THE STUMBLING BLOCK IN MEDICINE
AND PSYCHIATRY

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In medical and psychiatric literature, one finds a great many peculiar statements which become understandable only if one realizes that they are based on the ignorance of the basic role of the sexual function. The unwillingness or inability to recognize this basic role of sexuality and its far-reaching consequences in psychiatry, medicine and sociology lead to a number of typical fallacies. In the case of many of these, their function is obvious: that of diverting attention from such simple facts as that the neuroses are due to a disturbed genital function. Thus, while this fact is obvious to any half-way healthy layman, the scientist asserts—without proof—that the seat of the neurosis is the thalamus or a "weakened central nervous system," or that the most important cause of psychoses and neuroses is "heredity." It is easier to blame heredity than a society which insists on the suppression of healthy infantile and adolescent sexuality. The fact is being more and more realized that a disturbance in the autonomic system plays an outstanding role in the neuroses and many so-called physical diseases. Yet, unless one also realizes the fundamental role played by the sexual function in the maintenance as well as the disturbance of the vegetative equilibrium, one gets lost in the maze of autonomic phenomena and arrives at misinterpretations such as regarding a disturbance in one or the other endocrine gland as the causative factor while, in fact, it represents only one aspect of a total vegetative disturbance. This leads to a mechanistic "organ-mindedness" which makes one overlook the total function and makes one equate, for example, the sexual function with the function of the gonads. This, in turn, leads to such erroneous therapeutic assumptions as that endocrine treatment with sex glands is a causal therapy for sexual disturbances. The ignorance of the total function leads to what has been called "psychologizing biology," to such statements as "the cancer of the uterus expresses the wish for a child" or "the over-activity of the thyroid gland is due to a craving for maternal protection," etc.

These and other fallacies in medical and psychiatric thinking are discussed here on the basis of a book by an English physician\(^1\) who makes a vigorous attempt to get away from the medicine of the "test-tube doctors," that is, a mechanistic, unalive medicine. The discussion will show that the reason for the essential failure of this task lies in the non-recognition of the fundamental role of the sexual function.

The book is in four sections. "The first deals with personality in relation to disease. This is necessary because it is our personality and not any individual organ or tissue which interprets and sustains environmental stresses." So far so good. Valid as this statement is in a general way, it holds only if it is backed up by concrete concepts and findings with regard to such things as "personality" and "environmental stress." But in Chapter One, DISEASE AND PERSONALITY, we read the following:

We are told that duodenal symptoms are preceded by prolonged or intense anxiety. This is not always so. The pre-

ceeding conditions are such as give reasonable
ground for anxiety. This is by no means the same. One person responds by
conscious worry. He develops a neurosis.
The other produces a pyloric ulcer.

There can be no doubt that an ulcer is preceded by prolonged anxiety. So is every
neurosis or necrotic symptom. When a person "responds by conscious worry," he
already has a neurosis. The confusion here comes from the fact that the author does
not have a concept of anxiety based on
natural science. Anxiety is a state of symp-
theticotonia based on the damming-up
of energy. This may lead to ulcer, the symp-
theticotonic dysfunction of the gas-
tric mucosa rather fully explaining the
pathogenesis. Or it may lead to a func-
tional cardiac disorder, or to a psycho-
neurosis. Why the outcome is one in this
case and another in another case we gen-
ernally do not know. But then we should
say so instead of resorting to spurious
interpretations. "But there is an entirely
different kind of duodenal case," continues
the author. "In this the innate excessive
drive of the individual induces the symp-
toms. His engines are too highly geared
... Pituitary activity is partly responsible."
This recourse to "innate," "constitutional,"
"hereditary," "God-given" factors, as it
were, vitiates the whole book. There is no
such thing as an "innate excessive drive";
there are only instinctual energies which
do not find a normal discharge and there-
fore seek discharge through abnormal
channels. The "excessiveness" of the drive,
then, is not "innate" but the result of its
being dammed up. "I know well," the
author continues, "that in such cases the
psychoanalytic argument is that the exces-
sive drive is compensatory, that it is in-
duced by an inferiority feeling which the
individual attempts to overcome by exces-
sive achievement. But this does not explain
all these cases. There are many without
signs of inferiority complex." The author
overlocks that in this case, the "compensa-
tory excessive drive" is a form of psychic
behavior. Of course, it does not explain
all these cases. In fact, it does not explain
any of them. For an inferiority complex,
operating, as it does, in a superficial psy-
chic layer, has nothing whatsoever to do
with the ulcer. That "pituitary activity is
partly responsible" is also an unwarranted
assumption. No doubt, a pituitary distur-
bance may be found. If so, this is itself one
of the symptoms of a disturbed vegetative
equilibrium but is no more the cause of the
ulcer than is the color of the hair.

In duodenal cases the question of last-
ing relief depends on the patient's sub-
type. If his symptoms are associated with
adolescent impressions, or conflict, we can
do a lot. In the presence of innate defects
of temperament the symptoms persist. We
cannot as yet cope with those flaws in the
personality which induce in each their
coincident disease.

It is hard to see how symptoms could
be "associated with adolescent impressions,
or conflict." What is affected by adolescent
—and infantile—sexual conflicts is the
total biological function; it is altered in
the direction of chronic sympatheticotonia.
The kind of symptoms which arise on
this soil of a disturbed vegetative equili-
rum is largely accidental. From a ther-
apeutic point of view, it makes little
difference what they are because they
themselves cannot be treated, except per-
haps by a symptomatic drug therapy. If,
on the other hand, one works at the
biological basis of the symptoms, if one
eliminates the stasis of sexual energy and
with that the chronic tendency of the
organism to act and react sympatheticotoni-
cally, it matters not whether this total
way of reacting gave rise to tachycardia,
to a diarrhea, or to ulcer symptoms. The
therapeutic result, then, depends not on
the patient's "type" or "sub-type" but on
whether or not therapy reaches the basic
mechanism of the disturbance.
What, one may ask, are “innate defects of temperament”? Such terms belong in treatises on moral philosophy and not in books on medical subjects. Such a point of view leads inevitably to statements as the following: “We cannot as yet cope with these flaws in the personality which induce in each their coincident disease.” This statement is correct if we consider character traits as “defects of temperament” and “flaws in the personality”; if, furthermore, we think of specific character traits as inducing specific organic diseases, for which assumption there is no scientific proof. If, however, one has a concept of character based on natural science instead of on psychology or ethics; if one knows the character to be nothing static, God-given, hereditary, congenital, etc., but the typical way of biopsychic reacting as it results from definite and demonstrable causes, then one is indeed able to “deal with these flaws in the personality.” The technique which enables one to do so is Reich’s character-analytic vegetotherapy.

The author proposes to derive from diseases such as “peptic ulceration, hyperthyroidism, diabetes, rheumatism, arteriosclerosis, chronic nephritis, etc.,” a concept of “vulnerable personalities.” “All have a strong hereditary factor.” It may be said that if one is going to develop any new concept in pathology, one first has to free oneself of such fallacious concepts as the alibi of “heredity.” These diseases, the author says, are “the destiny of foredoomed psyches.” If that is so, why write a book on “Disease and the Social System”? These diseases, the author continues, “are the somatic protests of defeated psyches.” No, they are the socially conditioned defeat of a biological organism. They are not, as the author states, a matter of “neuropathy,” of a “more vulnerable nervous system.” It is really high time for this kind of brain mythology to disappear from medical literature.

Chapter Two is called The Emotional Causes of Physical Disease, in which the author “deals further with diseases associated with different personality types.” He refers to “chronic constitutional diseases,” like peptic ulcer, arteriosclerosis, thyrotoxicosis, etc., as “strain diseases.” These are “characterized by chemical and hormonal changes similar to those induced by anxiety, by endocrine dysfunction and by vegetative imbalance.” The author then raises the question whether we “can go a step further and say that in these diseases the chemical and hormonal changes are, to a considerable extent, attributable to fear in its modern dress of chronic anxiety?” He then enumerates various observations concerning physiological changes accompanying anxiety, but all these are invalidated a page or two later: “What is the factor in the personality which causes physical diseases in response to strain? I have indicated that the endocrine system is the vulnerable focus. I believe the nature of the disease exhibited is determined by innate impoverishment of vitality in particular glands.” So, again, we return to “innate” factors in this or that organ, after a seeming attempt to get at factors in the “personality” and the “emotions.” Thus, instead of getting away from the brain mythology of the 19th century, the author arrives at a concept of a “wider neuropathic diathesis,” and states that “the central nervous system is peculiarly vulnerable and of impoverished vitality in Western man.” Apart from vague references to “fear, anxiety and strain,” this chapter on “Emotional causes of physical disease” contains nothing on emotional causes of physical disease.

In Chapter Three, Physique and Disease, the author mentions first the study of the connection between physique and psychological disorder as exemplified by Kretschmer, the asthenic habitus in tuberculosis and duodenal ulcer, and then proceeds to study “a reverse phenomenon,
the effect of disease in altering posture.”
He refers especially to the role of chronic anxiety and depression in emphysema. Here, we find a number of correct and important clinical observations with which the vegetotherapist is very familiar.

In addition to the relatively inexpansible chest, with rigid muscles, the patient’s head is thrust stiffly forward in an attitude of anxious watchfulness. The neck, too, is held stiffly. The sternomastoid is harshly outlined. Its anterior margin is sharply defined. The trapezius is also abnormally tense. . . . How do we explain these peculiarities of configuration? The position of the head and neck is natural in states of tension. The shape of the chest is due to prolonged fixation of the chest muscles. In these cases it is a kind of physiological habit due to anxiety. It is an axiom that anxiety causes some of us to hold their breath. . . . Respiration, arrested by anxiety, is most commonly halted in partial expiration.

This theory is not far-fetched. I doubt its acceptance. It is founded on primitive and commonplace observance. It can therefore anticipate no kindlier salutation than the cold eye and the curled lip of the test-tube doctor. I offer a few more facts, with proper fatalism, from a sense of duty. Not many people breathe properly. An even smaller number of neurotics have mastered this simple exercise. Anxiety cases breathe notoriously badly. They are incapable of the full deep movements of expiration. . . .

The author then poses the question: “Are anxiety and a tendency to emphysema concomitant traits of a particular personality type? Alternatively, does the anxiety induce the posture? I cannot be certain.”

Character-analytic vegetotherapy answers this question. The chronic inspiratory attitude of the chest and anxiety are neither independent concomitant phenomena, nor does anxiety “cause” this attitude. Rather, the chronic inspiratory attitude is identical with anxiety. They are typical of the neurotic character, no matter what its type. It is the attitude of the individual incapable of giving himself, and it does not fully disappear until a patient has lost his fear of surrendering to the flow of his vegetative sensations, in other words, until he has lost his orgasm anxiety and has attained orgasmic potency.

Chapter Four deals with Disease and Posture. “Postural defects are often a bridge between anxious reactions and physical illness. The organic condition may be ushered in first by a period of functional disturbance. In several diseases we can trace four stages in development—strain and anxiety, postural defect, functional illness and organic disease.” It may be pointed out at the outset that the author deals only with one, although a very important aspect of posture, that of lumbar lordosis. He points out that there are certain bony conditions in which posture obviously contributes to disease, such as spondylitis and arthritis. “There is a prodromal stage of increased tension in the lumbar muscles. Muscular rigidity expresses psychological tension.” While this is undoubtedly correct, one would doubt the accuracy of such specific statements as that “the poker spine [in spondylitis] expresses the poker face.” Equally unwarranted is the assumption of the association of several varieties of dyspepsia and constipation with postural “causes.” Undoubtedly, they do occur together very frequently, but these visceral disturbances are, as will be shown, not “caused” by the faulty posture.

The author himself is well aware of the problem, which he states as follows:

It is very difficult to say whether postural deformity and abnormalities of visceral function are coequal signs of a vulnerable psyche or whether the former
precedes the latter. The question can be answered in two ways, firstly by a study of the response to relaxation and correction of the postural deformity; secondly, and perhaps more naturally, by a study of postural defects in children.

The author reaches the conclusion that "it is impossible, from the study of the effects of relaxation, to say whether postural defect predates visceral and also anxiety symptoms." However, he is unaware of the reason for this failure. The reason lies in the concept and practice of a mechanical relaxation therapy which, by mechanical manipulation, releases tensions without asking what it is that causes the tension. Here is an interesting observation from this relaxation therapy: "Some of these patients find it extremely difficult to pass from the superficial to the deep phase of relaxation. They experience a growing tension, an insupportable restlessness, and symptoms referable to the epigastrium." [Italics are mine.—T.P.W.] The latter, at first vague and poorly defined, are found later to include heartburn and the feelings of emptiness encountered in hypertonic stomach. In other words, when relaxation reaches a certain degree, these patients develop symptoms of anxiety! This is why they hold on to their tension; because letting go of the tension means releasing energy which was bound up in the muscle tension and which will manifest itself as anxiety. This is an everyday experience in vegetotherapy and was described by Reich in the early days of this therapy. It is obvious, then, that the "postural defects," that is, the muscular tensions, do not "predate" the anxiety symptoms; on the contrary, they were developed as a defense against anxiety. About the question whether the "postural defect" predates the visceral symptoms, more later.

The author, unaware of this connection because of his mechanical concept of relaxation, then proceeds to look for the answer to his question in the postural defect in children. "Defects of posture," he writes,

are among the very first concrete signs of anxiety and exhaustion in children. They can be observed at the age of five. Lumbar lordosis is the commonest defect. . . . Enuresis is the condition, par excellence, where the coexistence of bad posture is most striking . . . I cannot explain why abnormal posture should induce, say, deficient bladder control . . . The three conditions I have mentioned—asthma, enuresis and spastic constipation—have this significant common factor—they are all associated with imbalance of the autonomic nervous system. . . . It may be that the autonomic system is peculiarly vulnerable to the adverse mechanics of faulty posture. . . . There is no specific psychological problem in the environment and no pathognomonic psychological trait in the child associated with any of these physical diseases . . . Both postural defect and physical disease predate considerably the appearance of any conscious anxiety. . . . How does one treat conditions like asthma and enuresis in young children? To a large extent by a technique common to all. Rest is the sheet-anchor. . . . The children are also taught muscular relaxation. Their posture is corrected. An attempt should be made to correct adverse psychological factors . . .

Here are a number of important observations which it is impossible to understand without sex-economic knowledge. From a purely clinical point of view, it is noteworthy that the author finds lumbar lordosis a common defect in children (he finds it in over 85% of children with enuresis). The recognition of this condition is so important because lumbar lordosis, in children as well as in adults, is usually considered "normal." This misinterpretation is, of course, partly due to its almost universal occurrence and the fact that what is common, average, is considered "normal." Another, more eas-
ily overlooked reason for this misinterpretation is the specific etiology of the lordosis, a question which our author does not even bring up. He is content with calling it “bad posture.” With that, however, it is easily relegated to the realm of corrective gymnastics or simple exhortation. In reality, it is a most important medical subject. The reason why its etiology is commonly unknown is that it has something to do with sexuality. As a result, physicians arrive at all kinds of erroneous explanations on which they then base equally erroneous therapeutic procedures (such as “sacro-iliac fusion”). Why can this pathological lumbar lordosis “be observed at the age of five,” as the author states? Sex-economic investigation has given the incontrovertible answer which is confirmed in everyday vegetotherapeutic practice (cf., for example, Wilhelm Reich: THE FUNCTION OF THE ORGASM, 1942, pp. 303ff: The mobilization of the “dead pelvis”). It is at the age of five that most children, under the pressure of a sex-negative, threatening and punishing environment, see themselves compelled to repress their genital sensations which induce them to masturbate. One of the basic mechanisms in bringing about this repression of genital sensations is that of retracting the pelvis, an action which, of course, results in a lumbar lordosis. It is not difficult to see why this lordosis should be so often found together with enuresis. It is not because, as the author suggests, abnormal posture “induces” deficient bladder control; nor is it because “the autonomic system is peculiarly vulnerable to the adverse mechanics of faulty posture.” It is not a matter of the effect of “faulty posture” on the “autonomic system”; as we have seen, the “faulty posture” is itself a reaction to autonomic processes, that is, to vegetative sensations which have to be repressed for fear of punishment. The danger of such confusion is lessened if one no longer speaks of “faulty posture” but of retraction of the pelvis which serves a definite defensive function. “The deformity is sometimes excessive,” writes our author, “as though the child were artificially maintaining his abnormal position.” That is indeed what the child is doing; if he did not, the genital sensations of which he is afraid would again occur. Now, this retraction of the pelvis is not an isolated phenomenon resulting only in the mechanical defect of lumbar lordosis. It is only one of the means of repressing genital sensations, and is always accompanied by others. One of these is the pulling up and tensing of the pelvic floor; this contraction must of necessity interfere with the functions of micturition and defecation. This is, then, what explains urinary disturbances such as enuresis. The psychoanalyst might object at this point and say that enuresis has been shown to be of “psychogenic” origin while the urologist will maintain that it is due to this or that—usually slight—anatomical abnormality. Our author states that “the psychological factor in enuresis has long attracted attention. The more obvious association of appalling posture has passed without comment.” To the psychoanalyst one would have to say that there are, undoubtedly, “psychic,” i.e., experiential factors at work but that, on the other hand, such a disturbance as enuresis would not be possible without a physiological factor such as the contraction of the pelvic floor. To the urologist one would have to say that such anatomical deviations as may be found are usually within the limits of the normal and play no etiological role; or, if they do, it is only because of the superimposed functional disturbance, the contraction of the pelvic floor. To the author one would have to say that what he calls the “association of appalling posture” has a well-founded reason, as explained above.

“There is no specific psychological problem in the environment and no path-
ognomonic psychological trait in the child associated with any of these physical diseases [asthma, enuresis and spastic constipation]," says the author. Anyone with any experience in treating neuroses will disagree with this statement. There is one environmental problem that is common to all of them: brutal, premature training to excremental cleanliness, and the prohibition of infantile masturbation. To find the existence of such well-known environmental, i.e., social, factors explicitly denied in a hook cm "Disease and the Social System" is almost fantastic. Whether one or the other "physical disease" or neurosis will develop from this common ground depends on individual factors in the developmental history. "Both postural defect and physical disease predate considerably the appearance of any conscious anxiety," continues the author. In reality, the opposite is true: they develop as a result of the anxiety, in an attempt to immobilize the energy which creates anxiety. The author's statement is based on the fact that for this very reason, by the time he sees the "postural defect and physical disease," the anxiety is no longer present consciously. In its stead, there is a chest in inspiratory position, a retracted pelvis, a contracted pelvic floor, etc. Nevertheless, his statement is true, in this sense: anxiety may again make its appearance later on; this shows that the defenses have proven insufficient to hold down the energy. Then, the cycle may repeat itself: new defensive mechanisms are brought into play, and anxiety may recur again at a later time (e.g., at puberty) when these new defenses prove insufficient.

If the technique of treating conditions like asthma and enuresis in young children is largely "one common to all," the therapist should be aware of what is common in their etiology, namely, the repression of normal vegetative functioning. "Muscular relaxation" by itself will not correct this; it may, as pointed out above, result in the mobilization of anxiety and thus necessitate new defensive measures on the part of the patient. Similarly, the "correction of posture" is a rational procedure only if the therapist is aware of the fact that he is not dealing just with "poor posture" but with a defense attitude; to take away this defense without eliminating the underlying anxiety which causes it may be worse than no therapy at all.

Chapter Five deals with SEX MALFUNCTION AND PHYSICAL DISEASE. The author starts out from the "axiom that anxiety arises from interference with the operation of primary instincts. The sex instinct is most liable to frustration in our social system." He finds that in rheumatic conditions, particularly in women, sex frustration plays a large part. This applies particularly in the case of fibrositis and the periarticular forms of rheumatism (rheumatoid arthritis). I know of one rheumatic specialist who invariably asked his female patients how often they had intercourse, and how satisfactorily. The part played by sex frustration in inducing rheumatism is not difficult to follow. Interference with the sex instinct is probably, perhaps almost entirely, the commonest cause of anxiety. Chronic anxiety increases muscular tension. . . . Satisfactory coitus is one of the most efficient mechanisms for relaxing muscles. . . . Denied this antidote to muscular tension the female patient, where other predisposing factors are present, is liable to attacks of rheumatism.

The author then enumerates some of the conditions which lead to rheumatism, such as sexual stimulation with only partial satisfaction, impotence of the husband, long engagement, etc., in other words, situations of more or less chronic sexual stasis. Then, however, he goes off into endocrinological speculation, arriving at such statements as, "We have strong hints that dysfunction of the gonads is impor-
tant in rheumatic conditions . . . If we study the broader question of the sex glands in relation to muscular tension we are able to obtain the most striking data.” In other words, the author confuses the sexual function and its relation to muscular tension with the function of the gonads. He then reports on therapeutic results with male sex hormone in melancholia, Parkinson’s disease and arteriosclerosis, deducing, from symptomatic improvement, that “these diseases are specifically associated with dysfunction of the sex glands.” The author himself is somewhat uneasy about these endocrinological assumptions. He finds it necessary to point out that he is not afflicted with obsessions about endocrinology. . . . What I have said about endocrine dyscrasia does not invalidate current beliefs which stress the importance of infection, chill, fatigue, etc. . . . My theory delves farther back into the dark crevices of predisposition. I am viewing these cases from the standpoint of one studying personalities fundamentally prone to particular kinds of malady. And within the limits of our present knowledge the relative functioning of the endocrine glands determines the nature of the psyche.

With that, the author has exactly defined the nature of his “obessions about endocrinology.” The concept that “the relative functioning of the endocrine glands determines the nature of the psyche” is a metaphysical one. And as far as the predisposition to certain diseases is concerned, it is not the dysfunction of this or that gland, such as the gonads, which creates a predisposition; it is the disturbance of the sex function. This is a total biological function in which individual glands play only a minor role. In addition, the dysfunction of individual glands is usually only one manifestation among many of a disturbed vegetative economy, and may be secondary, that is, not the cause, but the result of a disturbed vegetative equilibrium.

The author recognizes the importance of sexual frustration in the etiology of cancer:

Cancer is our greatest medical problem. It shows a rising incidence in the last few decades. . . . Cancer of the breast is a disease which arises often as a sequel to chronic mastitis. . . . The increased breast tension is associated with thwarted sexuality, desire for children, or both. . . . Chronic mastitis occurs in women with thwarted but still potent maternal and sexual instincts. It often attacks women of masculine configuration not amounting to virilism. These women have often a partly masculine psychology. They are tough, ruthless administrators. They are often psychologically homosexual. They retain the instinctive impulses of womanhood. They show the outward manifestations of manhood. They are tough specimens. This type is prone to carcinoma. . . . There is at least one other cancer where personality factors are predominant. This is the cancer supervening on fibroid formation, in the virgin uterus of unmarried women. Here often the fibroid, and the subsequent cancer, express an inhibited desire to reproduce.

About the cancer specialist, the author has the following to say:

Some observers question the derivation of breast cancer from chronic mastitis in any considerable number of patients. The more specialized the observer the more he denies the connection between mastitis and malignancy. On the other hand, general practitioners insist on the relationship. This is a fact of significance. General practitioners are more prone to regard patients as a whole. The surgical specialist concentrates too exclusively on the breast. Those exclusively devoted to cancer research suffer from the disabilities inseparable to ultra-specialization. They are liable to regard the disease they study as
a rigidly closed circuit. They are seeking always a hard-and-fast connection between specific cause, specific symptoms and specific cure. The personality of the patient concerns them little. It is an unwelcome obstruction into the pure air of mathematical exactitude.

While the author’s concept thus differs from that of the orthodox mechanistic concept of cancer, the sex-economic concept of cancer differs even more widely from that of the author. The main difference lies, of course, in the fact that the author, in accord with customary concepts, considers the cancer tumor to be the cancer disease, while sex-economic cancer research has clearly shown that the tumor is no more than a symptom of a general disease, the cancer biopathy. (Cf. W. Reich, “The carcinomatous shrinking biopathy,” This Journal 1, 1942, 131-155, and “Experimental orgone therapy of the cancer biopathy,” ibid., 2, 1943, 1-92). It is extremely difficult to see a connection between chronic mastitis and “masculine configuration,” “a partly masculine psychology,” “psychological homosexuality” and “outward manifestations of manhood.” All these things are nothing but secondary manifestations of an inhibited genitality and have in themselves nothing to do with mastitis or cancer. Reich, on the other hand, has shown that the inhibition of the total sexual function may result in a total disease picture which he described as the carcinomatous shrinking biopathy, and that this total reaction is the soil on which the tumor develops.

Part Two of the book deals with “The Neuropathic Nature of Disease.” Chapter Six is on Disease As a Social Variable. The author points out our greatly decreased susceptibility to plague, cholera, smallpox and many tropical diseases. “Western man’s relative resistance to infections is due to his altered nature.” But we are not told in what manner his nature has changed. At the same time the author states, “We are polluted with neurosis. To a large extent neurosis does not kill. But it bequeaths to the next generation an impoverished vitality which will not merely express itself in neuroses or psychoses, but which will give rise sooner
or later, and mostly sooner, to rheumatism, peptic ulcer, etc. . . . The vitality of our stock is becoming impoverished.”

The author then discusses the “Interchangeability of disease.” “Mental, physical and nervous disease are interchangeable.” This is, of course, correct to the extent to which they are the expression, in one form or another, of a disturbed energy economy. To the author, however, they are “alternative expressions of a general neuropathic tendency.” He thinks it is “wise to classify neuroses, psychoses and organic diseases of the brain and spinal cord as equal evidences of an impoverished vitality of the nervous system. In terms of this crude classification it seems possible that what we call non-nervous physical disease (provided we limit ourselves to the chronic constitutional conditions) is attributable largely to some flaw in the endocrine glands plus an innate tendency to imbalance in the autonomic nervous system. In nervous conditions the focus of diminished resistance is in the central system.” Thus, there is, unfortunately, again and again the reversion to brain mythology, to such metaphysical concepts as “flaws” and “innate tendencies.”

Chapter Seven deals with the problem, NEUROTIC, FUNCTIONAL AND ORGANIC. The author fully realizes that this distinction, as commonly used, is fallacious and often pernicious:

There is nothing more irritating and effete than this craze for precise nomenclature. It is an infiltration of bureaucracy into medicine. It is non-therapeutic. It is often illogical, seeing with what obstinacy man persists in defying classification. It is found chiefly in those pretentious departments of medicine where the alleviation of the pains of individual man is a secondary consideration. It is also found, significantly enough, in specialties like neurology and psychiatry, where treatment is too often unproductive. . . .

We have seen that neurotic conditions may proceed through functional disturbances to organic disease. We have seen, too, that all these varieties of reaction may be present in the same patient at the same time. But to this day medicine largely insists that these types of reaction are mutually exclusive. Much valuable time is lost in the mephitic atmosphere of the wards of our teaching hospitals in distinguishing between the three categories. . . . This idee fixe about neurotic, functional and organic disease makes it necessary for the doctor to make up his mind too early. We have mentioned the possibility of his regarding organic disease as functional. The reverse process is just as dangerous. Cases are diagnosed as organic far too soon and condemned to unnecessary and restrictive invalidism.

But the author’s practical illustrations show a confusion which is worth pointing out. He argues, for example, that if the value of Vitamin B is proven in peripheral organic conditions of the nervous system, it would be a mistake not to give it to the patient with functional nerve pains where it can be of immense benefit. True, if this results in symptomatic relief, and has no harmful effect, it may be indicated. But the therapist should not overlook the fact that this is a symptomatic and not a causal therapy, and that the question as to the nature of the functional disturbance remains. Only when this question is answered can one arrive at a rational, causal therapy. The author does, indeed, raise the question, “But why are the peripheral nerves selected for the expression of the functional, anxious or hysterical tendency?” But his answer is, “Because they are innately vulnerable.” Similarly, in mucous colitis, while granting the importance of “tension, conflict of other psychoneurotic factors,” he insists that the colon must be regarded as “especially vulnerable.” As long as one cannot say in what this “spe-
cial vulnerability” consists, it remains an empty word.

The author points out that some hysterical patients have convulsions indistinguishable from those of epilepsy. From this, he concludes, “The attitude we should adopt towards fits in both idiopathic epileptics and hysterics is that in both kinds of patient we are dealing with an innate tendency to produce convulsions.” He asks: “Does not this separation into organic and functional obscure from our view the fact that in epileptiform hysteria and epilepsy we are dealing in both cases with an identical biological reaction?” After having posed this fundamental question, the author, in his attempt to answer it, is again misled by his metaphysical concept of “innate tendencies.” He looks for the answer in the similarity between the epileptic and the hysterical personality structure, a similarity which he tries—unconvincingly—to prove. Why not stay with the formulation presented in the question, namely, that we are dealing with identical biological reactions? That is undoubtedly correct. This reaction consists in a convulsive discharge of dammed-up biological energy. This reaction, however, is specific neither of epilepsy nor of hysteria. We see such convulsive discharges every day in vegetotherapeutic practice, in patients who are neither epileptic nor hysterical. In itself, it is an entirely unspecific reaction. It is due to sexual stasis and therefore occurs in all neurotic individuals, that is, in all individuals who are orgastically impotent, in other words, incapable of discharging their sexual energies in a physiological manner.

The author then goes on to discuss a connection between epilepsy and dipsomania, “two diseases, at present considered entirely as separate entities, but which represent two different aspects of a more fundamental biological reaction . . . The peculiar and sudden violence of the dipsomaniac reaction is analogous to that which occurs in epilepsy. Both are total personality reactions . . .” But so is the catatonic raptus! The author mentions the role of sexual frustration in alcoholism: “Alcoholics are usually neglectful of coitus, the most ubiquitous of all sedatives [provided, one should add, that it is satisfying.—T.P.W.] . . . Your true alcoholic has usually a low sexual potential ab initio. Alcohol admittedly is the most accessible sedative. But can one explain on psycho-analytic lines the hereditary factor in alcoholism?” No, of course not, but neither can one explain or prove it in any other way. The author, however, considers epilepsy and alcoholism as “the two best examples of direct inheritance.”

It is distressing to see how the author, almost after every attempt at a functional approach to this or that question, falls back into the alibis of heredity and brain mythology. Perhaps the worst example of the latter is the statement “that even in neuroses where the symptoms demonstrated are expressed in predominantly psychological mechanisms, e.g. the obsessional states, there is growing evidence that they are due to either organic lesions or dysfunction of the central nervous system. Obsessional neurosis has been ascribed with considerable justification to a mid-brain lesion.” Such statements often make one feel like throwing the whole book out. There is, in fact, not the slightest evidence available to support such brain-mythological contentions, as is more and more openly admitted even among the traditional standard-bearers of brain mythology, the neurologists and “neuro-psychiatrists.” The only “justification,” if you want to call it that, for such statements, is, of course, the desire to get away from the sexual causation of the neuroses; but that is only possible by inventing pseudoscientific and moralistic rationalizations.

The conclusion of this chapter shows
This concept of vulnerable foci automatically substitutes the theories of neurotic, functional and organic disease. It implies that whether the disease reaction is physical, or only quasi-physical, it will express itself primarily through the vulnerable organ. The latter is therefore to be regarded as of more fundamental importance in producing disease.

Finally we must not forget that our best efforts in preventive medicine are forcing on us this gospel of vulnerable foci. When we recognize the pre-choreic or the pre-dyspeptic child we are merely separating into groups cases where strain transmitted by and inflicted on the central nervous system finds in the one case a vulnerable corpus striatum and in the other a stomach innately weak.

What we need is not the replacing of the theories of neurotic, functional and organic disease, but a revision and understanding of them by means of a clinically valid concept of the functioning of biological energy. This concept has been provided by sex-economic investigation. If disease is understood as the result of a disturbance of this biological energy function, it becomes quite immaterial whether this disturbance shows itself in this or that organ. Moreover, whether it shows itself in one or the other organ is not determined by any "special vulnerability" of this or that organ but by the particular physiological mechanism of repression which the organism employs in a particular case. What is fundamental, then, is the disturbance of biological functioning, and not a supposedly "vulnerable" organ. If, for example, a patient with anxiety neurosis shows tachycardia or extrasystoles, this has nothing whatsoever to do with a "vulnerable heart" or "vulnerable cardiovascular system." It means merely that energy which is dammed up because of a disturbed genital function produces vegetative symptoms such as tachycardia or extrasystoles. The etiology, and the treatment, would be exactly the same if the symptoms happened to be diarrhea or muscular tremor, symptoms which in no way would indicate a "vulnerable intestine" or a "vulnerable muscular system." A woman who develops fibroids, and perhaps cancer, of the uterus, does not do so because her uterus is "vulnerable" but because, in order to suppress the genital sensations of which she has become afraid, she chronically contracts her pelvic floor and her uterine musculature, thus interfering with the normal flow of biological energy in these regions.

The "gospel of vulnerable foci," then, is a dangerously misleading one. It detracts from the basic biological functioning and centers our attention again on the individual organ, thus reverting to a mechanistic concept which medicine, for decades, has been trying to outgrow. No, preventive medicine does not force this gospel on us. On the contrary, if there are "vulnerable organs," "innate flaws" and other such God-given things, there does not seem much hope for preventive medicine in the fields here considered. The preventive medicine of the future will have to see to it that the disturbances of basic biological functioning are prevented. This means: no compulsive feeding of infants, no compulsive sphincter training, no suppression of infantile and adolescent masturbation; in other words, a different kind of upbringing. This, in turn, depends, of course, on a different kind of social system. This will not be a system thought up by doctors or social reformers but one brought about by society itself once society realizes that it keeps chopping off the biological branch on which it sits.

Chapter Eight is entitled Disease as Dis-
HARMONY. THE AUTONOMIC NERVOUS SYSTEM. Here, the author states:

It can indeed be said that recognition of the importance of autonomic dysfunction in physical disease is a criterion of the progressive evolution of medicine.

True, as far as it goes. The importance of autonomic dysfunction has been increasingly recognized in recent decades; physiology and medicine have amassed a tremendous amount of material concerning the functioning and the dysfunctioning of the autonomic system. This has resulted in a situation of utter confusion in which nobody sees the woods for all the trees. In present-day medicine and physiology, these facts remain unrelated and seem often contradictory. They can be understood only on the basis of the basic antithesis of vegetative life as formulated by Reich², that is, in their relation to the basic antithesis of sexuality and anxiety. The author's attempts at finding his way in the maze of autonomic phenomena, lacking this orientation, are, correspondingly, unsuccessful. He speaks of autonomic imbalance as a given fact without asking the question where it comes from; a question which sex-economic investigation has answered beyond any doubt. It comes from sexual stasis. Instead, the author speaks of "innate functional imbalance" which "provides a groundwork for an immediate half-physical response to strain," "innate differences in the vegetative nervous system in different individuals," etc., and from such metaphysical formulations arrives logically at such loose conceptions as that of "disease as a general disharmony of the whole psyche," "the connection between autonomic function and the higher centres of the central nervous system," "fundamental tendencies to imbalance."

On the basis of such concepts, one can, of course, not arrive at any rational and causal therapy. "Treatment in the future," the author writes, "will return to the Greek ideal of something like an enlightened spa regime . . . Now rest is of absolutely fundamental importance in treating vegetative imbalance." One might ask, how it is possible to "rest" for a patient with anxiety neurosis, with violent anxiety, with tachycardia and extrasystoles, unless one removes the sexual stasis which causes these symptoms of vegetative disequilibrium? "Even now," the author continues, "despite the current enormous activity in the pharmacological aspect of therapeutics, we have produced few drugs capable of acting with efficacy on the autonomic system." There is a good reason for this, the same reason for which it can be safely predicted that there never will be any such drugs. In fact, the "current enormous activity" in the pharmacological field, the enthusiasm with which physicians dispense such drugs and the pathetic eagerness with which patients consume them, are only an expression of the prevailing therapeutic helplessness in the face of disturbances of the autonomic life system. There are, of course, drugs with a very pronounced effect on the vegetative system; but they have only a transitory effect and the therapeutic result can be only symptomatic. Drugs can never cure vegetative imbalance. There is only one cure for it, and that is the removal of the cause, sexual stasis. To the author, such cure—which is indeed inconceivable without the establishment of orgastic potency—seems altogether inconceivable; he does not even think of it. He thinks, typically, only of controlling imbalance. "It is of considerable significance that while we have made little attempt to derive means of controlling imbalance," he writes, "in the sensuous and fatalistic East they have progressed far in achieving such control. The system of Yogi has undoubtedly achieved remarkable results

² Wilhelm Reich, Der Urgeneinsatz des vegetativen Lebens, 1934.
in this direction." No doubt, it has. But is this the kind of results which we want to achieve? Do we want to institute a system which has only one aim, that of deadening vegetative sensations, a system in which a major part of the biological energy is used up in keeping the rest of it in re pression? Do we want the balance of nothingness? No, instead of advocating such life-killing procedures, we should realize that, in fact, the difference between East and West, as far as the regulation of biological energy is concerned, is far from being as great as it may seem. What, for example, is the difference between Yogi concepts and the Western "mortification of the flesh"? What is the difference between Yogi practices and the practices which our children use in an attempt to get rid of their vegetative sensations which may lead to masturbation and other sex play which is threatened with punishment? They hold their breath, they stiffen their abdominal muscles, they "keep a stiff upper lip," they pull up their pelvic floor, in short, they engage in all kinds of practices of vegetative control which Reich, correctly, called a kind of universal Yoga method. It is clear, then, that there is only one way of preventing autonomic imbalance: that of safeguarding vegetative motility in the child. The most important aspect of our education is exactly the opposite, that of suppressing vegetative motility. Children are constantly exhorted to "pull their shoulders back," to "pull their stomachs in," to "keep their mouths closed," etc.; that is, they are encouraged to and threatened into establishing and maintaining bodily attitudes which are incompatible with vegetative balance. It is clear that when autonomic imbalance once is established, it can be eliminated only by eliminating these muscular attitudes. This cannot be done by "spa treatment," mechanical relaxation or drugs, but only by the establishment of orgastic potency.

The author does discuss "the relation between sex and autonomic activity." The discussion, however, is limited to meaningless phrases about the connection between central nervous system and autonomic system:

The instigation of desire depends on the central nervous system. Desire is roused through the senses. Impressions from these are relayed to the central nervous system. The activation of desire is achieved by autonomic activity. Sexual activity is the supreme example of the correlated activity of the two systems. It is a total reaction of the psyche... It is a kind of mass reflex of the whole personality of man.

Now, which is it? A total reaction of "the psyche"? Or "a kind of mass reflex of the whole personality"? And if the latter, what kind of a mass reflex? It all depends on whether this is just a turn of speech or a tangible biological reality as described by Reich as the orgasm reflex.

Chapter Nine, THE NEUROPATHIC ORIGIN OF DISEASE, starts out from the following premise:

There are four types of disease where heredity plays an important role. These are mental defect, mental disease, the psychoneuroses and what we have called the strain diseases.

The rest of the chapter consists mostly of a reiteration, in different forms, of this erroneous premise, and of futile attempts to prove it. Sentences like, "In the psychoses heredity is again the most important etiological factor" belong in 19th-century textbooks and not in a contemporary book on "Disease and the Social System." As to neuroses, the author states:

Former opinion believed that the neuroses were attributable to an innately impoverished vitality of the central nervous system. With the advent of Freudian
analysis environmental factors were considered of greater importance. Even Freudians now admit in increasing numbers that infantile experience and environmental factors merely determine the nature of the neurosis and the content of the symptoms shown. We cling to the illusion that neurosis is caused by circumstance and so more accessible to cure, to hide the brutal truth of heredity from our patients and ourselves. Millions are exposed to adverse parental influences and exposed to shocks. Only a proportion succumb to neurosis. This latter fraction is attributable to predisposition.

The increase in neurosis is so truly appalling that it may be a fatal factor inducing national decadence. In fifty percent of individuals the family history, covering no more than three generations, will provide at least one indisputable case of neurosis. The author then quotes several family investigations showing an incidence of 25% of severe nervous disorder, going up to 50% including such conditions as alcoholism and eccentricity. Now, the enormous incidence of neurosis is a well-known fact which needs no further substantiation. Reich has shown that the important factor in the neurosis is not the symptoms but the characterological reaction basis, that, in other words, the disturbance of biological functioning is just as severe in character neuroses as in so-called symptom neuroses. The appearance of symptoms means merely that the character defense mechanisms have proven insufficient. Obviously, any such investigation by questionnaire will reveal only the patent symptom neuroses; people will not record the character neuroses of which they are unaware. If we include these also, the incidence of neurosis in the general population is, of course, much higher than 50%; it is as high as the incidence of orgasmic impotence which is found in well over 80% of the people.

All this proves nothing as far as hereditary is concerned. If it be true that "even Freudians now admit in increasing numbers that infantile experience and environmental factors merely determine the nature of the neurosis and the content of the symptoms shown," does that provide any proof for hereditary contentions? No. The recourse to hereditary assumptions is almost always an alibi. In the case of psychoanalysis, the reason for this alibi is patent. Here, the regression to heredity took the form of the theory of the death instinct, the assumption of a biological, or, to use the favorite word of our author, "innate" tendency to suffer and die. This theory has been shown to be erroneous.

It is a twofold alibi: a) an alibi for therapeutic helplessness, specifically, the inability to master the patient's orgasm anxiety and masochistic reactions, and to bring about orgasmic potency; instead of having to blame himself for his therapeutic inability, the therapist can blame an "innate tendency" in the patient.

b) It is an alibi for not criticizing the social conditions which create the neuroses; if the patient develops a neurosis not because of living in a society which suppresses his normal genitality but because he has an "innate tendency" to suffer, we are relieved of the necessity of social criticism which does not make for friends.

Thus, we do not "cling to the illusion that neurosis is caused by circumstance and so more accessible to cure, to hide the brutal truth of heredity from our patients and ourselves." No, we cling to the illusion of heredity to hide the brutal truth from our patients and ourselves that the neuroses—supported as they are, on all sides, by our social system—are a very difficult therapeutic problem and that it is our social system which causes them. If "millions are exposed to adverse parental influences..." and "only a proportion suc-

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umb to neurosis,” it does not follow that “this latter fraction is attributable to predisposition.” For one thing, as already mentioned, this fraction is much larger than the author assumes if, as we must, we include the almost universal character neurosis. The question is, why do a small fraction of people not become neurotic? Not because they lack the “heredity predisposition” of the others; not even because they were not exposed to infantile trauma and an authoritarian education; but because, in spite of all this, they found their way, relatively early in life, into a normal genital life.

One must agree with the author that “the increase in neurosis is so truly appalling that it may be a fatal factor inducing national decadence.” One can rightly go further and say that the prevailing character neurosis, the biological rigidity of man, is the basis of the present international disaster.

The whole argument of our author is really based on the assumption of a “diminished resistance of the nervous system,” an assumption which is purely metaphysical in character. This assumption is based, essentially, on the old mechanistic concept of the role played by the central nervous system. “These hereditary nervous conditions,” he writes, “are those who have risen vastly in incidence in the last century. During the same period the tempo of life has quickened. Man is more chronically anxious. Such psychological factors can only be received and transmitted by the central nervous system.” Here is the old confusion of cause and mechanism. The central nervous system is conceived of in terms of a telephone exchange with incoming and outgoing wires which transmit impulses, commands, etc. Now, suppose I were to call the author on the telephone and tell him what I think about his book. If I tell him that I like his unorthodox approach to medicine, his aphorisms about the “test-tube doctors,” etc., he will be pleased. If I tell him that I am disgusted with his brain mythology, his hereditarian alibis, his “innate tendencies,” he will be displeased; perhaps he will get a rise in blood pressure and pulse rate. Would he think of blaming the telephone system for his reactions because it has “received and transmitted” my remarks? Yet, undoubtedly, they were received and transmitted by the telephone system. His pleasure and displeasure, his vegetative reactions at hearing my remarks, however, were caused by the content of my remarks; the telephone system has no more to do with them than that it has received and transmitted them. So it is with the central nervous system. It is no more than a receiving-and-transmitting mechanism, and not even the most important one at that. But the author goes on, page after page, about indications “that the vitality of the nervous system and its resistance to disease is steadily diminishing,” and “evidence of the increasing vulnerability of the nervous system.” He speaks of “mental excesses,” “over-mentation” and thinks that “the simple factor of over-use is leading to decay [of the nervous system],” that “intellectual activity is a causative factor in such conditions [as migraine].”

Part Three of the book deals with “Social, Spiritual and Sensuous Factors,” beginning with a chapter on Social Pathology.

The strain diseases are going up. The adjustment of the strain factor is the major problem in medicine. Infections are less. We are told we are healthier. Infant mortality is down. This paves the way for statistical triumphs. Statisticians are thus enabled to give false conceptions of our life prospects. A century ago a large proportion of children died in the first two years of life. Today the vast majority survive. This does not indicate increasing health. We must beware of subtle finesse with rows of figures.
Strain conditions like peptic ulcer, hyperthyroidism, rheumatism, arteriosclerosis, are rising in incidence. They occur at an earlier age. In our day their symptoms are ameliorated by the newer drugs. But the addition of a year or two of life to chronic invalids is not necessarily a sign of a country's increasing health.

Precisely. We have practically obliterated plagues like cholera, smallpox and diphtheria, but the diseases involving vegetative imbalance, the neuroses, cardiovascular disease and cancer, are increasing and medicine is unable to stem their rising tide. While the plagues accounted for a high mortality, these diseases account for a high morbidity, for invalidism and general unhappiness, for the inability to function fully and happily.

Now, after having spoken of strain and strain diseases for some hundred-odd pages, the author remembers, in the tenth chapter, that "we have not yet defined the origin and nature of this strain." He then proceeds to define it under the following headings: Disease and the rate of living; Industrial factors in disease; Change of occupation as a cause of disease; and Disease and the creative impulse. Now, there can, of course, be no doubt that "the increased pace of modern life," speed-up systems in industry, the adaptation to a new occupation, and the monotony of industrial work are, or can be, pathogenic factors. But the fact must be realized that these are only contributing—or precipitating—factors which would not in themselves be pathogenic were they not superimposed on more basic processes. True, the author states explicitly that he does not consider them the exclusive pathogenic factors; yet, they comprise his definition of "strain." Understandably enough, this does not seem wholly satisfactory to him; there must be something more fundamental. And so, at the end of the chapter he goes back to—the reader may have guessed it—the "innate tendency," the neuropathic personality:

We are developing more neuropathic personalities, but we must learn to use the word neuropathic in a wider sense. Formerly it implied a tendency to psychoneurosis. In the future it will convey merely the tendency of a vulnerable nervous system to transmit external strains. Through the nervous system these stresses cause abreactions in different links of the endocrine-autonomic chain. Physical, mental and neurotic diseases are alternative expressions of the fundamental common denominator of strain.

This leaves us exactly where we were at the beginning of the chapter: "Strain diseases" are explained by a "tendency of a vulnerable nervous system" and by strain. This is pure tautology. It is also metaphysics: a nervous system, vulnerable or not, has no "tendencies." It is to be hoped that we not only learn not to use the word "neuropathic" in a wider sense, but to throw it out of medical terminology altogether. It is an anachronism, a relic from the period of brain mythology when it was believed that neuroses are a "disease of the nerves." This concept was proven to be entirely erroneous, as is known today to every enlightened layman, though the concept is kept alive by neurologists and the makers of "nerve medicines," for obvious reasons. If, now, the concept of "neuropathy" should be extended from the neuroses to those diseases which the author calls "strain diseases," this would block the way to an understanding of these diseases as thoroughly as the brain-mythological concept blocked the way to an understanding of the neuroses. Our author, as we have seen, devotes in fact a whole chapter to the "neuropathic origin of disease."

Generally speaking, the diseases which the author calls "strain diseases" belong
in the category of what Reich described as biopathies. Ah, some will say, just another of those words. No, this concept has a very definite meaning: Biopathies are disturbances of the biological function of pulsation in the total organism. This disturbance can be demonstrated in great detail not only clinically, but by laboratory observation and tests. This is not the place to discuss these findings. The reader must be referred to Reich's article, "The carcinomatous shrinking biopathy," This Journal 1, 1942, 131ff. I merely wished to point out that it is the ignorance of this basic biological process which leads to such rationalizations as "neuropathic tendencies" and "vulnerable nervous system."

In the following chapter, Sensuous Factors in Disease, the author again asks the question, "What do we mean by strain?" and states, "Like life, like consciousness, it is difficult to define in strict metaphysical terms." As the author continually proves, it is even more difficult to define in strict scientific terms. At this point, the author tries to define strain "by finding some universally beneficial factor towards which it acts as an antagonist . . . There is one answer, and one only—rest." With that, he gets himself really into trouble, for his definitions of rest are just as vague as those of "strain." "Rest," says the author, "is the one sound antagonist to strain." But he fails to make clear what "rest" is. The section on "The therapy of repose" contains such statements as, "Health is an attribute of the whole psyche. It is a sensuous subjective state." Now, health as well as disease, as one would gather from many others of the author's statements, is not an attribute of the psyche, but of the total organism. Furthermore, it certainly is not a subjective state. Many individuals, with severe neuroses and psychoses, consider themselves subjectively healthy; many orgastically impotent individuals with a pathological erectile potency, for example, consider themselves "particularly healthy" sexually, and many men with premature ejaculation similarly brag about their "being hot." I have seen any number of cases of women who were referred to the psychiatric clinic from other departments of the hospital whose case history carried the entry: "Sex life—normal." On being questioned about their sex life, and what they meant by a "normal" sex life, they would answer: "He don't bother me much that way." Subjectively, that was satisfactory to these women—because they were frigid; all they wanted was not to be bothered by sexual intercourse. Objectively, the story is a different one. Why did they consult the medical or gynecological clinic in the first place, and why were they referred to the psychiatric clinic from there? Because, no matter how they felt about it subjectively, their sexual stasis had resulted in their headaches, backaches or whatever it was that made them seek medical help. All this begins to make sense if we replace such concepts as "strain" by "disturbance of the biological function of pulsation." This disturbance cannot be cured by "rest" but only by the removal of this disturbance, by the establishment of orgastic potency which alone guarantees vegetative equilibrium. That this is not possible in a great majority of cases is another matter. This fact should be faced squarely. To escape into the assumption of a "vulnerable nervous system" will do no more good than the assumption of a "death wish" or the "innate sinfulness of man." This fact points far beyond the field of medicine: the biopathies will continue to increase as long as education and the major social institutions make normal biological functioning impossible through an antisexual upbringing and life-inimical moralism.

In the ensuing section, "Sensuousness and Purpose," the author states, "To the average man coitus is his greatest pleas-
ure. Its completion affords him his greatest peace." One only could wish that were so. But if one considers the prevalence of orgasmic impotence, one must doubt the correctness of this statement. The average man being orgasmically impotent, it would be safer to state that his greatest pleasure lies in substitute gratifications such as making money or acquiring power. And what about the average woman? To her, certainly, coitus is not the greatest pleasure. In spite of all the author says about the importance of relaxation through sexual gratification, he is plainly unaware of the basic biological role of sexuality, for he states: "One day sex activity may be less necessary to us than it is now. We may be able to induce in ourselves deliberately states of repose which are at present most commonly procured by the relaxing mechanism of coitus." Even if that were conceivable, biologically, one may ask why on earth anybody should prefer such "deliberate induction of repose" to the pleasure of orgasmic satisfaction? Relaxation, the author says, is "the basis of all repose . . . We would not so often wake with backache if the muscles of our lumbar spine, the constant indicator of exhausted man, did not maintain in sleep their abnormal tension." But why do they maintain it? Not because they are the "constant indicator of exhausted man," but the constant indicator of genital anxiety; because, if this tension were released even in sleep, the vegetative genital sensations of which the sex-negative individual has become afraid, would break through and would cause anxiety.

Taken all in all, one can well agree with the author as far as the general thesis of this section is concerned: basically, it is an affirmation of the pleasure principle and the recognition of the fact that the inhibition of pleasure creates disease. But in order to make this thesis scientifically valid, pleasure has to be understood not in psychological and subjective terms but in the objective terms of biological pulsation, that is, the undisturbed alternation of pleasurable contraction and expansion.

In the following chapter, Spiritual Factors in Disease, the author expresses the belief "that the current uneasiness and scepticism as to the destiny and purpose of individual man and mankind as a whole, are of themselves factors initiating illness or determining its nature . . . Philosophic and religious doubting are potent factors in causing sickness." No, such doubting is not the cause, it is a symptom of disease. No individual who is happy in his love life and engaged in rational work has such doubts. "There is far less neurosis in people with a firm dogmatic religion, like Roman Catholicism, than in vague creeds like Anglicanism," says the author. That may be true if by "neurosis" is meant a manifest symptom neurosis. But an individual who adheres to a firm dogmatic religion will also be found to have a more rigid character armor; he may exhibit fewer neurotic symptoms, but he is no less—or even more—afraid of life and resigned to find happiness in a hereafter. "Protestantism implies a state of conflict." But where there is conflict, there is much more likely to be insight and an incentive to cure. Under the heading of "Health and Religion" the author refers again to Eastern religions with their fatalism, not realizing that their fatalism is no less life-negating than the more aggressive Western religions. Under the heading "Health and Philosophy" the author contributes his bit in the currently so fashionable pastime of endowing "nations" with psychoses: "The pogroms, the episodic ferocity of the Huns, resemble the state of catatonic excitement in dementia praecox." One could only wish that mass-psychological problems were as simple as such facile bon mots suggest.

In Chapter Thirteen, Neurosis and the Inheritance of Traits of Character, the
author points to "the rising toll not only of the chronic constitutional diseases but the enormous growth of neurosis" and asks, "is there any prospect of reducing the incidence of neurosis?" It is true, of course, that psychoanalytic treatment is not possible on a mass basis, but that has nothing at all to do with its effectiveness or ineffectiveness as an individual therapy. Unsatisfactory as the results of psychoanalysis are in general, one can hardly say that "rational explanations added to old-fashioned prescriptions as to rest, exercise and occupation will give better results in the majority of cases than psychoanalysis," or that "a month in Switzerland may wholly change" a neurotic's view. The author believes in "the unalterable nature of most neuroses . . . The Freudian and Adlerian theories are of immense scientific and philosophical value. It is our own fault we have so misused them. We had far better have applied ourselves to using their findings to devise a social order less likely to impose undue strain. . . ." What is correct here is that Freud did not draw the social conclusions from his basic finding that it is social sexual suppression which creates the neuroses but evaded them by creating a cultural philosophy. But the author not only fails to indicate what a different, less pathogenic social order should be like, he even turns the clock backwards to pre-Freudian times: "The psychoanalytic teaching largely denied the influence of heredity in predisposing to neurosis. But . . . the hereditary factor is still of first importance." Quite illogically, the author continues: "We will do our best work by altering the pattern of existence for the whole community." He neither indicates what earthly good that could do if "the hereditary factor is of the first importance," nor does he say how the pattern of existence should or could be altered. Instead, he asks, "Can we do anything for the neurotics at present existing among us?" He thinks we can help "to build character," by "encouraging the patients to practise systematically the exercise of will." This is called "character formation as a treatment of individual neurotics, as opposed to the doctrine of analysis without synthesis." The real reason for the author's diatribe against psychoanalysis—in which, it is true, many correct criticisms are made of psychoanalysis, although for the wrong reason—is evident from the following:

My action is, of course, criminal from the psychoanalytic standpoint. I add to their load of repression. But unfortunately maturity is integral with a certain degree of repression. We must necessarily restrict the reactions of childhood. . . . Man has learnt throughout the ages that civilization implies the governing of the lower by the higher nature. . . . The wide and too fervent practice of psychoanalysis might even involve a considerable threat to the best aspects of the moral order. It opens the floodgates of civilized repression.

That is, the diatribe against psychoanalysis has nothing whatsoever to do with its therapeutic effectiveness or ineffectiveness; it is motivated, purely and simply, by the fear of sexual and moral chaos. The author overlooks the fact that psychoanalysis long since has made certain that no such accusations could possibly be leveled at it: with the theory of sublimation and condemnation of the instinct, with the theory of the death instinct and with the postulate that therapy should adjust the patient to his environment. It is true, "We must necessarily restrict the reactions of childhood." But why? Because in the child with an average upbringing, these reactions are essentially unhealthy. They are unhealthy as a result of the suppression of normal, healthy instincts. If the primary instincts had not been suppressed, there would be no secondary, unhealthy drives to be suppressed,
and "the reactions of childhood," to the extent to which they do not fit adult life, would be automatically outgrown. It is not true that "maturity is integral with a certain degree of repression." On the contrary, it is the individual with repressions who "never grows up" and keeps displaying infantile reactions. The mature individual is not so because of repressions. On the contrary, he is so because he has no secondary drives to speak of which he has to keep in repression. The statement that "civilization implies the governing of the lower by the higher nature" means that sexuality is something low and base and must be suppressed in favor of "higher things" whatever that may be. To see what kind of "civilization" sexual suppression leads to we only have to look around us. Primitive societies, on the other hand, as e.g., the Trobrianders, where sexuality is not debased and not suppressed, have a far higher "civilization" than we if by civilization is meant the absence of neurosis, psychosis, perversion and crime. True, if in our society all moral restrictions were suddenly lifted, there would be moral and sexual chaos because the "opening of the floodgates of civilized repression" would release all the secondary drives of destructiveness, sadism, lasciviousness, jealousy and pathological envy. But the moralists need have no fear: psychoanalysis could not open these floodgates even if it wanted to; the fear and inhibition of the instincts is too deeply anchored in the character structure for that. Those who are afraid of the sexual chaos consistently overlook the fact that the conditions we have are already chaotic, as a result of the very "higher morality" on which they insist: adolescent sexual misery and juvenile delinquency, compulsive fidelity and infidelity, sexual brutality, perversions and all the other ornaments of "civilization."

But to go back to our author and his suggestions for the prevention of neuroses. He thinks that whether or not we will be able to deal with this problem "depends on whether or no we believe in the transmission of traits of character . . . If we believe in the hereditary transmission of character traits it is of considerable importance from the social point of view to encourage positive character formation in neurotics . . . The formation and practice of good or bad social habits tends to their continuance. And what we have developed tends to be transmitted." This is so utterly naïve and unrealistic that it does not even deserve discussion. Such statements seem to be motivated by the author's overevaluation of heredity, his resentment against psychoanalysis, and his desire to avoid social criticism. So, while the author starts out by stating that the neuroses could be best prevented by "altering the pattern of existence for the whole community," he ends up in hereditary mysticism.

On the subject of Medical Training, the author states:

It is very necessary to study deficiencies in our training as students and our attitude as doctors. We are more than anyone responsible for erroneous concepts of disease. If we are to help as reformers of our social system it is necessary that our training helps us to recognise its flaws.

The author then discusses at some length some flaws in medical education and practice, such as the fact that textbooks of medicine do not mention the personality factor in such diseases as peptic ulcer; the decline of clinical standards as a result of expert and accessible laboratory technique; and many others. Correct as many or all of these criticisms and suggestions may be, they are not the decisive point. As sex-economic and orgone-biophysical research has clearly shown, the reason for the traditional failure of medicine in the most common diseases, such as colds, hypertension, cancer, rheuma-
tism, in brief, in all the biopathies, is its mechanistic thinking and practice. "There must be a radical alteration in medical education," says our author. About that, there can be no doubt. But not along the lines suggested by the author: "Medicine is an art. It must be taught as such." No, medicine is not an art, it is a science, but a mechanism, unalive one. Neither should it be an art, whatever that is if applied to medicine. It should be a science but one based on a functional energy concept. Then, and only then, will the author's prediction come true: "The medicine of the future will simplify the present hotch-potch of diseases into far fewer biological reactions than we contemplate at present."

In a chapter on The Nature of Health the author expounds the peculiar theory that "health is essentially a feeling, a complex subjective sensation." It should be obvious that the subjective sensation of health is nothing but the reflection of objective biological processes, and that health, therefore, can be defined only objectively. Thus far, the only such definition is the sex-economic one. As Reich put it in The Function of the Orgasm, "There is no doubt that the basic criterion of psychic and vegetative health is the ability of the organism to act and react, as a unit and as a totality, in terms of the biological functions of tension and charge." In this chapter, the author discusses the influence on health of fresh air, rest, exercise, dietetic factors, climate, modern living and relaxation, but says nothing further about "the nature of health."

In the final chapter, Signposts, the author gives "the broadest summary of society's needs." Pointing out that he has urged the need for more pleasure, rest and relaxation; that mankind be freed from the bane of insecurity; that man should be allowed to acquire the art of living and should be freed from the shackles of organized religion and self-delusion, he states that the attainment of these goals depends on the political necessity of a proper peace.

Such a peace should be a suitable prelude to the biological reconstruction of the world. Its terms should be based primarily on the major traits of German psychology. We are dealing with a people retarded emotionally. . . . Their activities are at the thalamic level. . . . I hope sincerely and unemotionally that the brains of their super thugs be preserved for pathological examination. This would be a primary war aim in a rational world. . . . This nation from every standpoint of humane biological evolution is to be regarded as offal. They may be curable, in the course of many generations, by moral precept backed ruthlessly by force, but in dealing with them we should remember that it is necessary for us to go back some hundred years in our methods of correction, since otherwise the whole world will be darkened for a thousand years. . . . I regret that I see no prospect of truly rational therapy. Sterilisation is the most humane and efficacious method of dealing with thalamic men.

It is only to be hoped that people who have such naive concepts of fascism, such brain-mythological concepts as "thalamic man," who want to turn the clock of scientific insight back some hundred years and who advocate fascist measures on the basis of their brain-mythological concepts, will have little to say in the making of the peace. To make such frivolous proposals is easy; to gain insight into the tremendous problems of mass psychology is another matter. It is true, in the following pages the author mentions some of these problems: "Man has never accepted the responsibility for shaping the pattern of his life . . . . Man has always accepted the external direction of his life." It must

4 Cf., e.g., W. Reich, Die Massenpsychologie des Faschismus, and "Fascist Irrationalism," The Function of the Orgasm, p. 203ff.
come from within . . . Government of the people, for the people and by the people, has never existed. What we have known is government of the inarticulate by the vocal . . . As men we dread much. Most of all we fear freedom . . . Men hate freedom because it is a too-responsible state.”

Yes, all this is absolutely correct. But that is precisely where the problem begins, first of all with the question, “Why is all this so?” The answer lies in the biological rigidity of man, and in the functional identity of social structure and character structure. Once one realizes the magnitude of this problem one is forever cured of making glib proposals and of the temptation to play the social reformer.

“But most of all we, as doctors, must insist on playing a major part in the cure of a sick world,” says our author. The first prerequisite for cure, however, is correct diagnosis, be the patient an individual or the world.
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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