ABOUT SELF-REGULATION
IN A HEALTHY CHILD

By ISSE OLLENDORFF

The theoretical problems and the questions of an understanding handle of children who are being brought up according to the principles of self-regulation have been discussed on several occasions. But many readers will be interested in the handling of the practical everyday questions of feeding, sleeping and cleanliness of an infant and small child who is brought up entirely on these principles. Young mothers often say that they would like their children to grow up as self-regulating persons, but that they are afraid this would entail too much time and trouble. The

contrary is true: nothing is easier than to bring up a healthy child. True, the self-regulating child will be much more active and will need more attention than a child who is trained from the beginning to sit still and to be quiet, but on the other hand, a healthy, active child will not need the much more strenuous and troubled attention that the quiet and broken child needs when it is crying for hours at night, when it will not fall asleep, or when it gets sick. With the healthy child who regulates his eating and sleeping according to his needs, who has no "toilet training," there is no time wasted with coaxing for hours at meal times to "get some food into the child," no time and energy of both mother and child wasted by forcing the child to sleep at specified hours daily, and no endless waiting by having the child sit on the potty, sometimes for hours, until it finally urinates.

The following observations have been made on a little boy from his birth to the age of 22 months.

After a special agreement with the hospital, the newborn baby was put on the breast 10 hours after birth. He started immediately to suck vigorously, and continued the sucking at each feeding time, although the milk did not start to flow for about 48 hours. The child was started on five feedings, because the hospital routine did not allow for another schedule, but the child was left with the mother for at least half an hour for each feeding and was left at the breast as long as it wanted. Another agreement with the hospital was that no bottle feeding should be made at night. At home, the child continued on the five daily feedings, with an interval between the meals of about four hours. The intervals were in no way rigidly kept, but varied according to the needs of the child. He was never awakened for his feedings, and a feeding would be postponed or advanced depending on when he woke up or was hungry. The child would be kept on the breast as long as he wanted to suck or until he fell asleep and let go of the nipple by himself. When in the fifth month the mother's milk was no longer sufficient and the child cried because he did not get enough, he was given an additional bottle after each breast feeding, and in the course of one week he had weaned himself from the breast without any disturbance in any of his functions. He was kept in his mother's arm for the bottle feedings for a long time, and only after he was old enough to hold his bottle firmly, and could run around and get his bottle by himself, did he drink it alone, lying down on the bed or couch or on the floor.

Since the child did not suck his fingers but showed a need for sucking during his waking hours, he was given a pacifier in his third week which he kept almost constantly in his mouth during the first 10 to 12 weeks, after which time the need for the pacifier was evident only before his falling asleep. At approximately 1 year of age he spontaneously discarded the pacifier altogether. Even after he had discarded the pacifier, the little boy did not start sucking his fingers. His need for sucking is evidently completely satisfied with sucking his bottle at the present time, and he had satisfied his sucking need before on the breast and with the pacifier.

At about 9 or 10 months his orange juice was offered to him in a cup, but he refused it this way once or twice, and continued to drink all fluids out of the bottle. Two months later he asked spontaneously for a glass of water and from then on took water and fruit juices from the cup, but he still, at 32 months, has his bottle in his bed in the mornings, before his nap and in the evening.

When the child started eating solid foods, he was offered his choice of the food and of the amount of food he would take. If he refused a certain kind of vegetable, for instance, he would either be given another kind, or his dessert first, and he would very often eat the refused vegetable after his dessert. Sometimes he would refuse to eat anything, a sure sign that he was not hungry, and he would then eat very well at his next meal. Since he has been able to feed himself, he will sometimes pick out all the meat from his plate first and eat all the vegetables later, or he will pour his orange juice over his meat and then eat with great pleasure. There is no reason why he should not eat his meal the way he likes it. He is given absolute freedom in the order in which he takes his meals, and he usually eats all with great appetite and in a short time. He was never coaxed to eat himself, but he asked for a spoon at about 10 months and ate alone at about 16 months. Since he likes to do the same things he sees the grownups do, he asked for a fork at about 20 months. He eats well with fork and spoon, but occasionally has great pleasure in taking the food with his fingers.

Here again, many mothers are afraid that the child will not get enough to eat if he does not eat a certain amount of food at certain hours each day. They do not trust the organism of the child and think that they know better what it needs. But they overlook the fact that very many children who are coaxed and forced to eat a special amount of food at each meal, are not the healthiest and best-fed children at all. It is quite obvious that it is not the amount of food taken, but the pleasurable way in which it is
taken, according to the needs of the organism which makes a healthier and stronger child.

A few examples will show how well the organism knows what it needs. Some French refugee children who had been living for quite a while in France with hardly any butter or fats and no sweets, started eating butter and sugar by the handfuls when they came aboard the ship where these foods were served in big bowls on the table. They actually dipped their hands or spoons in the bowls, showing clearly that they were starved for these foods. Nobody interfered with the children and they did not show any signs of upset stomachs. After a few days this special hunger lessened and after a week they were eating again the normal amounts of butter and sweets. Our little boy would show for some days a special liking for salty food, he would start licking the salt shaker or would only take salty crackers. Then, again, he would show a preference for some days for sweets, eating honey or sugar on spoons, and taking sweet crackers only. At other times he would show no special preferences but would take whatever was offered to him, both sweet and salty.

The child regulates his sleeping hours according to his needs. He is never forced to sleep at specified hours, neither during the day nor in the evening. He will be very regular for a certain time with his nap hours, but with his growth may shift the length of time and the time of the day when he wants his nap. For instance, for many months, up to about 1 year of age, this little boy would sleep for one and a half hours to two hours in the morning, when he himself shifted his sleeping hours to the early afternoon after his lunch. It was very easy to understand him in his wish. Usually, when he is put to bed for his nap, he falls asleep at once, without getting up or calling for someone. But one day he refused to lie down and started crying. He was taken out of his bed, and later, after his lunch, was put down again and fell asleep at once. The next day, he was again put to bed at his usual morning hour and again refused to sleep. From that day on he was always put to bed after his lunch, with the result that he fell asleep right away. On some rare days he refused to go to sleep for his nap at all. He would then either go to bed a little earlier, or, if he fell asleep later in the afternoon would have his nap then and go to bed later that evening. Although this broke up his "routine" for the day, he would usually go back to his usual sleeping hours the next day. At about 19 months the need for an afternoon nap seemed to be gone more or less, or at least, since then, has not seemed to be the same every day.

In general, the child has slept through the night without interruption since his birth. He falls asleep the moment he is in bed and the lights are out. At the age of about 18 months, when he was teething and did not feel very well, the child woke for two nights in succession, crying loudly, and from his behavior it was quite clear that it was not so much the pain, but the necessity for bodily contact that kept him from sleeping. He clung to his mother with all his force and would not go back to bed for about an hour the first night. The second night, after he woke up crying, his mother put his teddy bear in his bed and he went at once to bed again, falling soundly asleep. After this experience, he now goes to bed every night with his teddy bear or another toy, and has since that time slept through the night as he always did before. His need for bodily contact with someone or something which he loves during the night is satisfied.

When, as a small infant he sometimes lost his pacifier shortly after he was put to bed at night and would cry once or twice during the evening because he was still too small to put it back into his mouth by himself, the mother was warned by many well-meaning people that this would spoil the child to such an extent that he would always cry at night if he knew that someone would come whenever he cried. But the fact is that he always sleeps through at night without any interruptions, and on the rare occasions when he wakes up at night, it is for a very good reason and if he is helped and the reason for his waking up is immediately taken care of in some way or another, he will go back to sleep at once. There is no excuse for the attitude: "let the child cry itself to sleep." When a child wakes up at night regularly and cries, it is not the badness of the child, but the fault of the adults around him that they cannot find the reason for his crying and do not know how to cope with it.

The healthy child who is brought up with love and understanding, who regulates himself in all his functions, will have no constipation and no diarrhea, and will also need no toilet "training." This child was never taken up at night to be changed or to be put on the potty till the age of 22 months. Only when he had soiled himself and felt uncomfortable and wanted to be changed, was he taken up at night. At eleven months he was put on a potty for the first time, but it was quite clear that he did not understand what was wanted of him. Therefore, the attempt was given up. A month or so later, he was put on a potty-seat, but he felt very insecure, wanted to get off immediately, and this attempt, too, was given up at once. During the summer, at 15 and 16 months of age, when he was
running around naked a great deal, he began to become aware of his urination and defecation and would point to the puddle he had made. At 17 months, when he woke up dry, he would urinate into the potty and understand what was wanted of him to the extent that he would occasionally bring the potty to make his wee wee. By 18 months, without any “training,” he had reached the stage of always asking to be put on the pot when he felt the need for it. If asked after a long interval, he would either urinate immediately or shake his head in the negative. Since there was never any special emphasis put on the functions of urination or defecation, it is a matter of fact for the child just like all other functions of his body, with the result that he has never been constipated or had any other irregularities in the elimination process.

At 17 months the diapers were discarded during the day, but were put on at night. At 20 months, the child seemed to resent any restrictions around the genital area, he seemed uncomfortable and restless when put to bed. Therefore, even though he still wet his bed, the diapers were left off during the night and care was taken that his pajamas were loose enough to make it possible for him to play with his genital.

To the question of how to handle the functions of a healthy child belongs the question who handles the child. Experience has shown that the exclusive handling of the child by one person, be it mother or nurse, is neither good for the child nor for the adult. To cite an example: The child had been taken care of for several months by the mother in the early morning and in the evening, and by a nursemother during the day, and during that time he would easily get adjusted to another person in a short while. However, circumstances suddenly made it necessary for the mother to take exclusive care of the child for about six weeks. During this time the child formed a very strong attachment to the mother. It became extremely difficult for the child to adjust to anyone else, to form new attachments. Furthermore, the mother, too, suffered from the inability to do her work, and started to feel the child sometimes as a burden. This is not a single case, but can be observed on every playground when one sees impatient mothers handling their children in such a rough and unloving manner that one feels they would much rather do something else than be with their children. That the children feel this and react to it with spite, stubbornness and hate is not difficult to see.

It is necessary here to mention the fact that the healthy child, no matter how young he is, will react immediately to every person with whom he comes in contact, in an unmistakable manner. He will show distinct displeasure or even start crying when he meets with stiff, unnatural behavior, with loud voices or efforts to be immediately very friendly with him in the usual manner that adults show towards babies. But if, after studying a person for a while, he sees a natural feeling for him, he will smile and after a while become friendly. When our little boy was 7 months old and a change of nursemaid had to take place, he would not stay for a minute on the arm of one young girl who wanted to stay with him, and screamed when she only approached him. He would not stay alone in the room with her, and in two days showed no change of attitude. The girl seemed friendly to the adults, but the child must have felt a lack of warmth in her. A day later, he took immediately, after a few hours, to another young girl who had a very good understanding for children, and who was a soft-spoken, warm and natural person.

The child is given all the loving, cuddling and hugging he needs whenever he wants it, without waiting for specified “attention hours.” He has shown no signs of destructiveness, but is a very outgoing child who loves to give and to share. To visitors of his own age he brings all his toys, he offers his lollypop to every passing child on the street, and his toy dog's nose is constantly sticky, because it has to share all his meals. Once, while visiting a family who has two dogs, one of the dogs took a cracker out of the little boy's hand. The child was delighted, asked for more and more crackers all of which he fed to the dogs. The next day at home, while he was again eating his cracker, a butterfly was passing him and the child ran after it offering his cracker and was very disappointed that the butterfly would not take his cracker.

At about 18 months of age, the child started to react with spite and crying when he was forced against his will to do something, but he would be very cooperative if told slowly and patiently what was expected of him and he tried very hard to understand the explanations given to him. He loves to take part in the activities of the adults around him, especially in the housework and washing, and he loves to be given to understand that he is helping.

At about 21 months it became very obvious that the contact with adults alone was not enough for the child. He demanded constant attention and seemed bored even when one tried hard to entertain him and play with him. His need for being with other children was clearly to be seen. The moment another child was with him, he played happily and his demands
for attention from an adult disappeared completely. A nursery school was found which promised to cooperate with the parents in the way the child had been brought up till then, and it was amazing even to the parents of the child to see the extraordinarily easy adjustment that this healthy child made to an entirely new environment. The mother brought the child to the nursery school the first day and stayed with the child in the room for about half an hour, after which time the child got interested in the many toys around him and chose a doll carriage to play with. The mother then told the child that she was leaving, but that he would see her and the whole family later in the day. According to the nursery teacher, the child played on for a while and then started looking for his mother. He cried for her for a little while, but calmed down when told that she had gone and that he would see her later. He ate well and slept and played all afternoon by himself with the carriage. He had to be persuaded to go home in the late afternoon. The next morning his mother told him that the car with all the children would come for him and he let himself be dressed very easily and stood at the window waiting for his car. He went into the car without even looking back, played, according to his teacher quietly all day with another toy which he picked out for himself, and came home very happy and satisfied. On the third day he started slowly to play with the other children, and by the end of the first week, was completely at home at the nursery. He now waits eagerly every morning for the car to come for him. When after the second week his mother went to the nursery to see for herself how he was getting along, he was pleased to see her, showed her all the toys, and when she told him after a while that she had to go home again, he said, "bye, bye, see you later," and sat down for his lunch. The nursery teacher of his group told his parents that in her long experience she had never seen another child of that very young age who adjusted himself to a new environment so fast and with such complete happiness. Another remarkable sign of his adjustment is the fact that he was completely dry at the nursery after the first day when he wet himself once. Although he is the youngest child in his group and probably the only one who had no toilet training, he is also almost the only one in his group who is continuously dry.

There is one more point that needs mentioning: The child's mother used the orgone accumulator regularly during pregnancy, and after his birth used to take the baby every day for a short time into the accumulator.

When he was old enough to sit by himself, he got his own little accumulator which he uses regularly every day. The child never had any temperatures or serious colic. The teething was comparatively easy, with only a slight irritability for a day or two. He is a strong and sturdy and very happy child.

Note: This paper was presented at a Parent-Teachers Meeting at the nursery school which this little boy attends. There were about 40 people present. No discussion was scheduled, but a number of parents asked questions in connection with the talk and brought up problems which they had with their children. One mother admitted that she had weaned her little girl from the bottle by force when the child was 2 years old, because many neighbors had told her that this was the thing to do. One father asked whether the use of the pacifier brought about any mouth deformity and whether one should not distract a child that sucks his thumb. His little boy is 18 months old and sucks his fingers all day long. The parents try to distract him gently from it during the day but allow it before he goes to sleep. Since the child still has his bottle, the parents feel that something is wrong if he continuously sucks his fingers, but they have decided not to do anything drastic about it and hope that he will outgrow it. The same father also wanted to know whether it is true that all children masturbate and was wondering what to do about it. He was answered that the best thing is not to do anything about it; that the child needs the undisturbed satisfaction and that any attitude which would give the child guilt feelings might result either in excessive masturbation or in a complete inhibition with later disturbances in his genital function.

One mother admitted that, under the influence of the grandmother, her little girl was started on toilet training at the age of 5 months, with severe constipation as the result. How much emphasis this family puts on the bowel movement is shown by the fact that the little girl has to bring home a slip from nursery school every day, telling whether she had a bowel movement or not. The child is now almost 3 years old. The same grandmother had made the breastfeeding an agony for both mother and child by insisting that the feedings be made according to a strict schedule. The mother said that during the first 4 months, when she was alone with the baby, both she and the child enjoyed the breastfeeding a great deal, because at that time she did not adhere to any special schedule but fed the baby whenever she needed it. This very young mother, who seemed to have a
very good understanding and feeling for her child, was very emphatic in stating that she would not let anybody interfere in what she feels is right with a second child.

A number of mothers seemed to have guilt feelings about the fact that they brought their children to nursery school at a very early age. Somehow they felt they had failed as mothers since they were not able, for one reason or another, to care for their children alone. It was pointed out to them that what a child needs at that age is other children to play with, and that if a child is happy at nursery school at an early age, the child is ready for this experience at this stage of its development.

One mother who seemed very insecure in the handling of her 3½-year-old boy, showed great anxiety with regard to the feeding problem. She still feeds her child at breakfast and supper because “when I feed him he eats everything I think he should eat, but when he eats by himself, he would eat only half that amount.” When one of the teachers pointed out that her boy is much overweight and probably needs only the smaller amount of food that he takes himself, the mother admitted that he weighs too much but that she would not trust the organism of the child to know what he needs. She showed an equal distrust in the self-regulation of the child’s sleeping needs. She said that her boy never seems to want to go to sleep. She complained that he wakes up regularly at 5.15 in the morning and that she does not know what to do about it. When asked when she puts the child to bed, she said that he goes to bed every evening at 6.30. It was suggested that she try to put the child to bed a little later, but she felt that he must be so exhausted after his busy day at the nursery school that he ought to go to bed at that early hour. She did not realize the incongruity between her two statements that the child never seems to get sleepy and that she felt he ought to be exhausted.

The head of the school and the little boy’s group teacher agreed wholeheartedly with the self-regulatory way of bringing up children, but both pointed out the great need for the education of parents towards this goal.
Projeto Arte Org
Redescobrindo e reinterpretando W. Reich

Caro Leitor

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

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

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

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

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

Textos da área do desenvolvimento infantil

Texts from the area of child development

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