THE ORGASM REFLEX. A CASE HISTORY*  
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For a presentation of the direct liberation of the sexual (vegetative) energies from the pathological muscular attitudes I am choosing a case in which the establishment of orgasmic potency succeeded particularly quickly and easily. I should like to stress the fact that—for this reason—this case does not illustrate the considerable difficulties which are commonly encountered in the attempt to overcome disturbances of the orgasm.

The case is that of a technician, 27 years of age, who consulted me because of excessive drinking. He could hardly resist getting severely intoxicated every day; he was afraid he would soon completely ruin his health and his ability to work. His marriage was exceedingly unhappy. His wife was a rather difficult hysteric who made life quite a problem for him; it was easy to see that the misery of his marriage was an important factor in his escape into alcoholism. In addition, his complaint was that he “did not feel alive.” Though his marriage was very unhappy, he was not able to establish a relationship with another woman. His work gave him no pleasure, he did it mechanically, without any interest. If this went on, he said, he would soon collapse completely. This condition had already lasted for many years and had become considerably worse during the past few months.

One of his most obvious pathological traits was his complete inability to show any aggression. He felt in himself the compulsion always to be “nice and polite,” to agree with everything people said, even if his own opinion was diametrically opposite. His superficiality made him suffer. He was unable to give himself over fully to any cause, any idea or work. His spare time he spent in restaurants and pool rooms, with empty talk and silly jokes. He felt somehow that this was a pathological attitude, but as yet he was unaware of the full pathological significance of these traits. He suffered from compulsive contactless sociability, a disturbance of widespread occurrence.

The general impression the patient made was characterized by his uncertain movements; he walked with a forced stride, so that his gait was somehow clumsy. His posture was not erect, but expressed submissiveness; as if he were being constantly on guard. His facial expression was empty and meant nothing in particular. The skin of his face was somewhat shiny, drawn taut and looked like a mask. His forehead looked “flat.” His mouth was small, tight and hardly moved when he spoke; his lips were small, as if pressed together. The eyes were expressionless.

In spite of this obviously severe impairment of his vegetative motility one felt, behind all this, a very lively intelligent being. It is probably to this fact that we can attribute the great energy with which he attempted to eliminate his difficulties.

The ensuing treatment lasted six and a half months of daily sessions. I shall try to present the most important steps of its course:

As early as the first session I was confronted by the question as to whether I should start with his psychic reserve or his very striking facial expression. I decided to do the latter and to leave to the further development the decision as to when and how I would tackle the problem of his psychic reserve. As a result of a repeated description on my part of the rigid atti-
tude of his mouth, there appeared a slight and then steadily increasing clonic tremor in his lips. He was surprised by the involuntary character of this tremor and tried to fight it. I urged him to give in to any impulse he might feel. Whereupon his lips began to be protruded and retracted in a rhythmic fashion and to remain for a few seconds in the protruded state as if in a tonic spasm. While this was going on, the patient’s face took on the unmistakable expression of an infant at the breast. He was surprised and asked anxiously what this was going to lead to. I reassured him and urged him to keep on giving in consistently to any impulse and to tell me about any inhibition of an impulse he would become aware of.

In the following sessions the various manifestations in his face became more and more distinct and gradually aroused the patient’s interest. This, he thought, must indicate something of great importance. Yet, peculiarly enough, it all did not seem to touch him; rather, after such clonic or tonic spasms in his face, he continued to talk with me calmly as if nothing had happened. In one of the following sessions, the twitching of the mouth increased to a suppressed weeping. He emitted sounds which resembled the breaking out of a long-suppressed, painful sobbing. My continued request to give in to every muscular impulse was successful. The activity in his face became more manifold. True, his mouth became distorted into a spasm of weeping. However, this expression did not result in weeping, but, to our surprise, passed over into a distorted expression of anger. Peculiarly enough, the patient did not feel the least bit angry, although he knew immediately that what he was expressing was anger.

At the times when these muscular phenomena became particularly intense, so that his face would become blue, the patient would get restless and anxious. He continued to ask what this was going to lead to and what was going to happen to him. Now, I began to point out to him that his fear of some unforeseen happening fully corresponded to his general character attitude; that he was dominated by a vague fear of something unexpected, something that suddenly might befall him.

Since I did not want to relinquish the consistent investigation of a somatic attitude once it was tackled, I had first to become clear in my own mind as to what was the connection between the muscular actions in his face and his general character defense. Had the muscular rigidity been less outspoken, I would have started by working on the character defense which presented itself in the form of his reserve. I was forced to the conclusion that his dominating psychic conflict was split up in the following manner. The defensive function at this time was contained in his psychic reserve, whereas that against which he defended himself, that is, the vegetative impulse, revealed itself in the muscular actions of his face. Just in time I remembered that the muscular attitude itself contained not only the warded-off affect, but also the defense. The smallness and tightness of his mouth could, indeed, be nothing else but the expression of the opposite, of the mouth that was protruded, twitching, weeping. I made it a point now to carry to a conclusion the experiment of destroying the defensive forces consistently from the muscular, and not from the psychic side.

Thus, I proceeded to work on all those muscular attitudes in the face which I assumed to be spasmodic contractions, that is, hypertonic defenses against the corresponding muscular actions. In the course of a few weeks, the actions of the musculature of face and neck developed into the following picture: The tightness of the mouth first gave way to a clonic twitching and then to a protrusion of the lips. This protrusion changed into weeping, which, however, did not break out fully. The
weeping, in turn, gave way to the facial expression of an extremely intense anger. With this, the mouth became distorted, the musculature of the jaws became hard as a board, there was grinding of the teeth. There were further expressive movements. The patient half sat up, shook with anger, and raised his fist, as if for a blow, without, however, really striking. Then he fell back on the couch, exhausted; the whole thing dissolved itself into a sort of whimpering. These actions expressed "impotent rage," as it is so often experienced by children toward adults.

After this seizure had subsided, he talked about it calmly, as if nothing had happened. There was no doubt: there was an interruption, some place, between his vegetative muscular impulses and his psychic awareness of these impulses. Of course, I kept discussing with him not only the sequente and the content of his muscular actions, but also this peculiar phenomenon of his psychic detachment with regard to these. What struck him as well as me was the fact that—in spite of this psychic detachment—he had an immediate grasp of the function and the meaning of these seizures. There was no need for me to interpret them to him. On the contrary, he kept surprising me by the explanations which were immediately evident to him. This was a highly gratifying state of affairs. I was reminded of the many years of painstaking work of interpreting symptoms, in the course of which one would deduce anger or anxiety from symptoms or associations, and then would try, for months and years, to get the patient into some contact with it. How rarely and to what small degree had it been possible in those years to get further than a purely intellectual understanding! Thus, I had good reason to be pleased with my patient who, without any explanation on my part, had an immediate feeling for the meaning of his actions. He knew that he was expressing an immense anger which he had kept back for decades. The psychic detachment disappeared when one of the seizures reproduced the memory of his older brother who used to bully and maltreat him badly when he was a child.

Spontaneously, he now understood that at that time he had repressed his hatred of his brother who was his mother's favorite. As an overcompensation of his hatred he developed a particularly nice and loving attitude toward his brother, an attitude which was in violent contradiction to his true feelings. He had done this in order to keep on good terms with his mother. This hatred, which at that time had not been expressed, came out now in his muscular actions, just as if decades had not altered it in the least.

At this point in the story, it may be well to stop for a moment to consider the psychic situation with which we are dealing. With the old technique of free association and symptom-interpretation, it is a matter of chance whether first, the decisive memories of earlier experiences appear; and second, whether the memories which do appear are really those to which were attached the most intense emotions, and those emotions which had an essential effect on the future life of the patient. In vegetotherapy, on the other hand, the vegetative behavior brings up of necessity that memory which was decisive for the development of the neurotic character trait. As we know, the approach from the psychic memories alone, accomplishes this task in a highly incomplete measure; when one appraises the changes brought about in a patient after years of this treatment, one has to admit that they are not worth the expenditure of time and effort. On the other hand, those patients in whom one succeeds in getting directly at the muscular fixation of the affect, produce the affect before they know which affect it is that is repressed. In addition, the memory of the experience which had originally produced the affect, appears afterwards without any effort; as, e.g., in our case the memory of the situation with the older brother whom his mother preferred to him. This fact—which is as important as it
is typical—cannot be stressed too much: in this case it is not a matter of a memory which—under favorable circumstances—produces an affect, but the reverse: the concentration of a vegetative excitation and its breaking through reproduces the memory.

Freud again and again stressed the fact that in analysis one was dealing only with "derivatives of the unconscious," that the unconscious itself was not really tangible. This statement was correct, but only conditionally, that is, as far as the method practised at that time is concerned. Today, by way of a direct approach to the immobilizing of the vegetative energy, we are able to grasp the unconscious not in its derivatives, but in its reality. Our patient, e.g., did not deduce his hatred towards his brother from vague associations charged with little affect; rather, he behaved exactly as he would have behaved in the childhood situation, had not his hatred been curbed by the fear of losing his mother's love. More than that: we know that there are infantile experiences which have never become conscious. The ensuing analysis of our patient showed that, though he had an intellectual knowledge of his envy of his brother, he had never been conscious of the extent and the intensity of his fury. More than that: we know that there are infantile experiences which have never become conscious. The ensuing analysis of our patient showed that, though he had an intellectual knowledge of his envy of his brother, he had never been conscious of the extent and the intensity of his fury. Now, as we know, the effects of a psychic experience are not determined by its content, but by the amount of vegetative energy which was mobilized by the experience and then immobilized by repression. In a compulsion neurosis, for example, even incestuous desires may be conscious; and yet, we are justified in calling them "unconscious" because they have lost their emotional charge; we all have had the experience that by the usual method it is not possible to make the incestuous desire conscious except in an intellectual form. Which means, really, that the lifting of the repression has not succeeded. For an illustration, let us return to the further course of this treatment.

The more intense the muscular actions in the face became, the more did the somatic excitation spread toward chest and abdomen; at the same time, the complete psychic detachment persisted. A few weeks later the patient reported new sensations: in the course of the twitchings in the chest, but particularly when they subsided, there were "currents" toward the lower abdomen. At this time, he moved away from his wife, with the intention of entering a relationship with another woman. However, during the ensuing weeks, it turned out that he had not realized this intention. The patient did not even seem to be aware of this inconsistency. Only when I called his attention to it, did he begin—after giving a number of rationalisations—to show some interest in the problem; however, it was obvious that some inner inhibition kept him from approaching the question in a really affective manner. As it is a rule in character-analytic work not to enter upon any subject unless the patient has become capable of dealing with it with full emotional participation, even if it seems immediately important, I postponed a discussion of the matter and continued to follow the course which was indicated by the spreading of his muscular actions.

The tonic spasm began to spread to the chest and the upper abdomen; the musculature would become boardlike. In these seizures, it looked as if some inner force were lifting the upper part of his body, against his own will, off the couch and were keeping it in that position. There was an immense tension in the musculature of the chest and abdomen. It took considerable time until I understood why a further spreading downward of the excitation failed to occur. I had expected that now the vegetative excitation would spread from the abdomen to the pelvis; but this did not happen. Instead, there occurred violent clonic twitchings of the musculature of the legs, with an extreme increase of the patellar reflex. To my great surprise, the patient told me that he experienced the twitchings in his legs as extremely pleasurable. This reminded me of the clonic manifestations in epilepsy, and seemed to confirm my previous as-
sumption that the epileptic and epileptiform seizures represent the release of anxiety; as such, they cannot be experienced but as pleasurable. There were periods during the treatment of this patient when I was not quite sure that I was not dealing with a case of genuine epilepsy. At least in outward appearance, his seizures, which began in the form of tonus and often resolved themselves in clonic form, were hardly distinguishable from epileptic seizures.

At this point of the treatment, after about three months, the musculature of the head, the chest and the upper abdomen had become mobile, as well as that of the legs, particularly of the knees and thighs. At the same time, the lower abdomen and the pelvis were and remained immobile. Also, the psychic detachment from the muscular actions remained constant. The patient knew of the seizures. He understood their significance. He felt the affect contained in the seizure. But he still appeared not to be really touched by it. The main question continued to be: what was the obstacle causing this dissociation? It became increasingly clear that the patient was defending himself against comprehending the whole in all its parts. We both knew: he was very cautious. This caution expressed itself not only in his psychic attitude. Not only in the fact that his amiability and co-operation in the therapeutic work never went beyond a certain point and that he always became somehow cold or aloof when the work went beyond certain limits. This "caution" was also contained in his muscular behavior; it was, so to speak, maintained in twofold fashion. He himself grasped and described the situation in terms of a boy whom a man was pursuing and trying to beat. In so doing, he took a few steps to one side, as if dodging something, looked anxiously behind him and pulled his buttocks forward, as if to get this region of his body out of the reach of the pursuer. In the usual psychoanalytic language one would have said: behind this fear of being beaten is the fear of a homosexual attack. As a matter of fact, the patient had been in an analysis for about one year, and there his passive homosexuality had constantly been interpreted. "In itself," that had been correct; but from the standpoint of our present knowledge we must say that this interpreting was useless. For, we see what kept the patient from really affectively grasping his homosexual attitude: his characterological caution as well as the muscular fixation of his energy; neither of which were anywhere near dissolved.

I proceeded to tackle his caution, not from the psychic side, as is customary in character-analysis, but from the somatic side. For example, I kept showing him that, although he expressed his anger in his muscular actions, he never continued the action; that, although he raised his fist, he never really let the blow fall. Several times it was shown that at the very moment when the fist wanted to strike the couch, the anger had disappeared. Now, I concentrated the work on the inhibition of completing the muscular action, always guided by the assumption that it was his very caution that was expressed in this inhibition. After some hours' consistent work on the defense against the muscular action, he suddenly remembered the following episode from his fifth year: When he was a little boy, his family lived on top of a cliff which fell precipitously to the sea. He was engaged in making a fire right at the edge of the cliff, and was so much absorbed in his play that he was in danger of falling over the cliff into the sea. His mother appeared at the door of the house which was a few yards away, became frightened and tried to get him away from the cliff. She knew him to be a child with a very lively motility and was all the more afraid. She lured him to her with the kindest words, promising to give him candy. Then
as he went to her, she gave him a terrible beating. This experience had made a deep impression on him; but now he understood it in connection with his defensive attitude towards women and the caution which he exhibited in the treatment.

However, this did not settle the matter. The caution remained, as before. One day, in between seizures, he humorously related the following. He was an enthusiastic trout fisherman. In a very impressive manner, he described the pleasure of catching trout; he executed the corresponding motions, described how one catches sight of the trout, how one casts the line; in giving this description, his face had an enormously avid, almost sadistic expression. What struck me was that, although he described the whole procedure in great detail, he omitted one detail, namely the moment at which the trout bites at the line. I understood the connection, but saw also that he was not aware of omitting this detail. With the customary analytic technique, one would have told him the connection or encouraged him to find it himself. But to me it was more important first to have the patient become aware of his omission of the trout getting caught, and the motives for this omission. It took about four weeks until the following took place: the twitchings in the body lost more and more their spastic tonic character; the clonus also decreased, and peculiar twitchings appeared in the abdomen. These in themselves were not new to me; I had seen them in other patients. But I had not seen them in the connection in which this patient now presented them. The upper part of the body (shoulders and chest) jerked forward, the middle of the abdomen remained quiet, and the lower part of the body (pelvis and thighs) jerked towards the upper part. In these seizures the patient would suddenly half raise himself, while the lower part of the body came upward. The whole thing was an organic, unitary movement. There were hours when these movements occurred continually. Alternating with these jerks of the body as a whole there were sensations of currents, particularly in legs and abdomen, which sensations the patient experienced as pleasurable. The attitude of face and mouth changed somewhat; in one of these seizures the face had unmistakably the expression of a fish. Even before I had called this to his attention, the patient stated spontaneously: “I feel like a primitive animal,” and then: “I feel like a fish.” What were we dealing with here? Quite unknowingly, without having worked out any connection by way of associations, the patient, in his bodily movements, was representing a fish, apparently a fish that was caught and flapping on the line. In the language of analytic interpretation one would say: he “acted out” the trout on the line. This was expressed in various ways: the mouth was protruded, stiff and distorted. The body jerked from head to foot. The back was stiff as a board. What was not quite understandable at this stage was the fact that for some time he would, in the seizure, stretch out his arms as if embracing somebody. I do not remember whether I called the patient’s attention to the connection with the story of the trout, or whether he grasped it spontaneously (nor is this particularly important in this connection); at any rate, he had an immediate feeling of the connection and did not doubt in the least that he represented the trout as well as the trout fisherman.

Of course, the whole episode had an immediate connection with the disappointments with respect to his mother. From a certain point in his childhood she had neglected him, had treated him badly and often beaten him. Often he would expect something beautiful and good from her and the exact opposite would happen. His caution now became understandable. He trusted nobody, he did not want to be caught. This was the ultimate basis of his
superficiality, of his fear of surrender, his fear of responsibility, etc. When this connection was worked out, he underwent a striking change. His superficiality disappeared, he became serious. The seriousness made its appearance quite suddenly during a session. The patient said, verbatim: “I don’t understand. Suddenly everything has become so very serious.” That is, he had not just remembered the earnest emotional attitude that he had had at a certain period of his early life; rather, he actually changed from the superficial to the earnest. It became clear that his pathological attitude toward women, i.e., his fear of entering a relationship with a woman, to give himself to a woman, was a result of this fear which had become structuralized. He was very attractive to women, and yet made peculiarly little use of this attractiveness.

From then on there was a marked and rapid increase in the sensations of currents; at first in the abdomen, then in the legs and the upper part of the body. He described these sensations not only as currents, but as voluptuous, as “melting,” particularly after the abdominal jerks had been strong and lively and had occurred in quick succession.

At this point it may be well to stop for a moment in order to take stock of the situation in which the patient found himself. The abdominal jerks were nothing but the expression of the fact that the tonic tension of the abdominal wall was relaxing. The whole thing operated like a reflex. A slight tap on the abdominal wall would immediately result in a jerk. After several jerks had taken place, the abdominal wall became soft and could easily be pressed in with the fingers; before, it had been tight and had shown a condition which I would like for the present to refer to as abdominal defense. This phenomenon can be found, without exception, in all neurotic individuals. If one has a patient exhale deeply and then exerts a light pressure on the abdominal wall about one inch below the sternum, one either feels a violent resistance inside the abdomen, or the patient experiences a pain similar to that when the testicle is squeezed. A glance at the position of the abdominal organs and the solar plexus of the vegetative nervous system—taken together with other phenomena discussed later—shows us that the 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. This symptom, too, is typical. In all neurotic individuals, without exception, one can find 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. 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 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. Clinical experience shows this to be an extremely important phenomenon. Almost all patients come to remember that as children they practised suppressing these abdominal sensations, which were particularly intense when they felt anger or anxiety; they learned spontaneously to achieve this suppression by way of holding their breath and pulling in their abdomen.

An understanding of this mechanism of pressure on the solar plexus is indispensable for an understanding of the further course of the treatment in our patient. The ensuing events were in accord with this assumption and confirmed it. The more intensively I had the patient observe and describe the behavior of the musculature in the upper abdomen, the more intensive became the jerks, and the sensation of currents after the jerks, and the more did the wavelike, serpentine movements of the body spread. However, the pelvis remained stiff, until I proceeded to make the
patient conscious of the rigidity of his pelvic musculature. During the jerks, the whole lower part of the body moved forward; the pelvis, however, did not move by itself; that is to say, the pelvis partook of the movement of the hips and thighs, but did not move at all as a bodily unit separate from hips and thighs. I asked the patient to pay attention to whatever it was that inhibited the movement of the pelvis. It took him about two weeks to grasp completely the muscular inhibition in the pelvis and to overcome it. Gradually, he learned to include the pelvis in the contraction. Now there appeared in the genital a sensation of currents which he had never known before. He had erections during the session and a powerful impulse to have an ejaculation. Now, the contractions of the pelvis, the upper part of the body and of the abdomen were the same as they are experienced in the orgastic clonus. From then on, the work was concentrated upon having the patient give a most detailed description of his behavior in the sexual act.

This revealed a fact which one finds not only in all neurotics, but in the vast majority of all people of both sexes: the movements in the sexual act are artificially forced, without the individual's being aware of it. What moves is, as a rule, not the pelvis by itself, but abdomen, pelvis and thighs as one unit. This does not correspond to the natural vegetative movement of the pelvis in the sexual act; on the contrary, it is an inhibition of the orgasm reflex. It is a voluntary movement, as contrasted with the involuntary movement that takes place when the orgasm reflex is not disturbed. This voluntary movement has the function of diminishing or completely obliterating the orgastic sensation of current in the genital.

Furthermore it was found that the patient always kept the muscles of his pelvic floor pulled up and tense. Not until this case did I realize precisely the nature of the gap in my technique, of which I had been until then only vaguely aware. True, in trying to eliminate the inhibitions of orgasm, I had always paid attention to the contraction of the pelvic floor; but again and again I had felt that the result was somehow incomplete. What I had overlooked was the role played by the tension in the pelvic floor. Now I realized that, while the diaphragm compressed the solar plexus from above and the abdominal wall compressed it from in front, the contraction of the pelvic floor served the function of decreasing the abdominal space by pressing from below. The significance of these findings for the development and maintenance of neurotic conditions is discussed elsewhere.

After a few more weeks, the complete dissolution of the muscular armor was successful. The isolated abdominal contractions decreased in proportion to the increase in the sensation of current in the genital. With that, the earnest character of his emotional life also increased. In this connection, he remembered an experience from his second year:

He is alone with his mother at a summer resort. It is a bright, starlit night. His mother is asleep and breathing deeply; from the outside he hears the rhythmic sounds of the surf. He feels the same deeply earnest, somewhat sad mood that he felt now. We may say that now he remembered one of the situations in his very early childhood in which he had still permitted his vegetative (orgastic) longing to make itself felt. After the disappointment in his mother, which happened when he was about five years old, he fought against the full experience of his vegetative energies and became cold and superficial; in brief, he developed that character which he presented at the start of the treatment.

From this point in the treatment, he had to an increasing degree the feeling of a "peculiar contact with the world." He assured me of the complete identity of
this present earnestness of feeling with the feeling which he used to have as a very small child with his mother, particularly during the night. He described this feeling as follows: "It is as though I had complete contact with the world. It is as if all impressions were registering themselves upon me more slowly, as if in waves. It is like a protective covering around a child. It is unbelievable how I feel the depth of the world now." I did not have to tell him, he comprehended spontaneously: the closeness to the mother is the same thing as the closeness to nature. The identification of mother and earth, or universe, has a deeper meaning when it is understood from the point of view of the vegetative harmony between the individual and the world.

During one of the following sessions, the patient had a severe anxiety attack. He suddenly sat up with a painfully distorted mouth; his forehead was covered with perspiration; his whole musculature was tense. He hallucinated an animal, an ape; with this, his hand showed exactly the attitude of a tightly clenched ape’s paw, and he emitted sounds which seemed to come out of the depth of his chest, "as if without vocal chords," he said later. He had the feeling that somebody was coming dangerously close to him and was threatening him. Then, as if in a trance, he cried out; "Don’t be angry, I only want to suck." After this, he calmed down, and in the following hours we worked it through. He remembered among other things that at the age of about two—which age could be determined by a certain apartment situation—he had seen Brehm’s "Tierleben" for the first time. Although this anxiety had not become manifest at that time, it had, nevertheless, dominated his whole life. Only now had it broken through. The gorilla represented the father, the threatening figure that tried to keep him from sucking. The relationship to his mother had been fixed on this level. It had broken through at the very beginning of the treatment in the form of the sucking movements with his lips; but it did not become spontaneously evident to him until after the complete dissolution of his muscular armor. It was not necessary to search for years for his sucking experience as an infant; he actually became a sucking infant during the therapeutic session, having the facial expression of the infant and actually experiencing the original anxieties.

The remainder of the story can be told briefly. After the dissolution of the disappointment in his mother and his consequent fear of giving himself, the genital excitability increased rapidly. After only a few days, he made the acquaintance of a young, pretty woman and made friends with her easily and without conflicts. After the second or third sexual act with her he came in beaming, reporting with great surprise that his pelvis had moved "so peculiarly by itself." On closer investigation, it was shown that he still had a slight inhibition at the moment of ejaculation. But, since the pelvis had become mobile, it was not difficult to eliminate this last remainder. What he still had to overcome was his tendency to hold back at the moment of ejaculation, instead of completely surrendering himself to the vegetative movements. He did not doubt for a moment that the contractions which he had produced during the treatment had been nothing but the curbed vegetative movements of coitus. However, as it turned out, the orgasm reflex had not fully developed without any disturbance. The muscular contractions in the orgasm were still jerky; he strongly shied away

1 Translator’s note: A classic book on animal life.
from letting his neck relax, i.e., assuming
the attitude of surrender. Before long, the
patient relinquished his resistance against
a gentle, harmonic course of the move-
ments. Now, the remainder of his dis-
turbance—which previously had more or
less escaped attention—gave way. The
hard, jerky form of the muscular contra-
tions corresponded to a psychic attitude
which said: “A man is hard and unyield-
ing; any kind of surrender is feminine.”

Following this realization, an old in-
fantile conflict with his father was solved.
On the one hand, he felt sheltered and
protected by his father. He could always be
sure that, if things became too difficult, he
could “retreat” to the paternal home. But,
at the same time, he wanted to stand on
his own feet and to be independent of his
father; he felt that his need for protection
was feminine, and wanted to free himself
of it. There was, thus, a conflict between
his desire for independence and his pas-
sive-feminine need for protection. Both of
these tendencies were represented in the
form of his orgasm reflex. The solution of
the psychic conflict occurred hand in hand
with the elimination of the hard, jerky
form of his orgasm reflex and its being
unmasked as a defense against the gentle,
surrendering movement. When he ex-
perienced the surrender in the reflex itself
for the first time, he was gripped by deep
amazement: “I never would have thought,”
he said, “that a man could surrender too.
I always thought it was a female sex char-
acteristic.” In this way, his own warded-
off femininity was linked up with the
natural form of orgastic surrender and
therefore disturbed the latter.

It is interesting to see how the social
double standard of morality was mirrored
and anchored in this patient’s structure. It is
part and parcel of official social ideology to
equate surrender with being feminine, and
unyielding hardness with being masculine.

According to this ideology it is inconceivable
that an independent person should be able to
give himself, or that a person who gives him-
self should be able to be independent. Just as
women—due to this equation—protest
against their femininity and try to be mas-
culine, so men fight against their natural
sexual rhythm, for fear of appearing femi-
nine. From this, the different concept of
sexuality in man and in woman derives its
seeming justification.

In the course of the next few months,
every change in the patient consolidated
itself. He no longer drank excessively, but
neither did he deny himself an occasional
drink on social occasions. He was able to
put the relationship with his wife on a
rational basis, and developed a happy rela-
tionship with another woman. Above
all, he started a new kind of work and
engaged in it with great interest and
enthusiasm.

His superficiality had disappeared com-
pletely. He was no longer able to engage
in empty talk in restaurants or to under-
take anything that was not somehow of
objective importance. I should like to em-
phasize the fact that I would not have
dreaded of influencing or guiding him in
any way morally. I was myself surprised
by the spontaneous change in the direc-
tion of objectivity and earnestness. He
grasped the basic principles of sex-econ-
omy not so much on the basis of his treat-
ment—which had been of rather short
duration anyhow—but, doubtless, on the
basis of his altered structure, his feeling
of his own body, his re-acquired vegetative
motility. In such difficult cases, one is not
used to success in such short periods of
time. During the ensuing four years—
which is as long as I heard from him—the
patient continued to consolidate his gains
in the form of greater equanimity, capac-
ity for happiness and rational managing
of difficult situations.
Projeto Arte Org
Redescobrindo e reinterprelando 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 Bífisica. Casos clínicos.
Texts from the area of Biphysical Orgonomy. Clinical cases.

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International Journal of Sex Economy and Orgone Research
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Orgone Biologics 2. A case History

01 Wilhelm Reich. The Orgasm Reflex. A case History 1942.
International Journal of Sex Economy and Orgone Research Volume 1 Number 1 1942
Interval 60-69 Pag. 55-64

02 Carl Arnold. The Treatment of a Depression. 1942
International Journal of Sex Economy and Orgone Research Volume 1 Number 2 1942
Interval 69-76 Pag. 163-170

03 Wilhelm Reich. The Mosochistic Character (1933)
International Journal of Sex Economy and Orgone Research Volume 3 Number 1 1944
Interval 43-66 Pag. 38-61

04 Walter Hoppe. My First Experiences the Orgone Accumulator 1945
International Journal of Sex Economy and Orgone Research Volume 4 Numbers 2 3 1945
Interval 78-79 Pag. 200-201

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Orgone Energy Bulletin
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01 Simeon J. Tropp. The Treatment of a Mediastinal Malignaney with the Orgone Accumulator 1949
Interval 5-10 Pag. 100-109

02 Ola Raknes. A short Treatment with Orgone Therapy 1950
Interval 14-18 Pag. 22-31

03 Victor M. Sobey. Six Clinical Cases 1950
Interval 19-24 Pag. 32-43

04 William A. Anderson. Orgone Therapy in Reumatic Fever 1950
Interval 14-15 Pag. 71-73
05 Simeon J. Tropp. Therapy of an Early Breast Cancer 1950
Interval 21-25 Pag. 131-138

06 Charles I. Oller. Orgone Therapy of Frigidity A Case History 1950
Interval 28-33 Pag. 207-216

07 Emanuel Levine & Elizabeth N. J. Treatment of a Hypertensive Biopathy with the Orgone Energy Accumulator 1951
Interval 14-20 Pag. 23-34

08 Chester M. Raphael. Orgone Treatment During Labor 1951
Interval 17-21 Pag. 90-98

09 N. Wevrick. Physical Orgone Therapy of Diabetes 1951
Interval 27-28 Pag. 110-112

10 A. Allan Cott. Orgonomic Treatment of Ichthyosis 1951
Interval 25-27 Pag. 163-166

11 Philip Gold. Orgonotic Functions in a Manic-Depressive Case 1951
Interval 27-34 Pag. 167-180

12 Emanuel Levine. Observations on a Case of Coronary Occlusion 1952
Interval 24-27 Pag. 44-50

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01 Eva Reich. Early Diagnosis of cancer of the uterus 1943
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