A CASE HISTORY

By Felicia Saxe

The following case history of a little boy, 2 years of age, who is not able to speak, illustrates by means of a practical example the importance of Wilhelm Reich's definition of the mechanistic conception of classical medicine versus the functional understanding of the disturbances of the life process. By presenting it I shall try to convey to the reader an insight into the far-reaching consequences of the struggle between these two different approaches to a medical problem, as I experienced it in connection with my work. The story of this child's fate, unfolding itself within four hours of therapeutic work, including in addition two interviews with his parents and one final telephone conversation with his father, shows how the outcome of this struggle determines the continuation or suffocation of the life of an individual. It is an overwhelming example of the precise cooperation of two most destructive factors: the moralistic antisexual education of society and the mechanistic evaluation of symptoms in disease. These two factors, pertaining to two different aspects of life, but resulting from one and the same attitude toward life, work with clocklike precision if their driving forces become linked together and thus accelerate the annihilation of life.

The history of the child's neurosis, in my opinion, starts as early as during his prenatal life. The Act of birth played an important part in it. The mother, who constituted the main source of his misery, as we shall see later, probably did not provide the proper conditions for her child's development during pregnancy. She undoubtedly inhibited the natural progress of birth during labor through her unconscious rejection of motherhood. The only information which I could ascertain about the delivery was the fact that it was a difficult one and that it lasted abnormally long. The mother did not remember any details except that her physician "tortured" her and that she was told again and again that she would never give birth to her child unless she gave up her resistance against labor. The father, talking more freely about it in her absence, confessed that "something terribly cruel must have happened" during labor, judging from the gynecologist's report. He told me that he had been wondering about this mysterious intimation of cruelty, but that he had never been able to get any more detailed information about it, either from the mother or from the physician.

Two days after the boy's birth the parents asked a pediatrician to take him under his care. While making his examinations the pediatrician noticed that the child's hand was playing with his penis and that the whole body was rocking with rhythmical movements. He pointed out that the child was deriving sexual pleasure from his body in this way, and he declared that sexual experiences at such a tender age were very unusual and dangerous. He instructed the parents to do everything in their power to inhibit the baby's sensual tendencies. He asked the mother to keep his hands away from his genitals whenever he tried to touch them. He suggested that she do this in such a way that she would deceive the child. She must not let him be aware of the interference with his sexual impulses, she must constantly keep his hand and mind busy with some other interesting stimulants by presenting him with a toy.
or by leading his hand toward some other object. Gradually he would thus become distracted by means of the substitute and forget his initial sexual desire. After a while the latter would be inhibited to such an extent that he would no longer be aware of his sexual impulses.

The mother carried out these instructions most faithfully, thus providing an outlet for her own frustrated sexual feelings. According to the parents' judgment, which is of course not objective, the boy developed normally until the age of 6 months, despite this interference with his biological requirements.

At the age of 6 months the pediatrician decided that the child should be given a series of six inoculations against different contagious diseases. When the first shot was injected into his arm the boy screamed as soon as the needle entered the tissue. As the injection proceeded (in the judgment of the parents, in a fairly brutal way) his utterances of pain increased to an abnormal degree. It seemed as if the ever-increasing screams could not release his emotions any longer; he started kicking, biting his fists, shaking in convulsions, until finally his whole body stiffened up. This cramp took on such proportions that he could be held by his feet while his body would remain suspended in the air in a horizontal position, sustained by its own tension. Hard as it is to understand, the inoculations were carried on, although the parents began to realize that the child's agony became worse each time and that his abnormal reactions became more severe. By the time the last shot was given, the child's reactions had become fixed as a chronic symptom. His body remained stiff, the fists beat constantly against each other in a clenched position. The screaming developed into a constant whining during the day and usually continued for many hours into the night. His mental development seemed to be interrupted as well as his ability to establish contact with human beings. No matter which way one tried to approach him, he responded with his unhappy moaning and kicking. Around the age of 18 months he learned to walk. When I first saw him at the age of 2, his walking was still clumsy and awkward. The lack of free muscular action, and consequently of equilibrium, made the transition of weight from one foot to the other a rather dangerous experience. Consequently each step was accompanied with fear which was reflected in his facial expression. The center of gravity was constantly out of place because of the retracted pelvis. There was no coordination of the limbs during movements. In order to keep himself from falling over, his toes clutched the ground, thus creating a constant spastic condition of the muscles of the feet. The pediatrician implied that all this was due to a congenital weakness and a disposition to flat feet. He prescribed arch supporters, declaring that in order to prevent serious accidents, he should not be allowed to walk without them. All these symptoms did not alarm the parents as yet; they still believed that their child was just a bit retarded and nervous. When he did not begin to talk at all, they became alarmed.

They asked the pediatrician for help, but he took the "don't worry" attitude and told them that the child was only retarded and that he would begin to talk sooner or later.

After a while they could no longer convince themselves that he was right and they consulted another pediatrician. He declared that the child was a hopeless idiot and that he would never learn to speak.

Next they consulted a psychiatrist. She examined the child for 5 minutes, 3 of which were taken up by clerical work at the desk. She declared that the child was a deaf-mute and an idiot. She predicted that he would have no mental develop-
ment whatsoever and that he would become dangerous to society when he grew up. Therefore he would have to be confined for his whole life, the sooner the better.

The parents did not know whether to believe this statement or not. In one point alone they were absolutely sure that the psychiatrist was wrong, namely, the statement that he was a deaf-mute. To them it was clear that the child was able to hear because he reacted to sounds. When he heard the mother opening the door of the icebox, for instance, he would run out of his room into the kitchen and reach for his favorite food. Their feelings regarding his alleged stupidity were antagonistic. They could not help seeing certain signs of intelligence in the baby's actions. Among other examples, that of the icebox proved that his mind was able to associate the noise of the opening of the door with the opportunity of coming out of his room, asking for the food which seemed unobtainable to him as long as the door was closed. By that time the burden of the child's disposition had already roused deep hatred within the mother. Her judgment was shadowed by her feelings, she was openminded to the facts that were apt to release her from the fulfilment of her motherly duties and she belittled the significance of those that proved the opposite. If the child was an idiot, then she could not be blamed for being unable to tolerate his presence and she would have ample reason for turning him over to the care of some qualified person.

At this point the parents learned about the work of Reich. They brought the child to him for a consultation. He watched the boy's actions and gained the impression that he was intelligent. In his opinion the impulse to speak existed, but the mouth was paralyzed and could not form any words. Whenever he wanted to express himself he tried hard to speak and became furious when he was unable to push the impulse through. It was clear to Reich that the inability to speak as well as the whining and fist-beating were the manifestations of a tremendous amount of anger and fear that had accumulated as a result of the deprivation of his sexual pleasure. The anger was constantly nourished anew because of the inability to express his feelings. In this way his condition became worse with every unsuccessful attempt to speak. The evaluation of these facts formed the basis of a plan to liberate the muscles of the mouth so that the impulse to speak could break through. In order to attain this objective it was necessary to provoke an outburst of his emotions. Once the anger and fear were released, the stagnated sexual energy would break through, and by sensible handling of the child one could restore his ability to indulge in pleasurable sexual activity without fear. It was impossible to predict the outcome of a vegetotherapeutic treatment or to give assurance of a cure, but Reich considered the chances promising enough to suggest that I should start working with the child.

In teaching vegetotherapeutic gymnastics I am accustomed to understand my pupil's bodily impulses, as well as their inhibitions, by the content of their spontaneous movements. In the case of this child I had to go one step further: I had to speak to his body by means of impulses and gestures of my own body in a way that would induce him to give vent to his emotions. Once I should be fortunate enough to loosen in this way the tensions of his muscular armor, I hoped to carry him along with my own impulses, first passively, later actively, following his own natural rhythm, thus re-establishing his normal functioning.

The first meeting with him took place in a rather interesting way. When I opened the door of my apartment, the father stood directly in front of me. The mother, on the other hand, stood a few
steps apart and sideways with an air of reluctance. Of course, I was anxious to see the child. But I could not detect any trace of him until I took a step out into the hall and discovered him hidden behind the mother's back. As soon as he saw the curiosity in my eyes, he responded and challenged it. He bent his body around the mother's back, and we played hide and seek, while he smiled at me. Then he ran straight toward me in a very lively manner. I opened my arms and invited him to come in, and he hastened to climb up the step. Not a bit shy, he looked around. He seemed to be attracted by the pictures on the wall. I asked him whether he would like to take a better look at them and moved my arms, as if I would lift him, so he would be at the same level with the pictures. While I lifted him, he started to climb up my legs and made very affirmative movements and sounds. When I held him in my arms, I felt strong vibrations in his body: Everything was alive; there was the quality of the shy and at the same time mercury-like quivering that a deer shows in its movements. This, I felt, was not the sluggish body of an idiot. While I held him so that he could see the pictures, he seemed to be happy in my arms and flung his arms around my neck, burrowing his head against my chest. It seemed as if he was not used to friendliness and enjoyed it in an exaggerated way. The minute the mother noticed this, she said to me in a sharp voice: "Please stop that! You make him afraid." Her mouth was stiff and stern while she spoke, the corners of the mouth were drawn down. Immediately the child stiffened up, began to whine and to beat his fists and shook in convulsions. He behaved in the manner that had been described to me as characteristic of him. The abrupt change from a perfectly natural and lovable expression to this neurotic behavior through the mother's interference, although her words were only directed against me, made me immediately aware of the fact that she was the one who killed his natural impulses. There existed a connection between the unkind expression of her mouth, of which the child was afraid, and his inability to use his own mouth in order to speak. The child enjoyed running along the hall, although he was handicapped by his inability to keep his balance. Again I was impressed by his lively interest in the new place. But the mother interfered and predicted that he would fall and hurt himself. She prevented him from moving by holding him back by his arm. I asked her to keep the child in the adjoining room while the father had a chance to talk alone with me.

During the few minutes with the mother I gained a decided impression of falsehood and destructiveness. She tried to appear friendly, but the expression of her mouth was mean, cold and cruel. She covered her destructiveness with an air of martyrdom. She told me that she understood her child so well that she allowed him every liberty; she gave him all the love he needed, she even let him play with knives and forks when he wished to, she let him urinate on the floor, and worst of all, she was forced to tolerate it when he played in the gutter and squeezed mud with his hands. The latter, she said, made her so furious that at times she could not stand it, but still managed, so she said, to be gentle with him. Every gesture and word was as though she said: "I hate my child, but I must not show this, for this would indicate that I am mean. I want to prove just the opposite, namely, that he is mean to me, while I am gentle and kind to him."

The father gave quite a different impression. He seemed to have genuine gentle feelings toward his child. He wanted to do everything he could to help him. In response to the sex-economical enlightenment he had gained during his
interview with Reich, he had deeply repented of the mistakes made in ignorance which had caused so much suffering to the child. He seemed bewildered and scared because he was forced to deal with sexual problems. But there was understanding on his part, whereas in the case of the mother there was nothing but destructiveness and rejection. It took him quite a while before he was able to talk openly about the mistakes his wife was making. He told me that she lived in constant fear that the child might become infected and fall ill. Therefore she did not allow him to touch anything. Besides she was afraid of accidents, so she checked every healthy impulse of the child, to try out new activities such as climbing stairs, jumping from a bench, climbing on a chair, etc. For these reasons he was never taken to a playground and was forced to stay alone in a little backyard. By this method she had gradually deprived him of the opportunity of exploring the world through personal experience: a most important element in the healthy development of any child. This overanxiety of the mother and her compulsive behavior made me suspect that she had deep unconscious death-wishes toward the child which she overcompensated for in this way. Her husband expressed real anger toward her in this regard, but at the same time he was evidently afraid of her. No sooner had he spoken about her mistakes than he felt guilty about doing so.

When I disclosed my plans for treatment of the child, the father responded gratefully, saying: "You have my permission to do what you think best. Whatever you say, will be all right." Then, to my complete astonishment, he hastened to ask me when I would be willing to take the child into my home, declaring that he would like to leave him with me that day. I explained at once that I did not intend to board the baby and that the sessions of the treatment would last only an hour each. When he heard this he collapsed entirely. He confessed that he was most anxious to leave the baby here. When I steadfastly refused this, his courage failed him; he was afraid to let his wife know this bad news and tried to bargain with me, suggesting that they leave the child at least a few hours a day with me, asking to give him his luncheon at my home. I explained that I did not intend to provide a parking place for his baby but that I wanted to treat him. Finally he seemed to understand. When the mother was called in and told that the child could not live with me, she declared that she could not undertake the burden of bringing the baby back and forth for treatment. If the father insisted on the treatment he would have to do this himself, which would mean that he would have to change his working hours in a defense factory from day to nightshift. She could hardly control her anger and said abruptly: "Sometimes I could kill him." Then, correcting herself: "I mean, I feel like crying, I had hoped so much that this would solve the problem."

When the child came for the first treatment he was engaged in his habitual whining and fist-beating. This increased as soon as the parents had left the room. I tried to make him feel that he was understood; consequently I reacted to his distorted utterances exactly as I would react to a child who is able to speak. I understood that he was upset at being left alone in a strange place. So I lifted him up in order to give him a feeling of security and asked him whether he wondered where they might have gone. He answered by bending his torso toward the door, and I understood that he wanted to look around to see where they might have gone. I opened the door and carried him into the next room. He grasped the fact immediately that there was a possibility of being understood, and proceeded to convey to me all that he wanted, partly
in gestures, partly in affirmative fist-beating and whining. It may sound paradoxical to call these latter symptoms affirmative, but they were this poor child’s only method of expressing himself. No longer did he experience genuine impulses, instead there seemed to be only the general feeling of impotent despair and rage that had taken their place. He wanted to be carried from one room to another; his curiosity grew regarding the whereabouts of his parents. When he discovered that they had left, he uttered a sigh of relief and made a soft melting gesture toward my body. It seemed to me as if he was catching up from the moment when we had been interrupted in our relationship during our first meeting in the hall.

Now I felt that the moment had come to start working with him. The first symptom I attacked was the cramped position of the arms during the fist-beating. I widened them gently and slowly in broad sidewise movements, making them end in front of his chest whenever I felt that the widening became unbearable for the contracted condition of his organism. The reaction was very favorable. He sighed in relief, and the shallow breathing deepened a trifle. The fists not only remained stiff, but increased their tension. He seemed to have a pleasurable feeling during these manipulations, there was no reaction of anger or fear connected with them. While I carried him around I explored his body and found that the thighs were the seat of greatest tightness. The slightest attempt to relax them by means of movement was met by violent resistance. He jammed his fists into his mouth, the corners of which tightened up, the pelvis was thrown back, and he pulled his breath up in a long lasting inhalation that did not seem to be able to turn over to an exhalation. At the climax of this tension there was an explosion in violent screaming. An unbelievable amount of anxiety was released with this screaming.

The awareness of anxiety seemed to make him also aware of my mouth; he tried to silence me; with all his might his fingers prevented my lips from moving when I tried to speak. The more I made an effort to speak, the more fear was expressed. He evidently identified me with his mother, and I became convinced that he suffered from a fear of death. That he had chosen his mother’s mouth as a symbol of death did not seem irrational to me, since I had myself observed the cruel expression of her mouth. After this outbreak of anxiety I brought about some relaxation by helping him again with widening movements, so that he breathed more evenly. I also relaxed the muscular cramp in his thighs. He calmed down, gave up the whining, and the first normal sounds came out of his throat. They were the first pleasurable sounds I had heard him make. Simultaneously he became interested in the bright colors of the room and wanted to look out of the window of my ground-floor apartment, to find out what was going on in the street. While he looked out of the window I responded to every sound of his, partly with words, partly in his own way, just carrying the articulation a little further than he was able to. He enjoyed himself in this way, until I tried to get him to play with toys. He resented this and reacted with anxiety. Touching things and doing things by himself was taboo to him. I could not decide whether this had anything to do with the prohibition against masturbation, or whether it was just a general consequence of his inhibited way of life. He did not fall back into the habitual whining until he was again confronted by his parents when they called for him at the end of the hour. Although the mother had forced her husband to shift his working hours to the inconvenient nightshift, she never failed to accompany him when he brought the child for treatment.

At the beginning of the second treat-
ment I walked again through the apartment, carrying him in my arms and following his impulses to look around. Already he did this with less tension and his interest in his parents was not maintained as long as the first time. I worked on his thighs (while I held him in my arms) by swinging movements, which were taken over in this way by his dangling legs. Part of the time I held his legs in my hands and made them move very softly, the way an infant enjoys himself kicking his legs. Purposely I progressed very carefully and did not yet accelerate the movement to a real kicking, as this might have resulted in too strong an emotional reaction at this stage. As he gave in a little bit with these movements, I took his shoes off. I found his feet stiff as a board and bent inward with twisted toes.

As soon as he seemed to enjoy the freedom of moving his feet without the arch supports I brought the feet into a normal position by means of gentle rotating movements and loosened the toes. Switching from working on his thighs to working on his feet and vice versa, I let him slowly slide to the floor. He began stamping on the floor, regulating the position of his feet on the floor by himself. He tried himself out in different positions, becoming a bit more relaxed after each stamping. He ended up in a fairly normal position of the feet, showing a perfectly formed arch. (In doing so he proved again what I had experienced with many an adult, that most so-called “flat feet” represent nothing but a psychosomatic disturbance of the muscles of the thigh. This disturbance in a mechanical way prevents the feet from distributing the weight of the body in the proper way and forces the feet into a wrong position.) After this I lifted the child onto the couch and repeated the widening arm movements. While I worked this way with him, I took gradually the rest of his clothes off and he seemed to feel freer this way. The arm widening was immediately accompanied by sighs. I proceeded to movements of his legs. The sighing increased in a sort of pleasurable relief. This was accompanied by involuntary pelvic movements. All of this took place in a passive way. As soon as he became aware of his movements, he had an attack of fear. He bit his fists violently, his head became dark red, as if he was going to burst. Suddenly there was a pleasurable breakthrough. He made gurgling sounds and moved in rhythmical waves. Suddenly he urinated. I petted him and told him that he was a good boy to let himself go. His hand reached for the region of his penis, but as he did this, he had a sudden attack of anxiety. He screamed, kicked with his fists and legs and began to bite my hands. While I tried to calm him down, the screaming went over into the accustomed whining. I made him feel that he was accepted when he gave way to his feelings and that he had been on the right track while he gave way to his pleasurable impulses. This did not seem difficult to convey to him. I told him that I knew how badly he had been treated and that I could perfectly understand how he felt. When he increased his lamentations, I gave him the sympathy he seemed to be longing for, and while I stroked him and tried to make him feel comfortable, I told him that I knew how he had suffered. But at the same time I conveyed to him rather strictly the fact that he did not get anywhere acting this way. While I broke the resistance on his thighs by actual work on them, I told him that he had to go through this the hard way, if he wanted me to help him. That he understood the meaning of my words, partly because of the sound, partly because they were attuned to his own impulses, was proved to me, because he started what I called “telling the whole story over and over again.” He did this by moaning pitifully, while he pointed again and again.
with his right hand to his left upper arm, trembling with his whole body. The more I sympathized with him, the more violent the pointing became, until he finally changed to a wild fist-beating of both hands. It seemed as if he could not get enough of this. When he stopped to rest for a moment, it was just the beginning of another spell of lamentation with more screaming. By doing so, he seemed to live through the agony of the injections, which, I believed, he unconsciously connected with the prohibition against masturbation. When his emotions seemed to be at a climax, I helped him to live his anger out. Whenever he beat his fists I would kick my arms around saying: “Now give it to them, you have told me the whole story, give it back to them, kick them back!” This worked; he began to kick, the arm movements became less cramped. With each movement he reached further out, while I told him: “As soon as you can speak you tell them how mean they have been to you!” And we both were very furious and kicked around. To my greatest joy he followed me, gave vent to his anger, and gradually the angry kicking passed over into a pleasurable leg-kicking. While he did this he seemed to fall back into the inhibited pleasurable activities which he had missed when he was about 3 months old. He took on the look of an infant of that age, which was proof to me that the release was a genuine one. He laughed with joy. His hand tried several times to touch his penis, but each time he drew it back in fear. All of a sudden he became completely quiet. He began to stare at a picture which hung on the wall directly above the couch and which had attracted his attention as soon as his actions became more free. He got on his knees and remained there quite a while in perfect silence. It was the picture of a Polish peasant couple dancing a gay folk dance. I was not able to find out why he was suddenly so fascinated by the picture that had been there all the time. Later I heard that his mother never allowed him to touch any pictures and that she used to drag him away whenever he wanted to look at them. Probably he made up for this, when he was released of his general anxiety during the treatment. But he still had to pay for doing so. After a few minutes of quiet gazing he became overwhelmed by anxiety and screamed, until I took the picture off the wall. Then he lay down exhausted, but happy and relaxed. The whining had ceased entirely as on the preceding day. In addition he had given up the fist-beating at the end of the second treatment. His movements were more balanced than they used to be. When he met his parents the reaction was again unfavorable. After this second hour he slept peacefully throughout the whole night for the first time in a long while.

When he came the next morning for the third treatment he did not pay any more attention to his parents. He was anxious to see them go away, the sooner the better. Then he ran right to the picture which had puzzled him so intensly the day before. There he knelt again quietly and looked at it, giving himself with his whole body to this experience. He gave the impression of a person who had been waiting longingly for the repetition of a pleasurable experience. After a little while he raised himself to his feet, showing again the desire to touch the picture, but his deadly fear again intervened. So I touched it myself. But this made him scream and yell, until I put the picture out of sight. This time he was not satisfied when I did this, and protested by yelling more loudly. This, in my opinion, showed progress, because it meant active acknowledgment of his desires, even though they were still accompanied by anxiety. This attitude began to take the place of his former resignation. His feet
were very tense while he yelled. As I tried to release them with rotating and shaking movements he slid gradually into a general feeling of case. His face took on an expression of contentment. The tight ring of white, sometimes even bluish, color around his mouth disappeared. Instead appeared curly movements of the lips, the blood seemed to stream into this region of his face, giving it a healthy, rosy color. His breathing became less abrupt, his exhalation deepened. This gave him a pleasant feeling, and as if in fear of losing it again, he tried to link his breathing to the rhythm of my breathing. He did this by leaning his half-open mouth against my mouth, following my rhythm of inhalation and exhalation eagerly. This further loosened his lips and he happily made some sounds. I tried to imitate his sounds and interspersed friendly words. He responded with an effort to imitate the movements of my lips and was most happy when he succeeded in moving his lips at the same time that he produced sounds in the throat.

Now I considered the time had come to provide a discharge of energy from the genitals in order to bring about more unity between the upper part of the body and the pelvic region. This could only be done by breaking through the armor at the place of its strongest resistance, namely, the retracted pelvis. I helped him to rest in my arms. Then I swung him in a smooth rocking motion from the right to the left. When he gave in to the softness of this three-quarter rhythm, I widened the swings. Now I felt pulsation in his body, indicating that he experienced the flow of the movement in a pleasurable way. I intensified this by cutting through space in more audacious swings up and down. This gave him a feeling of flying. He began to contract and expand according to the crescendo and decrescendo of the movement. This reaction was the sign for me to let the wave of movement go through his body in a more central way. I held him by his feet and made him hang down backwards, supporting the small of his back slightly with one raised knee. The tightness in the pelvis vanished a bit while he hung this way. Then I started little pushing movements with my hands at rhythmical intervals which continued through his relaxed body. As he dangled this way, I intensified these impulses to large swinging movements, thus making his body movements become more wave-like. For moments the pelvis moved in unity with the rest of the body, but in general it interfered with the movement and remained in its retracted position. So I repeated the swings in the same manner slightly above the couch with the difference that the resistance of the couch bounced the pelvis into a forward position whenever it retracted during the swings, the speed of which I accelerated. From this phase on a tremendous amount of anxiety broke through, his face turned red, he wanted to scream, but could not release any sound and suddenly fainted for a few seconds. As soon as he became conscious again, he gurgled pleasurably and laughed wholeheartedly. While he was lying quietly with the most happy expression on his face, I supported the pelvis with my hand and prevented it from retracting again. So the resistance jumped to another place and settled in the muscles of the stomach, which became stonehard. While this happened his hand struggled to touch his penis. I broke the resistance in the stomach immediately in a bold manner with my hands, provoking a great outburst of anxiety. He yelled and perspired in anxiety all over his body. Suddenly he relaxed and played openly and fearlessly with his penis. Then he urinated, thus indicating that the relaxation of the muscles of the pelvic floor was complete. Then he started a happy conversation in sounds with me. When he saw his parents at the end of this session,
he remained well balanced and was much less afraid of them.

When he came for the fourth treatment he ran right into my room. While I was sitting on the couch, he crept on my lap, made himself all passive and waited in silent expectation for his treatment. I repeated the swings in the air and worked again on the pelvis. While I made him hang upside down his body was much more unified than the day before. All his muscles were softer and smoother. This encouraged me to show him how to move his lips. He reacted by imitating me and made faces of his own. When I gave him toys he touched them without any sign of fear and played with them for the first time. He longed for the couch where he had experienced pleasurable sensations the day before. But this time I sat on the floor and made him rest between my crossed legs. Then I worked on the tensions of his pelvis. My position gave me the advantage of being able to feel immediately the slightest tendency toward retraction of his pelvis. So I could counteract it and break his resistance more thoroughly by adjusting the level of my supporting legs in a way that brought the pelvis constantly back into a harmonious position. The more I broke the pelvic resistance in this way, the greater became his desire to touch his penis with his hand. But again he struggled in fear. He did not touch the penis, but his hand traveled up to his mouth and he sucked his thumb. The pleasurable sensation of sucking found its climax in a real mouth orgasm, such as infants have, while the orgasm reflex ran through his body. After the discharge he began sound formations. What he produced were not words, but his sounds had become articulated and he played with funny sound combinations. This seemed to me to be the starting point for teaching him the formation of words in the near future. He felt perfectly at ease and showed me that he did not want to leave my room at the end of the session. This made me fear that the meeting with his parents might have an unfavorable effect and I decided to adjust him to their presence in a very delicate way. I lifted him in my arms and made him lean on my shoulder, so that he looked backwards. Then I walked into the next room where his parents were waiting. I sat down in front of them in such a way that the child, who was still hanging on my shoulder, did not face them, but had a chance to look out of the window, where he enjoyed watching the busses going by. While I explained in a few words the progress of the treatment, he was still under the influence of his pleasurable experiences. He kept making sounds, going up and down the scale. He remained on my shoulder as if he intended to stay there forever. His mother laughed and asked jokingly whether I had pasted him there. I explained that it was his feeling of peace, which he did not want to lose again, that made him stay in his position. Vaguely he seemed to become aware of the fact that his parents were there; still he did not feel afraid. After a while I considered his feelings stable enough. So I turned my chair around. This made him face a mirror in which he saw the faces of his parents. He laughed happily at them and screamed with joy, as his father gave him a smile in the mirror. It required some effort on my part to bring the mother to the point where she produced something that was intended to be a friendly look. He felt her insincerity and began whining and beating his fists again. I spoke to him in quiet words, saying: "Listen, you can’t act this way again. You will have to get used to the situation, that your parents can’t show you their love all the time. Nothing has changed since you left the other room with me, and you can be just as happy as before.” While I talked, he stopped acting neurotically and listened carefully to my words. Then he
relaxed, laughed happily and continued making gurgling sounds. Both parents were overwhelmed by the effect of these few words and declared that they were convinced that their child had understood the sense of words for the first time. After a few minutes the boy became daring. He wanted to test the fact that he was accepted by his parents, when he followed his impulses. He jumped from my lap. Then he walked around in perfect balance and began to play with some objects on the table. The mother was ready to protest, but before she could tell him not to touch anything, I told her that everything in this room could be broken, urging her to let the child do what he wanted. He was kind enough to choose an unbreakable metal box. It was pretty heavy, but he lifted it skillfully, bent down and placed it safely on the floor. His body felt as an entity and he moved harmoniously, discovering the laws of equilibrium. As if he wanted to test how far he could let himself go without fear, he urinated on the floor. With that he had an expression of triumph on his face and behaved happily like a normal child, while the mother dressed him and led him to the car.

At this time I did not know that I would not see him again. He had made such progress during these four treatments, that I was convinced it would be possible to help him regain his full sexual capacity. Once he was healthy in this respect, the secondary problems like learning the technique of word formation, or getting adjusted to the outside world, seemed to me to be easy problems to solve. Here his intelligence would help him a great deal. It had been sufficiently developed to enable him to find a way to express his desires despite his handicaps. There was not one doubtful moment during his treatments, so it would certainly be easy for him to stand on his own feet, once he was cured.

There was just one problem that worried me the more I tried to find ways of solving it. This was the task of changing the mother's hateful attitude toward her child. By now I knew that she would never be able to give him genuine love. If I could not succeed in establishing at least a bearable relationship between her and the child, all my work would be in vain. I felt ashamed to tell the child that he was accepted by his mother; I did not believe my own words, and I decided that I could not afford to cheat him again without endangering the success of my work. I asked the parents for an interview which would give me a chance to explain the course of the treatment and to work out a plan with them as to how the child should be handled at home. They agreed enthusiastically and came to see me the following evening.

The mother was silent and embarrassed. The father did not know where to start. Finally he asked me to tell him whether I believed that his child was an idiot or not. While I told him my opinion he gasped for air and interrupted, by saying: "I must tell you the truth. We don't believe a word you are telling us. Yes, there is progress, we saw it yesterday. He seemed to understand you, while you spoke. He was quiet here, but how does this help if he keeps whining and beating his fists as soon as he is at home!"

The mother interrupted him: "We know that he is an idiot. Nobody in the world can tell me that the frustration of a child in his sexual activities can put him into such a state of mind. You can't prove your theory, but we can prove that he is an idiot, and we are going to do so." Now the father told me that they had been consulting different physicians without my knowledge. They had found a brain specialist who intended to take the baby to the hospital for tests, which, as he could predict already, would prove that he had a defect of the brain. Probably there would be a tumor which would have to be operated on. I asked the father whether he had taken into consideration the fact
that the hospital routine would be unbearable to the child's disposition and that he would probably suffer another severe shock on account of his phobia against medical manipulations. I asked him to give me a chance to prove that the child was not an idiot by continuing the treatment that had started so successfully. If I failed there would yet be time to surrender him to the hospital routine as a last resort. He said that his decision was made, that he owed this to the condition of the mother who could not stand the agony of the child's disposition any longer. She is so completely run down, he said, that she refuses to have another child as a substitute for this one, a measure the physician had suggested in case he would have to operate on the baby. I told him that his child was still alive and that I intended to fight for his rights with his permission to operate on the baby. I told him that his child was still alive and that I intended to fight for his rights with his permission by continuing the treatment. If I should fail to prove that he was not an idiot, there would still be time for the decisive step. He said that there was no time to lose because every day of delay would endanger the success of the fortunate outcome of the operation. He thought that they had nothing to lose, but a slight chance to gain. At least the operation would bring relief to the mother. I suggested that she should be temporarily relieved of her motherly duties while I continued the treatment. At this point the mother jumped up from her chair and shouted: "What do you think, I can't cry any more! I could kill him, I could kill him!" I pointed out to her that she was doing that successfully. He lived in constant fear of death, his mouth had been paralysed because of the cruel thoughts hidden behind her mouth. And now she found ways to prove that he was an idiot by interfering with his treatment. The father said that it was fruitless to discuss these things. He turned the responsibility over to God and said: "He knows best and will decide." Besides he mentioned that he had been reading all the literature in different libraries about child psychology and infantile sex life. He had discovered one book by a little known author, this man seemed to him to be right. He quoted this man as saying: "Surely there exists such a thing as infantile sex life, but why make such an issue of it? Deceive the children so they can't live out their sexuality, and they will be happy just the same." I told him that this attitude seemed very familiar to me. It reminded me of the early statements of the Nazis when they came to power. They said: "We don't do any harm to the Jews, they can do whatever they want." And they just deprived them of the right to work, which meant starvation to them. The father was evidently ashamed and said in a humble way, that I was right in this point. Then he thanked me for the enlightenment about children's sex life, but said he could not change his decision to turn the baby over to the hospital immediately. He promised to let me know the outcome of the tests. If against all his expectations they did not prove that the child was an idiot, he would be glad to bring him back to me.

For weeks I did not hear from him. One day he called me on the telephone, saying that the news "was not too good." The tests had not shown any tumor of the brain, but an encephalogram had proved that there was a cavity in the brain. Nature fills up all cavities with water, which means in this case that the brain cannot function. The verdict was that the child would grow to adulthood with the mental development of a baby. He would want to eat and would have sexual desires. The gratification of the latter would become dangerous to society. Therefore he would have to be confined right away. I told the father that I still would like a chance to continue the treatment, hoping to save the child, although it was very probable that he had been ruined by the shock of the experience of having air blown into his brain. I told him that I still was
convinced that the boy was not an idiot, and that X-ray pictures have proved to be erroneous in more than one case on account of the inaccuracy of technique in reading them. Since the child could only be dangerous as an adult, nothing would be lost in trying to help him with vegetotherapy while he was a baby. The father answered that the baby was already under the care of the state, but that he would be glad to give me a chance to treat him, if God would allow a miracle to take place. When I asked him how his wife had taken it, he answered that she seemed to take it hard at the beginning, but that she was doing pretty well and seemed to have gotten over it by this time. I told him that I could not understand why they had been in such a hurry to deliver the child to such an awful fate. Any normal parent in such a situation would cling to the last vestige of hope. I asked the father whether he had been forced to act in a hurry by the physician's request. He said that this had not been the case, he and his wife had felt that it was best and the physician had agreed.

The parents have obtained the diagnosis they wanted. The mother's death wishes have doomed her child to a life which is worse than death. Her warped character structure could rather stand the loss of her baby than the gratification of his sexual desires. She managed to ruin him in such a way that his neurotic symptoms deceived the physicians. Consequently they deprived him of his right to grow up in freedom. By giving him this final blow, they will probably make a real idiot out of him in the course of his confinement. Then the circle will be closed.

It is fruitless to discuss the root of the evil, the emotional pest, in connection with this unhappy story. As I pointed out at the beginning, it was my aim, by presenting this case history, to shed some light on the different interpretations that can be put on the same symptom according to the character structure of the observer. A mechanist, on his side, will make use of his overdeveloped skill. He will look for a defect in the machinery of the body as a direct cause of the symptom. But to one who understands how living matter functions through contraction and expansion, there is no routine method of procedure, except that of logical thinking.

The knowledge of the laws of movement helped me in understanding the child. In my eyes he was intelligent, lovable and lively. I felt this, because I was not impressed by his awkwardness, which seemed to shock everybody in a formidable, love-killing way. I hardly noticed it, because I am used to seeing frozen movements of frustrated impulses in the deviation of normal movement. Since movement is my medium of reaching a pupil's emotions as well as of understanding his inner struggle, it does not make any difference in my relationship to a child, whether he uses the language of words, or whether he speaks in gestures to me, and even, if his gestures do not function properly, in neurotic symptoms. Whenever this child wanted to speak, finding himself blocked and unable to make his speaking apparatus work, the resulting furious movements of his head and throat were certainly not hard to understand. The unpleasant whining which he produced, as a substitute for words in his utter desperation must unfortunately have touched upon people's frustrated feelings. This process again brought them into close contact with their own secondary criminal drives. This was his bad luck and made him become so easily a victim of their destructive tendencies. Here lies the irrational factor which prevented physicians from getting an objective picture of his condition.

The other main symptom, the fist-beating, meant to me the affirmation of life, protest against frustration, the existence of biological energy diverted from its normal functioning.
Caro Leitor

Infelizmente, no que se refere à 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

-------------------
-------------------

International Journal of Sex Economy and Orgone Research

-------------------

Children

--------

01 Ernst Walter. A Talk With a Sensible Mother 1936
International Journal of Sex Economy and Orgone Research Volume 1 Number 1 1942
Interval 16-22 Pag. 11-17

02 Paul Martin. Sex-Economic Upbringing 1942
International Journal of Sex Economy and Orgone Research Volume 1 Number 1 1942
Interval 23-37 Pag. 18-32

03 Editorial. Physiological Anchoring of Psychic Conflicts 1942
International Journal of Sex Economy and Orgone Research Volume 1 Number 2 1942
Interval 83-85 Pag. 177-179

04 A.S. Neills. The Problem Teacher I 1939
International Journal of Sex Economy and Orgone Research Volume 1 Number 2 1942
Interval 86-90 Pag. 180-184

05 A.S. Neills. The Problem Teacher II 1939
International Journal of Sex Economy and Orgone Research Volume 1 Number 3 1942
Interval 90-96 Pag. 282-288

06 A High School Student. The Sexual Behavior of Adolescents in a New York Borough 1943
International Journal of Sex Economy and Orgone Research Volume 2 Numbers 2 3 1943
Interval 61-65 Pag. 153-157

07 Theodore P. Wolfe. A Sex.economist Answers I 1943
International Journal of Sex Economy and Orgone Research Volume 2 Numbers 2 3 1943
Interval 66-73 Pag. 158-165
08 Paul Martin. Reviews Which Kind Progressive Education 1943
International Journal of Sex Economy and Orgone Research Volume 2 Numbers 2 3 1943
Interval 83-96 Pag. 175-188

09 A.S. Neills. The Problem Teacher III 1939
International Journal of Sex Economy and Orgone Research Volume 2 Numbers 2 3 1943
Interval 106-112 Pag. 198-204

10 Theodore P. Wolfe. A Sex Economist Answers II 1943
International Journal of Sex Economy and Orgone Research Volume 3 Number 1 1944
Interval 67-75 Pag. 62-70

11 Theodore P. Wolfe. Reviews The Boy Sex Offender 1943
International Journal of Sex Economy and Orgone Research Volume 3 Number 1 1944
Interval 87-91 Pag. 82-86

12 A.S. Neills. The Problem Teacher IV 1939
International Journal of Sex Economy and Orgone Research Volume 3 Number 1 1944
Interval 92-101 Pag. 87-96

13 Paul Martin. Sex Education in the Schools
International Journal of Sex Economy and Orgone Research Volume 3 Numbers 2 3 1944
Interval 92-94 Pag. 188-190

14 Notes. Some Observations of Children 1944
International Journal of Sex Economy and Orgone Research Volume 3 Numbers 2 3 1944
Interval 101-107 Pag. 197-203

15 A.S. Neills. That Dreadful School I 1944
International Journal of Sex Economy and Orgone Research Volume 3 Numbers 2 3 1944
Interval 124-136 Pag. 220-232

16 A.S. Neills. Coeducation and Sex 1945
International Journal of Sex Economy and Orgone Research Volume 4 Number 1 1945
Interval 56-60 Pag. 54-58

17 Felicia Saxe. A case History 1945
International Journal of Sex Economy and Orgone Research Volume 4 Number 1 1945
Interval 61-73 Pag. 59-71

18 Alexander Lowen. Adolescence A Problem in Sex-Economy 1945
International Journal of Sex Economy and Orgone Research Volume 4 Number 1 1945
Interval 74-97 Pag. 72-95

19 Notes Editorial. Sexuality Before the Law 1945
International Journal of Sex Economy and Orgone Research Volume 4 Number 1 1945
Interval 102-105 Pag. 100-103

20 A.S.Neills. That Dreadful School II 1945
International Journal of Sex Economy and Orgone Research Volume 4 Number 1 1945
Interval 117-130 Pag. 115-128

21 Elena Calas. Studying the Children's Place 1945
International Journal of Sex Economy and Orgone Research Volume 4 Numbers 2 3 1945
Interval 34-50 Pag. 156-172

22 Lucille Bellamy Denison. The child and his Struggle 1945
International Journal of Sex Economy and Orgone Research Volume 4 Numbers 2 3 1945
Interval 51-68 Pag. 173-190

23 A.S.Neills. That Dreadful School III 1945
International Journal of Sex Economy and Orgone Research Volume 4 Numbers 2 3 1945
Interval 107-130 Pag. 228-251

24 Felicia Saxe. Armored Human Beings Versus the Healthy Child 1947
McF 207 Annals of the Orgone Institute, Number 1. 1947
Interval 21-40 Pag. 35-72

25 Ilse Ollendorff. About Self-Regulation in a Healthy Child 1847
McF 207 Annals of the Orgone Institute, Number 1. 1947
Interval 44-49 Pag. 81-90

26 Elizabeth Tyson. The Armored Teacher 1947
McF 207 Annals of the Orgone Institute, Number 1. 1947
Interval 49-51 Pag. 91-94
--------------------------------
Orgone Energy Bulletin
-------------------------------

Children
--------------

01 Elsworth F. Baker. The Concept of Self-Regulation 1949
Interval 12-14 Pag. 160-164