

A Short Treatment with Orgone Therapy

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This last year I have made some attempts with orgone therapy in connection with character-analysis in cases where, due to environmental circumstances, a complete treatment was out of the question, but where I thought improvement or relief could be achieved in the short time available. These short treatments have lasted from 3 to 4 months (12 to 25 hours) down to 3 hours. In all cases—with possibly one exception, where the result was difficult to follow up—the treatment has clearly shown positive results. It is not possible yet to say how lasting these results will be. It may also be difficult in most cases to show the causal relationship between the treatment and the results achieved as the treatments had to end long before one could expect to clarify the characterological and genetic background of the neurosis. The case I shall describe here is an exception in this respect, as it explains both the neurosis and the unusually rapid improvement.

The patient, an English woman in her early forties, was a member of the staff of a large vocational school in her homeland, a school of over 1000 pupils and about 150 teachers, almost all of whom also had work outside the school. There was also connected with the school a many-sided workshop, where the patient had a position of great responsibility. As in 1938 there was a danger of her country getting into war, she was selected to organize an important branch of the women's auxiliary service. She had heard about orgone therapy from a woman friend who had gone through a treatment of about 3 months with good results, and she now wanted to spend a two-weeks' vacation finding out whether treatment could help her—in which case she would come back and get it later.

What disturbed her most was that she woke up every morning in a terrible *mood* which lasted for several hours. Two or three days before

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menstruation this mood lasted almost all day. When in this mood, she was almost unapproachable, especially if she did not have something good to eat. Her work was very difficult and entailed constant cooperation with other people. She therefore had to restrain herself most of the time which was a hard daily task. Everybody around her knew about this and was somewhat disturbed by it. However, due to her competence and still more as a result of her capacity for human understanding—when she was not in her bad mood—they put up with it, and she was well liked and had many friends of both sexes.

I explained more than once the purpose of the treatment, and emphasized especially that it was important to have the patient feel what was happening in her own body, to acknowledge it and give expression to what she felt, and that the goal was for her to be able, without anxiety, to let the sensations flow freely and find a release for them in a full sexual orgasm.

I then asked the patient—who was of about average height, with a ruddy complexion and eyes somewhat drawn together, and with lively movements which at times, however, had something sluggish about them—to lie down on a couch without a pillow, to relax and let her breathing take care of itself so I could see what her respiration was like. A few breaths showed me that her body in its small movements was unusually loose, but it was lying as if suspended from the shoulders. I looked for the central point of the tensions that held the shoulders up, put a couple of fingers on them, and said: "Let down your shoulders, put away your dignity, and breathe out well!" She protested, saying that she had to maintain her dignity, or how could she assert herself in her responsible position? "But *here* you don't need any dignity," I replied. Thereupon she exhaled, let her shoulders and chest drop with the breathing, and her face expressed a feeling of relief. I let her lie and breathe for a little while, and then asked her to relate what she now felt of her body. She said she felt comfortable and light. Could she localize this feeling? Yes, she had it in the greater part of her body, most pronounced in the upper part of her back and chest. (It is so far the only time that any of my patients have replied to my first question about body sensations by mentioning pleasure-sensations first.) Otherwise she felt a pressure against the lower part of her body, some tensions in the legs and neck, and a slight feeling of unrest in her stomach.

I let her lie and breathe again, and drew her attention to tensions and positions of body and limbs which might make respiratory movements less

free. Even before the end of the first hour she started feeling such things on her own, and felt the pleasure sensations in her shoulders increase and spread downward. When I now look back on the 12 hours that the treatment lasted, it is as if all the time I did nothing but watch this process go further, only now and then suggesting a movement, or pointing out a movement, or attempting an explanation of something or other that the patient said she felt.

During the second hour the patient came back to her childhood, of which she had told me some external things during the first hour in reply to my questions. She grew up in a large city. Her father died when she was about 2 years old and at about the same time her only brother was born. She never saw much of him, because shortly after he was born, some relatives took her to their home and later adopted her. She remembered practically nothing from her early childhood. As far back as she could remember, she had been fond of her foster parents and their daughter, who was her own age. Her upbringing had been somewhat strict, with little fun and much work.

When—after a few words about her morning mood, which made it hard for her to come to the session as early as 11 o'clock in the morning—she lay down breathing and let her shoulders down, the pleasure sensations in her body from the day before reappeared, and soon she felt distinct currents in shoulders, chest, abdomen, legs and arms. The pleasure sensations she could only characterize as something she had never felt before, and sometimes they became so strong that she became afraid of them and tried to put a brake on them. When I made her aware of these attempts at stopping the sensations and asked her to let her body and the sensations have their own way, she let things happen without interference, even though it was clear both to the eyes and ears that she was very much afraid at the same time. She spent most of the second hour lying down, breathing and paying attention to her body sensations; meanwhile the spontaneous body movements, which she was increasingly more able to give in to, developed clearly toward an orgasm reflex, without such reflex yet making its appearance.

The third hour she started by telling that all her life—until yesterday, she had believed that she was totally frigid, but now she knew that this was no longer the case. She had read in a textbook in gynecology—she had on the whole read a considerable amount of medical literature—that many women were frigid by nature, and she had immediately thought of herself as one

of them. She was content that this was the case, as it would spare her all the sexual difficulties and sorrows of which she saw so much around her, and the problem of sex would not interfere in the cooperation and the friendships she had with the men she worked with and with whom she was on very good terms. There had been plenty of men who had approached her sexually, but she had declined all sexuality in such a natural and matter-of-course way, that the friendships had lasted in spite of her rejection of sensual contact. She could not remember any sexual interest or sexual activities from her childhood either. Now that for the first time, as far as she knew, she felt sexual sensations and sexual desires, she resented the gynecologists and the other medical authorities who had made her believe that her frigidity was natural, because now she felt and knew that it was the new feelings which were natural.

When she lay down to breathe, the currents (flowing sensations) appeared at once and gradually developed further. The pelvis, which up to then had been practically motionless, now showed some slight movements, and the feeling of unrest in her stomach, which she had mentioned in the first hour, became much stronger, a mixture of pleasure and anxiety sensations. Something seemed to be loosening up there, she said, and remembered that something had always seemed to be tied up there and had caused her pain the days before each menstrual period.

The fourth hour she started with a joking remark that she probably would go after a man wildly on her return home, because now she had for the first time in her life felt the desire to be with a man. "But they should only know it in our school at home," she added, "that I go around with such thoughts, and they would hardly have elected me on the board." The following hours she brought up on her own the conditions in the school, and discovered practically every day new things which did not correspond to the sensations and feelings she now had and the points of view which developed spontaneously from these feelings. Most of the pupils boarded at the school and it was compulsory to wear uniforms, both during working hours and whatever spare time there was. On the board there were, besides professional people, representatives of those organizations which supported the school financially. Most of these representatives belonged to the upper middle class, and had all—with one exception from what I was able to judge—a religious and conservative outlook on society and education. The purpose of the curriculum they favored seemed to be to

keep the students occupied with studies and all kinds of duties all the time, except for the most urgently needed rest. The patient now began to criticize this system strongly, and pointed out how many things and the whole atmosphere in the school must necessarily lead to a distortion and suppression—not only of the self-determination and independence of the pupils, but of their whole feeling of life and first of all of their sexuality, which—when it was mentioned at all—was talked about as a shameful thing which some people, not all, were unfortunate enough to be equipped with. As mentioned before, she had so far considered herself one of the lucky ones who had no sexual difficulties. Without my saying a word about it, it had become clear to her that a great deal of the nervous difficulties that both pupils, teachers and the female workers in the shops connected with the school suffered from—she had less knowledge of the male workers—were connected with their crippled sexual lives. And she hoped that she, with the position she herself had at the school and perhaps still more through her friendship with the only liberal, but very prominent member of the board, should be able to do something in the way of improving things at least a little for the youngsters from now on. She mentioned several problems, which before she had been either doubtful about or not noticed at all, and where she could now see a positive solution and a way of bringing about this solution.

Together with this liberation of her thoughts and feelings with regard to work and work conditions and their social background, her vegetative body movements and her experiencing of them underwent a steady liberation. After the shoulders and the chest, the throat and neck, the arms, legs and back took part more and more in the spontaneous movements, which also became more and more connected and coordinated. From the fifth hour on, completely spontaneous orgasm reflexes developed—with increasing pleasure sensations and steadily decreased anxiety—with a definite acme, followed by relaxation. During the development of the reflexes, her arms underwent a steady rhythmical movement, strongly reminiscent of the arm movements of a dancer, with the exception that her hands with short and more or less even intervals reached toward her genital, and thereupon with increased speed were removed from this area. In reply to my question, the patient said that she had no idea of the meaning of these movements; they developed completely on their own.

What up to the tenth hour participated least, and which to a certain

extent made the orgasm reflex unfree, was the lower part of the back and her pelvis. As already mentioned, there was a certain amount of motion there, but every time the orgasm reflex became pronounced, her pelvis either stiffened or retracted. I had already made her aware of this, without finding that it had any influence on the development of the movements. At the beginning of the tenth hour I had her pay special attention to the movements in her pelvis and be careful not to inhibit them. After a few minutes, her pelvis moved all the way forward, several times in succession. Her breathing indicated that the patient felt this to be a new experience. In reply to my question, she confirmed that this was so, and added in surprise: "I also suddenly remember a thing now which I have not been aware of since I was a child, and which I have never mentioned in the health reports I have given and replied to in regard to illnesses in childhood. When I was five or six years old I had chorea (St. Vitus' dance) over a period of time, I don't know exactly how long. I remember also when I got it. I had been to the country that summer, on a large farm with many children with whom I played. We also had sexual games, in which I took part like the others, but I cannot remember what the games consisted of. There were several of us who took part and apparently we played the games quite openly because when my foster parents came out once, they saw it. They were quite appalled, took me with them at once and brought me back to town. I wanted to stay, and it was after being taken back to town that I developed chorea. When my foster parents saw it, they scolded me for being so restless, and I succeeded gradually in suppressing the sensations." Since then she had been quiet and good, but fretful in the mornings.

She went on breathing again, and the movements of the hands, which she had not understood the meaning of, started again. I asked her again to pay attention to them, and asked her if "the sexual games" which she could not remember, could have been masturbation. She replied at once: "Yes, it must have been," and now clearly felt that the movements of the hands toward the genital expressed a desire to masturbate, a wish which she, however, immediately rejected, in spite of the fact that she now theoretically accepted the desire.

I had several times touched upon the way in which the patient used her eyes, that she never opened them freely and naturally, but somehow peeked out from above cheeks that were pulled upward. She felt herself that this

way of looking was not natural, and that it was as if she were afraid of seeing something or other. Now after the memory of the chorea had come up, her way of looking at times became more open than ever before, but the old way easily reappeared, and we did not get any further with it during the hours that remained. During the last two hours the new free movements in the pelvis stabilized themselves. Already before the loosening of the pelvis took place, the patient had occasionally felt contractions in the vagina. They now appeared regularly with the orgasm reflex and the streamings in the body became rhythmical and stronger.

The patient's breathing, which during the first hours had something tired and resigned about it—except when she was lying down and just breathing, then it was full of anticipation and suspense—had gradually become lighter, more alive, and happier. That this was not only the case during the hours with me was confirmed by other people who were around her daily and who were wondering about the change that was taking place.

The last two hours she talked mostly about the difficulties she would have to struggle with on her return to her homeland and her work. She had a remarkably clear grasp of the conditions which would come into conflict with and could again kill the new feeling of life that she had, and she discussed with herself and with me what she could do and how she could go about keeping herself alive. She was in doubt as to what extent she could manage this, but she was not in doubt that she would try, even if it were to cost her considerable struggle. It was clear to her that she would not succeed in this without a fairly satisfying sex life, and she seemed more afraid of her internal difficulties on this point than the external ones.

During the last hour she could report a new sign of improvement. Menstruation had started on the previous day and for the first time without accompanying pain and without worry and a bad mood—on the contrary, she had found herself walking around, singing to herself and feeling especially good that day. She felt it herself to be somewhat of a miracle, which was too good to be true and which she still had to believe. She thought herself that the fretfulness in the mornings as well as the pains and irritability before and during menstruation, were a kind of abbreviated re-experiencing of the struggle in childhood against the sexual urges and against the choreatic movements. She had always suffered from restless sleep—something she had just vaguely mentioned before—which to me meant that

she experienced in her sleep the sexual urges which in the daytime she had always believed she did not have.

She ended the treatment full of satisfaction with the result achieved; she felt like a new person, but with a full understanding of the difficulties she would have to struggle with and full of anticipation as to how she would succeed in meeting them.

A short time after she had left, I read in the papers that one of her nearest friends and co-workers at the school had died, and I wrote her a short letter. In her reply she told me that the loss of her friend had been a hard blow to her, not least because he was one of the people from whom she had expected an understanding attitude toward her new outlook on life. She had been depressed and had cried over him for three days, but she felt that neither the sorrow nor the implications of this loss for her work should get her down; she still felt equally alive.

I would like to emphasize a few things in this report of the treatment. First, there is the connection which the patient spontaneously felt between the trauma and the attack of chorea. During the treatment they appeared together in her memory, as one experience, not two. Up to that time she had remembered nothing about the chorea or her infantile sexuality. Her sexuality had been so thoroughly repressed that up to a week before the memory came up, she had considered herself completely frigid and had believed that she was so by nature. To the patient it had become spontaneously obvious that the choreatic movements had come about as a result of the disappointment and the struggle against the sexual actions which had been so strictly forbidden.

The second thing I want to point out is that this memory and the insight arose in immediate connection with a new, characteristic pelvic movement, a motion which the patient had never made previously or felt, as far as she knew. The release of this movement brought with it the memory of the situation in which the patient had learned to stiffen up in the pelvis in order to shut off genital sensations. The movement itself came as a link in a steady development, the purpose of which had been to release the various tensions in the trunk, limbs and respiration. Every new release brought with it new or stronger vegetative sensations in the body, among others the genital sensations which the patient could not remember ever having felt before.

The third thing I would like to emphasize is the spontaneous feeling the patient had of the relationship of her experiencing of her own body and her outlook on morals and social problems, first of all regarding things that had to do with her own position in society, and secondly the more general problems. The patient had no knowledge of sex-economy and knew only a little about psychoanalysis. But the outlook on moral and other social regulations which she gradually developed during these two weeks without much other "influence" from my side than that occasionally I might confirm or contradict a statement, or guess how she happened to bring up a certain thing just at this point, seemed to correspond entirely both basically and in most details with the sex-economic view which Wilhelm Reich has presented in his writings—naturally not worked through systematically by my patient, but still with a clear grasp of the great social implications.

My explanation of how it was possible to succeed in such a short time in releasing such a wide and far-reaching repression—as it included all sexual sensations in the patient—is briefly the following: The patient must have had a relatively free instinctual life up to the sexual trauma at the age of 5 or 6. Being without a father from about the age of 2, she was mostly with relatives, who do not seem to have discovered her sexual activities up to the time of that summer vacation. That she had been tolerably free during her early childhood seemed clear to me in view of her great capacity not only for work, but for deriving pleasure from her work, the relatively free aggression she displayed—a chapter which has hardly been touched upon in the report of the treatment and which I mostly know from other people than the patient herself, and finally in view of her natural impulsiveness in her work and in life generally. The sudden and strict sexual prohibition and the subsequent punishment—to be sent back to town in the middle of an enjoyable summer vacation—made her suppress all sexual sensations so thoroughly that for about 35 years she no longer noticed them. But these sensations were not too deeply repressed since they were capable of disturbing her sleep every night, and for several hours every morning and two or three days before each menstrual period made her irritable. They were therefore close enough to the surface so that they became conscious again when the patient came into a tolerant atmosphere and received the needed assistance in making herself receptive to the experiencing of repressed sensations.

Postscript 1946:

Several years have passed since this short treatment was completed and the case history written down. When now handing it over to Orgone Institute Press for publication, I wish to make a few additional remarks.

The last I saw of the patient was when she, half a year after the treatment, on a vacation round trip through Europe, came to see me at my office in Oslo. She just wanted me to know that she had felt healthy as never before ever since the treatment, in spite of her sorrow at her friend's death. During the trip she was just about to complete, she had had her life's first love adventure (since childhood), and short though it had been, she was very thankful for it. She just wanted to thank me for helping her to become capable of such an experience.

After the war broke out, I had indirect news from her a couple of times. The war task for which she had been pointed out, had been entrusted to her, and it was reported she was doing excellent work.

Projeto Arte Org

Redescobrimo e reinterpretando W. Reich

Caro Leitor

Infelizmente, no que se refere a orgonomia, seguir os passos de Wilhelm Reich e de sua equipe de investigadores é uma questão bastante difícil, polêmica e contraditória, cheia de diferentes interpretações que mais confundem do que ajudam.

Por isto, nós decidimos trabalhar com o material bibliográfico presente nos microfilmes (Wilhelm Reich Collected Works Microfilms) em forma de PDF, disponibilizados por Eva Reich que já se encontra circulado pela internet, e que abarca o desenvolvimento da orgonomia de 1941 a 1957.

Dividimos este “material” de acordo com as revistas publicadas pelo instituto de orgonomia do qual o Reich era o diretor.

01- International Journal of Sex Economy and Orgone Research (1942-1945).

02- Orgone Energy Bulletin (1949-1953)

03- CORE Cosmic Orgone Engineering (1954-1956)

E logo dividimos estas revistas de acordo com seus artigos, apresentando-os de forma separada (em PDF), o que facilita a organizá-los por assunto ou temas.

Assim, cada qual pode seguir o rumo de suas leituras de acordo com os temas de seu interesse.

Todo o material estará disponível em inglês na nuvem e poderá ser acessado a partir de nossas páginas Web.

Sendo que nosso intuito aqui é simplesmente divulgar a orgonomia, e as questões que a ela se refere, de acordo com o próprio Reich e seus colaboradores diretos relativos e restritos ao tempo e momento do próprio Reich.

Quanto ao caminho e as postulações de cada um destes colaboradores depois da morte de Reich, já é uma questão que extrapola nossas possibilidades e nossos interesses. Sendo que aqui somente podemos ser responsáveis por nós mesmos e com muitas restrições.

Alguns destes artigos, de acordo com nossas possibilidades e interesse, já estamos traduzindo.

Não somos tradutores especializados e, portanto, pedimos a sua compreensão para possíveis erros que venham a encontrar.

Em nome da comunidade Arte Org.

Textos da área da Orgonomia Bifísica. Casos clínicos.
Texts from the area of Biphsical Orgonomy. Clinical cases.

International Journal of Sex Economy and Orgone Research

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

Orgone Energy Bulletin

Orgone Biologics 2. A case History

01 Simeon J. Tropp. The Treatment of a Mediastinal Malignaney with the Orgone Accumulator 1949
McF 301 Orgone Energy Bulletin, Vol. 1, No. 3. Jul. 1949
Interval 5-10 Pag. 100-109

02 Ola Raknes. A short Treatment with Orgone Therapy 1950
McF 303 Orgone Energy Bulletin, Vol. 2, No. 1. Jan. 1950
Interval 14-18 Pag. 22-31

03 Victor M. Sobey. Six Clinical Cases 1950
McF 303 Orgone Energy Bulletin, Vol. 2, No. 1. Jan. 1950
Interval 19-24 Pag. 32-43

04 William A. Anderson. Orgone Therapy in Reumatic Fever 1950
McF 304 Orgone Energy Bulletin, Vol. 2, No. 2. Apr. 1950
Interval 14-15 Pag. 71-73

05 Simeon J. Tropp. Therapy of an Early Breast Cancer 1950

McF 305 Orgone Energy Bulletin. Vol. 2, No. 3. Jul. 1950
Interval 21-25 Pag. 131-138

06 Charles I. Oller. Orgone Therapy of Frigidity A Case History 1950
McF 306 Orgone Energy Bulletin. Vol. 2, No. 4. Oct. 1950
Interval 28-33 Pag. 207-216

07 Emanuel Levine & Elizabeth N. J. Treatment of a Hypertensive Biopathy with the Orgone Energy Accumulator 1951
McF 307 Orgone Energy Bulletin. Vol. 3, No. 1. Jan. 1951
Interval 14-20 Pag. 23-34

08 Chester M. Raphael. Orgone Treatment During Labor 1951
McF 308 Orgone Energy Bulletin. Vol. 3, No. 2. Apr. 1951
Interval 17-21 Pag. 90-98

09 N. Wevrick. Physical Orgone Therapy of Diabetes 1951
McF 308 Orgone Energy Bulletin. Vol. 3, No. 2. Apr. 1951
Interval 27-28 Pag. 110-112

10 A. Allan Cott. Organomic Treatment of Ichthyosis 1951
McF 309 Orgone Energy Bulletin. Vol. 3, No. 3. Jul. 1951
Interval 25-27 Pag. 163-166

11 Philip Gold. Organotic Functions in a Manic-Depressive Case 1951
McF 309 Orgone Energy Bulletin. Vol. 3, No. 3. Jul. 1951
Interval 27-34 Pag. 167-180

12 Emanuel Levine. Observations on a Case of Coronary Occlusion 1952
McF 311 Orgone Energy Bulletin. Vol. 4, No. 1. Jan. 1952
Interval 24-27 Pag. 44-50

CORE.

Orgone Biologics 2. A case History

01 Eva Reich. Early Diagnosis of cancer of the uterus 1943
McF 318 CORE. Vol. 7, No. 1,2. Mar. 1955
Interval 25-28 Pag. 47-53