Many parents who wish to avoid having their children undergo the tyrannies they themselves experienced in childhood find themselves nevertheless baffled and unresourceful in meeting the practical problems of nursery education along freer principles. All of us have grown up under old misconceptions and still carry to a greater or lesser degree the inhibitions and anxieties stemming from childhood restraints. All of us have the practical problems of making a healthy life for ourselves and our children in a world which does not, as yet, except in isolated small groups, or on a very superficial level, accept freedom. For this reason it has seemed useful to present some actual observations of everyday problems and how they were handled.

Feeding Problems. Bill was a bottle-fed
baby, but he was fed whenever he was hungry and not by the clock. If he wanted more than a "normal" feeding he had it. If he wanted less no pressure was put on him to take more. He was never waked up to be fed. His pediatrician was a little sceptical, but his mother said, "Sometimes I'm hungry and sometimes I'm not. Why shouldn't he feel the same way?"

Bill enjoyed solid foods early and liked variety. Here, too, his mother was quick to recognize that she, too, got bored with the same diet. When Bill was about fourteen months old he reached for the spoon for the first time. Thereafter he always had a small dish and a small spoon on his high chair for himself. This was not enough, however, and often he wanted the bigger spoon and the bigger dish as well. A great deal of food was slopped around as Bill learned to manage first one spoon and then the other. One day when a neighbor was giving him lunch she tried to be neater and to take control of the situation by requiring Bill to leave the big spoon alone and use only the little one. Bill threw a spoonful of vegetables smack in her face. The neighbor understood the reproach and tried to start over again more easily, but the contact was lost and the meal was a failure. Bill refused to have any more. An hour later he was ready to begin again, and the neighbor was willing to go along with him at his pace. Feeding is a total experience in which the child must function spontaneously and with initiative according to the level of attention and coordination he has mastered.

The disastrous effects of compulsive feeding were observed in Claire, a girl of four who was a patient in a psychiatric hospital. Claire had been the object of oversolicitous attention from a mother and grandmother and when she was brought to the hospital she could not feed herself. She had been on a hunger strike for a week and had many other stubborn traits. Her mother delivered her at the hospital with the comment, "I beat her every day with the hair brush, but of course I won’t allow you to do that." Claire walked into the hospital shouting, "I won’t eat, I won’t eat." Claire was told she didn’t have to eat. The first day, when the other children went to the dining room for meals, Claire sat outside on a bench chanting to herself, "I won’t eat." No one paid any attention. The second day when deposited on the bench on the way to breakfast she burst into tears. She was brought into the dining room, but immediately screamed "I won’t eat." She was told she didn’t have to eat. The next two meals she came to the table and furtively watched the other children. On the third day she suddenly snatched a banana from the plate of the child next to her and ate it in nearly one mouthful. Then she started to eat the cereal with her fingers. It was clear she did not know how to use a spoon. After that there was no more trouble with Claire’s eating, but for many weeks she prefaced each meal with the solemn statement "I don’t have to eat," and often she could be heard chanting to herself "I don’t have to eat."

In moments of fatigue children rebel against the standards of adults and this often shows itself at table. Isabelle was nearly five. She had watched her baby brother have his supper in the nursery, dawdling and playing with his food and spilling a good deal. At the supper table with her parents she behaved as the baby had. Her mother said, "If you’d rather have supper in the nursery we’ll take it up there and you can eat the way you like. But if you want to have supper with us you must eat the way Mother and Daddy do." Isabelle chose to stay. She was able to make this choice because her mother had been able to offer it without a tone of reproof or punishment.

Toilet Training. Bill’s mother asked the pediatrician when she should start toilet
training Bill and received the sensible reply, "Not until he knows when he's urinating. Watch him and you can tell." In this connection the writer observed the following incident:

The mother was to be away for the afternoon and again the neighbor was caring for Bill. As the mother went out the door she said "If he's still dry when he wakes up from his nap I usually take him to the toilet. If he's very wet, just change him. There's no point having him sit on the toilet when he doesn't need to go."

He was dry when he woke so he was put on his small seat that fits over the big toilet. He urinated, watching the stream, and watching the water when the toilet was flushed. About two hours later, the neighbor was reading and Bill was playing with a ball in the corner. The neighbor, not very experienced with children, had not thought to take him to the toilet again, and Bill did not yet talk enough to be able to ask to go. Suddenly in a gush he urinated through his diaper, making a puddle on the floor. He looked startled but not dismayed. Then he stooped down, and obviously repeating what he had seen his mother do, he started to wipe it up, using his bare hand. The neighbor got a cloth and the two of them wiped it up together. She took him to the bathroom, but at the door he resisted saying cheerfully "All fru," so she changed him and he ran off.

Isabelle's mother had a job and therefore employed a nurse. Her first attempt with a "competent woman with excellent references" was unfortunate. The mother explained that Isabelle was not to be punished for "accidents" and the nurse agreed. But in the park the scorn of other nurses was too much for this woman's professional pride, and when Isabelle wet her panties she was shamed and ridiculed before the other children and their nurses. Isabelle's nurse did not consider this punishment. Out of the experience with this nurse, however, grew an exaggerated anxiety in the little girl every time her mother started to leave in the morning. After some exploration a new nurse was employed who was a young married woman with natural warmth and the situation cleared up after a short time.

One other situation is worth mentioning since its occurrence fills many parents with dismay. When a baby discovers his feces he very often wants to play with them. He has no more feeling about this than about exploring his mouth, or about watching or touching his urine. If he is very young he may even wish to put some of the excrement in his mouth, for his mouth is still his surest instrument for knowing the world. Bill was about eight months old when he made this discovery. His parents had slept later than he and when they got up to look at him he was painting the walls all around his crib with the soft brown mass and it was all over his face and hair. He was cooing with delight. His mother wiped his face, gave him a kiss and then bathed him and put him in his play-pen. Then she had the walls to wash, but, she commented, "After eight months of diapers, what's a wall." Bill's mother invented some materials for Bill to play with. She made two bowls, one of chocolate pudding and one of raspberry cereal and she and Bill played painting the play-pen. Now Bill is a year older and has finger paints. It might be added, however, that twice more Bill did a wall-painting job. The transition from self to object cannot usually be made in a single step.

_Masturbation_. Bill was having his bath. Clearly everything about the bath delighted him. First he sailed his red fish all around the tub, then he put its tail in his mouth and sucked it. Then he splashed with his hands. Then he swished his body up and down in the water. Then he played with his penis, letting the fish fall out of his mouth and laughed. Then he
swished up and down some more. He sang a little to himself. He started playing with his sailboat, reaching down with one hand to hold his genital while he pushed the yellow boat with the other till it capsized. At this moment the cook looked in to ask Bill's mother a question. "Mrs. B., you ought to slap his hands when he touches himself that way." Bill's mother looked down at the delighted baby. "Why," she said, "he isn't interfering with anyone."

Bill was eighteen months old when this happened. At a little older age, when a child can talk, has learned to know that the bathroom is the proper place for going to the toilet, he can begin to be conscious about masturbation as a private matter also. This should be handled directly and simply by the mother exactly as bathroom habits are. It doesn't seem sensible to this writer to relegate such privacy to the bathroom since such associations as are formed may take on a negative character later as he encounters the attitudes of other children toward bodily functions of all sorts. If the child has his own room that is the place for his privacy. If not, his mother's room will serve.

Isabelle's mother related the following: When Isabelle was four her mother took her to a long public ceremony where the presence of the child meant a great deal to the participants in the affair. When the day was over, the little girl had behaved beautifully, but was solemn-eyed, strained and tired. Her mother said to her: "It meant a lot to Aunt K. to have you come along today. But I know it wasn't any fun for you. Now the next two days are all yours. We'll get Ruth (a cousin of the same age) and the two of you can do anything you want—only you can't climb on the window sill because that's dangerous (in a tall apartment house), and if you want to too too (nursery language in this household for masturbate) better go in Mother's room where you can be by yourself." Isabelle's mother, describing the two days said "we romped, we cooked, we climbed over the furniture, we built houses, we played hide and seek and we made noise." By the second night Isabelle and Ruth were tired and happy and ready to live more quietly.

Masturbation which is affirmed, guided, recognized by both child and parent has none of the compulsive characteristics of neurotic masturbation. Some observations of little boys showed two aspects of neurotic masturbation at an early age.

A mother and a grandmother were walking with two children along the railway platform. Between them walked the baby, about two, holding the hand of each of them. A few steps behind, obviously withdrawn and feeling neglected was the older child, a boy of about six. The mother and grandmother walked too fast; however, and the baby fell down. She clearly was not hurt but set up a howl of rage. Mother and grandmother fussed over her and kissed her many times while the howling which was achieving its purpose was maintained. The boy, watching, turned and walked away. With his hand in his trouser pocket he was masturbating, unconsciously comforting himself for the overt discrimination in favor of the younger.

Two little boys, not more than six and seven, one just a little bigger than the other, were playing on the sidewalk. The larger boy was teasing the smaller, offering him a ride on a tricycle and then snatching it away. The little one attempted to hold his own but he wasn't strong enough and couldn't run fast enough. Finally he ran down the street after his tormentor, holding his genital as he ran.

Both of these incidents show children who spontaneously attempted to express their outgoing needs in the face of obstacles that were making them feel constricted. Yet neither understood what he was doing and therefore was not able to really achieve comfort or to find an appro-
priate time and place. It was unconscious and compulsive.

A different kind of situation was observed in a little boy on the bus with his nurse. The boy was about two, fat and unhealthy-looking. The little boy kept holding his genital and the nurse would brush his hand away, laughing and goggling at him to distract his attention. This took on the character of a game, the boy laughing up at her and then slyly and quickly grabbing himself, then she brushing his hand away, each trying to outwit the other. Here was suppression with a smile; the child had already learned not to trust the smile and to meet craft with craft.

Sexual information. It now seems almost out of date to point out that sexual information should be given simply and naturally at any age whatever in which questions are presented. Yet many parents are unable to accept this simple principle. They think the child is too young, or they want to be "completely frank with the child" giving him explanations far beyond his comprehension.

Bill plays with Jane who is six months older than he, and is the child in the block who is nearest his age. Bill’s mother thinks he needs to get used to other children, and since he’s been playing with Jane he has learned to share toys, has begun to talk more. After the following incident with Jane’s mother she was very disturbed and thought of perhaps not having him play with Jane any longer.

Jane was spending the day at Bill’s house. The two children had had lunch and a nap and were being taken up and got ready to go to the park. Jane was awake first and was dressed first. Then Bill woke, and was taken in to the toilet. Jane followed along. This was clearly the first time she had ever seen a little boy’s genitals. She was fascinated, and when Bill was through urinating Jane got a little piece of toilet paper and wiped his penis. Then she wanted to repeat the performance, but she was a little awkward and rough. Bill’s mother said, “I think he’s dry now. And that’s a very sensitive part of the body. We must always touch it gently.” That was the end of the matter for the afternoon. Bill’s mother told Jane’s mother about it when she came to take Jane home. That night when Jane was having her bath she looked down at herself and said “No Bill.” Jane’s mother said: “Bill hasn’t been very well so he has that swelling now, but after he’s better it’ll go away.”

It might be added that Jane, although only two, has a flirtatious, adult-conscious bearing. Although she seems quite free in her play with Bill there is something artful in her manner with grown-ups.

Bill’s mother was in a dilemma. Certainly she did not want to think of ever leaving Bill under the supervision of Jane’s mother. On the other hand, could she talk to her directly without upsetting a friendship and the social relations of the children and adults in the block? She decided for the present to make excuses to have Jane and Bill together only when they were outdoors in the playground, and to await a spontaneous opportunity to talk with Jane’s mother about some of these questions of children’s behavior. Jane’s mother commented once that “she was so glad she had a girl. There was something repulsive about little boys.”

The mother who wants her child to remain free often feels herself in a dilemma with her friends and their children, which may not be acute in the first two years when the child is still very much home-bound, but which increases as the child encounters other adults and the disapproval of his own age group who have been repressively educated. If parents will however speak the truth to their children about their own natures and the objective problems of living together in a society and feel comfortable about what they are say-
ing inside themselves, they will not find the difficulties they anticipate.

A parent, zealous for truth, put her ten-year-old son in a very difficult position in the following way: A friend of the mother's had a child by a man to whom she was never legally married and with whom she lived only a brief time. This mother had never attempted to cover up the situation or to invent any fictions about it, either to her daughter, Nancy, or to her friends. On the whole she had been quite successful in her open attitude. One day Roger, the ten-year-old, heard some talk at the dinner table about Nancy and her mother. He asked where Nancy's father was. His mother, instead of answering the specific question simply by saying the truth, namely, that Nancy's father was now living in another country, replied with what she believed to be a "frank" statement. She said, "Nancy hasn't got any father. She's illegitimate." The first part of this statement was false, the second a legalistic and social concept beyond the boy's comprehension. The fact that he did not comprehend was shown some days later in a discussion at school. The boy maintained that children did not have to have fathers, that he knew a girl who was illegitimate, using that term. The teacher told him he must never say such a disgraceful thing again, making him feel guilty and even more confused by her attitude. Only a neurotically inhibited mother would have created this problem for her son. Yet, like many intellectuals, she imagines herself free because she is willing to say some things that others shy from. She defended herself in this instance by saying, "Nancy's mother hasn't lied to her, so why should I lie about it?" Compulsive truth and compulsive conventionality combined to offer the child a confusing and damaging experience.

The child in association with adults. A child's relation to adults, his behavior toward them and expectations from them can be firmly established in the first few years of life in the home. It is important that not all the early life of the child is spent in a special nursery world, but that he takes his appropriate place among the members of the family with mutual recognition of one another's rights. Bill, for example, has his own corner in the living room. He plays there for a considerable span of time with his toys without seeking attention from others in the room. When he does want things adults are using—books, ashtrays, newspapers and magazines, his mother sees that he has one of his own of the same article in his corner. So in the kitchen, too, he has his kettle, his spoon, often even his carrot and his potato. Bill was less than a year and a half old when he could clearly discriminate what was his and what was not and accept denial when he wanted the things of other people. This was because he had grown up from the very first under such a regime.

Many parents are at a loss to know how to talk to their children. They either pooh-pooh the child's own coined words as baby talk and insist on the adult words, or they condescend to and infantilize the child with a surfeit of baby talk of their own. The writer is an advocate of nursery language but not baby talk. By nursery language I mean the terms a child coins, particularly about himself, and with which he feels comfortable. Nursery language should be used primarily in direct conversation with the child, seriously, with the recognition that when the occasion offers the child must be helped to replace this with an adult vocabulary without becoming self-conscious or confused. A parent who thinks her child's language "cute" will break the feeling of comfortableness that the child has and make him learn to capitalize on what should be spontaneous, simple and serious.

Nurses. Not enough can be said about
the kind of persons left in charge of a child when the parents are away. In the one-servant household this is often a woman chosen for her ability to cook, or her willingness to do general housework, rather than for her suitability to care for a child. It goes without saying that a woman must be sexually healthy in order to give a child an appropriate environment. She herself must be “on the child’s side”; must be comfortable with herself, decent and simple and patient. It is not enough that she be experienced with children, or for that matter that she be married. Her attitude toward human relationships generally as well as toward the problems of child training will give a certain index to suitability. But these attitudes cannot be judged in terms of whether she merely says yes to her employer’s wishes. Appropriate people are hard to find. Especially the woman who works outside the home has a problem in this area. Isabelle’s mother, who could afford only one servant, found a suitable person after trial and error who was, however, not up to standard in many other household responsibilities. Isabelle’s mother preferred to do the extra cooking and housework herself, however, in order to have the person who was right for the child.

Some general principles. These brief observations show up a few general principles which might be restated here. First we might say, “Enjoy your child.” Then: Spend time with your child. Respect his spontaneous needs. Don’t be in a hurry. Try to remember what the world looks like to him at whatever age he is.
Projeto Arte Org
Redescobrindo e reinterpreting 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 do desenvolvimento infantil

Texts from the area of child development

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