Orgonotic Functions in a Manic-Depressive Case

By Philip Gold, M.D.*

This is the case of a woman, now 40 years old, who had been suffering from manic-depressive disease for about 10 years. The illness broke out soon after the birth of a child. It showed the well-known feature of this disease: periods of deep depression alternating with periods of elation. The depressive phases were the longer, lasting from about a week to as long as six months, with some mild manic states interspersed during the longer episodes.

The manic phase, interspersed with mild depressions, lasted from a day or two to about a month, except for about a year (1945-46) when she was predominantly hypomanic. Up to 1945 she had received a series of seventeen electroshock treatments in a psychiatrist’s office, without success, and had about two years of psychotherapy, one of them with me. She was then discharged as improved.

She returned to me in 1946 in a deep depression and was treated again, unsuccessfully, with psychotherapy until the fall of 1948, when I began treating her with orgone therapy. She was never hospitalized, fighting against that with her last few ounces of strength, feeling somehow that going to a mental hospital would mean the end of her. She sometimes had suicidal thoughts, but never made any suicidal attempt. It seemed at times as if she did not have enough energy for a suicidal attempt. Nothing mattered to her. She sat limply in a chair, curled up for hours, making herself as small as possible. She was inert and exhausted. At other times she lay in bed for many hours, cramping her whole body as hard as she could, her fists balled and her toes curled under, digging her heels into the bed, holding on to herself "for dear life." Perplexed, she wondered what had happened to her—just a few hours before she had felt exhilarated. At such times she wanted to die.

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Wilhelm Reich, in his chapter on schizophrenia in the third edition of *Character Analysis*, has shown that subjective feelings are the perception of objective phenomena taking place in the organism, and that only in this way can pathological conditions as well as health be understood and explained. What, then, was going on in this organism to explain why it behaved in a manic-depressive way? A study of the biophysical status during examination and of the changes that took place during treatment can give us some clues, and further bio-energetic study of more manic-depressives should give us the answers. The history can be brought in to help us understand the causative basis of the disease.

When examined for orgone therapy the patient weighed only 97 pounds. She had what could be called a “dumpy,” squat figure, with a definite tendency to breadth from the shoulders down. The skin was yellowish-gray, dried, wrinkled, and cool. The body action looked slowed up, dragging. But she gave the impression that deep down there was a good deal of excitement. Her pulse was weak, about 100, though her blood pressure was not too low—125/80. However, her appearance was that of an aged woman, whose springs of life were drying up. Her hair, which had been a chestnut color, had turned completely white, a process which had started soon after marriage, with yellowing and then graying. One expression was frozen on her face: a mixture of helplessness and hopelessness. Underneath, one could feel a deep sadness, and a strong reproach. Absolutely remarkable were the rings around her eyes: they were the darkest and blackest I have ever seen. I wish I could describe their quality adequately, for it is very important. It was not like that of a neurotic. It was dead and dull, a burned-out sort of blackness. It was frightening. The eyes themselves were lifeless and sunken. The pupils were somewhat dilated. Remarkable, too, was her voice: it was throaty and chesty, low and monotonous, not thin and shrill, as is that of many hysterics. The neck seemed to be composed of strings covered with a peculiar, flabby fullness. The impression was that of a slowing-up, edematous process under the dry skin, especially in the deeper tissues. The fullness extended into the shoulders and chest, especially on the right side. Both shoulders were pulled back. In addition, the right one was pulled up and immobilized, and she had the habit of pushing her neck down behind it. When I moved the shoulder she complained of severe pain, and crackling sounds were heard. (She had been told she had rheumatism there.) She also had the habit of holding her left hand over her left forehead and head. The chest was held high and felt unyielding, even though her whole appearance was one of flabbiness and absence of tone. It did not move perceptibly with breathing, and she resisted my attempt to bring it down. The breathing was wheezy and rasping, especially to the stethoscope. The epigastrium was full. The rest of the abdomen was flabby and sunken but resisted pressure. The pelvis was retracted; it looked quiet and dying. That whole region had ugly and old-looking creases and folds. The lower legs and feet were misshapen and awkward-looking, spindly as compared to the upper legs, yet somewhat edematous and grayish-cyanotic, with many small varicosities. The lower arms had a similar appearance, only not so markedly. There was a reluctance, almost an inability, to move the head, neck and extremities outward, away from the trunk, and it looked as if these parts were constantly being pulled in. The body bruised easily. The whole flabby musculature was painful to even moderate pressure and contracted against it. If the pressure was maintained or increased, she would contract to the extent of digging her heels into the couch and arching her back high. Obviously she could not stand what the pressure aroused in her—it was too much.

The extremely little that she did say—and that had to be dragged out—was composed of very brief, monotonous, repetitious expressions of uselessness, disability, inferiority, guilt and a wish to die. The family reported the usual inertia of the depressive: physical, emotional, mental, social. Menstruation was delayed two to three weeks and was accompanied by pain.

She would emerge suddenly out of a depression, without obvious rhyme or reason, often in the early morning. She had a floating, light feeling in the head, and a springy feeling in the legs. The head felt opened up. She felt that a ring around the head had disappeared and that a cloud from the nose up over the head had passed away. The world suddenly became bright and beautiful. She felt very alive and full of energy. She bounded out of bed and was overactive and bustling. The family reported the typical behavior of the manic: a continuous state of restless, flighty, jerky, pushing, grandiose excitement, with poor judgment and insight. Characterologically, it is important that she had a very superficial, naive and childlike attitude. She did not bother people maliciously. She had been wound up and then suddenly and crazily released, and she just had to keep on going. She said she could not help it or stop it. It was a rush of energy that overwhelmed her and she could not handle it. From a living death she had come back to life, a highly exuberant life, but a wild, scattered, aimless one. There was something radi-
 Examination of the patient during these manic episodes showed a rapid gain of weight, about as rapid as was the loss during depressive periods, and about the same in amount—20 to 30 pounds. Significantly, most of the extra weight went to the pelvic region, so that she bulged there. The pulse was about the same, around 100, but stronger. The systolic blood pressure went up to between 130 and 140. Color, tone and temperature were a little improved. The face looked brighter. Her motility improved markedly: also the erectiveness of her body, its stretching longitudinally. Her activity increased greatly, especially in the mouth, throat, lower arms and lower legs. She was garrulous and loud. Her hands were constantly, though superficially, busy, and her legs were taking her all over. Important was that her body took on an intense, pushing, jerky expression. She was effervescing, but there was something false about it. She still looked old and sick. Her hair was just as white as ever. The awful rings around her eyes were not improved, and the ugly folds of the body were still present.

Let us now give some of the patient’s background. Her childhood was an unhappy one. The mother was harassed by overwork to keep the family of nine together, and had little love to give anyway. Of the parents, she was the dominant one. But both so impressed the patient with the sanctity of parental authority that it was not until she had gone deep into orgone therapy that she overcame her attitude of abject slavishness.

The father was an inadequate person, quiet and inhibited, and incompetent in a social way. He was very strict and stubborn. The worst and most indelible mark that he left on the patient—this was brought out again and again in treatment—was his hostile attitude not only to sex but to pleasure in general, and to freedom of movement. He said that the patient was too hilarious and vivacious, and he cursed her. He beat her whenever he thought she was getting “too happy,” that is, lively, noisy, spirited and jolly. Every holiday morning he gave her a special beating to keep her from getting happy. In biophysical terms, he restrained her from expanding and tried hard to contract her.

In spite of this, the patient retained a good deal of attractiveness, liveliness and spirit, and as a young girl she was much sought after by boys. Here, again, her father stepped in to keep her natural energy from flowing out and making contact. He tried to keep her from seeing boys—which she did any-
Orgone therapy was begun while the patient was in a very depressed condition, in a contracted state. Since her bio-energy was withdrawn from the periphery to the center, and since she had very little energy available, it was felt that treatment should be concentrated first on raising her energy level and thus alleviating her deeper depressions. She was advised to get an orgone energy accumulator and obtained a three-fold one. She was instructed to sit in it until she felt warmed, but not for more than three-quarters of an hour twice a day, even if she did not feel anything.

The first noticeable response was obtained after about three months, when the patient began to perspire in the armpits, something she had not done for years. Then the perspiring process spread to other parts of the body, from the face downward. Later she began to feel glowing sensations and then tingling. Her body was being charged and was beginning to luminate more strongly.

I shall not mention the accumulator from this point on, but it continued to be used as an essential part of the treatment. It went on doing its effective work, charging the blood with orgone energy and making for expansion. Its use was regulated. The period spent in it had to be reduced a number of times because it took progressively less time for the patient to get warmed up; until finally, after about a year and a half of consistent use, she could take only about ten minutes once a day.

At the same time, psychiatric orgone therapy was instituted. Only the general lines of the treatment will be developed here.

Since she had such terrific anxiety about letting go and permitting herself genuine and deep emotional excitement, due to her poor orgone energy metabolism, she was told that she would not be pushed, but would be released slowly and gradually. In fact, it would have been a mistake to move her too fast and strongly, and it would have done no good anyway, because she would only have answered with a retreat to her usual pattern of fear and hatred of expansion—withstanding and cramping-up into a depression. And this pattern had to be overcome.

She was encouraged to let go and give way slowly to a relaxation of her body, to any movements that might be initiated and to any excitement and emotions that might want to break through. After a while she gave in, first in the back of the head and neck, then around the forehead and eyes, then up into the scalp and down into the mouth. This led to movement in these segments—tremblings and quiverings—and finally to crying. The latter was a sad sobbing, with sounds, but it was choppy and broken up, because of a severe block in the throat and trachea and lower down in the shoulders, chest and diaphragm.

At first she could not develop her sad crying fully, because it became louder and turned into an angry kind of crying, which was too much for her, and she would get stuck. So she fought it off with sputtering, choking, coughing or losing her breath altogether. She soon revealed what was behind all this: Every time she was about to give way to strong emotional excitement her right shoulder pulled up sharply, the elbow pressing into her side, her head ducked into the hollow behind that shoulder, the left hand shot up to cover up the left side of the head, the palpebral fissures narrowed while the eyelids tic'ed violently, and the throat was closed up with the breath held. She finally realized that she was crying from the blows of her father and protecting her head and face, especially her eyes. At the same time I had the feeling that she was protecting an area already orgonotically weakened long before she began to receive the blows of her father.

She was encouraged to give in more fully to sad crying. After many sessions of that, sucking movements appeared in the mouth and "mama" movements and sounds. After that she went through a period of feeling the coldness of her skin. She shivered, cried, asked to be covered and warmed up. I covered her with a blanket. She wanted to be tucked in, while she curled up, and when she felt sufficiently warm, she began to dribble, then to make babbling, cooing, and baby-sighing sounds, and finally she fell asleep. In later sessions she came spontaneously into my arms, nestled close to my body, nuzzled, and made sucking and sighing sounds until again she fell asleep. She reported that she had a craving for milk after the sessions and that she drank it avidly.

When she was able to cry more freely and fully and to talk about her sadness with regard to her parents, especially her father, we concentrated on the anger we now both knew and felt she was holding back. For one thing, her crying sounded more angry than sad in quality. It was very difficult at first. She had really forgotten how to get angry. She was even unable to make a fist, let alone to hit out, especially with the right arm and shoulder. She became paralyzed and ended with a limp and flabby frustration, giggling with embarrassment or crying about it. These defenses were handled. Then she had literally to go back to the beginning and at first learn how to move with anger, by making easy taps on the couch with as much of a fist as she
could effect. At the same time, she was asked to breathe out and cry out with anger (hah!) because of the block in the throat, chest and diaphragmatic region. It was quite some time before she could raise her voice, to the extent of yelling, without choking or coughing or losing her breath or pulling back with an expression of fear and hate. Her chest and diaphragmatic regions had to be mobilized manually, also the interscapular muscles and the long back muscles. Gagging helped a great deal, and finally she was able to vomit fairly freely with much less disgust. The hitting of the couch was increased in intensity until after a few months she was able to rain blows and give herself over to anger with the whole upper part of the body. The content of the anger had to do with her husband and children, then, later, with her parents.

Meanwhile, orgone energy that had been liberated from the upper segments had been flowing into the pelvis, but because of the block there, it had been piling up and converted to fat and what appeared to be edema. Before I could understand what was going on, she had gained about 20 pounds and was getting anxious, perplexed and depressed again. Then I learned that though she had been discharging some energy via clonisms in the pelvis and thighs, the discharges were neither consistent nor sufficient. She was dammed up in the pelvis, due to protracted stasis and deadening, and could not take much movement and excitation in that region, so that she cramped up there all the more. Now I understood that she had good reason to hate and fear the possibility of a strong outburst of any emotion. Now I understood more clearly why she got very dizzy with an increase of movement or emotion, or streamings of excitation. It hit her especially in the eyes and behind them; she felt that was where she held back most. She felt a clouding from a line across the middle of the nose and face, and upward. There was also a tight band around the forehead, temporal regions and back of the head. It was a cloud that sat there all during a depression and lifted only partially with the advent of a manic phase.

She had to be carefully opened up in her pelvis, kept open and moving, and encouraged and helped to accept and tolerate more excitation and discharge of energy there. This was finally done by not letting her close up and become spastic; by keeping her moving and discharging with clonisms, initiating it time and again, with my hand, if necessary; and by having her give way to the anger and fear in the pelvis.

As with her shoulders and arms, at first she was unable to kick or hit out with her legs. She fought against it, in fact, by arching her back and pulling toward the upper part of her body with a frightened and hateful attitude. She had to be gotten off the couch and encouraged to stamp on a rug and kick out. It was seen that her legs were as if glued to her pelvis, and they had to be freed. At the same time, the pelvis and abdomen had to be freed from their gluing to each other. Then she held back her breath and her yelling, and that had to be worked on again and again. It took many months until she got an established start at being angry with her whole body. She was able finally to feel it rushing through the fingers and out, flowing down into the legs, flashing with fierce fire out of her eyes. She did not have to cry or laugh about it. She learned recently that she was swathed (bound) from the neck to the toes during the first five weeks of her life.

Gradually, after about fifteen months of treatment, she came out of her basic depressive state and went into a prevailing manic state. Time and again she ran away from her genitals into the upper part of the body and lower legs, into restless mechanical motion and superficial, naive, aimless, scattered, rather irresponsible behavior—running around, talking and laughing boisterously, pushing, insinuating herself, meddling and so on. At the same time she often closed up the upper part of the body from genital sensations—the forehead was pulled down; the scalp was immobilized; the eyelids became spastic; the space between the lips was reduced down to a slit, through which she blew her breathing out. She had to learn to face her genital anxiety and keep the upper part of the body open at the same time. She had to become accustomed to downward streamings along the whole body, and the discharge of her excess energy through the genital apparatus. She began to feel weak and shaky. She trembled a good deal, got dizzy, and felt like fainting, got unsteady, and had falling anxiety. What was going on was pointed out to her and explained.

At the same time her sexual fears were gone into, present and past. She found out for herself how she had masturbated as a child; that while she was getting genital sensations she fought them off by withdrawing her energy into the upper part of her body, and especially by withdrawing her right shoulder, arm and hand, so that they became numb, almost paralyzed—the same thing she showed in treatment. She felt how she had actually hated her right (masturbating) hand and her genitals, and that that was one of the important meanings of the expression of hatred in her face and the rest of her body. She made gestures of throwing her right hand away. During treatment she
ventured her right hand to her genitals a number of times, then withdrew it sharply, with an outcry of pain in her right arm, shoulder and neck. I had her repeat that time and again so that she could learn to get over the fear of touching the genitals. She recalled that she had always slept with her hands under her head or neck. She got jittery every time she was about to menstruate, and wanted to smash things. Her lower back hurt, and she twisted and squirmed there. "Something wants to come out," she said. Also, "I want to push something out." Sometimes she wanted to be quiet on such occasions; at other times she made pushing movements with her pelvis. She said, "I'll have to expel that 'something,' otherwise I'll get a depression.

Then one day her body made sinuous movements. At the same time there was a suggestion of winking in the eyes, and the latter showed a sparkle. She blushed a little and giggled with embarrassment. She wanted to flirt. She was encouraged to bring that out, but she fought hard against it, throwing and crossing her arms in front of her and pressing her legs together and pulling back her pelvis. She was asked to dance, but she giggled and blushed and would not do it. Finally, during one session she started to walk around the room with a sexual gait, and she took dancing steps of a flirtatious nature. But she got very dizzy right away and had to hold on to the couch and lie down. After a few sessions of this, she ventured a dance with pelvic swinging, with great embarrassment and raucous giggling. Again and again during a number of sessions she would suddenly get frightened and would run back to her refuge, the couch. She said currents were running from the back of the neck down the arms and legs and trunk. They traveled into her head and made her dizzy. She recalled that as a girl she had been "bawled out" by her father for flirting and making eyes. She used to blush and tried to stop it. Her face became brighter now, and her eyes more open and at times sparkling. But she felt like a hussy. She reported a feeling of constriction in her genital region when a man looked at her. "Getting amorous makes me dizzy," she said, "I can't stand it. Something awful would happen if I got sexually excited . . . I can't stand a man near me, although it's thrilling. I start to giggle and blush. My whole body gets warm, my vagina, too. I go only so far and no farther. I don't let myself get dizzy."

To help her expand, she was then encouraged to open up gradually to good and pleasurable feelings, not to laugh raucously with pornographic embarrassment and to "hit the ceiling" with wild excitement, but to smile and laugh pleasurably with what Reich calls "calm excitement"; to be

enthusiastic and glowing with her whole body, not to emit a spark here and a flash there in a helter-skelter way; and to let the warmth flow into her genitals. She was asked to reach out with her arms, and she found she could not embrace. Her hands turned out, because her shoulders were pulling up and back. She cried bitterly and got terribly frustrated. It took many sessions before she was able to reach out and give in to longing, to embrace lovingly, with good feeling and sighs of pleasure, and not with crying or anger. It took many more sessions for her to be able to sparkle fully and in a wide-open way with her eyes, to glow with her face and the rest of the body, to allow the beginnings of the orgasm reflex to finally come through. A re-armoring process of running back and forth ensued—from the genitals to the earlier defensive position of the upper part of the body, with its slavish attitude, and back again. It is still going on, probably will for some time. At any rate, she found out that she avoided her genitals by retreating into depressive or manic reactions. She appeared to be catching on, to be facing her genital anxiety and the genital sensations underneath. She opened up more and liked that, but after a certain amount of it she contracted and got dizzy and cold, and shook with embarrassment and anxiety. She said she was afraid to feel "too good" after a treatment—it was as if she might still be beaten for it. She was ashamed and afraid of the rediscovery of her genuine liveliness: her genital pleasure. But she was able to realize and say, "I never felt a steady flow in my body; it was always either a dead feeling or an overexcited one."

In June of last year she reported that she had been able to masturbate with satisfaction. For about a month before that she had shown steady improvement in her biophysical condition. Her whole body came slowly back to life. Her white hair was becoming dark, starting from the back of the head and moving up progressively. The rings around her eyes began to disappear and the eyes themselves opened wider and started to sparkle at times. The face took on a rosy color. Her angular contours began rounding out and were becoming more graceful. Ugly ripples and folds of fat began to disappear. The musculature became softer, more flexible, and flowing. Cracking sounds in the joints disappeared. Color, temperature, turgor, elasticity, increased. The pulse dropped to about 80 and was of better quality. One could feel she was beginning to luminate. The revolting fat and edema began to leave the pelvis and legs. She was beginning to feel more vigorous and confident. She stated that for the first time in her life she was really enjoying intercourse.

Although she still had a good deal of the old attitude, she was able to talk
more seriously and deeply about love, sex, and human relationships. She developed more accurate, sincere, natural insights into genitality. She began to "feel out" people, to discriminate among them emotionally. Cold people, for instance, gave her gooseflesh, and she learned to withdraw from them without getting depressed. She began to feel her way into her marital situation, and seriously discussed the possibilities and difficulties, and began to look and work toward a rational solution. She struggled earnestly with her superficiality, evasiveness, and deeper critical deficiencies. She began to take matters into her own hands, to be more independent and determined, feeling herself genuinely more alive and superior to her husband.

The struggle is by no means over. She is now in a hypomanic state, but has insight into her condition and is slowly moving into genital health, with all that that implies. She is not satisfied with masturbation. She finally helped to get her husband into treatment and is awaiting the outcome of his therapy. She thinks she will be able to be true to her feelings. At the same time she is aware of her social problems. There is her age. Her moralistic background is still to be reckoned with. Her husband is tough to deal with. She is deeply concerned about the future of her children. It is not easy, but her eyes are open, literally, biophysically. It seems likely her body is open enough for her difficult circumstances, permanently I hope. But she will try hard, of that I feel sure.

In conclusion, the following is a tentative attempt to understand the manic-depressive process. It is based on the great discoveries of Wilhelm Reich. He showed that all functional mental disease is due to a disturbance in the flow of orgone energy from the surrounding cosmic orgone ocean into the organism, within the organism, and back out again into the orgone ocean. He discovered that the movement of orgone energy in the living organism proceeds in a total, unitary, pulsating manner according to the four-beat law of mechanical tension—bio-energetic charge—bio-energetic discharge—mechanical relaxation. He demonstrated that energy is being continuously built up in the core of the organism and moves out to the periphery and the field, that the surplus has to be periodically discharged, and that the way the healthy organism does this is through the orgasm by means of the genital apparatus. Any deviation from this orderly, rhythmic, total discharge of energy, as through the interpolation of armoring, leads to sexual stasis and disease.

Manic-depressive disease is no exception. Here too, there is a by-passing of organic discharge, with a resulting sexual stasis. Periodically, but in an abnor-

mally prolonged way, the organism builds up large amounts of surplus orgone energy in its core. Periodically that energy seeks its natural outlet, genital discharge, but that avenue is blocked. Frantically, the organism falls back on a simpler though ineffective form of discharge—that of sheer motility without full emotional gratification. The energy breaks through periodically into the muscular apparatus and through it. The result is a terrific excitement and restlessness and an outburst of explosive motor activity, including the brain, of course. The presence of armorings makes the movements and behavior wild, chaotic and poor in contact. Subjectively, the intensity of the breakthrough of large amounts of orgone energy is felt as elation. (In this and in his naiveté the manic is childlike, but here the analogy ends: The energy movement of the healthy child is free, that of the manic is not.) But there is no complete genital gratification. Since the prolonged discharge is not that of a complete contraction of the total plasma system, there is no return to the phase of mechanical relaxation. And because there is no regular, orderly, rhythmic return to relaxation, there is no return to regular, orderly and rhythmic tension and charge. The organism remains in its frenzied, restless (minus rest, relaxation) state, until it becomes tired and wears out, runs down, and gives up. It cannot maintain its high level of energy without full discharge—that is against the fundamental law of living functioning—and it must eventually return to a low level of energy functioning; it becomes "discouraged and depressed," as we say, until it can build up its energy again and make another attempt at discharge. And so on. Thus a vicious cycle is set up. It appears that as high as is the push of energy and the attempt at discharge, so deep is the withdrawal later into the core. The picture looks like that of a tremendous but disorderly expansion and a tremendous but disorderly contraction. For instance, the patient gains weight rapidly, but the process is disorganized, so she gets heavy, fat and edematous, and the musculature becomes brawny. The patient then contracts in a horrible way, loses weight rapidly, becomes thin, and her musculature gets flabby. In the process, the organism is torn apart and consumed. It becomes prematurely old and slides back to ever lower levels of energy functioning, to ever deeper depressions, and finally to resignation. We get the impression of a terrific attempt at discharge and a terrific failure.

What starts the process? I think it is an original endowment of a high energy level, plus early violent and repeated blockings of the natural flow of energy by the human environment. Our patient as a child was very lively, gay,
vivacious, full of life. She was close to animals, plants, the sky, the air. She tried to give her closeness and warmth to the people around her and to get it from them. She was squelched already at the breast (perhaps earlier, in the womb), as was evidenced by her craving for warmth for her skin, her cravings for an expanding orgone energy periphery and field, for contact with expanded peripheries and fields of others. Again and again she was pushed down (depressed) by her human environment, by its fear and hatred of life and genitality. Worse, they pushed the fear and hatred of life and genitality into her, so that there ensued a battle between terrific forces; high desire and excitement and pleasurable push to the outside versus strong blocking and pushing back. The battle, as Reich has called it, between the life-positive and the life-negative. No wonder the resultant "mood swings," depressive and manic, were so violent. No wonder her organism was torn apart and then started to give up, to slump, get flabby and age prematurely, the depressions to get deeper and longer. The organism was becoming so starved and weakened by continued sexual stasis and repeated additions to that condition, that it tolerated less and less its own flow of energy and that of the environment, and kept sliding back. Great then was our amazement that it kept on fighting, that through treatment it could come to life again, reverse the process of premature aging and attain a good measure of healthy functioning and joy of life. This should give us encouragement in the fight for healthy life, as it gives us an idea of the strength of the living when it is given a chance without interference.
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 estes 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.
Texts from the area of Biphysical 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
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

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