A Grave Therapeutic Problem

By Elsworth F. Baker, M.D.

One of the tasks of the Orgonomist is to accustom the individual to tolerate functioning at higher energy levels. This may be a very trying and even disastrous undertaking in a patient of high charge and little or no ability to make the adjustment.

Such was the case of a thirty-one-year old housewife who complained of extreme nervousness and said she felt frightened about something, she could not define what and had been this way for the past six months or one month following the birth of her fourth baby. At the onset she felt something slowly creeping up the back of her neck and thought she had developed tuberculosis. She had a feeling of pressure in her head and was afraid of losing her mind. Her legs were weak, particularly in the morning when she was especially nervous. She had a constant ringing in her ears which had since disappeared, palpitation of her heart, an occasional headache and a variable appetite. Her bowels were constipated, she was sleepless at night, was afraid of harming her children and worried constantly about her husband’s safety. She had a paralyzing fear of thunderstorms. She consulted various physicians, improved temporarily, but during the past week her nervousness had increased to the point where she could not remain alone. Her husband had to leave his work and stay with her. She felt much better when he was present.

She had been married seven years, having known her husband eight months prior to her marriage. He was her only love and she insisted that the marriage had been entirely congenial. Both were Roman Catholic, but she claimed that she was not very religious while he was quite devout. Sexually, she had been anesthetic particularly since the birth of her last baby. Prior to this she had had occasional genital sensation and prior to her marriage she experienced some pleasure in the sexual act but had never had a climax. She had had no genital contact with anyone except her husband. She had never been able to masturbate, within her memory. The sexual act was not disgusting; she merely experienced no pleasure. Because of her worry over becoming pregnant for a fifth time she persuaded her husband to agree to contraception (that is a diaphragm) although it was against his principles. She had no complaints about her children but admitted she did not enjoy them as much as she did before her illness. Her father, to whom she was much attached, died suddenly of a heart attack when she was sixteen. He was an alcoholic. Her mother was living and well, cold and dominant.

She was very much frightened about her condition and extremely anxious to be helped. She impressed me as being serious and honest and agreed readily to cooperate with any treatment necessary. She was a rather large, stately, well proportioned, beautiful, business-looking woman. On the couch she presented a striking picture of rigidity. One felt she could be lifted up by her head without bending. Her arms hugged her sides, shoulders were tight, her legs were crossed and her head was held fixed by a very prominent spastic neck. Her jaws were tightly closed, her eyes were wide open and anxious to the point of panic. She watched me constantly with a marked suspicion. Her pupils were widely dilated, pulse 96, her face was frozen, her neck and face were flushed, her body was quite warm, except her legs and thighs which were cool. Her chest was held high, not moving. Her spinal muscles were hard and spastic, pelvis was immovable and her thighs which she held tightly together were very spastic and tender. Everything about her indicated that she was holding in against great tension and seemed about ready to explode. She was quite bristly and ready to argue against any suggestion. Finding herself on the couch was very embarrassing to her and she complained that she was not accustomed to lying with so little clothes on in front of a man. I reminded her that I was a physician and recalled her four pregnancies. Just the same she felt exposed and threatened but denied any fear of me. She scoffed at any thoughts of a sexual attack and said she understood the necessity of the examination. She finally admitted that she was not accustomed to lying with so little clothes on in front of a man. She wanted to continue. Her forehead and cheeks were stiff and she could scarcely move them. But when I asked her to make a face she...
showed the most murderous hate I have ever seen on the couch. However, she had no contact whatever with this expression nor did she have with her suspicion, and with the latter she never did acquire any contact. I asked her to express rage; she stiffened even more and said, "I won't do that—it's foolish." I got the same reaction with every attempt at getting her to express any emotion or sound. I explained that some day she would have to respond to all of these were she ever to get well and if this seemed too much she was free to stop right now. She was determined to go on and pleaded that I just give her time, she would cooperate. Thus started my greatest battle against human defenses, calling for all my patience, determination and ingenuity for 177 sessions, and I lost.

In the following sessions I explained her biophysical state in detail—her high energy, her defenses against its free flowing sensations, our aim to break down her defenses which would release energy that must be drained off by emotional expression or it would only result in an increase of her panic; thus the necessity that she learn to give in to her feelings and express them. I reassured her about her anxiety, pointing out that although it was distressing, it meant that she was very much alive but merely afraid of that life. I tried repeatedly to make her aware of her suspicion but she denied any awareness of it or any mistrust of me. Her embarrassment continued and I may say that except for short periods, it persisted with the suspicion to the bitter end. She seemed to understand very clearly my explanations and I felt that at least I could depend on her best ability to help. I now asked her to breathe as fully as she could, emphasizing breathing out, and to be embarrassed if she must but not to let it interfere with her cooperation. She objected even to breathing, belittling the request, said she thought it was silly and what would it accomplish anyway. I pointed out her defense, reminded her that I had explained all of this before and that I had no intention of arguing every point with her. Also that her bristliness was covering up her fear and her suspicion of me. I asked her if she thought I just wanted her to appear foolish and if she thought I would ask her to do foolish things. She promised to cooperate and challenged me to continue, making feeble efforts at breathing but without moving her chest. I applied light pressure on her chest and she immediately became very upset, belligerent and said she would not stand for such treatment. I sat back, patiently explained everything again and asked her if she wanted to stop. Again her promises to cooperate and her determination to continue. I may say that each succeeding step followed a similar pattern until it became almost routine to say we have to take another machine gun nest. Finally I mobilized her chest fairly well and got her to make sighing sounds although she objected at first because it sounded "too sexual." She also objected that the position she assumed on the couch was too sexual. I then set about loosening her jaws, spinal muscles and her neck. This was a real problem. Her neck and shoulders refused to give and I pointed out her stiff-necked attitude, her righteousness, the necessity to be strong, always blaming others and unable to accept blame herself. She was a perfectionist. She finally admitted that she thought it was weak to show one's feelings. She reproached me that she wasn't an animal and said she was afraid I wanted to make an animal out of her. I remarked that animals were more rational than humans and that if her beliefs would not allow her to be just a human animal I could not help her and she should stop. She said health meant more to her than her religion, and we continued.

Now I tried to get her to express fear by screaming, but ran into a complete block. She became very belligerent, belittling and said she would do no such thing. She asked if I wanted people to think she was crazy. I told her I did not accept "won't" and if it was that she could stop. If, however, it was a matter of "can't" I could understand and we would just have to try to find out why. Finally with great difficulty she did admit that she could not scream. No sound would come. She did not know how to go about it and the thought of screaming made her panic. We concentrated on mobilizing her forehead and eyes, particularly looking anxiously from side to side and trying to make contact with her suspicion. I encouraged her to breathe in gasps and repeatedly tried to get her to scream. She simply could not. All I accomplished was to make her more upset without any release. Her facial expression when not frozen continued to show the murderous hate. I decided that this must be faced first, feeling that her panic was at least in part due to the fear of her own murderous impulses. I tried to accustom her to this face. She made it several times. I imitated it but she still claimed that she did not feel it. I finally got her to make sounds with her hateful expression and encouraged her to hit the couch. All of this was accomplished over the usual protests, belittling remarks and "I won'ts." She hit timidly. I began to irritate her. I told her that she was too nice to hate, that she must be strong and keep in her emotions, and I reminded her that she was no animal. Finally she became explosively angry and started hitting me harder and harder.
until I was quite bruised. I allowed her to continue because there at least was some success and I did not want to discourage it. For several sessions she beat me, twisted my arm, beat the couch and bit a towel. She preferred beating me. Each outburst was followed by trembling which embarrassed her. During one session she suddenly recalled that as a little girl 8 or 9 years old, she was sitting alone in a room and suddenly saw a man's face at the window. She became very frightened and now she recognized it as the face she had been making. However, she continued to make the murderous face and still she raged, hurling epithets at me. She seemed to enjoy it. She said I didn't understand her, that I was trying to make an animal out of her, etc. Finally I suspected that this could go on forever if we allowed it and that her continued expression of rage was covering up something deeper. She raged and screamed but still her neck and shoulders remained as rigid as ever. Her pupils, however, were no longer dilated and her pulse remained in the low 80's. I finally told her I thought she had expressed enough rage, that I thought she was using it to cover up something else and I wanted her to stop. I continued to point out her need to be strong, her fear of being weak, her competition with men and her resentment of them, reminding her of her bristly attitude, her belittling remarks, her attempts to make me ineffective by her "I won't"s" and how she crippled her husband by making him stay at home and be a nursemaid. She kept denying the validity of my remarks, complaining that really she was weak or she would be able to stay alone and that all she wanted was to get over her anxiety so she could be a good wife and mother. She sobbed frequently but each time tried to control her sobbing and became possessed of herself for being so weak. I discussed my concern over the fact that she found it so difficult to give in to her emotions and I did not know how far it was possible for her to go. Her invariable reply was that she had to get well. I had made no progress with her neck and shoulders but in spite of this and with some misgivings I set about mobilizing her pelvis and thighs. Here she objected almost ferociously. She held her thighs tightly together and said she would stand for no such treatment. Again the explanations, the aim of therapy and the reminder that she could stop. Again we proceeded. To my great amazement, when her thighs became soft her shoulders and neck gave spontaneously and her breathing was much easier with the impulse going well into the pelvis. I had her strike the couch with her pelvis and try to feel the hate that was there and bring it out. She now accused me of being a sexual beast. She said that all I thought of was sex and I was trying to make her feel the same. With much embarrassment and a great deal of reproach she admitted beginning to feel sexually excited on the couch. We discussed her sexual life in detail. She resented her puritan upbringing, felt that she should have had more sexual experience. She resented her husband being so devout and that it had been necessary to force birth control on him against his religion. She dared not look at other men, although she found them attractive and interesting to speculate about. Genital feelings began to develop for the first time since the birth of her oldest child. I suggested that her fears of being alone or of going out might be a fear of immorality and that she needed her husband to protect her from herself. On a deeper level she was afraid to surrender. She lost the suspicion in her eyes and gradually developed a strong attraction to me. Her lips began to quiver and I had her give in to the urge with longing and reaching. She admitted that she was in love with me but made sure that I did not get the idea that she wanted an affair. She felt much better, became comfortable, could remain alone in the house and go to town by herself. Genital contact with her husband became pleasurable and she even reported an occasional climax—something she had never experienced before.

However, after a short respite of a few weeks, her anxiety returned. Her fears of insanity became acute, summer was coming and her old fear of lightning returned which I told her was a fear of her own streamings. She remembered as a child having this same fear. Her mother, too, was afraid of lightning. She no longer could go out. She feared sudden death and developed an intense fear of falling. Even when walking on the level floor she had to hang onto chairs. She dared not go out on the street. Climbing stairs was a real problem and she could not go on the second floor unless her husband were with her. I explained her orgasm anxiety and encouraged her to give in during the genital embrace. She noticed that as sensation increased she would stiffen and hold her breath. She was afraid of making noises. That would be insanity. I held her head back and encouraged her to surrender to her body. She struggled for a moment as one drowning but finally breathed fully and the reflex appeared. She immediately felt very relaxed, the panic disappeared from her face and she was radiant and soft. I relaxed and sighed a deep sigh. Therapy so far had required 90 bitterly fought hours.

This state lasted for two days during which she felt very alive and well, full of confidence and without anxiety. Suddenly her former state reappeared and I never achieved as much again. She had touched the door of health but could
not maintain it. On looking back, it seemed that I had essentially forced each step on her and with each she seemed equally unprepared. She had entered into nothing willingly even though she persisted in continuing and never seemed to have any real contact with what was happening. Her anxiety reappeared together with her suspicion, the murderous look in her face, her bristly, belittling attitude and her stiff neck. Genital feelings remained. There was nothing to do but start all over again, particularly keeping in mind the necessity of establishing real contact. She had never felt her suspicion nor overcome her embarrassment. Repeated explanations, discussion and her own experiences in therapy never overcame the bitter fight necessary for each new step. Frankly, she had gone through 90 sessions without accepting anything. I concentrated on her suspicion and her stiff necked, unyielding attitude and discussed in greater detail her sexual life, her thoughts and her fantasies. I learned nothing new. She loved her husband. There was not a thing against him, he was ideal, certainly she would leave him if she did not love him, her religion would not stand in her way nor would she keep the home together just because of the four children. She wanted to get well, in fact she had to and she was sick of being so miserable. I turned to discussions of her father. She loved to talk about him but these discussions were equally unproductive. He was the most admired person in her life, in fact she married her husband because he was in many ways like her father. He was kind and understanding and she felt safe with him as she did with her father. She recalled many wonderful days when she went on trips with her father, many delightful evenings talking to him; she resented her mother who seemed jealous of their companionship. She was much broken up when he died suddenly. Although her father was alcoholic she rather remarkably recalled no unpleasant experiences in this respect and consistently minimized this habit. She could recall no sexual thoughts or feelings toward him, just admiration and a feeling of contact. In fact, she remembered no genital urge prior to falling in love with her husband. She could fantasy genital contact with him without disgust but at the same time without feeling, as she insisted she had never had any such urge nor did she now.

While we were in the midst of this discussion her mother-in-law made plans to visit them for a month. As time drew closer for the visit she became increasingly angry. She brought out many bitter things against her, against her husband's whole family and finally against her husband. She remained angry until her mother-in-law left. She complained bitterly that her husband was spineless, that he seemed more concerned about his mother's feelings than he did hers. He wasn't man enough to send his mother away when he found how it upset her. He insisted on taking his mother to church every Sunday and she had to be dragged along to avoid family scenes. She finally decided she would leave him; at last she knew she never loved him but put up with him because he resembled her father. Emotionally she felt much better. She again could remain alone, in fact much preferred it to being with her mother-in-law. She went out at every opportunity to escape the woman she hated so much, and even came to therapy without her husband, which was something really new for her. She looked admiringly at other men and one man in particular excited her sexually. She began to lose genital feelings for her husband but her desire was there and continued unfulfilled. She had no desire to masturbate but denied any feelings against it. For about six weeks she was thus comparatively comfortable but sexually unfulfilled. Finally her mother-in-law left and gradually she began to see her husband once more in a better light. She even began to deny the hatred she had expressed for him. She was sure she loved him and he was the only man she had ever loved. However, she rapidly lost genital sensation, finally becoming as anesthetic as before. Her anxiety returned with increasing intensity; her stiff neck and her suspiciousness remained fixed. I persisted in following up her suspicion, her stiff neck and repeatedly pointed out her righteousness, her perfectionism, the need to be strong and her fear of leaving her husband in spite of her resentment toward him. She began to turn on me. I was trying to break up her home. I was just a sexual beast, I did not adequately handle her transference for me, I skipped over it too quickly, I had not understood it properly and would not let her talk about it enough, in fact all I was interested in was making an animal out of her. The issue of her transference came up many times and I felt she must be right, that I had not handled it properly but I could find no more clues as to what I had done wrong. (I suspect it was not so much how I handled it but that she could not accept her failure to win me.) I became quite concerned about her condition and suggested a consultation with Wilhelm Reich. She consistently refused until Reich had left for Maine when she agreed to see him and later used this repeatedly to plague me because I had not arranged a consultation. I frankly told her my concern, suggested that she go to another therapist who might
see what I had missed, but she turned down each suggestion. At the same time she kept taunting me to do something. Each time I would demonstrate that her taunting was only effective in frustrating me because when I tried she would only stiffen, say “I won’t” and finally beg off until the next session. I showed her how she was castrating me and castrating therapy and suggested that she stop since it seemed useless to continue. Her answer was always the same. She wanted to go on, she had to get well. I discussed her situation and said I did not know if she could get well, whether she could stand health and full genitality. At the same time I hesitated to simply discharge her because of her acute anxiety and her distressing symptoms. Instead of easing, as I hoped, they became more intense as the days passed. She feared imminent death, felt she was going to explode, was certain she was going violently insane and developed a severe dizziness. I kept reassuring her and explaining her orgasm anxiety. She maintained that she loved her husband. I finally told her that she would simply have to understand what was happening and give in, to surrender to her feelings as she had once done, and make up her mind to face her daily living in spite of her anxiety. With this I lengthened the time between sessions, at first twice a month then once a month. This continued for a whole year. To my surprise she adjusted fairly well, reporting each time that she had not been too miserable until a day or two before she was due to return and I suggested that she go on her own and call me only if she really needed me.

I saw her twice in the next six months at the end of which she called for an appointment, came in and sat down, said she did not want to be on the couch but wanted to know what I intended to do for her, saying that she had been coming a long time and was no better. I told her I could promise her nothing, had never promised her anything and suggested she see someone else. She wanted to know if she could see Reich. I told her I would arrange it if she would be willing to make the trip to Maine. She asked for an appointment the following week. This time she got on the couch. I pointed out her suspicious attitude, her hostility. Her neck was as spastic as ever, she had considerable stasis and her spire muscles were hard and tender. I was able to release her spire and dissolve much of the spasm in her neck, in fact her neck became quite soft and she felt much better after the session.

I then heard nothing for two months when I received a call from her husband. He told me that his wife was very miserable, that he had to stay home with her and that he could not go on indefinitely away from his work,

that she had had a great deal of confidence in me and had come a long time without benefit and now they found it necessary to take her to a good psychiatrist and pay fifteen or twenty dollars a session which he could scarcely afford, so that he felt they had got a “raw deal.” He told me that I had asked her once if she wanted her money back and that now she did. I asked him if he had told him the rest of the story; that once when she made a slurring remark about therapy I had asked her if she wanted her money back and to stop, but she refused and continued coming. I did not feel that that offer still held. He then asked me what suggestions I had and I told him I was not in a very good position to make suggestions, that he would have to decide for himself. An appointment was made for both of them to see me and discuss the situation.

At this interview it was quite apparent that she was the dominant one. He sat meekly and said nothing except to support her when she asked him to.

Her eyes were wide open, suspicious, her face was filled with hate as she told me what a “raw deal” she had gotten from me. She said that at one time I had been a respected analyst, recommended by the physicians in the county and that she had come full of confidence, that she had expected that I would analyze her but instead I experimented on her with Orgone Therapy. She felt she should have been analyzed as she was not a case for Orgone Therapy and I should have known it. I had wasted her time and money and did not help her, the least I could do was to return her money, that Orgone Therapy was not accepted by the medical profession and that I was now thought very poorly of by the doctors in the county and several of my other patients felt that they had had a similarly “raw deal.” Now she was forced to go to a psychiatrist who would analyze her. He had told her it would take a year and if I would not return her money I should at least pay his fees. I reminded her that I had never promised her a cure, that she had not paid for a cure but had paid for my time and experience, that I had charged her only half of my regular fee, had given her longer than the usual sessions and had contributed my best ability. I did not feel obligated to her in any way although I was sincerely sorry I had been unable to help her. I told her I did not pretend to help everyone. She replied by saying that she would take it to court. I told her that was her privilege. I have heard nothing since.

We have seen here a case of a very alive woman with a high charge and an insuperable pelvic block who was driven by therapy closer and closer to a genitality she could not tolerate. She had no course other than to turn on the
one who drove her to such misery and attempt to destroy him. There was much that was right in her attack on me. Quite probably she would have been better off had I refused to treat her. I feel that had I been less successful therapeutically I would have been in her better graces today. I hesitate to think what might have happened had I been even more successful. I did not realize this at first, but as time went on I became increasingly aware of the gravity of the problem. We know that the organism is justified when it refuses to break down its defenses.

My first impression of her was that she was the usual phallic whose defenses were beginning to weaken, but the problem was not that simple. Most of the signs Reich has printed out as reason to discontinue therapy were present, particularly the tenacious persistence of blocks. I knew in the course of her therapy that I should heed them but her misery and her determination and pleading kept me going. Besides it was difficult to admit defeat. Few patients have I wanted more to help. I may add that difficult as she was, I personally liked and respected her.

May 7, 1952
Projeto Arte Org
Redescobrindo e reinterpretando W. Reich

Caro Leitor
Infelizmente, no que se refere a orgonomia, seguir os passos de Wilhelm Reich e de sua equipe de investigadores é uma questão bastante difícil, polêmica e contraditória, cheia de diferentes interpretações que mais confundem do que ajudam.
Por isto, nós decidimos trabalhar com o material bibliográfico presente nos microfilmes (Wilhelm Reich Collected Works Microfilms) em forma de PDF, disponibilizados por Eva Reich que já se encontra circulado pela internet, e que abarca o desenvolvimento da orgonomia de 1941 a 1957.

Dividimos este “material” de acordo com as revistas publicadas pelo instituto de orgonomia do qual o Reich era o diretor.
01- International Journal of Sex Economy and Orgone Research (1942-1945).
02- Orgone Energy Bulletin (1949-1953)
03- CORE Cosmic Orgone Engineering (1954-1956)

E logo dividimos estas revistas de acordo com seus artigos, apresentando-os de forma separada (em PDF), o que facilita a organizá-los por assunto ou temas.
Assim, cada qual pode seguir o rumo de suas leituras de acordo com os temas de seu interesse.
Todo o material estará disponível em inglês na nuvem e poderá ser acessado a partir de nossas páginas Web.

Sendo que nosso intuito aqui é simplesmente divulgar a orgonomia, e as questões que a ela se refere, de acordo com o próprio Reich e seus colaboradores diretos relativos e restritos ao tempo e momento do próprio Reich.
Quanto ao caminho e as postulações de cada um destes colaboradores depois da morte de Reich, já é uma questão que extrapola nossas possibilidades e nossos interesses. Sendo que aqui somente podemos ser responsáveis por nós mesmos e com muitas restrições.

Alguns destes artigos, de acordo com nossas possibilidades e interesse, já estamos traduzindo.
Não somos tradutores especializados e, portanto, pedimos a sua compreensão para possíveis erros que venham a encontrar.

Em nome da comunidade Arte Org.
Textos da área da Orgonomia Bifísica.
Texts from the area of Biphysical Orgonomy

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03 Wilhelm Reich. The Carcinomatous Shrinking Biopathy 1942
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