></td>
<td>Bronchial spasm.</td>
</tr>
<tr>
<td>Stimulates heart action:</td>
<td>Heart</td>
<td>Depresses heart action:</td>
</tr>
<tr>
<td>Palpitation, tachycardia.</td>
<td></td>
<td>Heart quiet, pulse slow.</td>
</tr>
<tr>
<td>Inhibits peristalsis.</td>
<td>Gastrointestinal tract; liver, pancreas, kidneys; all digestive glands.</td>
<td>Stimulates peristalsis and secretion of digestive glands.</td>
</tr>
<tr>
<td>Reduces secretion of digestive glands.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulates secretion of adrenalin.</td>
<td>Adrenals</td>
<td>Inhibits secretion of adrenalin.</td>
</tr>
<tr>
<td>Inhibits musculature which opens bladder, stimulates sphincter:</td>
<td>Urinary bladder</td>
<td>Stimulates musculature which opens bladder, inhibits sphincter:</td>
</tr>
<tr>
<td>Inhibits micturition.</td>
<td></td>
<td>Stimulates micturition.</td>
</tr>
<tr>
<td>Stimulates smooth musculature, reduces secretion of all glands, decreases blood supply:</td>
<td>Female sex organs</td>
<td>Relaxes smooth musculature, stimulates secretion of all glands, increases blood supply:</td>
</tr>
<tr>
<td>Decreased sexual sensation.</td>
<td></td>
<td>Increased sexual sensation.</td>
</tr>
<tr>
<td>Stimulates smooth musculature of the scrotum, reduces glandular secretion, decreases blood supply:</td>
<td>Male sex organs</td>
<td>Relaxes smooth musculature of the scrotum, stimulates glandular secretion, increases blood supply:</td>
</tr>
<tr>
<td>Flaccid penis. Decreased sexual sensation.</td>
<td></td>
<td>Erection. Increased sexual sensation.</td>
</tr>
</tbody>
</table>
This table shows the effects of the sympathetic and the parasympathetic on some of the organs. At first glance, it seems confusing that there should exist such an element of chance in the effect of the two vegetative antagonists upon the various organs. It seems peculiar that the sympathetic, e.g., should have an inhibiting effect upon the salivary and tear glands but a stimulating effect upon the sweat glands; that it should have a stimulating effect upon the muscles that "raise the hair" and upon the heart, but an inhibiting effect on stomach and intestines; that it should stimulate the function of the adrenals but inhibit that of the kidneys; dilate the bronchi but inhibit the evacuation of the urinary bladder and the rectum, and inhibit the sexual function. The parasympathetic shows the same stimulating and inhibiting effects, but in exactly the opposite direction from the sympathetic.

In spite of a wealth of detailed investigation and description of all these phenomena, there was no plausible theoretical or practical explanation of the actual function of the vegetative mechanism until Wilhelm Reich, in 1934, published his little monograph "Der Urgegensatz des vegetativen Lebens." I shall give here a résumé, referring the reader to the original and the literature it is based upon.

In order to understand Reich's concept of vegetative life, one has to learn to see all manifestations of life, all the individual phenomena of psychic and somatic reactions, in the light of the basic reactions of the organism as a whole. It would seem to be superfluous to point out something so self-evident and generally known. If it is, nevertheless, pointed out intentionally, it is because there is hardly any "truth" in the world that is more thoroughly and consistently overlooked. This is so for several reasons. First of all, it is because the whole framework of our life, family, social, political and working conditions, have such a strong influence upon our ability to recognize facts. Most people are apt to find out at one time or another that society puts blinkers on us in order that we may see only that which society wants us to see; and that it gives us blind spots in order that we may not see what it does not want us to see. Secondly, modern science, with its steadily improving technical skills, tends to become preoccupied with individual phenomena and to overemphasize them. Thus, it is not surprising that so many cannot see the woods for the trees.

Reich's postulate, as substantiated in "Der Urgegensatz," is simply that the only goal of the elementary vegetative life energy is that of seeking pleasure. The drive toward this goal is synonymous with "sexuality." Thus, vegetative energy is synonymous with "sexual energy."

Inhibition of the sexual function results in a damming-up of sexual energy. The energy then becomes bound up in the organism in various ways. The organism turns from something mobile, functional and dynamic into something stagnant, non-functioning and static. This locked-up, static condition of the energy is called "anxiety."

The basic antithesis of vegetative life, therefore, is to be understood as a dialectic dissociation of the elementary sexual energy into its two diametrical opposites: sexuality and anxiety.

In the two antagonists within the vegetative nervous system Reich sees the conveyors of the sexual energy in its two dialectically opposite forms: the parasympathetic is the conveyor of sexuality, the sympathetic of anxiety.

Before going further into Reich's substantiation of this postulate which at first sight may seem astounding and provocative, let us again review the two aspects of the vegetomechanism and their effects within the organism. Let us compare two otherwise identical individuals, one in an outspoken state of sympatheticotonia, the other in a corresponding state of para-
sympatheticotonia. We then get the following picture of the two individuals:

**Sympatheticotonia**


**Parasympatheticotonia**

Fresh “healthy” color of the skin in face and over body. Increased turgor in the skin, but no sweating. Eyes bright, moist; ample secretion of saliva, “mouth waters.” Skin pink, warm and supple; heart and pulse quiet. Rectal and urinary sphincters relaxed. The sexual organs are filled with blood; ample secretion from the sexual glands; erection of clitoris and penis. Increased sexual urge.

Even a superficial observation of these two individuals leaves no doubt that one presents the picture of anxiety (unpleasure, discomfort, tension, “not being alive”), the other the picture of sexuality (pleasure sensations, pleasurable relaxation, “being alive”). Biologically speaking, we find that with parasympatheticotonia (sexuality) the prevailing direction of the body fluids is centrifugal, i.e., toward the surface of the organism. Psychically speaking, we find that the emotions are directed toward the outer world, toward another object. With sympatheticotonia (anxiety), we find exactly the opposite: the direction of the body fluids is centripetal, i.e., toward the center of the organism. Psychically, also, the individual retreats into himself, away from the outer world.

It may be necessary to point out that these conditions in vegetotonus represent theoretical extremes. The normal condition is based on the double innervation by the two systems, in the individual organ as well as the total organism. When a functional impulse sets in, the vegetative equilibrium shifts to one or the other side, depending on whether the impulse is inhibited in its course or not.

Take, for example, a state of sexual excitation in an individual free of any considerable inhibition, either neurotic or externally conditioned. The following vegetative phenomenon is obvious: the direction of the sexual function is toward the periphery, toward an object outside of the individual, toward the outer world. Consequently, we find a parasympatheticotonia of the surface (sex organs, skin, superficial organs in general), while the central parts of the organism, such as the intestines, bronchi and in part the heart, lack this parasympathetic preponderance and show a sympatheticotonic innervation.

The vegetomechanism is the conveyer of our primitive instinctual impulses. It is the relay between soma and psyche. Its free, untrammeled functioning is the prerequisite for the natural feeling for life, and of the immediate experiencing of psycho-physical identity.

Reich termed the antagonism in the vegetative system “the basic antithesis in vegetative life.” To maintain this postulate, he had to demonstrate the existence of this basic antithesis in primitive organisms which possess as yet no vegetative nervous system and in which the vegetative impulses and their inhibition are steered by mechanisms other than the human vegetative apparatus. Reich leans primarily on three investigators, whose findings meet in a natural fashion in his own concept of vegetative life. They are:

1. **Freud**, whose early works demonstrated the fact that neurotic anxiety is always due to the repression of the sexual urge (libido);

2. **Max Hartmann** (and Rhumbler) who, in their studies of the ameba, showed that the movements of the ameba are based on primitive plasma currents; and

3. **Fr. Kraus**, an internist, who, in his “Nässetheorie des Lebens,” demonstrated the effects of certain chemical substances
(electrolytes) on the whole biological system; these effects are entirely analogous to the functions of the vegetomechanism.

These three investigators, entirely independently of each other and in three different fields (psychology, biology and chemistry) arrived at results which find their theoretical foundation in Reich's "Urgegensatz." A single concept may easily sound plausible without necessarily being correct. If, however, the results of three different fields of investigation converge into one common theory, it becomes so strongly determined that its plausibility approaches certainty.

The following brief summary of the results of these three investigators is, of course, far from exhaustive; the reader must be referred to Reich's monograph and the literature it is based upon.

**i. Freud:** In his psychoanalytic work with nervous people, Freud was constantly confronted with the problem of anxiety. In his works dealing with anxiety, he makes the following schematic divisions: 

- **a) Real anxiety**, caused by an actual, external, danger situation.
- **b) Neurotic anxiety**, which, though perceived by the individual as intensely and painfully as real anxiety, has no rational basis. Psychoanalytic investigation of anxiety showed unconscious, forbidden instinctual impulses always to be the source of danger. This instinctual anxiety is as real to the individual as "real anxiety" in the face of an actual danger situation. The somatic and psychic effects and manifestations are the same in either case. The only difference lies in the source of the anxiety, i.e., outside of the individual in the case of "real anxiety," within the individual in the case of "neurotic anxiety." **c) Actual anxiety** ("Aktualangst") represents the third type of anxiety. Here we are dealing with "free-floating" anxiety, the individual being unable to give any reason whatsoever for it. Freud never gave a satisfactory explanation for this form of anxiety. Reich termed it "*stasis anxiety*" i.e., anxiety resulting from dammed-up energy. According to Reich, it signifies undischarged instinctual tension; sexual discharge results in its disappearance, that is to say, when the capacity for full sexual discharge (in other words, orgasmic potency) is really present or established as the result of therapy. This stasis anxiety, which seems to be lacking both a motivation and a content, is of considerable interest. It is very similar to the anxiety caused by toxins, as, e.g., in the case of hormonal auto-intoxication (hyperthyroidism) or after the injection of large doses of adrenalin, etc. Like neurotic anxiety, it can be temporarily influenced by drugs. Acetylcholine (a parasympatheticotonic hormone), e.g., can reduce anxiety. That alcohol, in a similar manner, reduces anxiety and thus gives temporary relief, is a well-known fact. That its harmful effects constitute one of the most serious social problems of our times, is also well known. What is largely overlooked, however, is the motivation of alcoholism, which lies in the relationship between alcohol and sexual anxiety. From the sex-economic point of view, the problem of alcoholism is not one of a congenital "psychopathic" constitution; neither is it a purely socio-economic problem. Nor does sex-economy see the solution in the prohibition of alcohol, but, rather, in the elimination of the instinctual repression which typifies a sex-negative society.

From this brief summary of the phenomena of anxiety we can draw the following conclusions. First: anxiety may be

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2 Translator's note: The term "actual anxiety" as a translation of "Aktualangst" (Freud) has always been extremely unfortunate, because "actual" has the connotation of "real" and not that of the German "aktuell." (The same applies, of course, to "actual neuroses.") But, in addition, the original German term itself was rather unfortunate and has undoubtedly helped to maintain the eternal confusion in the problem of anxiety. Reich's term "Stauungsangst" ("stasis anxiety"), on the other hand, indicates the very mechanism of this anxiety, the damming-up, the stasis, of sexual energy.
caused by internal as well as external danger situations. The internal danger situations always contain a sexual element. The basis of neurotic anxiety is sexual frustration. The basis of stasis anxiety is dammed-up sexual energy. Second: As different as the causes of anxiety may be, its manifestations in the organism are always the same. Third: The common criterion of all kinds of anxiety is what has been described as sympathetictonia.

2. Hartmann's (and Rhumbler's) studies of the ameba: What interests us here primarily are the movements of the ameba. Hartmann distinguishes several different forms of movement. First, external movements, from place to place (locomotion, going after food, taking flight, etc.). These movements take place by way of putting out pseudopodia ("false legs") which the ameba uses to paddle through the fluid medium or to move along on a solid surface. If the ameba has put out several pseudopodia, and one of them touches a solid object, the ameba immediately is pulled toward that one pseudopodium which is in contact with the solid object. That is, it orients itself in that direction, while the other pseudopodia are pulled in. The ameba reacts to the various parts of the environment which it encounters. It either comes to rest in a certain place or it takes flight. As experiments show, it also reacts to many other stimuli, such as chemical, mechanical, thermical, electrical and optical stimuli. Depending upon the quality and quantity of these stimuli, the ameba reacts in one of two ways: either it seeks these stimuli (stretches toward them, orients itself toward the environment, "seeks pleasure"), or it avoids them, flees from danger, draws back into itself, "plays dead" (reaction of unpleasure, anxiety).

Second, and parallel with these external movements, one finds in the ameba internal movements in the form of fluid currents. As one would expect, one finds the active movements ("toward the world") accompanied by plasma currents toward the surface of the ameba (corresponding to what in the human we call a parasympathetictonic reaction). Conversely, the movements "away from the world," the "drawing back into the self," the assuming of a spherical shape, are accompanied by plasma currents from the surface toward the center (corresponding to the sympathetictonic reaction in man). The reader is referred to Hartmann's works for a description of the changes in plasma consistency which accompany these plasma currents.

Third, when the ameba is at rest, one finds pulsating movements in the form of a rhythmic alternation of expansion and contraction. These movements take place so slowly that one can observe the simultaneous fluid movements in the protoplasm. It was found that the movements of expansion and contraction are also based on these plasma currents. One finds also that when the fluid is moving from center to periphery, the thin plasm in the center (endoplasm) changes into the viscous plasm (ectoplasm) of the pseudopodia.

The movements of the ameba are accompanied by electrical phenomena which have not as yet been sufficiently studied. In all probability, the movement of expansion is accompanied by an increased surface tension and an increased electrical surface potential, while, conversely, contraction is accompanied by decreased surface tension and surface potential.

3. Kraus' "Nässetheorie des Lebens." In his remarkable work "Allgemeine und spezielle Pathologie der Person" (1926), the internist Kraus gave an entirely new concept of the functional mechanisms of certain chemical substances on which the living organism (the "biosystem") is based. As it is impossible to give an extensive résumé of this work in a limited space, only a few of Kraus' conclusions will be mentioned here, while the reader is referred to the original.
His starting point is the fact that living substance consists essentially of colloids and mineral salts, both of which, when in solution, are electrolytes. The colloids are essentially stationary while the ionized salts circulate from place to place. The colloid solutions as well as the ionized salts consist of very small particles (the colloid particles being many times as large as the salt particles). The border surfaces ("Grenzfliichen") of these particles carry electrical charges which are in constant interaction with the charge of other particles they come in contact with. He calls these surfaces "energy border surfaces." The most important ones are the border surfaces between colloid and salt electrolytes. Kraus considers the biosystem to be "a relay-like switch mechanism of electrical charge (storing of energy) and discharge (performance of work). These processes are entirely based on the phenomena of the energy border surfaces."

The life process is characterized, among other things, by combustion (taking up of oxygen and giving off of carbon dioxide), and the production of electrical energy on the border surfaces. One of Kraus' remarkable findings is the fact that the transport and distribution of substances is far more important for the maintenance of the life process than metabolism (combustion). He also showed that salt solutions are indispensable for the life process long before it has come to the development of blood. The life process itself he defines as an autonomic vegetative current, essentially a convection of fluids. He considers the organism composed of innumerable electrically charged border surfaces, and the blood system driven by the unceasing equalization of these differences in potential. The conductor between the various potentials he considers to be the body fluids, especially the ionized salts in them. He also thinks that free electrical charges move through the capillaries. The potential differences which are equalized with these currents are located on the energy border surfaces.

With the discharge, the electrical energy is converted into mechanical energy and work. This very point, the reversibility of mechanical and electrical energy,\(^3\) is the central point in Reich's orgasm formula, which he considers identical with the life formula per se. This formula characterizes the living function as two concurrent energy processes, one of a mechanical, the other of an electrical nature. The orgasm formula is as follows: Mechanical tension → electrical charge → electrical discharge → mechanical relaxation.

This combination of mechanical and electrical processes is found only and alone in living substance. Reich arrived at this formula on the basis of clinical and physiological investigations of the orgasm; hence the name. It makes no difference whether one calls the orgasm an especially highly differentiated phenomenon of vegetative life, or whether one calls life an elementary orgastic process. What matters is that either phenomenon is based on one and the same simple energy formula.

Kraus emphasizes the basic indispensability of electrolytes for all life as follows: "There is not a single manifestation of life which cannot be reduced in one way or another, directly or indirectly, in whole or in part, to the action of the ions." The following statement, coming, as it does, from a Professor of Medicine, is also of particular interest: "Most illnesses also, be they organic or functional, are based, in the final analysis, on vegetative currents."

Kraus showed that the vegetative currents are conveyed by the ionized salts (kations and anions) in the organism, and that the energy metabolism takes place essentially at the energy border surfaces. The next step in his investigations was a study of the specific effect of the individual

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\(^3\)Translator's note: Since this was written, several years ago, what is here referred to as bio-electrical energy has been shown to be orgone energy.
ions upon the typical vegetative functions and organs, such as smooth musculature, glands, and movements of body fluids. He succeeded in distinguishing groups of substances with a specific vegetative effect, metal salts as well as more complicated organic substances. It was further shown that most of these substances fall into two groups with an antagonistic vegetative effect: one, the potassium group, corresponds to the effect of the parasympathetic, while the other, the calcium group, corresponds to the sympathetic function. As far as the movements of body fluids are concerned, he found the cations and anions to have a marked effect on the processes of hydration and dehydration in cells and tissues, in the sense that the potassium group has a hydrating effect (leading to the taking up of water, to swelling), while the calcium group has a dehydrating effect (leading to the withdrawal of water, to shrinking).

Based on these investigations he shows the different effects of the two groups and their functional identity with parasympathetic and sympathetic, respectively:

<table>
<thead>
<tr>
<th>VEGETATIVE GROUP</th>
<th>GENERAL EFFECT ON TISSUES</th>
<th>CENTRAL EFFECT</th>
<th>PERIPHERAL EFFECT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sympathetic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium (group)</td>
<td>Decreased surface tension</td>
<td>Systolic</td>
<td>Vasoconstriction</td>
</tr>
<tr>
<td>Adrenalin</td>
<td>Dehydration</td>
<td>Heart muscle</td>
<td>stimulated</td>
</tr>
<tr>
<td>Cholesterine</td>
<td><strong>Striated muscle: paralyzed or spastic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H-ions</td>
<td>Decreased electrical irritability</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased O₂-consumption</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Parasympathetic</strong></td>
<td>Increased surface tension</td>
<td>Diastolic</td>
<td>Vasodilatation</td>
</tr>
<tr>
<td>Potassium (group)</td>
<td>Hydration (tumescence of tissues)</td>
<td>Heart muscle</td>
<td>inhibited</td>
</tr>
<tr>
<td>Choline</td>
<td><strong>Muscle: increased tonus</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lecithin</td>
<td>Increased electrical irritability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OH-ions</td>
<td>Decreased O₂-consumption</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Decreased blood pressure</td>
<td></td>
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</tr>
</tbody>
</table>

From these findings, Kraus drew the following conclusion: The effects of the two groups of substances are completely analogous to the effects of parasympathetic and sympathetic, respectively. Reich drew the further conclusion: If one does not onesidedly consider the function of the individual organs alone, one sees that the basic functions of the vegetomechanism are primitive total reactions of the organism as a whole: the parasympathetic activates the surface of the organism in the sense of an orientation toward the outer world, the sympathetic activates the center of the organism in the sense of a withdrawal from the environment.

If we now summarize the findings of these three investigators, Freud, Hartmann and Kraus, and place them within the framework of Reich's theory of the basic antithesis of vegetative life, we arrive at the following points:

1. In the living organism, from the unicellular ameba to man, we find the basic vegetative functions to consist of two opposite movements. One is centrifugal, toward the periphery and the environment (expansion), the other is centripetal, away from the world, back into the self (contraction).

2. These movements are accompanied by corresponding centrifugal and centripetal vegetative movements of the body fluids.

3. The movements are accompanied by changes in the electric surface potential of the organism: with expansion the surface potential increases, with contraction it decreases. Similarly, there is a corresponding change in the mechanical surface tension: with expansion the surface tension increases, with contraction it decreases.
4. In primitive organisms, the vegetative fluid movements are conveyed by chemical substances with opposite vegetative effect: potassium (centrifugal) and calcium (centripetal). In organisms with a developed vegetative nervous system, the impulses are conveyed by the parasympathetic (centrifugal, potassium) and sympathetic (centripetal, calcium). In the higher organisms, more complicated chemical substances, such as the hormones, also come into play.

5. In man, the centrifugal vegetative movement is represented by a parasympathetic innervation; it is perceived as pleasure, as sexuality. Conversely, the centripetal movement corresponds to a preponderance of sympathetic innervation; it is perceived as “unpleasure,” as anxiety.

If we tabulate these findings, we have the following:

**Expansion**

"Toward the world"
Vegetative current in the direction of periphery
Increased mechanical surface tension
Increased electrical surface potential
Functional preponderance of potassium group
Parasympatheticotonia
Sensations of pleasure
Sexuality

**Contraction**

"Back into the self"
Vegetative current in the direction of center
Decreased mechanical surface tension
Decreased electrical surface potential
Functional preponderance of calcium group
Sympatheticotonia
Sensations of “unpleasure”
Anxiety

Depending on their quantity and quality, environmental stimuli will result in a preponderance of one or the other vegetative component in the organism.

In man, this means that a pleasurable stimulus from another individual will result in a relative parasympatheticotonia with pleasure sensations and sexual urge. With this goes an increased surface tension and electrical surface potential. At a certain point, there will be an electrical discharge with a simultaneous drop in potential, and mechanical relaxation. This discharge of the increased peripheral charge manifests itself genitally as orgasm. Qualitatively speaking, the physical and chemical dynamics of the orgasm are in no way different from the elementary dynamic process which is the criterion of the living function. Quantitatively speaking, however, the orgasm, in a vegetatively healthy individual, mobilizes the maximum of vital energy; it thus becomes of necessity the exponent of the perception of life. From this point of view the fact also becomes understandable that full orgasm is experienced “functionally”; i.e., in such a way that somatic and psychic sensations of pleasure fuse into a psychosomatic identity.

The sex-economic concept of the life process provides the basis for the functional energy concept of the neuroses. This concept may briefly be summarized as follows: When the elementary vegetative function of “striving for pleasure” is inhibited, the vegetative energy takes the opposite course and manifests itself as anxiety. The energy metabolism becomes disturbed. A greater or lesser amount of sexual energy—which normally would be discharged through the orgasmic contractions of the involuntary musculature of the genital apparatus—now remains in the organism in the form of a definite excess of energy. This excess becomes bound up in the smooth as well as the striped musculature. Psychically, the energy is bound
up by the inhibition of the free and natural expression of the emotions. The connection between the psychic and the somatic immobilization of the energy is clear if one remembers that they have the same cause, i.e., one and the same inhibition.

The instinctual energy of the inhibited and prohibited wish for pleasure becomes attached to the affects which accompany the wish. The inhibited energy, instead of being dynamic, becomes static and is perceived as anxiety. If the affect is mobilized, this anxiety will accompany it. The muscle groups which should have taken part in the somatic discharge of the affect will be shown to be immobilized ("tied in knots"). They show tonic contractions, a hypertonus, which form part of the individual’s characteristic attitudes, in the whole body, the face, the limbs, in motion as well as at rest.

The task of vegetotherapy is that of liberating the vegetative energy which is bound up in the muscles; this is done by eliminating the muscle tensions. It means releasing the instinctual energy of the corresponding affects. If we succeed in this, the combined dammed-up psychosomatic energy is liberated, and the block in the muscle-affect-mechanism is eliminated.

IV. THE TECHNIQUE OF VEGETOTHERAPY.

A description of the vegetotherapeutic technique presents two essential difficulties: 1. An indispensable prerequisite for an understanding as well as for the practice of this therapy is that the reader himself has undergone vegetotherapy. 2. Actual observation of the vegetotherapeutic process is equally indispensable for a real understanding of the various phenomena. If, nevertheless, I shall attempt to give a description to readers, most of whom know the theory and the technique only from hearsay, it is because I want to try to give an impression of what is being done and of how the various phenomena present themselves.

A. The first step in vegetotherapy is that of bringing into focus the characteristic muscular attitudes. These manifest themselves as static muscle tensions which give the individual his specific stamp. These muscular attitudes occur in "normals" as well as neurotics and are an expression of the individual’s character. Many of the typical muscular attitudes are, with some practice, easy to discover. Others are less obvious and may escape our attention for a long time, as they are often unbelievably well camouflaged. An important approach to the discovery of these muscular tensions is the observation of the various movements. An inhibition in movements always points to the presence of static tensions. The most easily observable tensions are found in the face, the neck and the shoulders, and in the muscles involved in respiration.

B. The next step is the most difficult one: to make the patient feel these tensions. Some patients become aware of them immediately, others only after a long time of practice. This part of the therapy is absolutely essential, and often determines the indication and the prognosis of vegetotherapy. This process of making the patient experience his muscular tensions is really a process of developing his feeling of his own body. It is a central aspect of the treatment, inasmuch as it gets the patient into touch with his vegetomechanism, to the extent to which this can be perceived. That the patients’ "perceptions" can give rise to errors and misinterpretations is understandable enough. The possibilities for a hypochondriac to misinterpret his perceptions are almost limitless. It is the task of the therapist to distinguish the essential from the nonessential; to be able to do this, he must be able to identify himself with the patient, to feel what is going on in the patient. It may sound strange that it should be necessary to have the patient “experience his own body.” Yet, if we remember the system of con-
ventional forms, attitudes and automatisms into which the modern individual is pressed from infancy on, we can understand that this work of making the patient feel himself is by no means a simple task. In certain types of neurotics, with a particularly rigid muscular armor, it is extremely difficult.

C. When the patient has been brought to the point of feeling and recognizing his tensions, we begin to loosen them up. This may succeed rather easily, but it also may require infinite patience. We ask the patient to watch any impulse to motion which may accompany the tensions, and to try to "give in" to any such impulse.

Here we meet serious resistance on the part of the patient, a resistance which, so far, is analogous to the resistance so well known in psychoanalysis. The reason for this resistance is clear. When the patient lets go of a neurotic muscle tension, he gives in to a motor impulse of an affect which is systematically being kept in repression. Every mobilization of a repression is accompanied by anxiety and discomfort.

The reason for the inevitable appearance of this anxiety at a time when one tries to dissolve the repression is simple enough. The repressions have come about in the following manner. Most of the child's affective and pleasure-seeking actions meet with systematic prohibition, be this prohibition justified by "morals," "good tone," "good behavior," or simply the adults' irritation by the child's pestering. The child's first reaction to this frustration is angry aggression. Since, however, the prohibition is systematically repeated, and finally enforced with brute force or punishment, the child must needs give in. If the child repeats the action, it does so with a simultaneous fear of the adults' displeasure or repeated punishment. Thus, the child represses the very impulse which urges toward the action. Later on, the mere wish to repeat the action will in itself, in the manner of a conditioned reflex, produce anxiety. It is these repressions which we find somatically anchored in the muscular tensions. If we dissolve them, or if some special circumstances in everyday life lead to a breaking through of the repressed affect, anxiety is bound to appear.

It is in this way that neurotic anxiety is provoked by our technique. Very rarely does the patient readily admit this anxiety, and quite often he denies it. "That's not anxiety, I'm just feeling sick, I'm just stiff, it's just a pain," one hears frequently from patients. We have to remember that many patients consistently repress their anxiety, just as they repress any other unpleasant psychic perception. We must, therefore, think of anxiety in terms of physiology, that is to say, a state of sympatheticotonia.

If the picture of sympatheticotonia is kept in mind, it is readily observed in the patient, and we are not led astray by the fact that the patient does not consciously perceive his sympatheticotonia as anxiety in the psychic sense. Some patients, out of fear of the anxiety which is about to be released, hold on strongly to these somatic tensions. However, as a rule, they can be readily dissolved and rarely lead to symptoms of any considerable duration. Other patients let the affective impulse break through much more quickly, often instantaneously. Then we have a real vegetative release of the muscular tension. The immediate effect of this release varies greatly. Purely physically, it is always experienced as pleasurable, "relaxing," "warming," "stimulating." If the psychosomatic correlation is relatively well established, as in hysteriform cases, the breaking through of the affect is accompanied by very definite psychic reactions. These appear with the sudden perception of pleasurable sensations and are often accompanied by the appearance of early memories. These memories often go very far back into childhood and are often described in a peculiar way, i.e., not as "adult," conscious memories with their almost photographic reproduction. Much
more frequently, they are described in connection with the part or parts of the body in which the tension is being released. Thus, this process of recollection might be correctly called "organ memory" in many cases. The memories of later childhood, however, may be more distinct, more of the type of our general memories.

This point, the reproduction of memories, brings up an important problem. The original psychoanalytic formulation of the mechanism of therapy was this: Unconscious infantile experiences are made conscious through the treatment. As they become conscious, the anxiety and discomfort connected with them are abreacted and the complex thus loses its pathogenic power. But when subsequent experience showed that in many cases no amount of reproduced memories had the hoped-for therapeutic effect, the theory was modified to the effect that, in order to bring about the psychoanalytic dissolution of the complex, the affects attached to the memory also had to be reproduced.

Vegetotherapy shows clearly why a dissolution, even though it seems to produce both memory and affect, nevertheless may not bring the expected result. It enables us to distinguish what are only seeming dissolutions from the genuine phenomena. This distinction one is unable to make unless one has become acquainted, through personal experience, with one's own mechanisms of escaping the very real anxiety brought about by the dissolution of the tensions. Such mechanisms as tensing one part of the body which had previously been relatively relaxed, at a time when a tension in another part of the body is being released, is just one of these escape mechanisms. While, with the relaxation of one part of the body, genuine, verifiable memories are produced, and while a great amount of affect seems to be released, the real vegetative energy is being bound up in another part of the body. That is to say, the energy is not being released. What happens is simply that the tension temporarily shifts from one place to another. With that, there may be a symptomatic improvement of a certain "complex," of some specific fear, but the feeling of liberation that goes with a genuine release is absent.

The explanation is simple. Unless the vegetative energy which is bound up in the tension is liberated by way of a genuine release of anxiety, we do not achieve subjective or objective dissolution of the tension. It is the liberation of the energy—no matter whether one calls it vegetative, sexual, or life energy—which causes the lasting relaxation, the real cure of the symptom. The criterion of genuine relaxation is easy to recognize, both objectively and subjectively: the respective part of the body becomes more "alive," both in its appearance and in its functioning; the patient perceives it as "really belonging to his body." Generally speaking, the patient has a feeling of definite relief, of stimulation, of mobilization of energy. This corresponds to the fact that he does have more free vegetative energy at his disposal in the organism.

These releases take quite different forms in the various character types. In emotionally labile, hysteriform types, we find rapid and often violent reactions. The experiencing of the anxiety takes a dramatic course, infantile memories and situations are released in great numbers. In other patients, with predominating compulsive character traits, the release takes place more slowly and gradually. It is as if the patient himself were parceling out the anxiety and its release in small portions. Incidentally, in the course of this treatment one finds that the usual differentiation of character types according to their outward appearances in hysterical, compulsive and neurasthenic types, etc., essentially loses its value as a "classification" of character types. An energy concept of the neuroses makes the neuroses appear as
the result of a damming-up of vegetative energy which becomes bound up in this way or that, by this or that mechanism in the organism. From a character-analytic and vegetotherapeutic point of view, it is a matter of finding out how a patient behaves in his reactions, symptoms, complaints, etc., and where the somatic manifestations are and can be influenced. During the treatment, that is, with the dissolution of the different mechanisms which bind the energy, we also see frequently how one character type changes into another.

The therapeutic handling of the respiratory function is a chapter in itself. The significance of respiration for health has always been recognized. There are all kinds of "systems" for the influencing of the respiratory function, from occult sciences to our present-day gymnastics and methods of training the singing and speaking voice. What all these systems have in common is that they doubtless convey a certain feeling of the body. What is wrong with them is that they all place a one-sided emphasis on the acquisition of certain isolated skills, be they psychic or somatic. Such systems are of necessity artificial, because by their very nature they take into account only a fraction of the phenomena which one observes in the process of establishing normal respiration, and because they completely ignore the anxiety reactions which are therapeutically so important.

The aim of vegetotherapy, as far as respiration is concerned, is the establishment of natural, free respiration as it is found in vital, vegetatively healthy people. In situations where the affects can be expressed naturally, the respiratory function will participate, qualitatively and quantitatively, according to the nature and the intensity of the affect. In situations where free emotional expression is impossible, the respiratory function can be utilized for the deliberate suppression of the affect.

The most common objection to vegetotherapy is that it intends to turn people into uninhibited beings, driven by their unbridled instincts. The objection is as stupid as it is incorrect. What vegetotherapy really attempts to do is to free people from their de-vitalizing unconscious inhibitions, and to liberate their vegetative, sexual energy so that it is completely at their disposal when the situation asks for it and when the individual wishes it.

It is not the free-flowing affect or energy which turns people into ineffective neurotics and into criminals. The affect which is free seeks its normal gratification in a rational manner. No objection can be raised to this. On the other hand, the repressed affect, the inhibited energy, seeks its gratification in irrational ways; instead of flowing freely, it squirts out through cracks in the armor. It never results in real satisfaction of the natural needs. All the talk about "lust," "unbridled instincts," "man is better than the animal," "sex is not everything," etc., etc., is based on a peculiar but extremely deep-seated belief that free instinctual energy of necessity must lead to ethical, moral or social disturbances.

This concept, as widely accepted as it may be, is completely erroneous. Free, healthy instinctual activity is right, pleasurable and stimulating. It is the inhibited drives and the distorted affects characteristic of our sex-negative society which are the "immoral" and "dangerous" forces that make people into neurotics and into reactionary mummies. They are the reverse, the anxiety side of the inhibited instinctual energy; they represent, in their manifestations as well as in their effects, the diametrical opposite of natural, biological energy.

Often enough, the patients themselves, particularly hysteriform patients and patients with outspoken anxiety, point out difficulties in breathing: "I don't get the air in properly," "I'm going to choke," "I can't let the air all out," etc. It is easy to see that they breathe stiffly, not freely, that they breathe out, not in "one even breath," but in steps, as it were; or they breathe with a mechanical uniformity, the varying
psychic states not having any influence whatsoever on the respiratory function.

A great many patients, however, are completely unaware of the inhibition of their respiration; it seems to them that their breath comes evenly and naturally. They are asked to breathe naturally and at the same time to look for any inhibitions of the respiratory function they may become aware of. The subjective experience of the patient together with the objective observations of the therapist guide the procedure. There are three main mechanisms of respiratory inhibition: 1) chronic hypertension of the abdominal musculature; 2) the diaphragm is tense and sluggish in its movements; 3) the upper part of the thorax is tense, expanded and takes part insufficiently in the respiratory movements. At the same time, the muscles in the shoulders, jaws, neck, tongue and throat are almost always hypertonie. It goes without saying that in the search for these tensions one also discovers other tensions which are connected with these mechanisms.

In order not to lose myself in details, I shall only point out that the work on these respiratory inhibitions is one of the most important aspects of the whole therapeutic procedure. It is absolutely necessary to restore the normal respiratory function at least to such an extent that the patient acquires the ability to let it take part freely in his emotional reactions. The free respiratory movements lead, in an amazing manner, to the establishment of psychosomatic contact; the patient now distinctly feels the somatic component of his emotions. The affects also begin to have more and more of a "reality" character. That is, the affect is no longer something vague, distant and pale, that one talks about. The patient recognizes it as what it really is: an energy which presses for discharge in action.

Observation of children and adolescents shows that the inhibition of respiration is one of the very first muscular mechanisms employed in the inhibition of affective impulses. It is for this reason that just this inhibition very often proves to be the one that has become most automatic, and is the most easily overlooked and the most difficult to eliminate. At the same time, as I shall point out later, it is the most important one to overcome.

While trying to dissolve the tensions in various parts of the body, one always works simultaneously on the respiratory function because the inhibition of the respiratory function helps to maintain other tensions, and, conversely, the freeing of the respiratory function helps in the work of dissolving them. When anxiety, through inhibition of respiration, threatens to hinder the further dissolution of a muscle tension and with that the liberation of the bound-up vegetative energy, continued respiration will bring about the dissolution. It is in this way, by forcing himself to breathe through in spite of the resistances, that the patient can help the therapeutic process along. This may sound strange. Yet, if we remember that the patient's anxiety works steadily against the dissolution of the tensions, we understand that the work represents a long drawn-out job which requires a great deal of patience on the part of both patient and therapist.

D. Up to now I have discussed some of the elementary aspects of the technique which were mostly diagnostic and to some extent "analytic" in character. The patient as well as the reader will raise the question: Suppose we recognize these vegetative phenomena, we recognize them as genuine affective phenomena, and we can more or less verify the memories that come up. Suppose, furthermore, that an increase in energy is both subjectively felt and objectively substantiated. Thus far, all that has been discussed is muscle tensions and their dissolution. But the goal of therapy is supposed to be the establishment of orgastic potency. How does that
come about? Does it come about by itself, incidentally, as it were, or does it require a special treatment of the sexual problem?

I shall attempt to summarize the observations with which vegetotherapy has provided us, and shall show why the therapeutic goal is that of establishing orgastic potency.

In the course of the treatment, a certain orientation gradually takes place in the patient's sex life. Generally speaking, neither direct sexual therapy (such as "masturbation therapy") nor counsel in sexual hygiene can straighten out serious neurotic disturbances, even though sometimes considerable symptomatic improvement may be achieved. But the improvement, if any, is of a superficial nature, and it is only in light cases, especially in very young people, that real improvement can be achieved.

Vegetotherapeutic experience presents a very different picture. In the process of relaxing the respiratory muscles and the abdominal wall, patients often relate that the relaxation stops at the pelvis. For the time being, we can assume that the somatic basis of genital malfunctioning is the tension in the pelvic musculature. These tensions reduce or make impossible the perception of the vegetative sensations in the pelvic organs, and disturb the orgastic function.

At a certain stage of the process of loosening up the respiratory function and the abdominal wall, a peculiar phenomenon occurs. The patient notices an impulse to motion in the diaphragm, which results in contractions of the whole abdominal musculature as well as the large lumbar muscles. While these movements are taking place, the abdominal wall is extremely hypersensitive, so that the movements can be induced by touching the abdomen ever so lightly. These jerk-like movements in the abdomen often continue for a considerable period during the same session; they occur in a typical manner at a certain point in the expiratory phase once this has been "loosened up." Either immediately or only after some time, these contractions are accompanied by peculiar feelings of current, of warmth, of tickling. They are also described as shuddering sensations in abdomen, body and limbs. These currents, which are nothing but the pleasurable perceptions of primitive vegetative currents, may occasionally run from the diaphragm over the whole body, limbs and head. In the places where they occur, the patient has an increased awareness of his body and an increase in impulses. There is a feeling of warmth, slight trembling and a feeling of "coming alive" in the respective parts of the body. Neurologically, there is a marked hyperactivity of the skin-, periost- and tendon reflexes.

As this abdominal reflex and the accompanying vegetative currents develop further, new sensations make their appearance in the pelvis and the sexual organs. With that, the patient becomes aware of the tensions in the pelvic musculature, particularly in the sphincters of bladder and rectum. As these are dissolved and free respiration and the perception of currents develop further, a sexualization of the genitals takes place. It is astounding to see how this sexualization is experienced as a "coming alive" of the whole sexual mechanism. The sensations of pleasure become both different and more intense. The musculature in body and limbs becomes more relaxed and the movements in general become softer.

Finally, the whole organism begins to participate in the impulse which originates from the epigastrium. With the dissolution of the various muscle tensions and the corresponding anxiety manifestations, the body movements finally take the form of natural coitus movements, the patient giving himself over completely to the situation. Patients relate that the impulse to the movements originates from the depth of the epigastrium, from the solar
plexus, although there is as yet no physiological proof of this.

Thus we see that the releasing of the vegetomechanism leads to the re-establishment of a biological reflex which most modern individuals have "forgotten": the orgasm reflex. That is to say, simply, that the movements of the sexual act have an autonomic vegetative basis. It means that any voluntary coitus movements inhibit and weaken the vegetative autonomic impulses and the intensity of the vegetative currents. It means that conscious activity in the sexual act constitutes an inhibition of the biological act. We thus understand that the "normal orgasm," as an expression of the maximal discharge of vegetative energy, requires a maximal reduction of "normal consciousness."

I am fully aware of the fact that such a frank discussion of sexuality, which to the individual represents the most secret and intimate part of his personality, must arouse resistance, in many quarters abhorrence. It is impossible to anticipate all the objections, representing as they do, a multitude of points of view: the moralistic, ethical, esthetic; that of parents, physicians, patients, "educated people," of "the average normal individual," and other "know-it-alls."

The purpose of sex-economy is the scientific investigation of the problems of sexuality. It cannot give in to the objections that this or that person or group may have to the form or the content of its findings. The main thing is to present the facts as they can be observed. A sober and objective evaluation of the facts, based on the concept of sexual energy, must be the point of departure for a discussion of the subject. I shall only make a few general remarks with regard to some of the most commonly raised objections:

1. Orgastic potency as the therapeutic goal. To postulate orgastic potency as the goal of therapy, undoubtedly sounds one-sided, "sexually monomanic," even though every human being who feels in himself the lack of this quality, longs for it and seeks it more or less openly.

It is all not as simple as it sounds. As was said before, direct "sexual" therapy hardly ever leads to any satisfactory results. The goal of vegetotherapy is the liberation of the vegetative energy which is bound up in the neurosis. If correctly carried out, this leads to the elimination of the neurotic symptoms and to the establishment of orgastic potency. Thus, the latter is a result; but the therapeutic significance of this result is so decisive that it can be called the goal of therapy. Biologically speaking, orgastic potency is the criterion of vegetative health; therefore, from this standpoint also, its establishment can be considered a goal.

2. The "moral" objections, either on religious grounds or couched in professional, ethical, esthetic or other terms, are all based on the conventional sex-negative attitude of our society. In one way or another, practically everyone raises such objections, because practically everybody has gone through a sex-negative upbringing. These objections derive much support from religion and the passive reactionary attitude. The sex-negative attitude permeates all of society, no matter whether it manifests itself in the absolute "Thou-shalt-not" morality of the church, or in the liberal formulation of "sexuality is not everything in this world."

Sex-economy states that a healthy sexuality is a function which is indispensable to a full realization of an individual. It provides happiness and capacity for achievement, to individual and society. On the other hand, inhibited and unbalanced sexuality distorts the character and gives the individual's thinking and actions the stamp of compensation and substitute.

3. "Sublimation" of instinctual energy, many will object, is one of the most important cultural factors; our very culture is partly based on sexual repression. How-
ever true this argument may sound at first, it is erroneous, because it is based on false premises. Sublimation is supposed to consist in a utilization of the repressed sexual energy for higher, cultural aims. Examples are pointed out of artists, scientists and poets, with the easy explanation that the economizing of their sexual energy by abstinence made possible their extraordinary achievements.

If we consider the subject from the energy point of view, the absurdity of such reasoning becomes readily apparent. Most people, when they speak of "sexuality," mean genital sensations and activity. It is assumed, then, that the husbanding of sexual energy will result in a plus in life energy which becomes available for achievement in work.

In contrast with this, sex-economy, and particularly vegetotherapy, demonstrates the fact that sexual repression binds energy, immobilizes it in various parts of the organism, and thus makes the individual neurotic. This applies to every single individual with sexual repression. Under these circumstances, most people, endowed with an average amount of vital energy, will present the picture of an average, "normal" or more or less neurotic individual. Those relatively rare individuals who are constitutionally equipped with a vital energy above average, will occasionally manage to express their energy in creative production in spite of their sexual inhibitions. That is to say, sexual repression immobilizes energy, and through the resulting neurotic mechanisms, makes unhampered achievement impossible. Sublimation only demonstrates the fact that rare individuals who are equipped with an extraordinary amount of vital energy may be extraordinarily productive in spite of possible sexual inhibitions.

4. One of the main objections, raised readily and frequently, is this: "Suppose we let our instincts go—what a chaos of ever-changing love affairs, what an inferno of lasciviousness and debauchery would break loose!"

This objection has several causes. For one thing, we read every day about sex crimes, committed by sexually abnormal individuals. The usual explanation by reference to a congenital, constitutional defect does not hold water. Psychoanalysis, and even more so vegetotherapy, of perverse individuals shows that most of such perverse tendencies are the result of a sex-suppressing upbringing. The perverse sexual acts are the expression of an amount of sexual energy which could not be repressed and which now, in a distorted form, breaks through the armor of prohibition. Therapeutic experience always demonstrates also the specific environmental factors which produce this or that form of sexual abnormality.

Secondly, the sexually inhibited individual has erroneous concepts with regard to all the horrors which would break loose, such as promiscuity, a life of hedonism and debauchery, etc. The reason for these concepts is clear. The sexually inhibited individual has erroneous concepts with regard to all the horrors which would break loose, such as promiscuity, a life of hedonism and debauchery, etc. The reason for these concepts is clear. The sexually inhibited individual suffers from dammed-up sexual energy which does not find discharge. This dammed-up sexual energy leads inevitably to an increased sexual phantasy-life which creates and maintains in the individual the feeling—more or less conscious—that a "free sexuality" would result in boundless, chaotic sexual expression.

In reality, things are quite different. The sexually healthy individual will give himself to a congenial partner and establish a satisfactory relationship. In a healthy sexual relationship, the sexual demands are determined by the individual's natural erotic demands.

In a normal relationship, one gives to sexuality what is due to it, and one gives to work and other vital activity the rest, and that means not the smallest part of the vital energies. Free sexuality means nothing but the individual's capacity to satisfy his natural sexual needs. This is
everybody's natural right. It should be the duty of society to enforce this right.

The establishing of the orgasm reflex gives the patient a steadily increasing feeling of vitality and energy. The freer, i.e., the less laden with anxiety it is, the more does the patient feel himself capable of functioning sexually. The urge for sexual release will lead to a possibly lasting relationship or will pave the way for one. The improved sexual functioning gives a steadily increasing feeling of normality, and the need for treatment diminishes. The relationships with the environment enter a new phase. The patient becomes more secure, begins to depend more on himself. To what extent this new, independent attitude will lead to a change in the patient's circumstances depends entirely on what these circumstances are. The problem as to whether an existing marriage should be maintained enters a new phase. It goes without saying that in the new situation a continuation of the marriage may be impossible. On the other hand, a more frequent outcome is that a problem marriage can be pulled out of its conflicts which were largely due to the patient's neurosis.

The treatment approaches its natural conclusion. The conclusion of the treatment is determined by the simple fact that the patient no longer needs it. He feels alive, sexually normal, capable of independent action and of working. The actual difficulties and conflicts of life now present themselves as what they are, not neurotically exaggerated as they used to be. The patient leaves the treatment as a natural, healthy being. The neurotic character has been altered, the energy is withdrawn from neurotic self-occupation and is directed toward the outer world, its tasks and work.

E. Comments: This summary of vegetotherapy may appear alluringly simple. It should be remembered that this article presents no more than a schematic bird's-eye view. All the various phenomena do not appear neatly one after the other like pearls on a necklace. Every single dissolution of a tension may take a long time. Every energy-binding muscle tension has its psychic equivalent in the corresponding character resistance. Often, one has to postpone the dissolution of a tension for a long time, until the parallel character-analytic work on the resistance opens the possibilities for further dissolution of muscle tensions. Generally speaking, vegetotherapy and character-analysis go hand in hand. One-sided somatic dissolution of tensions without corresponding psychic reactions is a half-measure at best, even though it may lead to the improvement of many symptoms (such as insomnia, constipation, various manifestations of anxiety). A deficient psychosomatic contact must be regarded as a neurotic symptom, a "split," the chief function of which is that of avoiding the latent anxiety. Without a genuine break-through of anxiety, one achieves no real release of the affects, no real liberation of energy.

Also, the vegetotherapeutic treatment has to be seen as stretched out over a considerable time, often several hundred hours. Furthermore, the present article gives a picture of the course of the treatment in favorable cases; the difficulties one encounters, particularly in some almost hopelessly rigid cases, belong in another article. The method is new, even though its theoretical basis is firm enough. The therapist's individual ability to find his way through the difficulties depends on his capability for empathy. Every new case brings new experiences. Every hour the therapist is confronted with the problem of whether he is dealing with genuine liberation of energy and affect, or with pseudo-affects without release of anxiety.

Translator's note. This highsounding Greek word seems to be the only one that renders the original "Einfühlungsvermögen," meaning, literally, the ability to "feel oneself into another person."
This is the crucial problem, and the decisive point in the process of changing the neurotic character into the genital character.

Another problem is that of the risk involved in vegetotherapy. It has often been pointed out that the dangers of releasing the affects and instinctual impulses are a weighty argument against vegetotherapy. I should like to emphasize this risk very strongly. By far the most important prerequisite for the practice of vegetotherapy is that one has oneself undergone the treatment. The therapist must know the various reactions from his own experience, he must know exactly how the genuine release of energy takes place, he must have rid himself completely of any escape mechanisms and any swindling with pseudo-affects. Only this self-experience will give him the ability to evaluate the patient's reactions, will give him an ability to identify himself with the patient which can be relied upon. Only these qualities will enable him to evaluate his observations correctly, will sensitize him to any alarm signals which may indicate dangerous situations.

A third problem is that of the durability of the results. In view of the fact that vegetotherapy as a self-existent therapy is no older than three to four years (this was written in 1939—Translator), it is, of course, impossible to present any sizable statistics. However, in the relatively small number of patients whose treatment has been concluded, the therapeutic results seem to be well consolidated.

Prognostically, a lasting result is assured, inasmuch as the establishment of orgastic potency, if successful, gives the individual an increased self-confidence, energy to stand on his own feet, increased activity and enjoyment in work. On the other hand, his liberated sexuality makes higher demands on the patient, both with regard to himself and his environment. What results we have, however, seem to fulfill the goal toward which all psychotherapy strives: to give full capacity for love and for complete absorption and enjoyment in work.
Projeto Arte Org
Redescobrindo e reinterpetando 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 da Orgonomia Bifísica.
Texts from the area of Biphysical Orgonomy

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