ARMORED HUMAN BEINGS VERSUS
THE HEALTHY CHILD

By Felicia Saxe

This article deals with the difficulties to which emotionally healthy children are exposed under the present conditions of our civilization. An attempt will be made to evaluate some experiences and discuss problems which were brought to my attention, partly by the children themselves, partly by parents and educators.

The children presented here comprise two different groups: one group is basically healthy and clashes with the outer world on account of its spontaneous behavior. These require assurance and support for a rational solution of their conflicts. The other group is in the process of being treated or has already been through orgone therapy. Because of their newly acquired healthy behavior and their natural attitude towards their sexual impulses, these children find themselves surrounded by hostility. Under these circumstances it is imperative that they be protected against the danger of sliding back into former neurotic behavior.

The parents and educators who have come for advice are, on the whole, people who agree with sex-economic principles. They have the desire to grant their children and wards that freedom which they themselves missed
in their childhood. They desire to protect them against becoming neurotics like themselves; therefore, they try to give them an unauthoritarian upbringing. Yet on account of their own fear of authoritarian society they lack the ability to stand up for their children's right to sexual and emotional freedom. There is a difference whether they came to the conviction of sex-economy being right by way of merely reading the literature, or by having been freed of neurosis through personal experience of orgone therapy. In the latter case, after shedding their neurotic traits, they have to reorientate themselves in the outside world. Only after conclusion of this important phase of their own development do they have a chance to aid those children successfully who are dealing with similar problems. What they all have in common is the inability to protect their children in an intelligent way from the blows of the outside world. They shrink from their own convictions as soon as the children's struggle begins. Guilt feelings for "exposing" their children develop into severe anxieties. The insecurity which results from this attitude has a very bad effect on the children's emotional life.

To master these problems, the sex-economically trained therapists, parents and educators must be fully aware of the fact that they are imposing a terrific struggle upon the children by allowing them to grow up biologically and emotionally healthy while these children are forced to live in a world of armored adults and playmates. They must be willing to accept the full responsibility for each and every difficulty arising from this yet unsolved social problem. Not only must they acquire the ability to guide their children intelligently through their emotional difficulties, but in moments of danger they must also fight side by side with them. Only if the children perceive that they are backed by adults, not alone in words but in "action," and that the adults, in doing so, risk being ostracized and destroyed by the superiority of society, only then will they assert their natural courage and strength. Their belief in being right will not be destroyed despite all effort of antisexual society to convince them of the truth of the opposite. The children in Neill's school live under fortunate exceptional conditions in a free world all their own which they only leave occasionally. By the time the school discharges them they are sufficiently mature and strong to defend themselves on an adolescent level. But the group of children in whom we are interested forms a generation of "pioneer children." They are confronted with the difficult task of remaining emotionally firm in a society which attempts to smother their life impulses, while they are dependent upon the adults for their material support, as well as bodily care and enlightenment (cf. Wilhelm Reich: The Function of the Orgasm).

In order to acquire the inner security so badly needed for a successful guidance of children through the important years of character-formation and puberty, we must be frank with ourselves regarding our anxieties about their development. These will mostly revolve around the fact that we shall be able to improve the condition of the world only when we succeed in raising a generation of healthy children who, as adults, will some day form the corner-stones of a better world order. This involves the difficulty that they are to spend their childhood in a world not yet sufficiently prepared for the acceptance of their healthy behavior, in spite of the influence which sex-economy has exerted on such important groups as parents, educators, physicians and clergymen. Consequently, we enforce suffering upon the children who are being brought up in an authoritarian way. We drag them into a fight which, in our opinion, represents the only chance of happiness for them, as well as for mankind in general. However, we cannot predict whether they will fulfill our hopes of their emerging from this struggle as free and happy human beings, or whether their young personalities will be broken. We might deprive them of the fruits of this very struggle, because we are forced to plunge them into it at such a tender age that they are unable to decide for themselves whether they are strong enough to accept it. These facts involve a tremendous responsibility towards our children. It will be far easier for us to carry this burden if we become fully aware of the children's disastrous situation. It leaves them but two choices of development: either to become sexually unhealthy, submissive neurotics who later on will become a mass of helpless victims in World War III, or to grow up as sexually healthy, free human beings with an unblurred intelligence which they may use in a constructive way for a peaceful solution of world problems. Since they are too young to make the decision for themselves, we must shoulder the responsibility of making it for them. If we choose the first alternative we have to prepare them for the role of helpless victims, by giving them an antisexual and authoritarian upbringing, the technique of which has unfortunately been highly developed during the course of the last centuries. Thus, we would not have much trouble in destroying their life energies at an early age. If we choose the second solution, we face the sad fact that a struggle of life and death with the armored world awaits them.
It is our duty to do everything possible to strengthen them biophysically and emotionally to such an extent that they won't just manage to survive, but will retain their unimpaired sexual and emotional health.

The degree to which this can be accomplished depends on our ability to safeguard the children. Our technical skill in handling difficult situations in the children's life will grow proportionally with our belief in the strength of normally functioning biophysical energies in a healthy child, in contrast to the pseudostrength of its distorted manifestations in the form of secondary drives on the part of the outer world. We must not underestimate the danger of these secondary drives, because it is important to take the proper steps to protect the children actively against them, but we must by no means fear them.

The following examples might shed light upon typical difficulties into which children who are healthy, or on the way to acquire health, will run in one form or another. They are chosen and presented with the aim of sharpening therapists', parents', and educators' alertness to recognize and understand critical situations during which the child needs support. Frequently children cannot express this need. It is characteristic of a traumatic situation in a child's emotional life that his ergonomic contact with the person of his confidence is interrupted. Because of this disturbance of ergonomic pulsation he is unable to reach out for help as he would normally do when danger arises. We must learn to diagnose this condition immediately and reach out for him, offering warmth, understanding, and love. We must discuss his problem honestly with him and, what is more important, explain to him the existence of irrational behavior and its tricky results on the part of the outside world, simultaneously supporting him with practical help. Gradually we will develop an ever-increasing understanding of the circumstances which are apt to bring about dangerous situations. We will learn to counteract their ill effect on the child's biological functioning prophylactically by releasing his sense of isolation and insecurity through intense loving contact with him.

**LARRY**

When Larry was brought to me for therapy at the age of three and a half, he was a very neurotic child. He was cranky, his behavior oscillated between helpless resignation and violent destructiveness. He cried a great deal, wet his bed frequently, and did not fall asleep at night until he succeeded in persuading his mother to take him into her bed and cuddle him for a long time. Then he would find a few hours' rest in his own bed, but would get up before dawn and continue his demands. He seemed to find a sadistic pleasure in waking her up continuously, which resulted in such nervousness on her part that she could find no rest at night. He had frequent head colds, often accompanied by high temperatures. Even when not suffering from an acute cold, his breathing was constantly accompanied by loud sniffling. His shoulders and chest were pulled up, his head bent to the side, there was a blurred look in his eyes, which he kept either slightly closed or—in states of anxiety—widely open with an empty stare.

It was obvious that most of the time he was thrown from a state of anxiety into one of agonizing sadness, from both of which he tried to escape by making constant demands on his mother for gifts and all sorts of treats. His mother had never been able to give him genuine love. She was familiar with sex-economic theories and, therefore, knew that the cause of her child's sickness was her complete lack of ergonomic contact with him. She suffered from guilt feelings because of her inner coldness, which she covered up with an artificial, false behavior toward Larry. She tried unsuccessfully to escape her guilt feelings by giving in to his irrational demands. Therefore, she granted him favors for which he asked, such as doing absurd things at inconvenient times, or substituting for love the things which can be bought for money. Invariably she became furious on such occasions, but tried to suppress her rage.

On relating these facts to me her voice became shrill, suddenly changing into whining, just like the child's demanding voice. It seemed to me that the shrill voice was an expression of her vindictive feelings toward Larry: she tried to keep these under control by means of adopting the role of an understanding co-sufferer, undermining this role by use of the whining voice. There existed between mother and child a tense atmosphere of calm before the storm.

The mother told me that she had wanted a child immediately after the start of an unhappy marriage. She had married a man she did not love, in a neurotic attempt to break away from a previous frustrated love relationship. In this fatal situation she had recognized her strong desire for a child as a desperate attempt to solve her problem in an irrational way. Nevertheless she believed, in a compulsive way, that once a child were born "everything would be all right." Why she believed this she had never been able to explain. It had satisfied her to cling to this belief and
she did experience something like pseudo-happiness during her pregnancy. Her illusion lasted until the child was born. Immediately after his birth she discovered his resemblance to his father. From this moment on she hated the child. She told me that the baby felt her hatred immediately at his first contact with her breast. His sucking had started with strong rhythmical pulls, while his face showed an expression of pleasurable expectation. But just as soon as he felt the hateful stiffness in his mother's body and was exposed to the piercing look in her eyes, the intervals between the pulls became irregular. The quality of the pulls changed from weak resignation to desperate, anxious wildness. There appeared a hopeless and disgusted expression on his face. This structural change during the first nursing period became the decisive factor in his entire development, which had already reached a peak of unhappiness at the age of three, as described above.

The mother told me that she had derived a sadistic pleasure from seeing the baby's disappointment. Therefore, she felt a deep urge to increase her hatred voluntarily and to let the baby feel it. She followed this urge uninhibitedly in spite of her guilt feelings about her behavior. During her first interview with me she reported these facts in a strikingly cold manner which was suddenly interrupted by outbursts of sobbing. I noticed a strange, alarming quality of screaming in the sounds of her sobs. It was accompanied by wild, yet sustained rolling of the eyes, while the forehead was terribly strained. For several seconds this tension of the forehead relaxed, then the eyeballs seemed almost to pop out of her head, as if a valve had opened. I was reminded of a dynamite explosion under a rocky surface, the intensity of which one cannot judge by its sound, but feels that it might tear the ground open at any minute and destroy everything in its environment.

This impression determined my therapeutic plan to work at high speed towards two goals: not only to cure Larry's neurosis, but at the same time make him strong enough to fight the danger which lurked in the personality of his unfortunate mother. There was an element of danger in her sadistic disposition which I foresaw would become more and more acute the healthier Larry was to become. Her destructive impulses had started out with such intensity that the only reason for their relative restriction up to now, I feared, was Larry's capacity to become a victim, which satisfied her sadism. Once he were healthy and were to lose this capacity, I was convinced that the mother's destructive rage would have dangerous results for him. The course of Larry's treatment will demonstrate how important it is to include these considerations from the very outset in the therapeutic plan, and to take immediate active countermeasures by fortifying the child's capacity to defend himself. It is necessary to train him to recognize the sources of his danger, no matter how painful and disappointing this may be to him. He must be taught to fight for himself in a healthy way. If, at moments, he feels too weak and small, he must know how to make himself temporarily inconspicuous and unirritating to the person who represents danger for him. He must learn to experience fear instead of anxiety when he is endangered. Fear will stimulate his intelligence above his age level and help him to fight danger, whereas anxiety will block it and paralyze him. If one fails in this decisive measure, one might be able to cure a child's neurosis, but by the very fact of his cure endanger his life.

Larry's mother had a great deal of insight into her emotions and into the motives of her actions towards Larry because she had been in vegeto-therapeutic treatment. Her treatment, which interests us only in so far as her relations with Larry are concerned, had been very successful, especially considering the severity of her neurosis, but it had limitations because of a peculiar disturbance of orgone pulsation, which was inaccessible. She had a touching, sincere desire to safeguard the child against her own destructiveness and, for this reason, wanted the child to be treated. I came to the conclusion that her feelings toward him could not be termed "ambivalent." They were fundamentally hateful and destructive. She could not feel any love for him but had a sad, longing desire to become able to love him some day. This desire was so strong that—with the most helpless expression—she rejected my repeated requests for a separation from Larry, in order that he might grow up in a free school, saying: "If I were to do this, I feel I would crack up. I still want a chance to love him some day when I might open up." I believe even now that she is right. Her cracking up had to be avoided not alone for her own, but for Larry's sake as well.

It was winter when Larry first came for treatment. He wore a heavy snowsuit and boots, yet resisted every attempt to take his clothes off. He planted himself in the middle of the room and gave me a desperate look when I talked to him, as if to say: "Don't bother with me, my opinion about people is set." On condition that he was allowed to keep on his heavy clothing, which evidently gave him the feeling of a protective wall
between us, he finally consented to climb on my lap. A minute later he made the eternal gesture of a child who is craving love and human warmth—his head sank quietly on my shoulder. Then he sighed deeply. I respected his desire for silence and held him tightly in my arms. Then I rocked him for about twenty minutes while I sang soothingly to him. His head became more and more relaxed and the "snowsuit wall" melted away. He seemed to enjoy my wordless approach and allowed me to touch his tense muscles, tense all over his body. Gradually I began breaking the tension in his leg muscles. He responded with loud screams. Only then did I break the silence, explaining that I knew this was a painful procedure, but I also knew that he must feel very sad because this tension and his sadness were one and the same thing, and that I did this only because I wanted to help him to get rid of both, and wanted him to become happy. He yelled: "I don't want you to!" yet he gave in as all neurotic children have done without exception when my therapeutic actions followed to the letter Reich's theory that the psychological disturbance is identical with the self-perception of the distortion of the biological functioning.

It goes without saying that we must be led by this biophysical concept in every orgone-therapeutic treatment, as Reich has stated. In the treatment of adults and adolescents the predominance of the psychological work or the work on the muscular armor may vary according to the individual structure of the neurosis during the different phases of the treatment. However, in the treatment of small children it seems imperative to avoid any psychological approach at the beginning of the treatment, with one exception only: to give the child the explanation that the purpose of the treatment is to help him to become happy. According to Reich's concept of the biological functioning of pleasure I think of a child's early psychological development as a constantly flowing process of self-perceptions, the nature of which is determined by the pleasure-gratifying or the pleasure-destroying quality of persons or objects in the outside world. If, at his entrance into the world, he is met with love and warmth, properly taken care of, and finds gratification of his biological needs, his self-perceptions will gradually teach him, through experience, to distinguish the characteristics of persons and objects who communicate pleasure or unpleasure. If, however, he meets frustration and interference with his biological needs on an early level of his development, as in the case of Larry, then the child's capacity for experiencing pleasure becomes disturbed. If the shock is as strong as Larry's first nursing experience—and there is no neurotic child without an early trauma of similar strength—the child's organic pulsation becomes impeded to such an extent that, even though pleasure were offered to him, he could no longer experience it. Consequently, his psychological development will be deprived of pleasurable self-perceptions and he will gain dim and distorted impressions of any experience. In this way he misses his chance to evaluate his inner perceptions properly in their relation to the outside world and is constantly misled. If we tried to approach him psychologically under these circumstances, our endeavors would be no less doomed to failure than an attempt to discuss color shades with a blind person.

The difference between the condition of a neurotic child and a neurotic adult lies in the fact that the child does not yet have enough experience to find out that something is wrong with him, while the adult who comes for treatment has this knowledge to a certain extent, else he would not seek help. The child is in the flowing process of finding out about the world in which he lives, whereas the adult has terminated this phase of his development and, therefore, has a chance to compare his subjective reactions with those of others. The neurotic child, in his process of learning about life, has nothing to register but unpleasurable experiences, and so the impression will dominate him that life is unpleasurable and sad. Under the conditions of our authoritarian society and its resulting educational system, there is very little chance to meet persons or playmates who will shake him into awareness of his subjective perceptions. So he will continue to project them into the outside world which, in severe cases, may lead to mental disturbances. One of the saddest experiences in this respect was the exclamation of a young man, 20 years of age, who had come for treatment in a state of deep, suicidal depression: "Please tell me how one is supposed to be if one is happy. I don't know how to do it, because I was never taught how!" He came from a bigoted, authoritarian home where every word represented a conventional lie. At the beginning of his treatment, whenever I broke some muscular tension, the repressed emotion could only break through after an endless compulsory repetition of the words: "Children should be seen, not heard!"

One should not be misled by the fact that even neurotic children often have happy experiences and do reach out for love. These emotions are always lacking in normal intensity and can only be experienced under exceptionally favorable conditions within the framework of the child's protective armor.
But now let us go back to Larry. For a few sessions I had to release his tension in the muscles of the thighs, buttocks, abdomen, and nape, by means of breaking them, because he refused most violently to carry out any lively, active movement. These manipulations resulted in outbursts of great anxiety and rage, which were followed by greedy thumb sucking. During the thumb sucking he became very restless and changed his position constantly. He lay on his back on my lap, rolled from one side to the other, curled up like a newborn baby, got on his knees and rested his head on my shoulder, and so forth. He did not allow me to place him on the couch, and showed a great desire for contact with a human body. He pushed me from one position into another, always trying to get more comfort and pleasure by adjusting himself to the change of my position. While he did this he looked at me one day as if wanting to say: "Even you are a dope. Help me faster, I want pleasure and I want it soon!" So I told him that he couldn't enjoy his thumb sucking as long as he hardly breathed. I pushed his chest gently, which made him furious. He sniffed loudly, literally sucked in his abdomen and swung his pelvis back.

Now I worked fast, breaking the tension of the small of the back and nape, pressing his chest in, and bending his body into a circular line so that his knees approached the head. Then I hung him with a firm grip over my left arm, grasping his knees with my right hand, and swung him a few times very fast around my sustaining arm. After loosening him up in this contracted position I stretched his entire body, sustaining him under his head and ankles, in order to help the liberated energy to expand more easily. Then I placed him on the couch. During the turns in the air he screamed terribly, but as soon as he lay on the couch he seemed to feel relief in the tension of the throat and stopped screaming, gasped for air, screamed again, got more air, and repeated the procedure. Finally he screamed with a relatively free voice while breathing and not after breathing. From then on he seemed to feel strong and changed his behavior completely. He told me that he hated me and would pretty soon kill me. He jumped on my lap like a wild cat and banged his head against my chest. He indicated that this very moment he had decided to fight, bit my finger and slapped my face when I withdrew my hand. I quickly supplied him with a large piece of linen and let him bite on this, but instead he tore it into shreds. Then he proceeded to smash the furniture. First he threw the toys from the shelf onto the floor with a sweeping gesture, then blocks against the window pane, feeling greatly disappointed at not breaking it, and finally he knocked over chairs and tables. After this he was exhausted. Therefore, I picked him up, placed him on the couch, and let him kick his legs. He did this with great pleasure, bounced up and down, saying he felt fine. He played with some scattered toys and gladly followed my suggestion to run, jump, and swing around while playing airplane. From now on I treated him in the spacious room of my studio, instead of the small and intimate nursery which I use as long as a child suffers too much from fear of expansion.

A few days later, during his treatment, Larry said he wanted to make weevee and looked lovingly and sadly at my hand. I felt what he wanted. Accordingly I cupped my hand, saying: "All right, do it into my hand!" whereupon he hit me and said: "No." I told him that he did not need to become mad because of his desire. I told him that I knew just as well as he did that one does not usually make weevee into another person's hand, but that the look in his eyes had told me that he felt love for me and wanted to give me something that belonged to him, and that this giving had just come in the form of weevee. I had not yet finished my sentence when he let some drops fall most carefully into my cupped hand. Then he went to the bathroom, came running back and hugged and kissed me; he breathed freely for the first time without sniffing. His pelvis was relaxed, his head seemed to have grown out of his shoulders because he ceased to pull them up.

This was the turning point in Larry's life. He had given love and it had been accepted. A few days later a report from his nursery school came saying that Larry had become a well-adjusted child. From now on the sessions were divided into periods during which Larry released incredible amounts of destructiveness in free movement, alternating with periods of pleasurable thumb sucking while relaxing in my arms.

In connection with our subject, the techniques applied for the release of his emotions are of minor interest. It is only important that I prolonged his destructive period consciously, and carefully avoided letting him steam off too much rage at one time. I used up his rage economically for the purpose of stimulating his fighting impulses, having constantly the aim in mind of strengthening him against his mother's impulses. I tried to give him a feeling of strength, and the belief that he could challenge an adult. I did this by leading his destructive impulses gradually into fighting games, letting him feel the superiority of a victor. I fostered the "wildcat" in him, and influenced his character-formation purposely towards the
acquisition of vitality, quickness of reaction, and decision, courage and capacity for unemotional self-defense. The more his capacity for giving love increased as a result of the treatment, the more did these character traits take the place of his previous neurotic destructiveness. Simultaneously, he outgrew his former tendency of temporary resignation.

His mother had meanwhile shown definite signs of unconscious desires to shake him off. She asked me repeatedly to give him love because he needed it, and she felt unable to provide him with it. She showed a tendency to use me as a mother substitute for her child. The healthier he grew, the more impatient she became, although she enjoyed his improvement intellectually.

Larry had a peculiar compulsive way of repeating the word “Hey” whenever he was mad, and also on many other occasions, when it made no sense. Sometimes the word was in complete contradiction to his loving facial expression. One day, when he used the word in rage because I did not build blocks to suit him, he yelled “Hey” to me. I told him we were not on “hey” terms any more. He looked at me perplexedly, flung his arms around me, licked my face and cried. He then ran to get some chewing gum, chewed it hurriedly, forced my lips apart with his hands, spat the gum into my mouth, sucked it out, and repeated this performance. Again, as in the case of his urinating, I threw my hygienic principles overboard and let him enjoy this belated gratification of his sucking impulses. Here was the second turning point on his way to health. The word “hey” was the expression of his psychological perception of his biological frustration. When I attacked it I did not have to “analyze” it any more, for by that time he functioned biologically so well that he knew the meaning himself. It was an utterance of anxiety, the roots of which reached back to his loveless infancy, during which he had experienced fear of death. Later on it developed into the emotional Leitmotiv of his being: “If I want to survive, I must fight!”

Immediately upon the gratification of his sucking impulses with the chewing gum he said, without transition: “Mummy is a stinker!” One now had the time come to touch calmly upon the mummy situation and to explain that unfortunately his mother was not able to give him the kind of love he desired. I told him that it was not her fault, but that she suffered severely by her inability to love him. However, I hoped she would improve some day. I warned him that his mother might have spells during which she might behave in a nasty way towards him. Then I told him he must be on the alert and protect himself by fighting back. As a consolation, after this statement, I told him gently that there are many loving people on this earth, that I, for one, loved him dearly, and that he must reach out for love whenever it was offered him—in school, with teachers, with other children, etc. He answered: “I know!” And his answer was firm and unneurotic. He also told me that he had somebody who gave him “quite a bit of good love and was very handy.” This person was his father, whom up to now he had not mentioned.

The next and last phase on Larry’s way to health was the dissolution of a birth trauma. One day Larry indicated that he felt anxiety in the head. He covered himself with a blanket, walked around with his head covered, gasping for air. The sniffing, which had almost disappeared by this time, recurred suddenly. It was pretty strong. I could clearly detect it through the heavy blanket. He walked solemnly with carefully measured strides. He took great care not to expose his body, and did not permit any beam of light to penetrate the blanket. This hooded little child performing a strange ritual was funny to look at. I felt an urge to laugh, but checked myself immediately because a strange feeling of deadly earnestness imparted itself to me. My next thought was that this sensing of earnestness had to have a connection with the change from darkness to light. At this moment I noticed that during his walking Larry—under his blanket—made anxious, pushing-forward movements with his head. The slow pace of the continuation of his rhythmic walk made me think: “He is on a weary journey and wants to move from darkness into light. He is yearning for light, therefore is pushing his head towards it, yet he is deadly afraid of it. He withdraws into darkness, but there, too, feels frightened. He can neither go back nor forward, and this moment must produce unbearable anxiety.” I understood intuitively that this anxiety originated at the time of his birth, and that he had made a courageous attempt to liberate himself from it. This attempt of his represented a logical continuation of the process which therapy had set in motion. I prepared him to expect still stronger anxiety, and promised to help him liberate himself completely from it, as I had done on previous occasions. I then pulled off the blanket, lifted him in a horizontal position high into the air, supporting him under his head and buttocks, and suddenly dropped him within a few inches of the floor. I repeated this procedure, increasing the intensity of movement by raising myself on my toes and bending my knees. Thus I gave him the feeling of “losing ground,” and reproduced the falling anxiety which,
no doubt, he felt during his first attack of anorgasmia on the threshold from prenatal to extra-uterine life. The effect was incredibly violent. He went screamingly through the greatest anxiety he had ever experienced. I repeated throwing the blanket over him and pulling it off. Thus I produced, at the moment of transition from darkness to light, a withdrawal of energy towards the center, followed by an extension towards the body surface. This could easily be observed through the alternating pallor and rosy color of the skin, as well as the corresponding anxious sniffling, and deep, releasing sighs. Gradually he calmed down and almost fell asleep. During the next session I waited for him to indicate what he wanted to do. He reached for the blanket, spread it on the floor and said: "You lie on it!" I complied. He wrapped me up, opened the blanket and wrapped me again. I peeked through a chink, waiting to see what he would do. Again his behavior became solemn; he strutted to the extreme corner of the spacious room. Then he ran towards me and jumped over my body, still covered by the blanket. He repeated these motions many times. His leaps became marvelously free, as I could observe in the mirror on the opposite wall. Then he pulled off the blanket, screamed happily, and leaped over me, back and forth, literally flying through the air. Afterwards he ran in circles and I felt he wanted companionship, so I joined hands with him while falling in with his movements. He had achieved complete freedom of movement, combined with a lovely sense of rhythm. After a while he took a bird cage from the toy shelf and placed a few blocks inside. He called them little baby birds. I asked him where the babies came from, knowing that he had proper knowledge regarding the sexual act and process of birth. He said: "From my mummy's tummy," while he kept placing the baby birds into the dark house and taking them out again.

At this point one might pose the question whether his symbolic action indicated knowledge of the elements of his birth trauma. I should like to answer in the words of another child. This child was craving information about the question where babies come from. When I had explained several facts regarding the sexual act and the act of birth, she exclaimed: "You know, I knew all this long, long ago, while I was still in my mummy's tummy!" Children have an unconscious knowledge of biological happenings, which they express in an uncomplicated manner. It is easy to understand their language of words and movements, once one has acquired a genuine feeling and understanding of the basic biological functions of life.

On completion of his symbolic actions, I made Larry lie down, and saw that the orgasm reflex was completely established after the dissolution of his birth trauma. When I checked with his mother about his birth she asked her gynecologist for information. He said there had actually been a hindrance because the head could not push through on account of an irregularity of the coccyx. During this painful phase of the birth the mother remembered having had suicidal ideas before going under anesthesia, to end the pain and "life in general!"

During the next session Larry masturbated with satisfaction and said: "You are a marshmallow!" At this point I should like to insert a few words about masturbation of children in general. Despite Reich's repeated statements that no neurosis exists without disturbance of orgasmic potency, I am struck again and again by the fact that parents and educators alike, although claiming to be familiar with sex-economic theories, fail to recognize the lack of orgasmic potency in neurotic children. In reporting a child's symptoms people express their astonishment about the child's neurotic behavior with words like: "I can't understand this because he masturbates and, I am sure, without guilt feelings, for we never interfere and always tell him that masturbation is a natural thing!" But in the same breath they will state that the child had an unsatisfactory nursing experience, or that the child, when left in the care of a nurse or relative, had severe frustration of his impulse to move.

A child's guilt feelings about masturbation are not the only factor in the disturbance of its orgasmic potency, as has been repeatedly stated. Any pregential frustration impedes orgasmic potency during the masturbation period and later.

In Larry's case full orgasmic potency could only be established after a successful release of the energies which had been found in his muscular armor during his frustrations on the urethral and oral level. Even then his orgasmic pulsation was still disturbed on a deeper level through the birth trauma. Only after his breakthrough on this deepest level the establishment of his orgasmic potency became possible. There was no trace of any guilt feeling in his case, and yet he had inhibitions to masturbate up to the last breakthrough.

This constant recurrence of illogical thinking in regard to the cause of a child's orgasitic impotence may be explained by the fact that among all the sexual frustrations which the average adult remembers from his own childhood, masturbation anxiety is the most vivid conscious recollection.
This emotionally conditioned disturbance of logical thinking and its resulting tendency to overemphasize one factor, while neglecting other important factors, is dangerous. From the therapeutic point of view it prevents a complete cure. From the sociological point of view it gives antisexual society a chance to continue its destructive work undisturbedly.

Larry's orgasm reflex now remained steady and he was free of symptoms. Meanwhile the discrepancy between his mother's desire and her ability to love him had, however, become unbearable to both. By agreement with Reich the mother started therapy with me, in an attempt to break through her frustration towards Larry. I worked with her for about three months, during which time she experienced partial subjective relief. Yet she developed a terrific hatred against me since she transferred all her destructive impulses from Larry to me. One day these took on such gigantic proportions that I felt too endangered to continue her treatment, whereupon she threatened to harm her child instead of me. At this point she had already stemmed off sufficient destructiveness so as not to carry out her threats regarding the child. Because there was no possibility of helping her further, she asked me, nevertheless, to continue helping the child during this critical period.

I saw Larry the following day. He was well balanced, but sad. He asked for love when it was time to leave, but was completely undisturbed. He even showed me a few rolling head movements which he had "invented," in order to make himself "soft" whenever he became stiff and afraid. He used the words: "I can do everything by myself!" I trusted his statement. A few weeks later he told me that his mummy was very bad, but that he was getting along. I now see him only at intervals of from three to four months, and show him love and give him assurance. Therapy has not only made him symptom-free, but has provided him with the necessary stamina and knowledge to fight the dangers of his mother's disposition.

**EDITH**

Edith, aged two, was brought for a therapeutic session by her mother, who had made hasty arrangements for the maid to call for the child at the conclusion of the session. For some reason or other the maid did not show up, and Edith had to remain with me. I could not reach either the mother or the maid by telephone. I am usually very careful in the selection of the person calling for the child at the termination of a therapeutic session. My preference depends on the stage of the treatment. If the plasmatic pulsation of the child is still weak, or if there exists a tendency to anorgonotic attacks through the influence of disappointing experiences, an abrupt transition from the therapeutic situation into reality through immediate contact with the main frustrating person must be avoided. In such cases it is advisable that a person not close to the child's personal difficulties calls for the child. During a later phase of the treatment, when the child's love impulses have become steady and intense, the frustrating person usually becomes aware of a change which has taken place in the child, conditioned by the session. This is due to the excitement of the person's own orgone field through the child's reestablished stronger pulsation.

Mothers are apt to exclaim: "You feel so different! You look so well, what happened to you?" They actually try to "feel" the change by caressing the child's body. This is the precise moment in which to take advantage of the favorable situation in which to improve the orgonotic contact between mother and child, or to establish it in cases where it had been completely lacking.

I shall discuss the different techniques which I use towards this goal in connection with another case. The inadequate planning in Edith's case was an exceptional incident because of the mother's last minute engagement, which prevented her calling in person for the child.

Edith is a very shy and withdrawn child, who is made to suffer by her mother's life-less disposition and her conventional ideas about little girls' good behavior. During this particular session Edith had just discovered that such a thing as freedom of movement and joy of making sounds exists, without necessarily having to pay for enjoying these liberties by being called a naughty little girl, as well as losing the affection of adults. She was skipping around and laughing aloud when the doorbell rang. I opened the door and let the visitor enter. It was a lady who had come for her first interview. Just as soon as she saw the happy child enjoying herself in a perfectly natural and delightfully lively way, she gave her one dirty look and addressed her in a shrill voice: "What are you doing here, you mean little devil? Why do you make so much noise? You seem to be quite a little bitch!" The child's face turned literally white, then she said in a crystal-clear voice: "If I am not mean, but you are! I have not done anything to you, and you don't even know me. I'll slap you for this!" And she did.

It was one of those situations where a child must be informed that such
mean behavior on the part of an adult is abnormal, although unfortunately
the rule, but should in no way influence her naturalness. This must be
done in simple words which should be tuned to the child's excitement,
and one must make use of its momentary curiosity and readiness to find
the causes of its unpleasant experience. If it is given the proper explanation
it will be less shocked and not personally disappointed in future similar
situations. It will learn to ignore these attacks of armored adults and follow
its pleasurable impulses without guilt feelings.

I considered it necessary to demonstrate to Edith immediately that my
task was not terminated by freeing her from her anxiety to move freely
and to make noises, but that I was ready to help her if ever she got into
difficulties for following her natural impulses. I told the visitor that she
had no right to talk to a little girl simply because she was happy;
that for no reason whatsoever she had accused Edith of something which
might be characteristic of herself, namely, to act in a mean way. The visitor
understood instantly that this was a serious issue, and apologized to Edith.
During the interview which followed she seemed to gain something valu-
able from her first contact with the practical application of sex-economic
principles, namely, the knowledge that one can discuss serious life prob-
lems undisturbedly in the presence of a child, as long as one does not
interfere with the child's personal rights. When she was ready to leave
there was a good relationship between the two.

On that particular day which had brought her a breakthrough to natu-
ral motility, Edith was very generous in regard to her love impulses. She
kissed the visitor good-bye quite spontaneously. It is encouraging to watch
how willingly children forgive and forget the wrong done them if they are
given the feeling of security that they are right in following their natu-
ral impulses. This fact represents our chance to prevent a great deal of
lasting emotional damage. We should never grow tired of making use of
it in order to counteract the influence of the emotional plague. Our support
and reassurance of the child is a powerful antidote against the emotional
plague, not only in regard to the few occasions where we have a chance
to extend a helping hand, but for many others to come. The reason for
this lies in the child's unconscious knowledge that our attitude is in har-
mony with the strongest force it ever felt, namely, its natural drives.

Stuart, three years old, was described to me as being a very sick child.
Before starting his treatment I spent almost two hours with his mother,
trying to get an objective picture of the child's condition. It was impossible
to obtain any clear information because she was so neurotic and confused.
Reich had just begun treating her. The relief which she had derived from
these sessions had given her a basic understanding of her child's neurosis.
She, as well as her husband, who was also being treated by Reich, began
to understand that the child's neurosis was conditioned by the parents' 
neurotic behavior. They had a little girl, aged five; she, too, was afflicted 
by neurosis and was to be treated by me as well. This unfortunate con-
stellation of four neurotic persons living together under one roof had
created such an unnatural atmosphere that they had lost the sense of eval-
uation of normalcy. They were caught in a vicious circle, conditioned by 
their mutual behavior. At the time of the interview it had just begun to 
dawn upon the mother that because of this vicious circle there was a possi-
bility of being helped, if the evil was attacked in its entirety. The father 
felt the same way, but on account of a deep somatic disturbance was 
not able to take any active steps for his children and had, therefore, dele-
gated the interview to the mother, who was the strongest in the family.

The factor of four possessive and constantly quarreling grandparents in-
truding upon the family life had also to be taken into consideration, but 
was anticipated to lose importance proportionately with the parents' im-
provement and resulting detachment from them.

The following data about Stuart's previous history were secured at a 
later time when both parents had improved: While Stuart's mother was
pregnant with him there were constant quarrels between the parents. His 
father was extremely unhappy and cried a great deal. During pregnancy 
she indulged in sadistic phantasies about babies being tortured, which gave 
she sexual pleasure. At the beginning of the eighth month of her preg-
nancy her physician informed her that she would not be able to have a
normal delivery, but would have to undergo a Caesarian operation. The 
family, by this time, planned to move into a new apartment. The doctor
said that the child was already full grown, and suggested an immediate 
operation in order not to upset the moving date by childbirth. The mother
did not experience any feeling of wrongdoing because her hardheartedness 
was endorsed by the lack of understanding of biological function on the
part of an "authority." Thus, the child was cheated out of two months of intrauterine life. Because of novocaine anesthesia the mother was fully conscious during delivery and, therefore, remembered a heartbreaking scream as the first sign of her child's life. His face looked like an old man's, and had such an expression of suffering that the mother cried many hours in pity for him. The unhappy quality of his scream at the moment of his birth is characteristic of incessant crying. The baby enjoyed his first nursing periods and seemed to thrive at the hospital. Just as soon as he was in his own crib at home, however, he became restless and unhappy, and seemed to become aware of the hostile relationship of his parents. His neurotic sister, aged two, hit him in a fit of jealousy. She became so violent that she had to be pulled away, while one of the four persons present yelled: "Take her away, she is going to kill him!"

From that moment on, the baby became completely hysterical and spent most of the time in tantrums, which were interrupted by happy intervals at times. Up to the age of three, Stuart often refused his food, but when he did eat made a mess of it. When he was to go to bed he had hysterical fits, getting his mother so angry that she slapped him at times. This seemed to calm him down; he even smiled occasionally, as if pleased with himself to have forced his mother to show her real face. He never slept the night through, but like most neurotic children woke her up many times, requesting to be picked up. This was repeated frequently and lasted many hours. As he grew older he showed an inability to speak clearly, and also that he was bewildered, both in his words and behavior. This became even more noticeable to others, because the parents were too unhappy and numb to comprehend it.

My first impression of Stuart was one of terrifying sadness such as I have never experienced in a child before. Stuart cried without ceasing, clinging to me, and when I spoke to him raised his voice to loud screaming. His body felt like iron, his head was very hot. I tried most patiently to soothe him, but understood very soon that it was impossible to get his attention. He was lost in sadness. Any psychological approach would not only have been fruitless, but impossible, because he was so disturbed that he did not seem to understand my words. I began working on his armor. I did this in the boldest manner in which I ever applied in any treatment, because I was under the impression that the mental disturbance had reached a point where time was precious if I wanted to succeed in preventing the outbreak of complete mental fog. I worked most concentratedly by passive

movement, by swings through space, falling manipulations, and actual breaking of muscular tensions on the release of anxiety. His whole system seemed to be too weak to experience any rage. The child gave me the impression of raw flesh without any protective skin, despite his healthy complexion.

From the very first session I went into minute work on one part of his body after succeeding in releasing tension in another part. This was done by movement and complicated body twists, rapidly performed, leaving no means of escape for the child. From the child's liveliness during his utterances of anxiety and protest, I drew the conclusion that he was born with a strong ergonomic system. But his complete loss of pleasure-capacity made me suspect that a disturbance of ergonomic streaming had taken hold of the entire body. Because of the basic strength of ergonic charge, the discrepancy between strong charge and weak streaming, this represented a dangerous condition. Therefore I considered it imperative to break his armor as a whole instead of proceeding gradually from one part of the body to another, in order to avoid the danger of anergonomic attacks connected with a partial breakthrough. In his case this might have led to a total disturbance of his weak pulsation. I was fully aware that this unusually rigorous breaking of his armor meant a terrific strain for the child, not only on account of the great amount of anxiety released, but also as an excitation of the muscles and nervous system. Yet, I saw but one chance of a cure in this procedure. It was encouraging that even during the first session the child had spells of complete relaxation. He had a peculiar way of constantly pressing his penis when unhappy, from the tip towards the body, but apparently without feeling any sensation from this manipulation. The entire procedure looked to me like a holding on to something for the sake of consolation. Deep inside he felt that he could derive it from his penis, but since his pleasure-capacity was disturbed it only increased his feeling of being lost. Between his anxiety attacks he sucked his thumb very pleasurably, and at such times gave up his frustrated manipulations of the genital. At the end of the first session he began to talk in a complaining, whining voice. All I could understand was that he was very unhappy and felt ill-treated because of a broken victrola record. This went on for about ten minutes until the end of the session.

The next morning the mother told me, overwhelmed with joy, that on the evening of his first treatment Stuart had gone to bed peacefully for the first time without crying, and slept throughout the night. She also told me
that for months he had almost driven her crazy by constantly complaining in a whining voice about records, without being able to make himself understood. The more he felt that his mother could not follow him, the more his compulsion to talk about records increased. The day after his first treatment he had ceased doing this, and instead started playing in an amazingly relaxed way. During the weeks which followed he mentioned records only occasionally and quite casually, and then forgot completely about them.

I treated him once a week. Right at the beginning of the second treatment he showed a rather wild urge to lean over my shoulder. I understood that his anxiety of being detached increased after the first cracking of his armor, because of no healthy functioning person in his close environment. He felt cold and lost. While holding him my hands glided over his body to give him warmth. My previously gained impression of his raw flesh had changed to one of being suddenly thrown into a pool of ice-cold water. At that moment I understood how he must have felt during the sudden diminution of pulsation while being expelled from the warmth of his mother's womb. His cell system had lost its capacity of adaptation to life because of the noncompletion of intrauterine development, as well as of the shock connected with it.

My therapeutic measures from now on were directed towards two goals: to make up gradually for this lack of adaptation by actually helping him to re-experience and discover the fact that he was born. I planned to let him relive one major shock by releasing, bit by bit, minor amounts of anxiety, through creating the same biophysical conditions as the initial trauma. My second goal was to spare him further shocks by eliminating the armored behavior of his mother, and to reestablish orgasmic contact with her.

After getting the main difficulties of her neurasthenia under control, Reich had, meanwhile, transferred her to me for treatment. I had only had one interview with the father, in order to determine his attitude towards his children. By this time he lived, on Reich's advice, temporarily apart from the family, but saw his children occasionally. I had to ascertain how far I could count on a revival of his paternal feelings, or whether I had to adapt the child to his fading out of the picture. At this time he did not know how he felt, but later, as I had expected, he informed me by letter that now it was clear to him that he loved the children. He said there had been times when he felt an urge to throw his little boy out of the window when he cried, but that apparently this block of loving feelings towards the child was removed by the treatment.

The older sister responded well to my treatment, and made me optimistic in my assumption that with the reestablishment of her capacity for love she would behave normally towards Stuart. She had frequently expressed desire to love him and repeatedly said: "I am jealous of Stuart when he comes to see you, but I have such a funny feeling that I want him to be here. When he comes from you I don't have to hit him so much!"

I proceeded with greatest intensity to release Stuart's anxieties by breaking his muscular armor. In the midst of an attack of anxiety I would swing him through the air, while I ran through the spacious studio. I would put him on his feet abruptly in the center of the room and quickly withdraw. At this moment the anxiety would reach its peak and he would scream; then I would come back, pick him up and give him feelings of security and warmth by putting his head on my shoulder. Then again I would make him move together with me in a rhythm which corresponded to his momentary mood, and gradually withdraw myself again. Thus he learned to move freely and became a happy child. One day he reached for the string attached to the electric light and pulled it for fun. This has become a sign that children have begun functioning, if they do it after the release of anxiety. At this moment I always place myself in back of them, so as to catch them in case of pleasure-anxiety unbalancing their equilibrium. When the light went on Stuart was jubilant with joy, but turned pale, fell backward, and would have struck his head unless I had caught him. I cheered him up and let him repeat the procedure while holding him in my arms, gradually letting him slide down. Now he was ready to enjoy the pleasure fully.

The technique mentioned above was applied for about four sessions. Then he either lay on the floor or cuddled in my arms while I worked on his muscles. He experienced a great deal of pleasurable thumbsucking, and gradually the empty feeling of his penis seemed to subside. Slowly the orgasm reflex appeared and there were definite pleasurable sensations in the genital. One day he seemed to be on the threshold of the masturbatory phase after a very successful release of muscular tension of the pelvic floor, which led to spontaneous urination while caressing my hand. The tension of the anus and rectum had already subsided previously with the release of gas. The abdomen was no longer blown up.
During all these sessions he had continued to tell long stories of broken records, damaged scooters, pianos out of order, coal trucks which would not move, all in his former whining voice. None of these stories made sense, and it was extremely hard to even distinguish the words he uttered. I did not attempt to understand "psychological connections." Instead of straining my ears to understand his words, I tried to perceive with my whole being what his body expressed, and in what way the rhythm of his biological behavior was interrupted. As a result of this I felt that he still needed liberation of breathing, although his breathing had already greatly improved. I applied complicated manipulations on the intercostal muscles. This brought about a deepening of the breathing and his eyes began to gleam. Spontaneously he changed his stories to the effect that the records were wonderful; the scooters big, there were plenty of large coal trucks on which he would drive me to the store and buy me anything I wanted. He was so big, he said, that he could buy and drive trucks just like a big, big man! He would buy so much that my son and his daddy would even have enough. (From the very beginning he had asked me repeatedly whether I had a child, and he seemed always very happy when I answered this question in the affirmative. It seemed to me as if he wanted to reassure himself that there were healthy mothers. He did not ask this question out of jealousy, but in order to create hope in his own behalf).

Gradually I detected through observation that the tenor of the incomprehensible record stories became whining when there was acute disturbance of organs of pulsation and withdrawal of energy. And it became jubilant when expansion became possible through reestablished pulsation under effective manipulations of the muscles. This is another "Leitmotiv" as a psychological expression of biological perceptions. It is interesting that the "Leitmotiv" had ceased to exist outside of the therapeutic situation, while the mental deteriorating process continued under the surface, as the treatment proved. I attacked this phenomenon by yelling at him: "Stop that whining voice. Nobody will ever be able to understand what you want and you won't even know yourself! When you are unhappy use a good strong voice, and with the sound of the voice you and others will know what you want!" I started a conversation with him and scolded him each time his voice dropped to weakness; then we yelled together for fun. The result was incredible. His eyes lost the empty look and he played and talked intelligently. He hugged and kissed me, saying: "Now I understand, now I know." Then very seriously in a loud tone: "I must be very careful to talk loudly, then I can do everything. I make it very strong now, then everything is easy!"

He showed an intelligence and independence during the games which followed which was astonishing. When his mother called for him he could hardly wait to tell her: "Mummy, I must be very careful with my voice. Imagine, I even could turn on the victrola by myself because I know about the voice; I make my voice strong now." I said: "And Mummy has to be careful in using her voice and so have daddy and sister." Mummy agreed, saying: "That's right, Mummy's voice sticks even more than yours!" Knowing that her inhibited voice was one outstanding manifestation of her neurosis, she said: "I try just as hard as you do to get rid of it," and took him in her arms. I left her alone with the child as I had done on several previous occasions, to let the two find contact with each other.

During her next session I informed the mother that her understandable, complete helplessness in making a decision for Stuart (such as going to the park or having lunch first), which any healthy mother would do instinctively right, had to stop. During the time he kept complaining and whining because of his general unhappiness she had gradually become so insecure in regard to her lack of motherly impulses that she did not even dare to follow these any more. This had aggravated Stuart's feeling of isolation to a point where he gave up making himself understood, and lost his ability to communicate with others in a normal way. I told her that she must regain initiative, so that he could feel taken care of, even at the risk of having made a mistake.

In a preparatory way I had drawn her into this function at the end of each session while dressing the child and making plans for his further amusement. We both discovered with satisfaction that she developed a marvelous intuition to adapt herself to the needs of her improving child. It seemed as if her own organic system had greedily waited for contact with the child. She sometimes wept with joy. The tempo of her improving relationship with her child was far ahead of her own improvement of neurosis. Finally the last link in the understanding of Stuart's mental disturbance was given to me when the mother told me one day that she used to play records to calm the child when he became irritated during breast feedings, or when he would not fall asleep. Later she had developed the habit of sitting on the record cabinet while nursing him.

Stuart has a natural love for music and a strong sense of rhythm. During these early musical experiences he must have suffered doubly from
his incapacity of experiencing pleasure through the combined frustration of his longing for love and oral gratification on one hand, and enjoyment of music on the other hand. The mother had meant well by offering him something enjoyable as a substitute for love and warmth, which she could not provide for him, but she had failed to recognize the fact that the disturbance of his pleasure capacity as a whole also destroyed his pleasure in listening to the music. Since both experiences were extremely strong according to the nature of their drives their content became decisive in the choice of Stuart's "Leitmotiv." Later it attached itself not only to records and victrolas, but to machines and devices in general, as described above. According to the natural development of a child who would like to enjoy using and watching machines and devices at work, but feels impeded on account of general unhappiness and lack of spontaneity, this variation of the main theme is easily understandable.

When Stuart had completed his twelfth treatment, he had acquired a general clearness of speech, and his bewilderment had given way to normal intelligence. This was not only observed by the parents, but mentioned in great astonishment by people not familiar with the fact that he was being treated. He slept well, ate with gusto, and his constant fatigue subsided. Since early infancy he had suffered from alarming constipation and frequent attacks of gastric spasms, which made the use of drugs necessary. The constipation subsided immediately after the first treatments. The stomach attacks recurred only once when he saw his grandparents against my wishes, but this could be checked without the use of any drug. Stuart now does everything in a relaxed way. To use the mother's own words "there are no more complications." He feels subjectively happy. I intended to continue his treatment solely for the purpose of carefully watching his development and strengthening his system for the complete establishment of the masturbatory phase.

After two sessions I gave this plan up, according to the child's own indications. Upon the conclusion of the first session of this kind he cried violently and fell back into his former restlessness. The mother was alarmed and called me up. I spoke to Stuart over the telephone and understood from his remark: "I want to go to your house," which he corrected fast into: "I want your house to be at my house," that the continuation of the treatment interfered with the complete establishment of ergonomic contact with his mother. He still reached out for me and, thus, withdrew part of his energy from perfect functioning with his mother.

When he came for his next session I asked his mother to stay with us. Stuart liked this suggestion and climbed on his mother's lap. Soon he became restless and cried. I took him on my lap. He calmed down and smiled. After a few minutes he became unhappy and longed for his mother. He switched a few times between us. When he was smiling happily I asked him: "Do you still want me to have my house at your house?" He said firmly, "No," and hugged and kissed his mother. Then he said: "I am going home now, and I don't have to come back any more. I don't need you any more." While he spoke I opened the door widely for him, saying: "You are right, and that is definite." He took his mother's hand and walked happily out with her. The happenings of these two sessions represent a deep biological process, during which the child ceased drawing ergonometrically from me as a mother substitute and, instead, established complete ergonomic contact with his mother. Both mother and child were ready for it by that time. It would be a mistake to look at this complicated biological process only from the psychological point of view, as the dissolution of a mother transference to the therapist.

Had I been unable to change the armored behavior in Stuart's surroundings at a time when the parents' and the sister's treatment had not yet been completed, the success of Stuart's treatment would have been endangered. It was important that his experiences in reality harmonized with his inner perceptions of improvement. Had there been a discrepancy a new bewildering might have set in. I eliminated the anxieties resulting from the grandparents' armored behavior by temporarily prohibiting any contact with them, excluding them from the family circle. When Stuart got better I limited their visits to rare and short occasions only. This resulted in great relief on the mother's part, who only now awakened to the fact that the grandparents had taken advantage of her helplessness by intruding on her maternal rights. Thus, they added to the alienation of affection between mother and child.

Now that all unfavorable factors in Stuart's environment were removed to the greatest extent possible, the vicious circle of armored behavior on the part of all persons concerned had been successfully broken, and the prognosis was favorable.

JOHNNY

Johnny, seven years old, is a basically healthy child. His life was built on the principles of self-regulation in regard to his bodily needs, as well as
to his mental development. At home he was surrounded by love, and did not suffer from any sexual frustration. From early infancy his parents tried to defend his personal rights whenever they became aware of the fact that someone interfered with his development. They tried to eliminate unnecessary difficulties for Johnny because of contact with particularly armored persons. On the other hand, they in no way influenced his contact with the outside world. Thus, they learned that a healthy child does not show the slightest inclination to shyness. He meets children and adults alike with loving outgoing impulses. If he feels disappointed because the other person responds with hostile, armored behavior, he simply discontinues this contact without any lasting impression on his emotions.

Whenever Johnny complained of having met hostility without his doing wrong his parents tried to get an objective picture of the situation. If they felt that Johnny was right they tried to stress this fact. Moreover, they taught him that adult people are not infallible, and that a natural behavior just like his, may offend people who are void of it. They recommended him not to compromise with those unnatural people, though this might get him into difficulties, since he would be backed by the parents' support as long as he needed it. Even as a young child he showed amazing ability to stand on his own feet in an armored world, because he felt basically secure.

Only one serious incident, at the age of three, seemed likely to make a lasting impression on his emotional life. At that time he was living in a rooming house, the entrance to which was above street level, a few steps leading up to the house. One day when Johnny came home with his mother, he pushed the bell button several times for fun, as children are wont to do, without realizing possible unpleasant consequences. The husky, ill-tempered janitress appeared in wild fury. She purposely pushed the door open with such force that Johnny tumbled down the steps head over heels. The woman yelled: “Now I hope you learned your lesson for disturbing me all the time!”

Johnny's mother decided instantly that it was important to change the result of this lesson, and so gave the woman a strong push in return. It made her roll downstairs, landing her next to Johnny, who was so perplexed that he forgot to cry. She lifted Johnny and carried him into the house, while giving the woman an explanation meant for the child: “If you push Johnny, I have to push you!”

A few hours later, when Johnny was playing by himself, his mother overheard him repeating her remarks in weighted words over and over again. From then on the janitress always avoided meeting Johnny. He could have suffered a trauma from this experience, and a twist in his personality towards submissiveness might have resulted; instead he gained an everlasting feeling of security which determined his nonchalance for years to come towards attacks of the armored world.

Johnny's capacity for happiness, his creativeness and intelligence, had a captivating influence upon people. He was liked by everyone and did not run up against difficulties of importance until the age of five. His desire to spend the summer at camp was granted. Among a fine staff of counselors there was one exception, in the person of a woman possessed of masculine sternness. She tried to teach him “discipline” and feelings of shame for his body. Johnny was prepared to meet these difficulties because he was told beforehand that life in a large group of children and adults would probably bring him in contact with people who did not share his natural attitude towards the gratification of his sexual needs. His mother explained to him that many parents teach their children that sex is dirty and that masturbations is a great sin for which they will be severely punished. Furthermore, she informed him that these people often lie when their children ask questions about birth and sex. She told him that it would be unwise to try forcing his knowledge and viewpoint on these ignorant children. When he expressed astonishment at this suggestion she explained to him that children who are brought up with wrong ideas about the facts of life are confused and afraid; therefore he might get into difficulties without being able to help them. The first visiting Sunday in camp Johnny thoroughly discussed with his mother the problems in connection with the antisexual attitude and disciplinarian actions of his counselor. They came to the conclusion of completely ignoring her. Pretty soon the counselor acquired the same attitude towards him because she recognized the futility of her attempts to scare him or make him submissive.

It is important to inform any sexually healthy child in a natural, understanding manner, of the contrast between his own clean, uninhibited feelings with regard to sexuality, and those of dirt and sin in the average armored adult and child. If this enlightenment is imparted without sign of fear on the part of parent or educator the child will easily grasp the guiding principle for the avoidance of possible pitfalls. Experience has taught me that children are basically tactful. When they are allowed to gratify their natural impulses and are treated in an authoritarian way
Parents and educators have repeatedly asked me the following question: “Don’t you consider it dangerous to incite a child against persons who by means of their position or merely by being an adult feel that they have a right to be regarded as an authority? If, for instance, a school principal, teacher or counselor, or a physician or nurse, even a waitress in a restaurant without personal relationship to a child, are not treated in a respectful manner they are certain to feel indignant and will fight back.” As regards the conflict in a therapeutic situation, the question sometimes arises whether it is dangerous to incite a child against his parents. The intensity of the widespread anxiety in regard to these questions can be judged by two characteristic remarks: A neurotic person warned me that children who miss authoritarian upbringing, it is true, are free from muscular armor and neurotic character traits, but instead will commit suicide because of the discrepancy in their feelings and those of the armored world.

The other remark was made by an educator, who told me that Neill had become his guiding prophet in matters of education after he read his books. Nevertheless, he pointed out that he considered it extremely dangerous to expose a child to the conflict of recognizing hypocrisy in his teacher’s behavior. He expressed this viewpoint while discussing a child’s anxiety, which could have been easily averted through the parents’ honest admission of the teacher’s unpleasant personality.

It goes without saying that I do not consider it either ethical or useful to incite a child against anybody for the sake of undermining the child’s opinion or spoiling the relationship between the two. Such a procedure would be irrational and mean. However, the situation changes if the child is endangered through a parent’s destructiveness and inability to love as, for instance, in Case History #1, of Larry. Here, and in similar cases, when parents’ or educators’ armored behavior threatens to break down a child’s life impulses and to impair his mental development, the child must be enlightened about the interference with his rights. His natural demands for love and freedom and his capacity for self-defense must be restored and strengthened. This requires always an objective discussion of the frustrating person’s qualities. If the painful recognition of negative qualities in the adult leads to an incitement of the child, it cannot be avoided. In this case, I consider the incitement ethical because it serves the purpose of granting the child happiness, health and freedom. In therapy it is often advisable to continue strengthening the child’s feeling for his rights in the face of the frustrating person. This is best done at the end of a session.

Parents and educators have repeatedly asked me the following question: “Don’t you consider it dangerous to incite a child against persons who by means of their position or merely by being an adult feel that they have a right to be regarded as an authority? If, for instance, a school principal, teacher or counselor, or a physician or nurse, even a waitress in a restaurant without personal relationship to a child, are not treated in a respectful manner they are certain to feel indignant and will fight back.” As regards the conflict in a therapeutic situation, the question sometimes arises whether it is dangerous to incite a child against his parents. The intensity of the widespread anxiety in regard to these questions can be judged by two characteristic remarks: A neurotic person warned me that children who miss authoritarian upbringing, it is true, are free from muscular armor and neurotic character traits, but instead will commit suicide because of the discrepancy in their feelings and those of the armored world.

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It clarifies the situation for the parent, who will pretty soon recognize the alternative of either changing his armored behavior or losing the child's love. It also gives the child an intense feeling of security. This process is just as important for the success of therapy as the breaking of the child's muscular armor and the dissolution of his neurotic character traits, because it links therapy with the realities of life.

Around the age of six, Johnny began to discover the more or less hidden predominance of sadistic impulses in most children. His original enthusiasm for group playing lessened, since the constant recurrence of some form of cruelty in all games spoiled his enjoyment. Filthy jokes about excremental body functions, and compulsive secret sex talk, using vulgar language, were never missing at children's gatherings. Johnny felt partly embarrassed, partly bored. He began to understand that the world to him looked different than to his playmates. First he tried to bridge this strangeness by ignoring it. Later he realized that by doing so he became an outsider. This feeling was unbearable because it interfered with his natural longing for companionship and his strong desire for group playing. His instinctive recognition of the danger of losing contact with other children, and the anxiety which any necessary withdrawal of natural outgoing play-impulses produces in children, forced Johnny into artificial behavior. He began to follow other children's pattern of expression, although it was obvious that the words he used were meaningless to him. The purity of his feelings remained unimpaired, but he seemed to believe that "When in Rome, do as the Romans do." He even tried to outdo other children by imitating their expressions and outshouting them. This phase lasted about three weeks. Careful analysis of the child's motives, coupled with loving support of the parents, gradually helped him to overcome his first tendency to compromise with his armored playmates.

A similar feeling of insecurity took hold of Johnny during his next summer vacation, which he spent on a small country place. Pretty soon the children of the summer guests formed a gang with the native children, spending most of the time playing, hiking, and exploring together. As soon as the children became familiar with one another, the usual secret sexplay began. They also engaged in whispered discussions, during which they attempted to put together bits of sex information clandestinely arrived at. They tended to another by repeating threats of punishment which they had individually heard from various adults. Because Johnny did not participate in their discussions he excited their curiosity. They asked him whether he was scared to talk about sex. He answered that he was not the least scared. His parents, he said, did not share the view of those who believed that masturbation was sinful. He also was not afraid of getting excited by little girls whom he loves. He added that as long as he can remember, his parents had always answered questions about sex in the same way they answered any other question. Johnny described the children's reaction as something astounding. They could not stand his attitude and tried to convince him of his parents' wickedness because they did not scare him in the customary way, which would save him from the terrible punishments which follow masturbation. Then they decided that things were probably not so bad. They assumed that Johnny's parents, after all, were not as sinful as he had described them and Johnny had lied about it. They tried to make a test by uttering dirty sex expressions in front of Johnny's mother, waiting for her reaction. They became puzzled because Johnny's mother, familiar with the suffering of armored and sex-inhibited children, continued to be kind to them and did not scold them for their use of dirty expressions. Gradually they changed their tactics and became confident. They seemed to enjoy being with her and Johnny but at the same time were seized by great anxiety about their liking such wicked people. They bothered Johnny constantly by telling him that something must be utterly wrong with his family, and that some day God would punish them. They compared their own parents' behavior with that of Johnny's parents in a disparaging way. One day, while taking a walk, Johnny said something disrespectful like "Shut up!" to his mother, whereupon one of the little boys exclaimed, looking reproachfully at Johnny's mother: "If I said something naughty like that to my mother she would smear soap in my mouth!" Then he added boastingly: "Yes, she has done that several times!" Gradually most parents regarded Johnny as a danger to their "sound educational principles." Apparently they felt urged to demonstrate their disapproval of his freedom, which they called "disobedience," as often as possible. Consequently they greeted Johnny on every occasion with "Mind your mother!" On another occasion a controversial discussion about the existence of Santa Claus was forced upon Johnny. When he answered honestly that he did not believe in Santa Claus an adult snarled him, saying: "But our children do!"

All these unpleasant experiences seem to slide off a healthy child as long as he is constantly supported in his strong belief of being right. Whether or not this is done in a humorous way, or by serious discussions, or by
combination, as it was best for Johnny, depends upon the individual child, and is of minor importance. The decisive factor is the maintenance of security and protection, through the parents' or educators' undisturbed attitude, in the face of such difficulties. They must be tackled in an undramatic way; there must be no sign of impatience or being tired of dealing with the hostility of the armored world. Complete absence of fear, which characterizes any genuinely protecting action, must emanate from the adult's behavior. It can only be achieved through the conviction that any difficulty must be surmounted by our active help when the child's right for emotional and sexual freedom is at stake. We must take the pains of examining thoroughly the acute, individual difficulty. However, each case must be considered and dealt with as part of the great complex of sociologically conditioned difficulties which arise wherever sex-economic principles are applied. If the situation is carefully explained to the child this broad viewpoint raises the individual case above the smallness of personal antagonism and thus eliminates bitterness and disappointment. He will then not feel helplessly exposed to the attacks of armored human beings.

It was possible to guide Johnny through the above mentioned struggle so successfully that he emerged an unusually happy and healthy child. What remains to be seen is his reaction to and experiences of his love-life with little girls. This is not within reach of anybody, because it concerns the kernel of his being. What happens here is the criterion of his emotional health.

At the age of five he experienced deep love for the first time for one of his classmates. Both children gave themselves completely to the experience under the most favorable circumstances. When they met for play they spent most of the time undisturbed by others. The relationship was completely happy, but of short duration. Johnny felt oppressed by the girl's frequent spells of hopelessness, caused by her mother's indifference, with resulting crying spells of release. And further by the lack of warmth, which changed the loveliness which she displayed in other places, when he saw her at her home. Johnny's reaction to this behavior was: "She becomes dull and cold like her mother."

This happened at a time when at his own request he changed schools. He was transferred from a strict public school—about which incidents were described above—to a less rigidly conducted and more interesting one. Apparently he was pleased with this incident as an outward reason for the separation from his girl friend, for which he was emotionally ready. He kept a happy, loving memory of her. When, in the course of events, he had various relationships, the girls mostly reacted lovingly to begin with, but withdrew in anxiety as soon as he became strongly sexually excited and touched their bodies. There were only two girls who had no inhibitions whatsoever. Both were rather wicked children, one being the daughter of a drunkard. Their lack of inhibition was not due to a natural, healthy attitude but, on the contrary, to neurotic lasciviousness. They grew up without any care whatsoever, like stray cats. Occasionally the parents paid them attention by spasmodic discipline in the form of beatings, at times showering them with gifts and treats as their whim directed. Johnny was the first boy they ever met who did not suppress his sexual impulses, therefore they considered him wicked like themselves. Each of these girls had the same tactics on him in short succession. They used him as a victim of their sadistic impulses. Here, in short intervals, he met two girls who responded to his sexual excitement. This attached him to them. They tried to change this attachment into a submissive fixation. They tortured him by making it a condition that he would share partly nasty, partly dangerous activities with them if he wanted to enjoy their company at all. They kept him in constant tension by aggravating the conflict of temptation to follow them in spite of his better reason. This continued for several weeks. Gradually he understood that he was dealing, in either case, with girls who excited him sexually but whom he did not love. This made the relationships intolerable to him and he stepped out. It took him quite a while to get over this disappointing experience. Then he confided in his mother. It seemed to him that he had the urge to find expression for something which he felt very clearly, but the recognition of which made him feel no less sad than any healthy adult, namely, the fact that in an armored world sexuality has lost its identity with love. He put it in simple words by saying: "Too bad, it could have been so lovely, if only they had not been so wicked!" But more than his words, his eyes expressed the seriousness of his statement. He matured through this experience, which left no trace of impairment of his love impulses.

To sum up the main principles for the protection of the healthy child against armored behavior, we have to revert to the different groups described at the beginning of this article:
In therapy we must try to exert our influence on as many people within our reach as the problem involves. If possible, this should be done in cooperation with the child.

We must strengthen the child and help him to acquire a character structure void of neurotic traits, yet suited to survival in an armored world. We must sometimes compromise by taking into consideration the fact that our generation of children, being pioneers, is transitory. Therefore, we should, if necessary, guide the children towards over-development of self-defending character traits, which under ideal conditions in a healthy society, would need less emphasis.

We must help them to understand armored behavior by being honest in our explanations as well as serious, yet not anxious in our warnings about its dangers.

Healthy children must be protected from infancy against armored behavior. In early childhood the protective actions must bear such an explanatory character that they convey their meaning automatically to the child.

As soon as the child has sufficiently matured, explanation about the existence of armored behavior and its dangers must be given and means to fight them must be taught.

The child must be made to feel that the burden of defending him is gladly carried by the adult as long as needed.

The same principle applies to children having attained health through therapy. The only difference lies in the fact that they need stronger assurance and support at the termination of their treatment, because they have to make up for time lost during the period of neurosis.
Projeto Arte Org
Redescobrindo e reinterprelando 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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