Wilhelm Reich's concept, "Cancer Biopathy"*

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A biopathy is a basic bio-energetic disturbance of the plasmatic system. Such a disturbance may result in cancer, but equally well in an angina pectoris, an asthma, a cardiovascular hypertension, an epilepsy, a cata-tonic or paranoid schizophrenia, an anxiety neurosis, a multiple sclerosis, a chorea, chronic alcoholism, etc. These diseases have in common: a disturbance of the biological function of plasmatic pulsation in the total organism. Cancer, neuroses and functional psychoses have one common denominator: sexual stasis. Sexual stasis represents a fundamental disturbance in biological pulsation. The central mechanism of a biopathy is the disturbance in the discharge of biosexual excitation.

The basic criterion of living functioning in man, as well as in the ameba, is biological pulsation, that is, alternating complete contraction and expansion. In the unicellular organisms the rhythmic con traction of the vacuoles and the serpentine movements of the plasma can be observed directly. In the metazoa this is clearly seen in the cardiovascular system, where the pulse beat represents pulsation unequivocally. In the intestines it shows itself as a wave of alternating contraction and expansion, as "peristalsis." In the striated muscles it functions as contraction, in smooth muscles as a wave-like peristalsis. In the organism, the pulsation takes hold of the total organism in the form of the orgasm reflex.

The autonomic nervous system itself is mobile. The accepted notion that the nerves only transmit impulses while they themselves are rigid and immobile is incompatible with the pulsatory movements of the organs and with condensation as shock, blocking, and shrinking in them. Autonomic movements are comprehensible only under the assumption that the autonomic nervous system itself is mobile. By observing directly a small transparent worm under the microscope, keeping not only the ganglion but the ganglion fibers in focus, one can convince oneself that the autonomic nervous system does indeed expand and contract and is not rigid. The movements of the nerves are serpentine, slow, wave-like, sometimes jerky. They always precede the corresponding movements of the total organism by a fraction of a second; first, the nerve and its ramifications contracts, and then the contraction of the musculature follows. The same is true in expansion.

Biopathic shrinking begins with a chronic preponderance of contraction and inhibition of expansion in the plasmatic system. This is most clearly manifested in the respiratory disturbance of neurotics and psychotics: the pulsation (alternating expansion and contraction) of lungs and thorax is restricted; the inspiratory attitude predominates. Understandably enough, the general contraction ("sympatheticotonia") does not remain restricted to individual organs. It extends to whole organ systems, their tissues, the blood system, the endocrine system, as well as the character structure. Depending on the region, it expresses itself in different ways: in the cardiovascular system as high blood pressure and tachycardia, in the blood system as shrinking of the erythrocytes, in the emotional realm as rigidity and character armoring, in the intestines as constipation, in the skin as pallor, in the sexual function as orgasmic impotence. The biopathic shrinking in cancer is the result of a chronic contraction of the autonomic apparatus. The cancer tumor is only a late symptom of the cancer disease.

To understand the connection between sexual function and cancer disease we must consider:

1. Poor external respiration which in turn leads to a disturbance of the internal respiration in the tissues.
2. The disturbed function of organotonic charge and discharge of the autonomic organs, particularly the sexual organs.
3. The chronic spasms of the musculature.
4. Chronic orgasmic impotence.

Respiratory disturbances and muscular spasms are the immediate result of a fear of sexual excitation (pre-orgastic anxiety). Organs with poor respiration, organs which are spastic and insufficiently charged, are biologically weakened; thus they are highly susceptible to cancer-producing stimuli. These

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clinically well-established facts give the concept of "cancer disposition" a definite content.

Muscular spasm and deficiency in orgonotic charge are subjectively experienced as "being dead." This corresponds to a block of biological activity in the respective organ. For example, the blocking of biosexual excitation in the genital goes with spasmodic contraction of the pelvic musculature, as is regularly seen in the uterine spasms of frigid women. Such spasms often result in menstrual disturbances, menstrual pains, polyps and fibromata. The spasm of the uterus has the function of preventing the biosexual energy from making itself felt as vaginal sensation. Spasms representing inhibitions of orgonotic currents are seen particularly frequently wherever we find annular musculature, for example, at the throat, at the entrance to and exit from the stomach, at the anus, etc. These are also places where cancer is found with particular frequency. The disturbance in biological charge of a gland, a region of the skin or a mucous membrane, is produced and maintained by a muscular spasm in the neighborhood of the affected site; the spasm prevents biological energy from charging the respective site.

Among the signs that foreshadow disease, the most frequent finding in women is spasm in the pelvic musculature. Biosexual excitation can be reduced or inhibited by chronic muscular tensions. The spasm of the uterus often spreads to the anal sphincter, and the vagina, and beyond that, to the adductors of the thigh. The pelvis is retracted, the sacral spine often stiff. In the pelvis the orgonotic sensation of streaming is absent. During expiration the wave of excitation is inhibited by the pulled-up chest and the tense abdomen. The generally prevailing sexual inhibition of women explains the prevalence of cancer in the breast and the genital organs. The sexual inhibition may have existed for decades before it manifests itself as cancer.

The relationship between character armorizing, muscular spasm, and the onset of a cancer tumor is illustrated by the case of a man of 45 whose esophagus was obstructed in the middle by a cancer tumor. A few months previously he had reacted to an emotional loss by the development of a spasm in the esophagus. At the same time he had a sensation of oppression in the chest. The history revealed that the man had suffered since childhood from a severe spasm of the jaw musculature, which gave his face a hard expression and inhibited his speech.

The localization of a cancer tumor is determined by the biological inactivity of the tissues in the immediate neighborhood. This holds true also for local-

zation of metastatic tumors. This is illustrated by the first cancer patient treated by orgone therapy. The primary tumor in this woman was in the left breast, but it was not discovered until after metastatic tumors had caused the collapse of two vertebrae. The cancer metastases developed exactly in those organs which played a dominant part in the muscular armor which suppressed the sexual excitation. The collapsed twelfth vertebra corresponded to the costal insertion of the diaphragm, which in this woman was spastically contracted. The fifth cervical vertebra was collapsed. The patient held her neck in a rigid position. The fear of moving the neck had been present long before the collapse of the vertebra, and was part of a general biophysical attitude which was not a result but the cause of the cancer disease. The contraction of the musculature put the patient into the position that one voluntarily assumes to protect oneself from a sudden blow on the head. Spasm of the musculature of the throat had been present for decades. The sensation of a constriction in the throat went hand in hand with a pulling in of the shoulders and a tension between the shoulder blades.

This patient had been married for two years, but in the sexual relationship she was excited but unsatisfied because her husband was either impotent or suffered from premature ejaculation. For a time she suffered keenly, but then "got used to it." She found no way of obtaining sexual gratification. After the death of her husband she devoted herself to the education of her child, and refused contact with men. Gradually her sexual excitation subsided, and in its place she developed anxiety states. Later she presented a picture of neurotonic resignation.

Twenty-six months after the diagnosis of the breast tumor with metastasis, when the case was considered hopeless by the physicians in charge, the patient was brought for orgone therapy. The physical orgone energy has a vagotonic effect. The plasma system of this patient began to relinquish the chronic attitude of contraction and to expand. This resulted in a reduction of the typical cancer pain. The pain in cancer patients reflects the fact that the autonomic nerves retract from the diseased region and "pull" on the tissues. After years of being bedridden, the patient felt well and began to do her own housework. The x-ray pictures showed complete ossification in the previously cancerous spine. The tumor in the left breast was no longer palpable. At the same time, however, certain emotional symptoms became more pronounced.

After the cure of the local cancer tumors, a general biopathic disease picture
apparred which previously had been hidden, and which formed the actual background of the cancer disease: the shrinking biopathy. Earlier in life, following the sexual frustration in her marriage, she had developed a severe stasis neurosis. Then there was the repression of sexual excitation, resignation, depression, and a decade of abstinence. We note that the sexual excitations disappeared while the cancer disease developed. Now, after treatment in the orgone accumulator, the patient began to experience sexual excitation, and since she felt herself already tuned as a woman because of the cancer, and since she was unable or unwilling to masturbate, the sexual stasis revived the old anxiety neurosis. This again resulted in a general shrinking of the vital apparatus that manifested itself as falling anxiety; indeed on more than one occasion as actually falling. The patient remembered that she had had the same anxiety for a long time during adolescence. She had a fear somebody was after her, and the fear was so intense that her legs failed her.

When preorgastic sensations in the abdomen and the genital begin to appear and are suppressed before becoming conscious, these sensations, if anxiety-laden, are experienced as falling. This is based on the following mechanism: Preorgastic excitation is the onset of an involuntary convulsion of the plasma system. If the organism is afraid of this convulsion, it will develop—in the midst of an expansion which should end in a convulsion—a counteracting contraction, in other words, an inhibition of expansion. This results in a sensation like that which one experiences when an elevator suddenly starts down or an airplane drops rapidly. The sensation of falling is the perception of a contraction of the autonomic system in the process of inhibiting an expansion. The typical falling dreams are often accompanied by a sudden contraction of the total body. (When such preorgastic expansive sensations are experienced as pleasurable, there are dreams of floating or flying.) Orgastic sensations, when inhibited by orgasm anxiety, may also be experienced as a fear of dying; "dying" in the sense of falling apart, melting, losing consciousness, dissolving, "nothingness."

The inhibition of plasmic motility by shrinking explains neurotic anxiety as well as functional paralysis, the fear of falling as well as the muscular atrophy, the spasms as well as the biological disturbance which breaks through as "cancer." The diaphragmatic spasm is the central defense mechanism in the organism. The feared catastrophe of falling has itself a real basis in the restriction of biological motility.

This case illustrates that the inhibition of the autonomic sexual function can produce a biopathic shrinking of the autonomic nervous system. The patient demonstrated the functional unity of psychic resignation and biopathic shrinking. The characterological resignation preceded the shrinking of the vital apparatus.

A shrinking biopathy without tumor may exist as a result of chronic sexual abstinence. This is illustrated by the case of a thirty-year-old woman whose disease of two years' duration had baffled her physicians. Since childhood she had been thin, but during the two preceding years her weight had decreased from 120 lbs. to 90 lbs., with a weight loss of 10 lbs. during the previous four weeks. In appearance, the facial expression could best be described by "death mask." She was pale and livid, her cheeks sunken, and her eyes had a tired, veiled, hopeless expression. The corners of the mouth were drawn down, expressing resignation and depression. The musculature all over the body was so thin that there could be no doubt about the presence of an atrophic process. Movements were slow, and the patient spoke slowly as if with great effort, in a monotonous voice. It looked as if all activity were held back, as if there were not sufficient energy behind the impulses. For two years she had been incapable of working, and she felt too weak for any social contact.

Her education in regard to sexuality had been strict and ascetic. She had never had sexual intercourse. In addition to external barriers she suffered from internal ones. At the mere thought of physical intimacy, a spasm of the genital organs would set in. She had never masturbated.

For a year there had been a small swelling the size of a bean on the outer margin of the right breast which would alternately grow and recede, and which her physician had therefore considered non-malignant.

When she came for orgone therapy no biopsy was done, but laboratory tests based on the rate of disintegration of the erythrocytes established the diagnosis of an advanced carcinomatous shrinking biopathy. Daily use of the orgone accumulator not only halted the shrinking process, but enabled the patient to gain weight so that at the end of four months she weighed 102 lbs. After ten days of orgone irradiation the tumor was no longer palpable. Since childhood she had been thin, but during the two preceding years her weight had decreased from 120 lbs. to 90 lbs., with a weight loss of 10 lbs. during the previous four weeks. In appearance, the facial expression could best be described by "death mask." She was pale and livid, her cheeks sunken, and her eyes had a tired, veiled, hopeless expression. The corners of the mouth were drawn down, expressing resignation and depression. The musculature all over the body was so thin that there could be no doubt about the presence of an atrophic process. Movements were slow, and the patient spoke slowly as if with great effort, in a monotonous voice. It looked as if all activity were held back, as if there were not sufficient energy behind the impulses. For two years she had been incapable of working, and she felt too weak for any social contact.

Examination of this patient by a gynecologist revealed a very small uterus, and ovaries that could not be palpated rectally. On the basis of the sexual
history as revealed during the psychiatric orgone therapy (which supplemented the use of the orgone accumulator) the underdevelopment of breasts and genital organs would have to be considered an atrophy of disuse. All during childhood and adolescence she suffered from sexual stasis.

In the attempt to treat the shrinking biopathy, the following premise was made. Carcinomatous shrinking, as well as the cardiovascular biopathy, are both based on sexual stasis. Nevertheless, there is an essential difference based on how the organism reacts to the sexual stasis once it has come about. In the cardiovascular biopathy, the sexual excitation remains alive, biologically, physically, and emotionally. That is, the biological core of the organism continues to produce energy to the fullest extent. The organism in its state of contraction reacts to this with outbreaks of anxiety or anger, and with somatic symptoms such as hyperthyroidism, diarrhea, tachycardia, and high blood pressure. In cancer, on the other hand, the biological core reduces energy production. Excitations and emotions become weaker.

Histories of cancer patients frequently show that earlier in life they suffered from numerous symptoms of stasis anxiety, but these decreased as the shrinking biopathy developed. Chronic emotional calm corresponds to a depletion of energy. This calm of the cancer character is different from that of the compulsive character in whom strong energy impulses are inhibited by the emotional block, thus producing coldness and contactlessness. In the cancer character the energy is simply lacking. Chronic characterological resignation, without open or latent protest against the frustration of happy functioning must be regarded as one of the essential causes of the shrinking biopathy.

No simple scar, wart, injury or chronic irritation can lead to cancer unless there are already present basic disturbances in orgonotic vital functioning.

The basic, systemic disease “cancer biopathy” thus consists in a gradual depletion of bio-energy. Tumor development, putrefaction of blood and tissues, cachexia, etc., are secondary results of the biopathic shrinking of the organism. Wilhelm Reich’s blood tests (RBC disintegration rate, autolavation test, etc.) are based on this concept of “cancer biopathy.”

(To be continued)

The mass of men live lives of quiet desperation.—THOREAU
Projeto Arte Org
Redescobrindo e reinterpretando W. Reich

Caro Leitor
Infelizmente, no que se refere a orgonomia, seguir os passos de Wilhelm Reich e de sua equipe de investigadores é uma questão bastante difícil, polêmica e contraditória, cheia de diferentes interpretações que mais confundem do que ajudam.
Por isto, nós decidimos trabalhar com o material bibliográfico presente nos microfilmes (Wilhelm Reich Collected Works Microfilms) em forma de PDF, disponibilizados por Eva Reich que já se encontra circulado pela internet, e que abarca o desenvolvimento da orgonomia de 1941 a 1957.

Dividimos este “material” de acordo com as revistas publicadas pelo instituto de orgonomia do qual o Reich era o diretor.
01- International Journal of Sex Economy and Orgone Research (1942-1945).
02- Orgone Energy Bulletin (1949-1953)
03- CORE Cosmic Orgone Engineering (1954-1956)

E logo dividimos estas revistas de acordo com seus artigos, apresentando-os de forma separada (em PDF), o que facilita a organizá-los por assunto ou temas.
Assim, cada qual pode seguir o rumo de suas leituras de acordo com os temas de seu interesse.
Todo o material estará disponível em inglês na nuvem e poderá ser acessado a partir de nossas páginas Web.

Sendo que nosso intuito aqui é simplesmente divulgar a orgonomia, e as questões que a ela se refere, de acordo com o próprio Reich e seus colaboradores diretos relativos e restritos ao tempo e momento do próprio Reich.
Quanto ao caminho e as postulações de cada um destes colaboradores depois da morte de Reich, já é uma questão que extrapola nossas possibilidades e nossos interesses. Sendo que aqui somente podemos ser responsáveis por nós mesmos e com muitas restrições.

Alguns destes artigos, de acordo com nossas possibilidades e interesse, já estamos traduzindo.
Não somos tradutores especializados e, portanto, pedimos a sua compreensão para possíveis erros que venham a encontrar.

Em nome da comunidade Arte Org.
Textos da área da Orgonomia Bifísica.
Texts from the area of Biphysical Orgonomy

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