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Problems of Childhood Self-Regulation in an Age of Permissiveness*

Peter Crist, M.D.

Raising healthy children is mankind's most crucial task. There is no more important use for orgonomic knowledge. Our children must ultimately take responsibility for the tremendous problems—manmade and otherwise—facing our planet.

We are living in an age of social breakdown in which people throughout society, from the lowest levels to our political leaders, fail to take responsibility for their own lives and their actions. Within families we see the old-fashioned, neurotic, authoritarian family structure breaking down and giving way to a new neurotic pattern, the permissive family structure. Increasingly, we see bratty, whiny children whose parents fail to stand up to them and instead indulge their every whim or demand. We also see increasing numbers of impulsive, unfocused children who cannot concentrate and maintain their attention long enough for sustained work or accomplishment. We have increasing numbers of young people in the work force who expect immediate success without working for their achievements or taking responsibility for their failures. The media regularly report on children who commit atrocities on classmates, teachers, and parents. The perennial moralistic approach of condemning and punishing misdeeds has not eliminated these problems. Neither has the permissive approach that says, "Let them express themselves. We don't want to inhibit our children."

The only true solution is to ensure that the inherent natural capacity for contact and responsibility remains alive from birth onward. Mankind's move toward natural functioning will have to be a gradual process. Parents of each successive generation will need to

*Adapted from a presentation of the same title given at the 1998 A.C.O. Annual Conference, "On Infants and Children," September 27, 1998. This article was originally published in the *Journal of Orgonomy* in 33(1&2), 1999.

make better emotional contact with their offspring so that they can raise less armored infants and children, thereby ensuring an increasing capacity for *natural* self-regulation.

Every baby is born sweet and guileless. There are no evil babies except in twisted adult minds as reflected in horror novels and movies. Michel Odent, a French obstetrician who has been a pioneer and advocate of many aspects of natural childbirth, has reported extensively that babies can be in excellent contact if they are not traumatized at birth or sedated with mother's anesthesia. He makes the point that nearly every culture interferes with the vital contact between mother and infant at the time of birth (Odent). Anna Patsourou describes how even in the first hours of life an infant is able to take charge of its own needs far more than is usually thought (Patsourou, Hassapi). Babies are able to instinctively find the breast, suckle, and regulate themselves. We are all born with instincts which if unimpeded allow us to develop responsibility for meeting our own needs. This natural, inherent capacity for genuine self-regulation is the prerequisite for rational social action. To a great extent humans have lost this capacity.

What accounts for this? In a word, armoring. Dale Rosin describes some of the effects of armoring and the value of preventing its formation (Rosin). Armoring turns the sweet innocence of babies into harshness, leaves them deadened, and interferes with the natural capacity for self-regulation. When children are armored, we cannot let them do whatever they want and hope they will be able to regulate themselves—they cannot. We must do our best to prevent the development of chronic armor and limit neurotic behavior when it manifests.

I assume most of you are reading this article because you believe in the importance of raising healthy children. Some of you undoubtedly hope to apply what you read in raising your own children. This, however, is not my purpose. I cannot nor should I even try to tell you what you *should* do. To do so would establish a new moralism, an "orgonomic moralism," another abstract rule defining good parent or bad parent. We will return later to the problem of moralism.

What can be helpful is a discussion about emotional/energetic contact between parents and their children and how this impacts the child's development from infancy onward. In an article such as this I can offer some general principles about childrearing and self-regulation, but you need to be cautious in applying them. To proceed from intellectual knowledge alone will only add further complications. If you are faced with problems with your child the best advice is to see an organomist for an evaluation of yourself and your child.

A central theme in understanding and working with infants and children is contact. By contact we mean organotic contact, that is, an energy contact, an energetic interaction with excitation. We can distinguish three realms of contact: with oneself, with others, and with the environment.

Contact with oneself implies that we accurately perceive the emotions and sensations that result from movement of the biologic energy within ourselves. To the extent we are in contact, we feel intensely. With pleasurable excitement, the energy rushes outward to the skin, which may be experienced in various ways, such as a feeling of inner swelling of the chest, warmth in the abdomen, or sexual sensation in the genital. When we experience love our heart "overflows." In response to a real or perceived threat the energy contracts into our core and we feel fear. Our heart beats faster and our gastrointestinal tract reacts with increased movement or spasm. With anger, the energy charges our muscles. These observations about our emotions support our understanding that contact occurs with spontaneous energy movement and is optimal when the excitation of the energy and its accurate perception are integrated (Konia 1998a) (Figure 1).

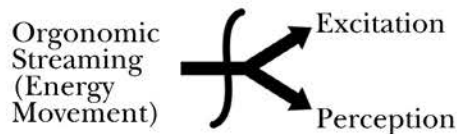


Figure 1

With regards to contact between two individuals, one is the excitant and the other the percipient (Konia 1998b) (Figure 2).



Figure 2

In the social realm, with contact there is energy movement back and forth between people. When we interact with someone, we perceive the energy excitation in them and are excited in turn. While it may involve verbal, physical, or eye contact, the basis of such a connection is much deeper than these surface interactions. It comes from *energetic* contact. When we feel connected with someone in this way, the energy movement may originate from our core and extend out beyond our skin surface. We talk of “being on the same wavelength,” “having good vibes,” or “being in sync.” When we are emotionally touched by another, we are moved spontaneously. This is not always in a positive way. There are some individuals whom we immediately dislike, never having met or talked to them before.

An increasing number of scientists are exploring the interactions between infant and parent. In 1974 Condon and Saunders published an article in *Science* in which they showed that infants as young as one day of age respond with limb movements that precisely correspond to the flow of the speech of the adults talking to them (Condon, Saunders). T. Berry Brazelton at the Harvard Medical School has extensively studied interactions between infants and parents (Brazelton). In a case study using simultaneous filming these interactions are demonstrated. A several-months-old infant named Cici looks with wonder as her mother, Martha, talks and smiles at her. Cici then smiles in return and looks away and back.

In Brazelton’s words, “Cici and Martha have learned about give-and-take, about rhythms. Cici has learned how to keep her mother

coming by waiting to respond. She has learned to protect herself from too much overload. Most important Cici has learned to blow her mother out of her chair with her bright smile.”

Split-screen films such as these vividly show what we mean by contact.

The film also shows, as pointed out by Brazelton, that the baby interacts with her mother and father quite differently. With the latter she is coy and partially hides her face under the corner of her outfit. She also makes loud sounds in response to his talking. In Brazelton’s words, “Cici already expects something very different from her father. She expects to play with him. She has an entirely different rhythm and body language which she saves for her father.”

Contact is essential for the child to develop the capacity to regulate her own behavior. Split-screen films show the infant learning how to regulate herself and to express herself—and to hold back when needed. Brazelton refers to this as the ability to regulate her own behavior to avoid being overwhelmed. Her coyness with her father, a form of holding back, actually gets him more involved.

The capacity to modulate between expression and restraint allows the individual to be socially appropriate in his or her expression and to act differently with different people. Traditionally, the capacity for restraint is referred to as the ability to delay gratification, a mechanistic view that fails to capture the essence. The capacity to contain an impulse allows the individual to build a greater charge and then, in its discharge, experience more satisfaction. When one is in contact there is a delicate balance between expression and restraint that allows the individual to maximize satisfaction and the effectiveness of his actions. At times it is even essential for survival. This is well illustrated among predators in the animal kingdom where rushing after prey too quickly can leave the predator hungry. In contrast, holding back until the right moment can bring a meal.

There is a natural alternation between spontaneous expression and restraint (Figure 3).

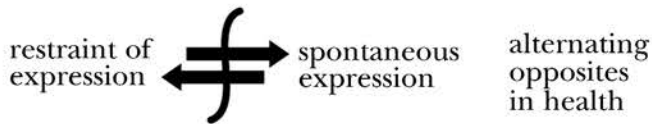


Figure 3

Alternating opposition also describes all pulsatory biologic functions.

In a healthy organism energy pulsates between the core and the periphery allowing the individual to satisfy core needs (Figure 4). These processes of pulsation and satisfaction are the basis of an internal, biological self-regulation. But the young do not grow up in a

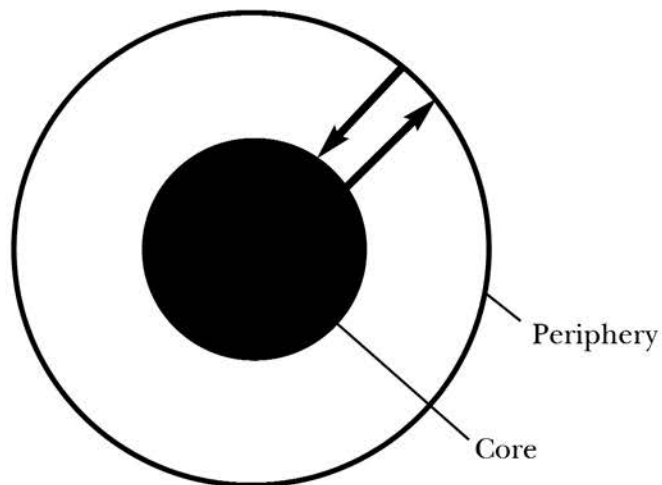


Figure 4

vacuum. An infant develops in the environment of his family and his family is the product of the culture. We function in an environment which requires an ability to develop *social* self-regulation. Self-regulation in the biological and the social realms are intimately interrelated.

In contrast to other animals, something has gone terribly awry with most humans. The balance of the natural swing between

expression and restraint has been upset, and pulsation fails to occur in a natural, life-positive way. We see people restrain themselves when they need to be expressive or, conversely, express themselves when they need to show restraint.

Virtually all of humanity has become armored and cut off from, out of contact with, their natural core instincts. This has been true for thousands of years. How and why this happened is forever lost in the mists of prehistory, but it is valuable to see how the process is perpetuated. If parents are unable to come in touch with and tolerate their core feelings and impulses, they will be unable to make contact with their child. In fact, because of their intolerance, they will react inappropriately when their child has such feelings. The infant senses a change of or loss of contact, experiences anxiety, and instinctively alters his reactions in order to maintain whatever contact is possible with the parent.

In Brazelton's study, he asked the mother to use an unresponsive face with her daughter. The infant reacts by looking away with anxiety in her eyes. She then looks back at her mother with disbelief and arches her back. As noted by Brazelton, "Cici tries about five different behavioral programs to get her mom to come back. She can't believe Martha won't respond."

No child tolerates the loss of contact, the loss of love, and in order to survive every infant does what it must to maintain whatever limited level of contact is possible.

Unable to excite her mother and without a response, the baby has no way to make contact and share or discharge her feelings and their very real energy. When this becomes a chronic condition between mother and infant, where contact and other basic, primary needs are frustrated, there can be no resolution of the baby's anxiety and frustration. When longing, need for comfort, feelings of anger and sadness are not felt by the mother and not attended to, the child must reduce contact with such feelings to keep from being overwhelmed. This is done through disruption of energy movement.

Energy movement and thus contact are reduced by reducing excitation and/or blocking perception (Figure 5). To accomplish this

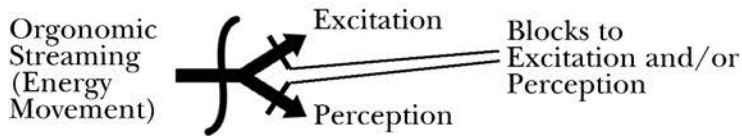


Figure 5

the child holds his breath, tightens his muscles, blocks in his brain, and goes “off” in the eyes so that his perceptions are not so painfully acute. This is a natural defense that is called “armor.” Armor protects the child from being overwhelmed, but when it becomes chronic it is pathological, with profound, negative consequences.

To the extent that an individual is armored he cannot fully feel or express his natural emotions and impulses. This results in limitations in his capacity to self-regulate. The primary, natural core impulses, including sweet ones of love, become blocked by layers of armor and turn harsh. These are the secondary impulses (Figure 6). In order to function in society the child must develop a *moral* social façade to hold these secondary impulses in check.

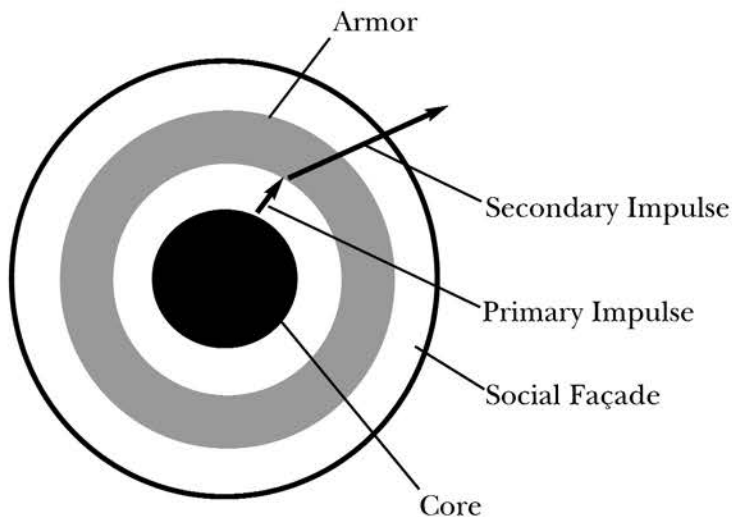


Figure 6

In the late 1920s, early in the history of organomic thinking, Wilhelm Reich made the distinction between moral regulation and self-regulation (Reich 1949, page 172). The term “self-regulation” describes the natural capacity of the individual to govern himself according to inborn, healthy, biological needs. This contrasts with moral regulation, where the individual must be governed by externally determined rules of right and wrong. Moral regulation has been the prevailing mode of armored, authoritarian, human civilization for thousands of years.

In the armored condition, natural pulsation between expression and restraint, as described before (Figure 3), becomes distorted. Because of armor, core expressions are transformed into secondary expressions and the restraint employed to control them becomes moral restraint. These no longer function as alternating opposites but become antagonistic (Figure 7).



Figure 7

For millennia the predominant family structure, and with it the approach to parenting, has been authoritarian. In such a family the parent asserts authority and decides what is right and wrong with little regard for the feelings or genuine needs of the child. “You have to do it because *I* am your parent and *I* tell you what is right!”

In the second half of this century we have seen a counter-reaction to this approach. Most people born before 1960 were raised by authoritarian parents, but since that time we have increasingly seen permissive parenting and a permissive family structure. The permissive parents of today were often themselves raised in an authoritarian way and experienced the negative consequences of that upbringing. With the best of intentions they have decided they want to do or be something different for their children. They hated being told what to do and want to let their children express themselves more freely and

have more say in their lives. These parents are reacting against their upbringing. Armored themselves and lacking core contact, they are no more able to raise their children in a healthy way than were their parents. To the extent to which a parent is armored he will be incapable of making contact with his own core and therefore with the core needs of his child. He is *biophysically* limited in his ability to relate to his child. The armor prevents direct contact with his core and prevents direct contact with the outside world (Figure 8).

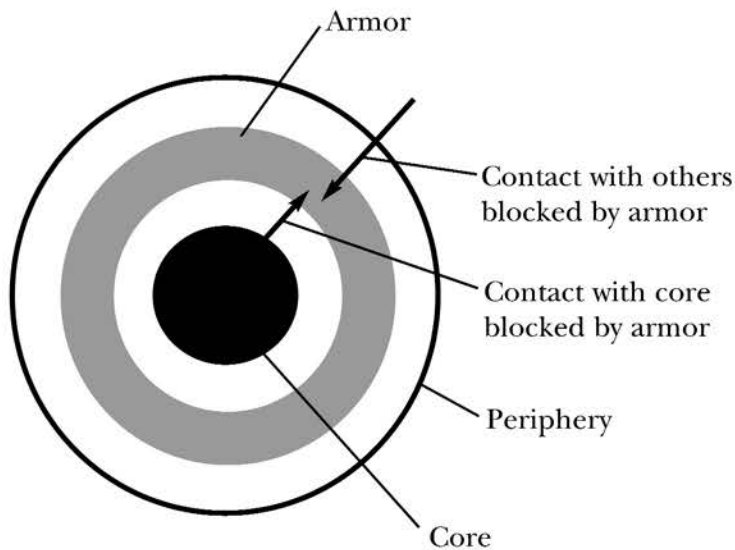


Figure 8

Without his deepest need for contact met, the child of this new generation must armor and, as a consequence, develops a wide range of harsh, secondary expressions. These include being whiny, bratty, pushy, mean, sneaky, arrogant, contemptuous, and so forth. And because he is not disciplined by his parents, he continues these behaviors not only at home but also more readily in his social behavior outside the home. When these secondary behaviors manifest, it is disastrous to allow the child to do what he wants and it is the parents' *obligation* to point them out and stop them. To the extent that the child

is armored, he is not able to function appropriately without *moral* rules of conduct and is *incapable* of regulating himself. Because of this, permissiveness has not only not improved family life or society but has instead brought about chaos.

Authoritarian and permissive parenting are the two basic types of armored childrearing (Figure 9).¹

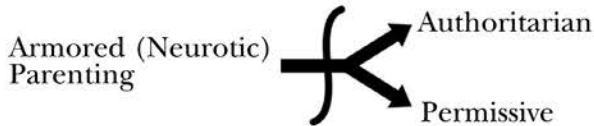


Figure 9

Each results from a different relationship between moral restraint and secondary expression. In the authoritarian approach moral restraint holds back secondary, neurotic expression and is predominant. The opposite is true in the permissive approach with secondary, neurotic expression dominant over moral restraint (see Figure 7).

Because there is no rational basis for expression of secondary layer impulses, we can see that the authoritarian approach is actually the more rational of the two.

Both types of neurotic parenting result from parents' armoring and their reactions to secondary layer impulses. Both fail to distinguish primary from secondary impulses. The authoritarian inhibits both primary and secondary impulses and the permissive allows expression of secondary impulses. Another way of seeing this: The authoritarian parent indulges his own secondary, neurotic expressions while the permissive parent indulges the child's secondary, neurotic expressions. The permissive parent often obtains neurotic gratification from their child's (and their own) anti-authoritarian actions because they are motivated by hatred of their authoritarian father and are compelled to rebel against anyone seen as

¹The impulsive character develops in conditions in which both of these parenting approaches are overtly manifest (Reich 1974).

in authority (boss, teacher, government). The authoritarian, on the other hand, *identifies* with the father figure.

Self-regulatory upbringing is not a third alternative to these two armored approaches. It is in an entirely different domain, one that is governed by and results from spontaneous, natural contact. Unfortunately, the principle of self-regulation has suffered the fate of many great concepts. It has been distorted, applied in a mechanical way, and taken to mean that we have to let the child regulate himself without our intervention. If it were't so tragic, it would be funny. A two-year-old child regulating himself! Such an ideological approach to self-regulation has become permissiveness in the name of health.

More than forty years ago Reich clearly described these problems and foresaw where we were heading. He wrote in *Children of the Future* (pages 44-45):

Now, the greatest difficulty in letting newborn infants develop their natural morality is the fact that armoring sets in so very early, i.e., soon after birth... *With the first armor blockings the infant's self-regulatory powers begin to wane.* They become steadily weaker as the armoring spreads over the whole organism, and they must be replaced by compulsive, moral principles if the child is to exist and survive in its given environment. Thus, the compulsive regulation of infants is not the result of bad intentions or maliciousness on the part of educators or parents. It is an awful necessity, an emergency measure... . *self-regulation cannot be conceived of as something to be implanted in the child, or something that can be taught. It can only grow of its own accord.* What the educator and the parents can do is protect this naturally developing self-regulation from birth onward. Since every bit of chronic armoring only weakens the functioning of self-regulation and makes compulsive training necessary, the adults' main objective is the continuous and careful removal of every type of armoring that may appear in the infant.

Reich also stated (*ibid.*, page 47):

Neurotic behavior cannot be dealt with by means of self-regulation. It forces authoritarian measures.

The following case illustrates many of these points. Alice was brought to therapy as a toddler when the mother noticed her lightly hitting her own face and quietly saying “No.” This scared the mother because she knew her own tendency to turn on herself emotionally and here Alice was literally doing so. Both the mother and father felt strongly that they did not want Alice to suffer the same they had growing up, but now their own problems were appearing in their young daughter despite their best intentions.

Although the specifics of their lives are unique to them, this couple wanted what most of us want for our children—for them to be better off than we are. In this case, both parents were well-educated, intelligent people who also had some knowledge of ergonomic principles and concepts to help guide them. Knowledge and good intentions, however, are not enough to prevent parents’ problems from being visited on their children. As the mother said, “The excitement about the idea of having a child was one thing, but once confronted with the reality of a living person right there with feelings it was far more difficult than we ever could have imagined.”

The father was a home-based, freelance writer not yet able to earn an adequate income. The mother, a physician and the primary source of income for the family, felt guilty that she could not be with her daughter as much as she wanted. Although she struggled to juggle attempts to have time at home with her professional commitments, she was often exhausted and unable to make good contact with Alice. This made her feel even more guilty.

On initial examination, Alice was a sensitive, intense child who also needed a lot of contact. She had some holding in her jaw and was unable to express angry crying. My holding her jaw open brought out the angry crying. Although she tried to squirm away, she did discharge some anger and underlying sadness.

When Alice began to express angry crying in the session, both parents became uncomfortable. In response to Alice’s anger her mother felt afraid and guilty that she must have done something wrong. She

tried to distract Alice's attention to something pleasant. The father showed little outward reaction and instead withdrew into himself.

Both parents were encouraged to continue working on their personal emotional problems in their ongoing individual therapies. The mother subsequently reported that she saw clearly how her own trouble tolerating her feelings, especially disappointment and anger, caused her to feel overwhelmed in response to those feelings in her daughter and how her consequent confusion prevented her from responding to Alice in a clear, straightforward manner.

When Alice was able to discharge some anger and sadness in her sessions she expanded and became livelier and happier. This helped ease the block between mother and child because Alice was now less demanding and more enjoyable to be with. In turn, the mother relaxed and felt less afraid she was doing the wrong thing. Overall, they made better contact.

Well past the age of two, Alice continued to nurse. The mother said she had heard some people say that a child weans itself when ready. So far, she had not seen signs of her daughter weaning herself. She said that over the past couple of months she felt less and less like nursing and in fact wanted to stop, but felt afraid to do so because it might be the "wrong" thing if her daughter still needed to nurse. Breast-feeding, however, now felt like an imposition, a burden and she was beginning to resent her daughter which made her feel guilty. A "sticky" relationship had developed between the two. When asked what she felt in her heart, she said she would like to tell her daughter that she did not want to nurse anymore.

Some important issues are illustrated by this situation. The mother did not act on her feelings. She rejected them, became confused, and was paralyzed with the fear that what she wanted to do might be wrong. I suggested she follow her feelings but also acknowledged that she might need help to face what was in the way of her doing so. She was clearly aware of feeling afraid that she might stop nursing and that her daughter might still need it. I told her she could always change her mind later. She worried that if she did so it would be confusing to

Alice. I told her that continuing to nurse when she did not want to was far more confusing to Alice than if she stopped, subsequently changed her mind and went back to it knowing at that time that it was the right thing to do. The main issue, however, was that she was afraid to face her daughter's disappointment and anger if she did not give in to her demand to nurse.

Mother returned two weeks later and said, "I told my daughter there would be no more nursing and that was it. She just stopped and hasn't asked to nurse again since. She started eating other foods and she's been much more talkative, and more independent. The funny thing is that I got the impression *she* was relieved."

This is exactly right. Once the mother overcame her anxieties enough to act decisively on what she felt, the stickiness in the relationship disappeared. Alice reacted to being told breast-feeding would stop by expanding and reaching out in a more independent way. Alice's true need at this point in her development was to have contact with her mother as a more independent child. The mother no longer resented Alice and actually enjoyed being with her much more of the time. The contact between them was more satisfying for both.

In another situation, a five-year-old girl continued to nurse. The mother rationalized this by saying that her daughter still wanted to have the breast and seemed to enjoy it and that she, herself, believed that a child will wean itself "when it is ready." The father reported to me that since he and the mother separated when the daughter was two years old the mother had not found a satisfying adult relationship for herself. He felt the mother used nursing to satisfy her own need for contact and rationalized it as a good thing. He was right. It is interesting to note that the child, now in her teens, has a "sticky" relationship with her mother and tends to wait for others to initiate many day-to-day interactions with her.

Jane Goodall's detailed observations and research of chimpanzees and their family relationships document the profound effects of failing to wean a child. The top-ranking female that Goodall named "Flo" was observed to be a particularly kind, loving and tolerant

mother (National Geographic Society 1984a). Her older offspring all did well and were very successful in the community. Her sons tended to be high ranking and her daughters were sought after as mates and did well in raising their young. When she was pregnant with her fifth, Flo increased her attempts to wean her four-year-old son, Flint; but typical of youngsters his age, he resisted. He still tried to suckle and demanded to ride on Flo like an infant despite his large size. When denied, Flint threw violent temper tantrums, screaming, hitting, and biting his mother. Perhaps because she was getting too old to stand up to him, Flo often gave in and let Flint have his way. Flo then gave birth to Flame. With the arrival of a sibling, a time when most young chimps had been observed to become more independent, Flint's behavior should have changed. Instead, he kept pestering his mother for even more attention, trying to suckle with Flame at Flo's breast. More often than not Flo gave in to his demands. Six months later, while Flo was ill, Flame disappeared, evidently having died. With no infant to care for, Flo gave up trying to wean Flint or encourage his independence even though he was over four years of age.

At this time Flo was estimated to be well past forty, near the life expectancy of a wild chimpanzee. Feeble and worn, she now spent most of her time resting quietly. With Flo's death, Flint stayed by himself close to the place where she had died. He ate very little and became increasingly lethargic and depressed. In this state of grieving, Flint grew sick and three-and-a-half weeks after losing his mother, he also died.

Flo lacked the energy to react appropriately to Flint and encourage his independence as she had with her first three offspring. This had grave consequences for him. So, even the best of mothers can have problems (in this case, advanced maternal age and a baby's death) that profoundly affect the delicate balance of interactions and contact between mother and child. When normal healthy interactions are disturbed, this profoundly impacts the offspring's capacity for self-regulation and even survival.

Let's return to the story of Alice. The problems that arise from a disturbance of contact can manifest during each stage of development. A few months after the resolution of the weaning problem Alice's parents became concerned because she was refusing to let them change her soiled diaper. She had begun to use the potty and although not fully toilet trained, she had now regressed. Both parents felt they should use force to change her, but felt helpless and became paralyzed in the face of her angry stubbornness. As a result of their tentative approach, diaper-changing became a long-drawn-out affair in which they tried to reason with her and cajole her until eventually she gave in and let them do it.

Neither one doubted that Alice's reaction was neurotic, or that their own response was as well, but they were also uncertain what to do with her. They suspected that Alice was clinging to being a baby. The father, in particular, who was home with her more, was more comfortable relating to her as a baby. Again, the child's sensitivity made her very aware of her parents' reactions and I sensed she reacted to their discomfort about her becoming more mature and independent.

While both parents were anxious in the face of Alice's intense reactions, they were now more able to tolerate her emotions and primarily needed encouragement to be clear and direct with her. Subsequently, the mother said that she was well aware that she often became paralyzed with the fear that she would act on a decision and it would be wrong. The mother felt that neither she nor her husband grew up with any rational model of how to handle children. In her paralysis she often was unable to see her options. Advice often served to give them a simple, rational model of what they could do. In this situation they were told that a soiled diaper simply needed to be changed, without debate or discussion.

They were also told that the health in their child would result in her respecting them for standing up to her neurotic reactions and hating them if they didn't. They were encouraged to simply take charge of the situation and without rancor tell Alice that they were going to change her diaper and proceed to do so even if it required holding her down.

They were also told that Alice did not have to like what they were doing. It was important for her to express her anger without them tiptoeing around it. By now they had seen me hold and contain Alice on the treatment couch many times when she wanted to squirm away and they had also seen her rage and get through it with relief.

Immediately following the session they realized Alice needed a diaper change and proceeded to do so in the waiting room. Through the door I could hear Alice screaming. She was in an absolute rage and screamed bloody murder as if she were being killed. The rage needed to be discharged but up to this point, because of the parents' indecisiveness, had no outlet except indirectly through stubbornness. In the next session they said that there had been only one more diaper incident. After this Alice was relieved, more expressive and independent. Part of the rage of a child in a permissive setting is rational and is directed at the parents for not taking care of the child by taking charge of the situation.

Both parents have worked hard in individual therapy and are better able to tolerate their own emotions. Continued work with the parents on their relationship and how they relate to their child has made them much more able to respond appropriately. Currently, Alice is seen for therapy every few months when she asks for it or her parents feel that she has gotten stuck. A recurrent problem is her reluctance to feel and express anger. She avoids it with a tendency to be overly obedient and to retreat into a helpless, whining, "poor me" attitude. Rather than getting caught up in the content of Alice's whining, the parents can now usually tell her to stop whining and speak up. When they do this, she immediately becomes more animated and communicates her needs directly.

In general, Alice is now doing well and has become a delightful six-year-old, well liked by classmates and adults. People remark that she is particularly sensitive, caring, and expressive but strong at the same time.

From the beginning of Alice's treatment the mother felt that she must be a bad mother because her daughter had problems and

needed therapy. Recently, she said that she can increasingly hear what she was told so many times, that she did the best she could and when she could not see what else to do she sought help for her daughter. Getting her daughter into therapy was an indication of her being a good mother rather than a bad one.

Where does all the rage come from when a child is allowed to act out neurotic impulses? The irony is that in doing what the child wants, the permissive approach overlooks the *deeper* needs of the child. Indulging the child's secondary neurotic impulses gives only superficial satisfaction and actually prevents the spontaneous development and expression of the deeper, healthy, primary ones. The *primary* impulses therefore are in great measure frustrated, hence the rage.

Often the parent has the instinct to say "no" but overrides it, feeling guilty. This is common with permissive parenting. One of the recurrent distortions of the concept of self-regulation is the idea that a child should not be thwarted and told "no." Reich himself was aware of this, as revealed in unpublished notes made by Myron Sharaf of one of Reich's last seminars in August 1955. One of the seminar members reported seeing many examples of so-called "self-regulated" infants where the mother had become exhausted; she was continually being awakened at night to meet the child's demand for contact. From Sharaf's notes:

Wilhelm Reich made the point that, while the first few months of the infant's life are hard on the mother, when this continues on into years there is very often something pathological in the situation. Some of the pathology he had noted: it is actually the mother's needs rather than the infant's that are being met by this constant "contact"; the mother is seeking the warmth, not the infant. Or the mother is very ambitious and wants to show that she has an extremely self-regulated child and is very "giving" to it. Perhaps the most outstanding factor that was mentioned was that the infant feels deprived of *genuine* contact and hence is constantly demanding "something" no matter how much the mother tries to give to it. A vicious circle is then established with the mother feeling more and more resentment because of the child's

demands and the child feeling more and more unfulfilled in the “something” it is seeking, and hence becomes more demanding.

Reich stressed the obvious, but often forgotten, point that the child needs to learn “nos,” that “nos” are part of reality, and that if he doesn’t learn them when he is young he will never learn them. [Reich never felt] that “nos” should be excluded, but only anti-life, hateful, irrational “nos.”

Another case well illustrates parents’ confusion about when to say “no” and what to say “no” to. When Ann was four years old, her parents asked that she be seen in consultation. They expressed concern that she had become sexually provocative with her father, occasionally rubbing her genital against him while he was sitting on the sofa. She had also recently become agitated and easily distractible. Both parents were quite uncomfortable with Ann’s sexual behavior but were reluctant to stop it because, wanting to raise a “healthy child,” they “did not want to repress her sexually.” Through discussion, it became clear that, in general, Ann failed to make eye contact and ask directly when she wanted her father’s attention. Ann had been seen previously at age two-and-a-half for routine evaluation. At that time she was noted to be lively but with some oral holding and a subtle tendency to “go off” in her eyes. Until the problem with her sexually provocative behavior, she was seen about every four to six months to help prevent armoring.

In response to her sexual behavior, Ann’s father tried to act as if everything was fine, but, in fact, it made him intensely uncomfortable. She certainly sensed this. The father was urged to gently tell Ann to stop rubbing against him and to tell her to make eye contact. The parents were reassured that this gentle suppression of her genital impulses was necessary. When the father handled Ann’s sexual behavior in this way, it quickly stopped. She calmed down and became more focused in general and was able to look at her father and engage him in a range of everyday play activities by saying, “Watch me do this, Daddy.”

Ann's inability to make eye contact and to speak up for herself needed to be addressed first. Allowing expression of genital impulses before doing so rendered her anxious and unfocused. In this case, genital suppression, which might be seen as wrong, was necessary to help the child integrate and support the long-term development of her sexuality, without genital fixation on her father.²

Virtually all families are neurotic and therefore family relationships are "sticky." Individuals within them are not able to function freely and independently. In fact, natural independence is thwarted. The child's ties with the parents become burdened with the excess energy of unexpressed feelings and unfulfilled needs. Reich coined the term "familitis" to describe this condition in which family members are neurotically bound together. It is wonderfully descriptive and accurately conveys the overcharge and overexcitation, the inflammation, of family ties.

Rigidity is always found in the armored state. Healthy parenting, however, requires flexibility. For example, as an infant, the child needs intense, close contact with the mother; but as it develops it needs to become more independent. This is true among all mammalian species. Well illustrated in a *National Geographic* television special on Kodiak bears (National Geographic Society 1984b), the close bond between mother and her cub forms an inseparable family unit for two to three years. Then she becomes progressively less attentive, eventually turning on and driving away her two-year-old cub when it was time for it to be on its own.

Seeing natural functioning through the lens of armored human attitudes causes many people to regard the mother bear's abandonment of her cub as brutal. Perhaps it is harsh, but is it "brutal" for the mother to force her young to become independent? Is the cub afraid and confused? Undoubtedly afraid, confused maybe, but it is *not* brutal to have a cub face age-appropriate fears and in so doing grow strong and independent.

²If Ann was well integrated and had an appropriate sexual outlet with a peer, she would not have directed her sexual feelings to her father. Failing this, however, it was necessary to stop the behavior.

An authoritarian could easily take the example of the bears and say, "See you have to make children independent. Toughen them up and don't let them become dependent on you because they will have to be made ready to leave." This is an armored attitude that when applied at *too young* an age avoids, denies, and squelches soft feelings of natural dependency and need. A child cannot become independent if its early needs for dependence are not met. The film's narrator describes the natural situation quite clearly. The mother maintains a close connection with the young and they are dependent upon her when there is a biological need. But with maturation there develops the necessity to become independent and she asserts it for her young—otherwise they will not be able to survive on their own in the wild. People with a permissive attitude might feel sorry for the cub, not appreciating that the mother is forcing independence on her offspring and that this is the correct thing to do.

The authoritarian treats the infant harshly and the permissive coddles and treats the child sentimentally, as fragile and helpless. A striking example of the authoritarian attitude occurred after my own daughter was born. On day two, with mother and baby still in the hospital, a nurse came to the room and said the baby needed to be taken to the nursery to be weighed and to have a routine foot print done. She went to put her in the bassinet to wheel her down the hall. I said I would carry her myself and the nurse said, "Oh, you're going to spoil her." When we arrived at the nursery, several other nurses said the same thing, one adding, "At some point she's going to have to get used to her Daddy not carrying her everywhere." Can you tell me how it is possible to spoil a two-day-old infant by carrying her, holding her close, and comforting her?

On the other hand, Anna Patsourou's discussion of "delivery self-attachment" shows that trying to do too much for the infant can interfere with and interrupt natural functioning (Patsourou, Hassapi). Assisting a newborn to the mother's nipple to nurse actually interferes with the infant's instinctual ability to crawl to the breast on its own.

Sometimes the parent needs to teach the young. Other times, however, they must let them learn on their own and the parent's role is to prevent anything from interfering. This is well illustrated in the interactions between a mother cheetah and her adolescent cubs as seen in an episode of the *Nature* series shown on public television (Nature 1993). The mother of two adolescent cheetahs sees a young Thompson's gazelle. Her cubs play instead of scouting for prey, but finally they catch on and stalk the fawn, which instinctively freezes and lays low. While the cubs know how to stalk, they do not yet know how to kill. They wander around the fawn lying on the ground, sit down next to it, paw at it and seem to play with it for a while. Their mother does not interfere. She gives them more time to learn by experience when she chases off a hyena threatening to interfere. With the added time the cubs eventually make the kill together.

Examples in nature, where there is apparently no significant chronic armoring, show us the process of parenting when there is natural contact with offspring. As humans, our armor unfortunately prevents us from making the kind of contact required to instinctively care for our young as fully as they need. The possibility of preventing armor and the difficulties of developing a healthy approach to childrearing were described by Wilhelm Reich nearly fifty years ago in *Children of the Future* (pages 43-44):

Those who operate with "thou shalt" and "thou shalt not" somehow have no inkling of the *inborn* moral behavior in man. The organomic principle of self-regulation relies fully on the natural structure of the newborn infant, and with good reason. If you let your child grow as nature has created it, if you do not warp its basic needs into anti-natural, asocial drives, the so-called secondary drives, then no compulsive suppression of "badness" will be necessary... *don't suppress nature in the first place, then no antisocial drives will be created and no compulsion will be required to suppress them. What you so desperately and vainly try to achieve by way of compulsion and admonition is there in the newborn infant ready to live and function. Let it grow as nature requires, and change your institutions accordingly.*

References

- Brazelton, T. 1991. *The First Month Through First Year. Touchpoints Volume 2*. Greenwich, CT: Pipher Films, Inc.
- Condon, W., Sander, L., 1974. Neonate Movement is Synchronized with Adult Speech: Interactional Participation and Language Acquisition. *Science* 183(4120).
- Konia, C. 1998a. Orgonotic Contact. *Journal of Orgonomy* 32(1): 61-81.
- . 1998b. Neither Left Nor Right Part II (continued) The Removal of Social Armor. *Journal of Orgonomy* 32(2): 198-199, 215-216.
- National Geographic Society. 1984a. *Among the Wild Chimpanzees*. Washington, DC: National Geographic Society.
- . 1984b. *Giant Bears of Kodiak Island*. Washington, DC: National Geographic Society.
- Nature. 1993. *The Nature of Sex: The Young Ones (Part 6 of 6)*. New York: Partridge Films, Inc.
- Odent, M. 1998. "Respect for the Newborn: The Beginning of Civilization." 1998 A.C.O. Annual Conference "On Infants and Children," September 27.
- Patsourou, A., Hassapi, T. 1999. Breast-Feeding: An Orgonomic Perspective. *Journal of Orgonomy* 33(1 & 2): 28-48.
- Reich, W. 1949. *Character Analysis*. New York: Orgone Institute Press.
- . 1974. *The Impulsive Character and Other Writings* (trans. Koopman, B.G.). New York: New American Library. Also published in five parts in the *Journal of Orgonomy* 4(1): 4-18, 4(2): 149-166, 5(1): 5-20, 5(2): 124-143, 6(1): 4-15.
- . 1983. *Children of the Future*. New York: Farrar, Straus & Giroux.
- Rosin, D. 1999. Medical Orgone Therapy as a Treatment for Infants. *Journal of Orgonomy* 33(1 & 2): 49-60.