The Children's Place was an experimental all-day nursery school conducted during the past year for youngsters from ten months to five years of age. The pedagogical approach was based on the biological findings of Wilhelm Reich, under whose training the director of the school became acquainted with sex-economy. Staff members had, in varying degrees, knowledge of sex-economy, the sex-economic schools throughout Europe, and had studied particularly the publications of A. S. Neill and Paul Martin. During the year, as director, I registered approximately forty children. The majority of the parents of these children were professional people, none of whom had any previous experience with the educational theory on which the practice of the school was based. The only entrance restriction maintained was the impossibility of admitting a child who had been brought up in a strictly authoritarian home environment.

Staff meetings and personal conferences with teachers were held as often as necessary. If a teacher was confronted with a specific problem, I would meet with her daily, perhaps several times during the day, until the difficulty of the situation was alleviated. During these talks, not only the children's problems were discussed, but also the character structure of the teacher, her relationship to the children, the parents, the city officials, and associates both within and outside of the school. This was all part of teacher training.

Parent-Teacher meetings were held monthly. Few lectures were prepared. The general form of these meetings was open forum. A wide variety of reactions on the part of the parents toward the school practice was manifested at these times. If I believed a parent to be antagonistic toward the policies of the school, I suggested that the child be withdrawn, because an irrational conflict might be created in the youngster between school and home. Most often the parent's reaction to such a proposal was: "Yes, I have thought of taking my child out, but whenever I suggest it, the child begs to be allowed to remain at school. Even though I don't agree with you at times, there must be something you have that makes the children love the school so much."

Because it is felt that many stimulating questions arose both during staff and parent-teacher meetings and from the many educators who visited our school, and because it is believed that similar questions are in the minds of many who are interested in specific handling of day-to-day behavior patterns among children, I have attempted here to answer some of these questions as I might answer them in direct conversation, including, also, some of the background for which specific suggestions are offered.

DESTRUCTIVE IMPULSES

Problem: Two and a half year old Arlene wants to hit someone as soon as she comes to school in the morning, and will single out the first available child. As soon as Joan arrives, Arlene begins to bother her in one way or another. This may continue all through the morning. Joan, who is the same age as Arlene, is Arlene's particular target of attack. Arlene seems to love Joan, but is continually repulsed in her efforts to mother Joan, who looks upon these attempts with resentment. In her frustration, Arlene turns against her love object.
Arlene delights in taking toys away from the other children, but I feel it is not so much that she wants the toy as the attention the situation arouses. When Arlene hits, she does not like to be hit back, but that a child will do so if Arlene is the aggressor, seems to make no impression on her. She likes to dress or undress the children, have them sit in her lap, or rock them, but is usually repulsed. She can play very happily by herself or in a group until the urge comes to bother someone.

Since I observed Arlene engaging in these destructive practices upon the first day of her attendance in school, and since in a discussion with our director, I find that Arlene's mother had noticed this behavior since the child was about eighteen months of age, I conclude that some problem at home has been unwisely handled, and therefore, she can not help being as she is. I do not feel as though I want to punish her, and yet, I am at a loss as to what to do.

Discussion: My first impression of Arlene was that of a well-finished doll who had learned that she was irresistible if she cried ma-ma in just the right tones. She had a false, social smile, and calculated all her movements so that she would make an ever so graceful impression.

From my discussions with the mother, I find that Arlene is a child who has always been the center of attraction. Arlene's father is an actor, her mother is a singer. Arlene has been "taught" to sing, not simple songs which delight a youngster, but difficult arias, completely beyond the interest and comprehension of a child, as an ego-satisfaction for the parents. When Arlene came in, she would repeat, perhaps ten times within half an hour, Good morning Mrs. D., good morning Mrs. D., good morning Mrs. D., merely to attract individual response from an adult. I realized that at home she was the cute little pet of her parents and their friends. At school she was treated as a person in a group, nothing less, nothing more. Arlene could not bear this situation. She would strike out at the other children whom she observed as sharing the interest of the teacher, interest which she believed should have been directed only toward herself. Arlene soon learned that hitting brought cries from the victim, which then brought the teacher, and in turn brought attention to Arlene. This provided a splendid method: hit, and you will be important. I mention this mechanism as the first that came to my attention in the case of Arlene's hitting difficulty. I will later discuss two other reasons which I feel to be of superior importance.

This mechanism repeated itself at the school for about two weeks, until Arlene found that there were other ways to attract attention, in functioning which also gave her sincere pleasure. When she would put some paint on a piece of paper, somebody would say: "Those colors are fun, Arlene." When she would pick up a new song, the music teacher would give her a favorable comment. When she would help to create a snow man, someone would say: "That's fine." Arlene began to display destructive impulses much less frequently. The improvement increased with her placement in school for full day care instead of partial attendance.

Within the last week, two circumstances occurred simultaneously. Arlene, due to the family's financial situation, has again been placed on the half day school schedule, and her mother is looking for a job. Again, from a new direction, Arlene feels that she does not receive enough attention, although, from what I understand of the home situation, she receives enough of her parents' time to make for satisfaction in a healthy child. However, as is invariably evident, it is not the amount of time spent with a child, but exactly what takes place during this period that is of importance. The visible outcome of this new situation expresses itself in the fact that Arlene is
once again hitting in order to gain attention from adults.

In viewing the entire case, it is my contention that, from the time Arlene was about twenty months old, she had begun to turn against her own pleasure feeling. Arlene, as all other children, enjoyed approval. This approval was not forthcoming in relation to functions that she enjoyed, such as making noises and moving about in rhythms, but was most lavished upon "musical performances," with which she had no real contact. In discussion with the mother, I also discovered that masturbation, a pleasure function in all healthy children, was not approved but considered a necessary evil. All favorable commendation to the child was displayed on an adult level of social behavior. Arlene's pleasure function was in no way considered. Little by little the child lost contact with her natural feelings, and, since they had brought her only lack of satisfaction, because mother in no way understood them and tossed them aside to superimpose something else, Arlene, too, has learned to toss aside activity which once gave her pleasure.

This loss of contact in Arlene is quite apparent in her play and in her love relationships to the other children. In play she reminds one of the neurotic man who takes a job, sticks to it for a few weeks and quits, only to start another job after a short time, and then quit again. In all his positions he may discharge his duties adequately, but he learns nothing of new value, and receives little real pleasure from these experiences. Inbetween jobs he sits at home and annoys his wife, blaming her for all his misadventure. Arlene, too, because she no longer has sincere contact with her natural feelings, does not realize that the difficulty is within herself, but blames her playmates, and, for this reason, as our teacher observed, she will play for a short period, drop her activity, and create a fracas.

Arlene is not receiving the type of love she needs at home. Parents who demand of their child the sacrifice of natural functioning cannot, a priori, be capable of a healthy relationship with their child. Much of Arlene's hitting comes from her dissatisfaction in her love need. Her love for her parents is frustrated and manifests itself in a desire to destroy them. Because she is afraid to hit her mother, on the basis of the reproof that will be forthcoming, she has learned to release her destructive impulse by hitting others, but, with her mother, she employs the goading method. For example: Arlene will urinate when out walking with the mother and laugh about it when she knows the mother is terribly annoyed.

The psychic concept, I want to destroy, because I hate, because I am not allowed to function as I feel, becomes part of the muscular structure of the body, and may be clinically observed in Arlene as a tightness of the musculature of the back and neck. Since this painful tension may be partially relieved by activity of the muscles involved, Arlene will strike out with little or no provocation, in order to receive some release. In her report, our teacher observed: She does not like to be hit back, but, that a child will do so if Arlene is the aggressor seems to make no impression on her. We can therefore understand that Arlene's muscular tension must be quite strong, if, in attempting release, she will enter into a situation which she knows by experience will involve unpleasant consequences. ("Kickers," so often discussed in relation to nursery groups, are those children, who, through a different type of historical background, are found to have muscular leg tensions.)

The most important factor in this whole situation is that Arlene has not been approved in her masturbation, but, from what I can gather in talks with the mother, although no threat or force has been used, diversion was the usual method of handling genital interest. Her mother now
never sees Arlene masturbate at home, nor do I at the school. This would indicate either one of two things. First, Arlene has really ceased her masturbatory efforts, or, secondly, she masturbates in secret. In the first instance she would have already strongly armored herself against her own natural feelings in this respect. In the second instance, natural feeling would be surrounded by guilt and fear, which would produce a lack of complete energy release during attempted masturbation.

The result now commences to become evident. Successful masturbation, which would bring about natural release of tension, is denied Arlene. Tension built up in her musculature (particularly in the back and neck) due to parental rejection of a healthy love relationship with the child, plus, lack of contact with a simple way of being, because all approved actions were those on a superficial level from the child's point of view, are the basic factors in Arlene's hitting out at her playmates. Since, due to the character structure of the parents, as already noted, an alteration of their attitude would be impossible outside of a therapeutic situation, and, since I am convinced these parents would not entertain the idea of treatment, the best we can do is to try to help Arlene at the school.

Arlene feels that she needs special attention, and I agree with her. The common pedagogical treatment of the child who constantly seeks attention is to care for his needs, but to give him as little extra attention as possible. In this way, it is believed that the child will outgrow the need. This treatment is accompanied by the observation that, after a period of time, the child will become much less demanding of attention. Therefore an apparently successful result is achieved. Such children do not overcome their need for attention, instead, they suppress the natural feeling that originally gave rise to the need for attention. The attention demand is, indeed, thereby lessened; however, natural functioning is lessened, too.

What Arlene needed from the time of birth was approval for natural functions. This was not forthcoming, and the need commenced to manifest itself as a demand for attention, attention for any action that would bring approval. What we must first do for Arlene now, is to give approval, in any rational way possible, with or without provocation on her part, so that the demand will lessen in its insistence. When Arlene hits another child, we must not reprove her. We must produce a reasonable explanation for the victim, and, immediately give Arlene special attention, privately if possible. Take her in a separate room, talk to her, and play games that can give her real enjoyment. Accompany her actions by a normal degree of praise. Hold her in the lap, rock her, fondele her, sing to her. Arlene has constantly displayed a need for such affection, and likes to be rocked for periods of over an hour. Her need for a great deal of affection manifests itself in her giving an excess of affection to her playmates. As observed by our teacher, she does not merely express her love for the children, she bothers them with displays of tenderness. She gives them "too much," as an overcompensation for her own lack. Our teacher has said: Arlene seems to love Joan, but is continually repulsed in her efforts to mother Joan . . . she likes to . . . have them sit in her lap, rock them, but is usually repulsed.

Give Arlene as much active, healthy love as she requires. Give her the lead in conversation. Play-act situations that she tells about. Encourage physical movements best suited to her needs. Under this treatment Arlene may begin to have more contact with feelings she experienced before the necessity to armor arose. She may then complain about the lack of parental cooperation. This should be fully and repeatedly explained to her on the basis that father and mother had never really under-
stood what she wanted, not, perhaps, because they wanted to be mean to her, but simply because they did not know. She should be advised that, perhaps, now, she can make them understand.

In any event, we must now be certain to approve all her natural functions. As an adult patient, during the course of vegetotherapy, will reject a hum-drum position, and enter into creative work, will make every effort to re-establish his relationship with his wife on a basis of new insight, and, may finally be forced to leave her out of his own need for a partner with whom he can function in a healthy manner, so, Arlene will refuse activities that give her no real enjoyment, and, with the new feeling of support of her natural way of being, will, in many ways known to children, try to get some enjoyment out of her relationship to her parents. If this attempt with father and mother again fails, Arlene may, out of her need, establish her love relationships in some other direction.

Hitting is not the “disease.” It is part of the symptomatology. If we are able to bring Arlene back to contact with her natural pleasure functioning, hitting, caused by neurotic drives, will eventually disappear.

OBSERVE THE PARENT

Problem: A devoted, but severe father was putting a snow suit on his three-year-old son. Jerry kept scratching his nose, and rubbing it with the back of his hand, until his father, in exasperation, said: “What are you doing that for,” at the same time jerking the boy’s hand away. I suggested that perhaps the boy’s nose was itching. The father looked annoyed and changed the focus of his attention.

Such behavior is characteristic of many parents who fail to understand that a child has feelings and sensations to which he reacts directly and spontaneously. For a three-year-old to scratch his nose, wriggle if his clothes itch or otherwise respond to physical stimuli, is entirely natural. Children are much more sensitive to such stimuli than most adults, and for a child to refrain from wriggling or scratching is often a torturing experience. One should first inquire carefully and gently into the causes of a child’s behavior, and, if possible, remove the source of discomfort. As children grow older, they can be told, simply, that it is not generally considered polite to scratch during certain social situations, but that they may go elsewhere to do so. Also, as the children grow older, such situations will appear less acute, since the youngster will be able to remove the cause by himself.

The father in this case was too concerned lest his child fall below certain formal standards of courtesy and breeding which are generally accepted among adults. However, it is an error to apply such standards to children. In treating Jerry with so little consideration, the father demonstrated a lack of that real feeling and understanding of another human being which can alone form a sound basis for courtesy and mutual well-being.

Discussion: Such a reaction on the part of the parent is an insight into what measures the father might employ if he found Jerry touching his penis, instead of his nose. The teacher may learn much more concerning home treatment of the child from a little incident of this type than from an hour’s conference with the parent. In helping Jerry at school, it is important to know, among other things, how his masturbation is handled at home. Upon direct query the father might assert: “Oh, we always say it is all right.” This might be an illusion on the part of the parent. He may truly believe that he does not interfere with the child’s self-satisfaction. However, a parent’s general attitude toward socially accepted forms would be a “lead” to his attitude toward masturbation.
SELF-REGULATED BREAST FEEDING

Problem: Marie's mother began to nurse Marie as soon as the doctor and hospital routine would permit her. She loved every moment of the nursing experience, and she knew that Marie loved it too, and thrived with the warmth and love she received. But Marie's mother wants to have her next baby at home. She thinks that even if a woman is so structured that she cannot, or does not wish to nurse her baby, the general hospital routine makes it almost impossible to treat the baby fairly. She is sure that a child which has been fed continuously in the fetal state in the mother's warm uterus, is miserable lying alone in a cold, hard hospital basket, and being fed at other people's convenience. She wants her baby close beside her. She is sure that it will soon develop a feeding schedule of its own.

She used to keep Marie with her at feeding periods as long as she could, but the baby was miserable in the hospital nursery and cried almost constantly unless someone picked her up. After they were at home, Marie was perfectly happy. When friends would worry because Marie's feeding was not "timed," the mother used to say that she and the baby were both so comfortable and happy, that she just let the baby suck all she wanted to, until she stopped of her own accord. However, Marie's mother did have occasional misgivings. Every once in a while she wondered if she were doing the right thing.

Discussion: Self-regulation should begin immediately upon birth of the child. We do not find animals pushing their newborn away from the udder, and permitting them to suck only at intervals of three hours. No more should a human mother determine the time interval of the baby's feeding urge. Sometimes the baby appears to cry for the breast, desiring merely contact with the mother. If the baby is permitted this necessary contact, and not kept away from the mother all day, allowed to visit the mother only during specified feeding times, he will soon announce his own eating hours. He will establish them for himself, out of his own need, and no regime superimposed by nurse or doctor, grandmother or aunt, can improve upon the suckling's schedule. Many of the rules surrounding infant breast feeding are based on the antisexual structure of the individuals concerned who feel, e.g., that the breast is nasty, that the mother derives pleasure and that is disgusting, etc.

Often a newborn will continue to suck at the breast long after he is full and the flow of milk has ceased for that particular feeding period. Marie's mother was quite right in letting her suck all she wanted to until the baby stopped of her own accord. From Marie's mother's attitude toward this function, we might make the hypothesis that she is a rather healthy person, possessed of healthy breasts. A healthy breast gives a great deal of oral satisfaction to an infant, aside from food nourishment. It provides ergonic contact between two organisms. If this breast, this source of contact, should be removed at feeding time before the baby has had his fill of pleasure, he will cry, be disappointed, and, eventually may refuse the breast entirely, out of fear of its being drawn away from him before he has derived his complete satisfaction. Such treatment develops an immediate feeding problem, and the groundwork for a neurosis.

Marie is an example of a self-regulated, breast-fed child. As we know her today, at three years of age, she is that rare youngster who can go to sleep in complete relaxation anytime she decides she is tired, and in any spot where she feels at home. She enjoys her food, her play, and derives satisfaction from her love relationships.

FREE CHOICE FOR THE CHILD

Problem: Everything about Jane suggests an extremely conventional upbringing. Al-
ready, at three years of age, she seems, to a
great degree, the product of what her
family wants her to be, rather than what
she would like to be. As a result she is
much too well-behaved, shows very little
initiative, and gives the impression of being
very inhibited. She enters so little into
group activity that she is rarely the object
of destructive impulses on the part of the
other children. However, the other day,
during some rough-and-tumble play, she
was inadvertently hit. Jane did not hit back,
or take it as a matter of course, but im-
mediately wanted “to go home and stay
home.” Her tendency is to run away from,
rather than meet an issue. She plays almost
entirely by herself, and does not seem to
know how, or even desire to make friends.
She plays with the same toys, day after
day, and has to be helped to try anything
new. The first encouraging sign I have
seen in her since she entered the school
two weeks ago, was to put her feet up on
the lunch table. Her whole expression re-
vealed that it was one of the few times
she had ever dared rebel. I had to stop her
because all the other children followed
suit, but have wondered since if this was
one of those times the group should have
been sacrificed for the individual. Also, is
there any point in trying to break down
this conventional upbringing when her
home environment is so strongly in favor
of it?

Discussion: In a group where the sex-
economy of the child is given prime con-
sideration, it is out of question to condon-
the functioning of a sick society, when the
natural functioning of a child is at stake.
I can not condone compulsive work, or
compulsive marriage which are approved
and applauded by society every day. No
more can I, as an educator, concerned,
not in the neurotic machinations of our
society, but in the natural functioning of
children, allow a youngster to believe that
I agree with any force that disapproves his
healthy impulses.

It is not my intent to break down con-
ventional upbringing. However, as a per-
son working with children, I feel it my
responsibility to provide an opportunity
for the child, whereby, he, with free-will,
may make his own choice of how he wishes
to live, either by adapting completely to the
forms of our present culture, or making
some compromise with it, thereby losing
all or part of his natural functioning, or by
rejecting irrational demands of this society,
and maintaining his ability to live in the
way that he knows to be sweet and satis-
factory. For example, among the children
we know, let us consider Sophie and
Stanley, who are both three and a half years
old.

Sophie came to us four months ago from
a somewhat rigid, over-protective home
environment. She was an extremely un-
coordinated, rather unappealing child.
Sophie had a vacant, rather stupid expres-
sion. Her skin lacked lustre. Her hands
hung from her arms, which hung from her
shoulders. She gave one the impression of
a marionette. If one would pull a string,
an arm or a leg might move, otherwise she
would just sit, like the proverbial bump on
a log. Sophie could sit in the middle of
the room by the hour, surrounded by pos-
sessions brought from home and chosen
from the school toy shelves. If a child ap-
proached her, either to take one of her
play things, or to make friendly overtures,
Sophie would scream, hold on to her whole
collection, and cause such a general com-
motion that teacher intervention was
necessary.

Little by little, through Sophie’s actions,
and by discussions with, and observations
of the parents, we began to understand the
child’s problems. Here was a child who,
from her earliest days, had never been
permitted contact with, and had been
frightened in relation to, anything she
wanted. It was always, “Don’t touch that.
It will hurt you. Don’t do that, you will
fall.” The mother had a germ phobia, and
had denied Sophie playmates on this basis. As a result of this type of upbringing, Sophie was dull and obedient.

We began to show the child that there was another way to live. Natural impulses could be carried through. As would be expected, during the course of these months, many of the impulses came out in a perverted form. For example, in learning to demand her own rights, Sophie takes on the role of authoritarian mother. We bring it out in the group, and play-act. I become the little girl who doesn’t want to be put to bed. (I know that Sophie doesn’t like to go to bed as a protest.) I lie down on a table and kick my legs. Sophie screams, “Go to bed.” I cry, “I don’t want to, I don’t want to.” The children become an audience. One little boy rushes over to me and says, “You don’t have to go to bed if you don’t want to.” He has, out of his own fears, and identification with me, taken it seriously. But I explain it to him, and soon we are all laughing, Sophie included. Several of the children have, thus, been able to live out this familiar situation. We all see how unnecessary Sophie’s authoritarian measures were, when I suddenly announce, “Oh, well, I am tired. I guess I will just go to sleep.” This is all part of the learning process, and Sophie has learned a great deal. She has learned enough to teach her parents by making rational demands of them, backed by the support she has received at the school. She thereby is able to teach her parents in a practicable manner, whereas I could have discussed theory with these same parents all year, and never have achieved the same results. Sophie has almost made her choice. I know which direction she will try to follow. She will try to function naturally, not because I push her, but out of her own experience and her own need.

Stanley, on the other hand, will, I believe, choose to stand by his conventional upbringing. To the casual observer, Stanley is good, easy to manage, open to suggestion; he plays with the other children and talks very well for his age. What is wrong with this picture?

Stanley is too good, to the point of being self-righteous. If he is on the verge of becoming embroiled in a quarrel, Stanley is not aggressive, immediately seeks adult aid, and prides himself upon not fighting it out for himself. “Wasn’t that nice of me?” is his constant claim. It is too easy for the children to sway Stanley’s actions. He gives up toys, games and opinions much too readily. Stanley always falls in with a suggestion. He rarely is a leader. His speech is too good. He verbalizes. One gets the impression that he often talks instead of acting. His speech is much too polite, and seems to be patterned after conventional repartee. He is so, so social. The other day we had a visitor at the school, who was engaged in repairing a broken window pane. The other children were fascinated with the process, but Stanley was uninterested. “Isn’t it a lovely day?” he asked the man.

Stanley has a very stretched, smooth, polished-looking skin, particularly in the region of his forehead. He seldom moves his eyes without moving his head. His eyes have an exceedingly cautious, frightened expression. When he made his first visit to the school, instead of inspecting the toys, watching or joining in with the children, or asking me questions, he merely sat, very primly, on the edge of a chair in my conference room, and “behaved.”

Stanley’s parents are “modern.” They attend a “modern” church, they engage in “modern” social activities, they read “modern” books on child psychology. They have learned, very well, the lesson of how to give a child enough rope so that he may hang himself. Stanley is the product of a home wherein little wishes are conceded. A child may splash in a puddle, he may have his own friends to a party, he may select, out of his wardrobe, which suit he wants to wear, but, when it comes to vital
issues, the need for healthy love, masturbation, self-regulation, Stanley is denied. However, since the parents so often concede to his desires, Stanley becomes bewildered, and doubts, with strong assurance, the demands of his natural impulses. “You see,” his parents tell him, “we allow you to do everything. When we ask you to do something, then you should do as we say. It is all for your own good.” Such a line of approach sounds quite reasonable to a child who has never been permitted to know the satisfaction of natural impulses.

Yes, I should have allowed Jane to put her feet up on the lunch table. This was her way of saying, at last I can act as I feel. When children have had their natural impulses repressed, we cannot possibly expect them to change from a neurotic to a healthy child, all in one jump. There must be a transition period through which we must help them to find what they are trying to do. In the situation outlined by our teacher, positive action would not have meant sacrificing the group for the individual. It seemed that most of the other children also wanted to put their feet up on the table. Several of them had the same need as Jane. It would have helped the entire group. Lunch time is not a sacred institution. Let the children have some fun. The food can wait a few minutes. A certain amount of tension will be released, and, according to my experience, everybody will eat with more enjoyment. You can explain to the children that we don’t always have to put our feet up on the table because we can eat comfortably here without doing so. But, of most import, the children will know that you are on their side, that you, too, know what a torturing experience it is to sit, meal after meal, straight in your chair, like a little lady or gentleman, to mind your manners, and in general to feel painfully uncomfortable. Once the child knows that you are on his side, he will express to you, in a variety of ways, more of his difficulties, and this is a point of departure for helping him out of his troubles.

During my experience with the Children’s Place the greatest obstacle I confronted was irrational arguments and actions of adults who could not bear to condone self-regulation among children. The following are a few examples of the reaction of educators, parents and officials to a school situation wherein children were approved and treated as human beings.

**NAP TIME**

A regulation of the Department of Health, Day Care Unit, says that every child attending nursery school must take a mid-day nap. This infers that after the noon day meal, all children in preschool must lie on their cots for a one-and-a-half to a two hour period. We found that most of our older children, two to five years of age, did not wish to sleep after lunch. Those who wanted to rest were given the opportunity. Those who obviously did not need the sleep were allowed to continue with their games according to general or individual interest. One day we were visited by the city representatives as part of their routine observation of private schools. I was severely reprimanded for breaking the law, for allowing a child to decide whether, he, at a specified time wished to lie down on a cot for the official minimum time of ninety minutes. Also, I was warned that unless I instituted a total, specific rest hour, they would not provide me with authorization.

To be sure, the basis for such a law is valid. Educators find that most of the children become “over-stimulated” during a long morning of activity. They become irritable, fretful, and show all signs of fatigue. Our school did not lack such youngsters. Especially were these symptoms observable for a few days, and in some cases a few weeks after registration. However, in general, after a short period
of attendance a marked change was noticeable. Visitors would remark continually, and in pleased surprise, upon the relaxed, natural feeling of the children. Our part-time art, dance and craft teachers, who divided their activities among various schools commented that our children were "like a breath of fresh air." The children were at ease with themselves. General "over-stimulation" was rare.

We found that the children who tired easily were those whose total energy function was blocked. Jenny, for example, was troubled with a severe masturbation difficulty. She continually attempted to gain sexual satisfaction by rocking on the floor. She was tortured with guilt feeling if she would touch her genital with her hands. At times she was apathetic, her eyes would become dull, and deep yellow rings would appear under her lower lids. From such a state, on a moment's notice, she could become exceedingly excitable. She would be feverish, sweat, flush and exaggerate all her movements. I will further mention the case of this child. Suffice it to say here that, when Jenny first came to us, she required not one, but two or three naps a day. With just the commencement toward a solution of her problem, Jenny began to lose her symptoms of "over-stimulation." She no longer required frequent rests. As a matter of fact, she refused them. Thus, as we observed in Jenny's case, and in the behavior of several other children who came into the school, the child who was truly over-stimulated definitely required a long rest period, but, when the total condition of the child commenced to fall into a more healthy pattern, a protracted rest hour was unnecessary.

I continually hear a common complaint from teachers working in all types of nursery schools: "The only period I dread during the day is rest hour. There are always a few children who sleep, but the others are continually bobbing up and down. They squirm, they whimper, they become irritable with the inactivity. In some cases it is actually torture for a child to lie down and be quiet when he wants to be up and doing things. Why must we, day after day, force these children into a rigid pattern when it is perfectly obvious that they want to move about." Many adults do not understand the keen aliveness and healthy behavior of children. Often high spirit is labeled "over-stimulation." There is a continual attempt to quiet children, force them to conform to the stiff patterns of our culture. Nap time is often used as an excuse to enforce such concepts.

Some mothers insist that their children take a nap, even though the child weep, refuse, and be perfectly miserable. Marie's mother, for example, was adamant. Marie was five years old. She hated naps. However, her mother had a sleeping phobia. She would lie awake during the night, hour after hour, unable to close her eyes. If she could not sleep, she was going to see to it that Marie did. She forced Marie to lie on her bed two hours during the day, and to go to bed early at night. She asked us to continue this practice at the school. After considering the situation for several days, I felt it necessary, for the wellbeing of the child, to refuse the parent's request. The mother argued, gossiped about our "radical" practices, and yet, on the other hand, disregarded my suggestion that perhaps she would prefer to withdraw Marie from the nursery.

We found the most comfortable solution for the "rest period or no rest period question" to be the following. A cot was usually open in the play room. More cots were available when the children requested them. Thus, when one child was tired, or several wanted to take a rest, whether it be the first of the morning, the last hour of the day, or after lunch, the children could regulate the rest function themselves. In actuality, such a solution appears
so simple, one may be rightly surprised to find that it is not common practice.

I believe that our City Day Care Unit is doing excellent work in demanding, establishing and maintaining suitable physical conditions in schools caring for young children, and in attempting to further what they believe to be more “modern” methods of education. However, through lack of knowledge, they may commit a fatal error by enforcing the standard concepts for emotional behavior development, and blocking the possibility for self-regulation, not merely in this specific consideration of rest hour, but in the total functioning of children.

TRAINING FOR CLEANLINESS

Little Jody was ten months old when he came to our nursery. His face had the piquant quality of a pixie, but his eyes were often sad and his face was drawn. His skin did not have a pinkish glow. It was somewhat sallow, with a yellow tinge. He was very bright for his age, able to think well, and to remember, but his general expression was sadness. His smile was gleeful, almost witty, but he smiled only with his eyes. His mouth rarely changed. His lips and jaw were not as yet set in a tense position. The lower portion of his face seemed rather immobile and passive.

Jody’s mother had started his toilet training when he was four months old. Somehow she did not feel quite right about it, but the child’s grandmother convinced her this was the only sane procedure, otherwise, she was warned, the child would form “bad habits” and would be “dirty” for years to come. For six months the mother had varying success with Jody’s toilet habits. For a few weeks he would conform and use the toilet. Then, again, he would revert to soiling his diapers. The mother was distraught and nervous in her relationship to the child. Jody was irritable, demanding and subject to frequent colds which started in the nasal tract and spread to the bronchial tubes.

Upon examination, I found the child to be tense through his neck. His chest was raised in a slight inspiratory attitude. His buttocks were not especially stiff. However, as I was observing the child, we were both talking and laughing. He was relaxed. A few hours later he had the urge to defecate. He commenced to scream, not the short, panting cries of anxiety, but long, full-throated yells of anger. His face was flushed. His body sweated. He pushed his pelvic region up and down. His buttocks and legs were rigid!

What harm and misery may be caused through good intentions and lack of knowledge! Children throughout our cultured society are being forced into premature toilet training and are therefore being diverted from healthy pleasure functioning. With very few exceptions, every child I have known who has had masturbation conflict was coaxed, cajoled or threatened into cleanliness before his first birthday. I found the pelvic region and legs of all such children to be hard and stiff. In my work in vegetotherapeutic gymnastics with adults, the complaint was common: “I can not move my legs freely.” “I have pains in my buttocks and feel stiff there.” “It is impossible for me to move my pelvis without moving my legs.” Invariably these pupils would recall what they had experienced as brutality in their early toilet training, and their rigidity that had derived therefrom. All these adults, therefore, were incapable of experiencing genital pulsation, of experiencing pleasure in orgasm. Innumerable cases of this nature have been discussed in our literature.

I have had many interviews with parents who decided against sending their young ones to the “Children’s Place” because I refused to force toilet training. Such parents were indignant, often disgusted, and claimed that our “theories” were based on
laziness. Those parents who were able to accept our point of view were increasingly pleased. Our laundry bills were high but our children were happy, and learned what the toilet was for with ease and comfort.

In the babies' nursery we used small pots, pottie chairs and toilet seats. No child was ever forced by threat, punishment, word or expression. Diapers were changed as a matter of course, not as a chore on the part of the nurse, but as a pleasurable experience for the child. The baby was washed, powdered, patted and loved. Wee-see and doo-doo, the most common expressions used by the children in the nursery were adopted by the nurse. Vessels for urination were always in clear view. They were kept immaculate and fresh smelling, and it became a game for the children to crawl over or walk up to one and say wee-see. An untrained baby would watch with interest the purpose of this pot and was soon asking to use it himself. When a child expressed interest in sitting down on the toilet, by pointing to the seat and saying doo-doo, by pulling at his diapers or pants, or by taking the nurse's hand or skirt and drawing her in the direction of the toilet, then, and only then, was he assisted in trying out this new experience. During these first attempts a child might urinate or defecate. Sometimes the request was merely an expression of curiosity. Some youngsters, after their first experience, began to form the habit. Others forgot about it for a time and then tried again. The choice was left to the child completely.

Our babies who had not been subjected to previous severe training discarded their diapers between twelve and sixteen months of age. Several infants came to us with a history of early, forced training. These children had "relapses." It was not until they were two and three years, in one case four years of age, that they were able to use the toilet consistently.

I believe that toilet training of children in a nursery, where it is a matter of group learning, where one child observes the other, facilitates the situation. However, toilet training in the home environment has proved equally successful as far as the happiness of the child is concerned. The only difference I have observed is that the child generally learns the use of the toilet a few months later in his life.

**MASTURBATION**

According to our experience we find that all children masturbate. We consider this pleasure function to be a basic need for the healthy development of a child. In the practice of our school, masturbation was not merely condoned, but genuinely approved. When I say all children masturbate I mean that in the emergence from the oral phase, and often parallel with it, all infants will discover pleasure in handling the genital. Occasionally a baby will commence to touch his genital even a few days after birth. It is only after this function has been denied them by threat, punishment, diversion, or by one of the other manifold methods suggested by "authorities" and condoned by parents and teachers, that we find children either masturbating in secret or entirely inhibiting the impulse.

Jenny has already been introduced to our reader as the child who required so many naps. She was four years old when registered in the school. She remained with us for three months. It is difficult to convey the pathos in this child's face. When one looked at her one did not receive a positive impression from her body in general as is the case with a healthy child. The body was passive, usually limp. But her face—her face seemed to carry the misery of the entire world. Her head was rather long, an exaggerated oval. All her features were drawn down. The color of her skin was yellow, sometimes almost brownish. Although she would actually cry only a few

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times a day, the face appeared as though it were always crying. Jenny was an ugly, bedraggled child, and yet when she smiled she was beautiful. Her whole face would take on a rosy light. Her body would move pleasurably. Her voice which usually had a whimpering quality would develop a clear tone. The two things which made Jenny happy were special loving kindness and the occasional visits with her father.

Jenny came from a home in which the father and mother had separated after several years of quarreling and bitterness. Jenny had a keen sensitivity. She reacted immediately to an emotional situation in both adults and children. She was exceedingly aware of sadness and would attempt to comfort anybody whose misery was either obvious or hidden. I was impressed by the feeling that she had suffered greatly from the incompatibility of her parents. The mother told me that Jenny constantly tried to bring about a reunion between the parents. When the father would visit the home in which Jenny and her mother lived, she would repeatedly urge the mother to sit on the father's lap. The mother considered Jenny a burden and a nuisance, and reprimanded the father for "indulging" the child when he would express love and concern for Jenny. The child often confided to me that she would prefer to live in her father's home, but I knew this would never be achieved, since the court had awarded custody of the child to the mother, and the mother was pleased to use this device as a means of wounding her former husband.

Added to Jenny's background of emotional upheaval was a history of masturbation prohibition. During her second and third years Jenny had spent the summers with her grandmother who had scolded her whenever she touched her genital. The mother was more "modern." She used the method of diversion. Jenny had evidently experienced the primal scene. Her only means of attempting to gain satisfaction was lying down on the floor or on a cot, face down, and pushing her pelvis up and down in hard mechanical movements. "This," Jenny told me, "was the way her father did it."

I made an attempt to help the child in private therapeutic sessions. The first hour revealed intense fear of touching her genital with her hand. We discussed this for about fifteen minutes. She asked for a blanket, and proceeded to masturbate with her hands under the cover but above her clothes. She still was afraid of direct contact with her genital. She continued for about five minutes with increasing tension, flushing of the face, light perspiration and increased movement of the entire body. Finally she relaxed and rested. Soon she commenced to talk to me in low, easy tones, about her games and her toys. After a few minutes she asked to join her playmates. When she did so, I observed that she enjoyed the children in a manner which had never before been possible to her. She laughed, she suggested new games and was altogether delighted with her newly found capacity. This continued about two or three hours until her mother came to take her home, at which time she screamed, fell down on the floor, kicked her legs and rolled about, as was her general reaction upon seeing her mother after a day in school.

The next three therapeutic hours took place at lunch time. Jenny was pleased with this special attention in the two of us having our meal together, separated from the others. She rapidly gained confidence and talked compulsively about her troubles. She was exceedingly confused concerning the adult relationships in her home environment. So many adults fall into the error of assuming that children understand nothing of adult life. Jenny was only four but she discussed with me observations which showed she understood the domination of her grandmother over her mother, the infantile basis of her father's relation-
ship to his father, and the extra-marital associations of both her parents. Sexual relationships had become to her situations of fear. She had witnessed in them nothing stable or healthy. This carried over to her own sexual feelings, and had influenced her achievement of satisfactory masturbation.

During this period of therapeutic sessions Jenny had already begun to improve. I felt it might be of benefit to the child to discuss the entire matter with the mother in order to enlist her support. I arranged for an interview. The mother commenced by telling me that she was so pleased with Jenny's improvement. The child appeared so much more "easy-going" and was much more comfortable to live with. I felt encouraged and told the mother of my observations and practice during the short time Jenny had been at the school. The mother was suddenly indignant and horrified. Her guilt feelings concerning the child completely clouded her argument. She insisted that Jenny's difficulty had nothing to do with a masturbation conflict, rather it was all based on the failure of the father to provide stability in the home. I assured her that I believed the dissatisfaction of the adults in her environment caused Jenny pain, but that if she were able to dissociate their sexual fears from her own, that is, if she were aided in her efforts toward healthy masturbation, the child's entire functioning would improve and she would be better able to sustain the rational disappointment which evolved from the unhappiness of her parents. No explanation could convince the mother and she left my office in an angry and spiteful state of mind.

The next day Jenny came to school as usual. When she called for Jenny, the mother told me, in an exceedingly brash manner, that she had decided to withdraw Jenny from the school, effective from that moment. She gave me no opportunity to prepare the child for the sudden separation from the school.

I later learned from our parents and teachers that this mother gossiped about the terrible practices at the school. She declared that we taught the children to masturbate.

HEALTHY CHILDREN SUFFER

The following story derives from my observation of a child during this past summer. Jimmy did not attend The Children's Place. His father and mother are the only parents discussed in this article who were acquainted with sex-economic upbringing of children.

Jimmy, who is almost four years old, is a self-assertive, independent youngster. For the past year and a half he had been living among a group of children at a boarding school where the rights of children are given a relatively fair recognition. This past summer Jimmy's parents removed him from the school and took him to live on the outskirts of a small New England village. Jimmy enjoyed his new environment—the trees, a lake, the stars, the learning of new skills such as swimming, managing the boat, feeding the fire, and fixing the water pipes. He repeatedly expressed the desire to live in the new home forever and ever and never return to the city. Then Jimmy met the emotional plague in human structure.

NAKEDNESS

Jimmy enjoyed running around without any clothes. Since their home was somewhat secluded, the parents believed that a little naked boy would not give serious offense, and they did not wish to deprive the child of his desire to walk about the house and the grounds unclothed. However, Jimmy soon began to learn that strangers passing by were disturbed if he did not wear pants. "Why do they tell me to put something on?" he would ask.

One morning five-year-old Jessie came
to visit. Jimmy had just gotten out of bed. He rushed downstairs with no clothing, happily displaying a ten-cent piece. "Look what I have, Jessie. I'll buy you an ice cream cone." Jessie averted her eyes from Jimmy in disgust and fear. "Go put some clothes on, Jimmy," she admonished in a moralistic tone, and ran away from him. "She don't want ice cream," said Jimmy, amazed. He had come out to her in a sweet and generous manner, and he felt somehow rebuffed.

FREEDOM OF MOVEMENT

After Jimmy had been in his new home about two months he decided he would like to walk the mile and a half into town, on his own, to buy some candy and chewing gum. Jimmy asked his father if he could go. The father said yes. "Then give me some of your money." With the coins in his pocket Jimmy was off on an exciting new experience. But Jimmy soon learned that people, especially middle-aged ladies, cannot bear to find independence in a young child. Whenever they would see him out walking alone they would tell him, "Go home little boy, go home." "Those people are so silly," Jimmy told his parents, with a tremor in his voice. They always say to me, where is your mother, little boy, you mustn't run away from your house. So I just tell them, you go away you dumb bitch."

It was patent that Jimmy was hurt and bewildered by people misunderstanding his motives and attempting to fetter his movement. After explaining to him that there are many people who do not realize what children like to do, Jimmy's mother gave the boy a letter to put in his pocket-book, and told him if he were out walking and people pestered him, insisting that he go home, he could show them the note, which said that this child's parents permitted him to roam around unescorted. Jimmy seemed relieved to have the extra protection in his pocket. The parents felt the misery of knowing that their child needed such assistance in order to maintain freedom of movement in his environment.

"PEOPLE LAUGH FUNNY"

"Why do people laugh funny?" Jimmy asked his parents one day. "Not you," he said to his mother, "and not Daddy and not me, but everybody laughs funny." He gave an imitation of the false, embarrassed social cackle of a sexually repressed female. Then Jimmy commenced walking around with stiff steps, jerking his arms, making his hands hang limp and contorting his eyes and nose and mouth into all kinds of unappealing faces. He was acting out the different gestures and expressions he had felt in neurotic people with whom he had been in contact, people who lived in the town, tourists and contemporaries. Immediately after this display he reverted to infantile behavior, sucked his father's thumb, crawled, screwed up his eyes so that they were open just a tiny bit and whimpered the painful complaint of the misunderstood, bewildered baby. Intermittently he would bark like a dog in anger and resentment.

This is a reaction that an otherwise relatively healthy child can produce from contact with a sick society.

"SILLY PEOPLE GET EVERYTHING"

For several days Jimmy repeated his "silly" contortions and movements. Finally his parents were given further insight into the basis of this behavior. "Silly people get everything they want," he told them. Jimmy had begun to assume the silliness in order to avoid social disapproval. The parents began to understand that Jimmy had observed a negative response, in his social environment, to his natural impulses, but that his playmates did not receive a scolding when they were silly concerning the same impulses. For example, the parents learned from Jimmy that interest in
Jessie’s going to the toilet were grounds for severe reproof on the part of the little girl’s mother, but silly “shit from your ass” discussions, in secret, among the children was the accepted procedure. It became necessary for Jimmy’s parents to explain to him the sickness that is bred in most human beings and to help him distinguish between rational and irrational motives in people. They encouraged him to give credence to his own way of being. They explained to him that silly people did not really get what they wanted, that their very silliness prevented them from being sincerely happy. As a result Jimmy’s imitations and characterizations became less frequent, and when he did use them their content appeared patent to him. He would laugh and say, “That’s silliness.”

“She’ll spank me over her choke”

Jessie’s mother was a bitter woman with a meek mouth and crafty eyes. She was only thirty-three years old and had already born six children who swarmed over the tiny house in which the family lived. She had been brought up in a small village where everybody’s actions were public knowledge. She had never known healthy freedom. She constantly screamed at her own brood and regarded them with hate and disgust. She was jealous and avaricious and could not see happiness in others. Jimmy, only by innocently following his own, easy-going patterns was a direct challenge to her. If she saw him swimming without clothes she scolded him. If he hugged Jessie, she scolded him. If he laughed, if he walked, if he ran in a natural manner, she would find some excuse to reprove him.

Jimmy began to recognize her hate for him. He refused to visit his friends in her home. He became anxious if it were necessary to pass her house on the way to town. He developed a rational fear of this woman. In his desire to explain to his parents what he felt for this mother, he opened his mouth, took some short gasping breaths and said, “I don’t want to go there. She’ll spank me over her choke.” He had the feeling that the woman wanted to spank him and choke him, to crush him, and it all came out as one expression.

How could the parents advise Jimmy? They could not tell him his analysis was incorrect. What he said was actually true. The best thing they could do was to bring him more frequently into the company of the few adults they knew who had a more basic understanding of children. But Jimmy had become wary. He began to say, “I don’t like anybody.”

Nightmare

One night Jimmy woke up from his sleep crying in terror, “Go away, go away, go away.” It was several minutes before his parents could comfort him sufficiently to hear about the cause of his fright. “Jessie’s daddy says he will throw sharp stones at me,” he cried out, and again fell into his terror.

Whether Jessie’s father had actually threatened Jimmy, or whether, just by being the mean, petty, sly person he was Jimmy felt the threat was never ascertained. Whatever the case may have been is not important. The reality existed in that Jimmy had been terrorized. After he became somewhat calm, Jimmy launched forth on a phantasy of what he was going to do to Jessie’s father: “I’ll cut him up in little pieces. I’ll poke out his eyes so he can’t see, then when he crosses the street he won’t see the cars and they’ll run him down. I’ll chop him. I’ll chop him in his head all the way through his body.” It can be seen that Jimmy had felt his natural impulses severely attacked.

Jimmy’s father helped him along, and joined in his phantasy. Jimmy felt supported and secure. Here, at least, were his
parents who understood. He went back to sleep feeling safe. The next day, however, he renewed his phantasies. He asked his father to get down the hatchet and give it to him so that he could go into town and chop Jessie's father. They actually did take the hatchet off the shelf, but instead of hunting Jessie's father, Jimmy's father suggested they go out and chop some trees, also explaining to Jimmy why one could not just go out and kill a man. Jimmy entered into the proposed substitute with great glee. As they chopped at trees, Jimmy brought forth further “blood-curdling” phantasies. He was joyful, yelled happily, ran up and down and finally his excitement subsided. Whenever he met Jessie's father after that night of the terror dream, Jimmy expressed his dislike for the man. However, one time when the man and the boy happened to meet at a party, Jimmy was quite sociable and showed no resentment. In any event he no longer feared the man. I believe he recognized him for what he was and merely allowed the matter to stand at that point.

Jimmy's first experience with the “outside world” was a surprise and shock to him. Had his parents been less understanding, had his general behavior patterns been less healthy, these contacts might have proved a contributing factor toward the basis of a neurotic character structure. Our educational problems lie not only among the emotionally suppressed children. Rather, I might say, the healthy children place upon the parent and teacher an even greater responsibility.

Arlene and Jerry, Marie, Sophie and Stanley, Jane, Jenny, Jody and Jimmy, all have the human right to function according to their own way of being. That this is not their privilege in the standard school and home environment is a situation for consideration among all parents and educators who have a deep-rooted interest in the happiness, well-being and development of children.

Note: The Children's Place is no longer a functioning school. I cannot discuss here the irrational mechanisms which made it necessary for me to close the nursery a year after its inception. However, I believe it would be of value to my colleagues to understand some of the difficulties surrounding the establishment of a school wherein the child is approved. In my experience with the Children's Place the major obstacles to the development of the school were parents, teachers, and city officials.

Parents were either false, uncooperative or openly hostile. Training of teachers remained a constant hardship. The inability of the adult to permit the child to function in a natural fashion created the need for daily discussions and several changes in staff. Some Health Department officials were antagonistic. At first, the ladies who represented this division of the city government were most encouraging to the establishment of the school. As soon as they began to observe our methods, they commenced to insist upon regulating our pedagogical policies, to the extent of demanding changes in staff and basic educational principles. I was called down to their office and had to face a most unpleasant interview during which the director of the Day Care Unit stated that unless I revised my entire approach to the emotional health of children, she would force me to close the school.

These combined conditions of an irrational nature proved to be a tremendous drain upon my energy. Three months be-
fore the proposed termination of the school
session for the year, I suffered from a com-
plete depletion of energy. Between that
time and the closing day of the school year
I decided that it would be the better part
of valor to close the Children's Place until
such time as it would be possible to reor-
ganize, forewarned and forearmed, with
the knowledge gained during this year of
experience.
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 do desenvolvimento infantil

Texts from the area of child development

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