

Sexual Theories of Wilhelm Reich

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Wilhelm Reich has been incredibly misunderstood and maligned, and almost everything he has written has been misinterpreted. Particularly is this true of his sexual theories. The usual distortion is that he advocated "free" sexual expression - "obey that impulse" - amounting to a wild and frantic promiscuity ever seeking a mystical, ecstatic orgasm that is supposed to cure all neuroses and even physical ills. This could, presumably, be accomplished by sufficient practice and knowledge, and it would free everyone of his inhibitions and repressions. In order to achieve this end and, incidentally, to satisfy their own countertransference needs, Reich and his followers were said to masturbate their patients and to have sexual relations with them. (It was never explicitly stated whether homosexual relations were included; if not, then half of the patients must have felt neglected.) In any event, they conjured up an exceptional sexual prowess and lack of discrimination on the part of Reich and his followers. This distortion, of course, came from the sex-starved neurotic longing of some of the reviewers and readers of orgonomic literature, and surprisingly, even more from those who knew nothing of Reich and his writings. It was not based on anything Reich ever wrote or practiced. Actually, medical orgonomy as developed by Reich is a rather puritanical discipline. [Footnote 1] True, not entirely in keeping with the social mores of armored man, but puritanical nevertheless.

The healthy individual has a natural, rather than a compulsive, morality. The former leads to health and order, the latter to neuroses, criminality, perversion, and chaos. From the view-point of a natural morality, many social mores are incomprehensible, for example, living with a mate one does not love merely because the law says one is married, or an insistence on faithfulness out of duty. Natural morals are concerned with different values: Sex is desired only with a partner one loves, promiscuity and perversion are uninteresting, pornography is distasteful. One is self-regulated. The orgasm, rather than being a cure for emotional ills, is an expression of health and enables one to maintain health. One who is not healthy cannot experience a true orgasm but, rather, what Reich termed a climax." [Footnote 2] The latter does help reduce sexual tension but cannot eliminate it. If it could, everyone would attain health by sexual activity, as Reich's critics insist he claimed. This is obviously not the case.

Reich was originally a strict Freudian and accepted Freud's theories, particularly regarding the libidinal development through the oral, anal, phallic, and genital stages and the concept of psychic energy. This concept holds that an individual is born with a given amount of psychic energy so that, the more it is bound up in fixation and repression at the various stages of growth, the less remains free for

adult adjustment. Reich, I however, came to disagree with Freud on two important issues. Freud believed that culture and instinct were antithetical and that the baby was born with both libidinal and destructive drives. He believed, thus, that the destructive drive legitimately required repression for an orderly society and that, in the last analysis, society was correct in imposing such restrictions - otherwise, there would be chaos. Reich believed that the baby was born without destructive drives and with only the primary libidinal (love) drive, and that he was capable of regulating himself if allowed to function naturally. He believed that the destructive drives were a result of the repression of the libido, which then built up tension and pressure that could express themselves only forcefully and brutally. In this view, society is wrong in restricting the natural drives of the child, for it thus forces on him irrational and neurotic behavior.

To Freud, psychic energy (or the libido) was simply a working hypothesis. Reich believed it was a real energy that required adequate discharge in order for a person to avoid the buildup of tension. He, eventually, was able to demonstrate this energy experimentally. If repression occurred, this energy was held back in muscular contraction (the armor). The contraction of the musculature tended to restrict and immobilize the body and became the somatic core of neuroses, making full orgasmic discharge impossible.

Repression occurs when parents or nurturers restrict emotional expression in the growing child through a series of repeated verbots - "Boys don't cry"; "You must not leave a scrap on your plate"; "Stop touching yourself"; etc. - without regard for the child's needs. Especially damaging is the restriction on any sexual interest or display. Reich never advocated nor countenanced encouraging sexual display or acting out in children. He did feel that the natural sexuality of infants and children should be protected and allowed expression at an age appropriate level. This did not mean child-adult sex or salacious promotion of sexual activity in children. However, if children were allowed early sexual activity with their peers, as well as masturbation, they would discharge libidinal tension. Thus, the oedipal stage (the incest wish) would be divested of its charge and, with it, the classic source of the neurosis, the oedipal triangle. Then repression of the incest wish becomes unnecessary because it carries so little charge. In our society, childhood sexual activity is not permitted, with the result that the incest wish usually remains a serious problem throughout life.

Drawing on many years of clinical experience and the study of social attitudes, Reich briefly stated his theory, which he called sex economy, as follows:

Psychic health depends on orgasmic potency, that is, on the capacity for surrender in the acme of sexual excitation in the natural sexual act. Its basis is the unneurotic character attitude of capacity for love. Mental illness is a result of a disturbance in the natural capacity for love. In the case of orgasmic impotence,

from which a vast majority of humans are suffering, biological energy is dammed up, thus becoming the source of all kinds of irrational behavior. The cure of psychic disturbances requires in the first place the establishment of the natural capacity for love. It depends as much upon social as upon psychic conditions . . . The vital energies, under natural conditions, regulate themselves spontaneously, without compulsive duty or compulsive morality. The latter are a sure indication of the existence of antisocial tendencies. Antisocial behavior springs from secondary drives which owe their existence to the suppression of natural sexuality.

The individual brought up in an atmosphere which negates life and sex acquires a pleasure-anxiety (fear of pleasurable excitation) which is represented physiologically in chronic muscular spasms . . .

Armoring of the character is the basis of loneliness, helplessness, craving for authority, fear of responsibility, mystical longing, sexual misery, of impotent rebelliousness as well as of resignation of an unnatural and pathological type. Human beings have taken a hostile attitude toward that in themselves which is living, and have alienated themselves from it. This alienation is not of biological, but of social and economic origin. It is not found in human history before the development of the patriarchal social order.

Since then, duty has taken the place of the natural enjoyment of work and activity. The average character structure of human beings has changed in the direction of impotence and fear of living, so that authoritarian dictatorships not only can establish themselves, but can even justify themselves by pointing to existing human attitudes, such as lack of responsibility and infantilism. The international catastrophe [World War II we are passing through is the ultimate consequence of this alienation from life.

This formation of character in the authoritarian mold has as its central point, not parental love, but the authoritarian family. Its chief instrument is the suppression of sexuality in the infant and the adolescent.

Owing to the split in the human character structure of today, nature and culture, instinct and morality, sexuality and achievement, are considered incompatible. That unity of culture and nature. work and love, morality and sexuality for which mankind is forever longing, this unity will remain a dream as long as man does not permit himself the satisfaction of the biological demands of natural (orgastic) sexual gratification. Until then, true democracy and responsible freedom will remain an illusion, and helpless submission to existing social conditions will characterize human existence. Until then, the extinguishing of life will prevail, be it in compulsive education, in compulsive social institutions or in wars. [Footnote 3]

Man has been aware for centuries that there was some relationship between sexual starvation and emotional and even physical disorders. The ancient Greeks recognized it, particularly in hysteria. In more modern times, Charcot noted a relationship between sexual unsatisfaction and emotional and physical complaints in his women patients. Freud learned this from Charcot and, as he developed psychoanalysis, proved that neuroses were due to sexual repression; he believed that, if the repressed conflicts were made conscious, the patient would be cured. He also shocked the world by discovering that children, too, had sexual desires and interests. It seems that everyone must have forgotten his own childhood. For many years, Freud was ostracized for his insights, and we must admire his courage and Reich, who was born in 1897, was raised in a freer environment, and without religious training or sexual repression. After serving as a lieutenant in the Austrian army at the Italian front in World War 1, he came to Vienna and entered medical school in 1918. He soon became interested in Freud and psychoanalysis and was trained by Paul Federn. He became a practicing analyst in 1920, two years before his graduation. His brilliance led Freud to choose him as first assistant physician for the newly started Vienna Psychoanalytic Polyclinic in 1922, and two years later, he was made vice director and a member of the teaching staff. His duties included conducting seminars and training young psychoanalysts. By 1925, he had laid down his basic tenets of the relationship between sex and the neuroses and the factors involved in a healthy sexual life. These tenets are still valid today.

In the Polyclinic, Reich had the opportunity to study, with his students, hundreds of patients who came for treatment and to evaluate Freud's assertion that, when the unconscious conflicts were made conscious, the symptoms disappeared. He found that this did not always occur. Some of the most thoroughly analyzed cases remained in their neurotic morass or relapsed shortly. The problem then was to find out why. What factor was missing in the uncured cases that must be present in the cured ones? This factor proved to be that the latter had attained a satisfying sexual life, while the former had not. During analysis, symptoms frequently improved when the patient had a satisfying sexual experience or even masturbated with pleasure. Genital release was, therefore, necessary to maintain health. This did not mean that the uncured cases remained in abstinence, as many of them did have a sexual life. At that time, analysts simply took the patient's word for it that his sexual life was adequate and refrained from detailed probing. Reich found that all these patients suffered from sexual inadequacy consisting of premature ejaculation or orgasmic impotence in the male and anesthesia or absence of orgasm in the female. The cured cases regularly achieved a pleasurable orgasm with total involvement of the body. This brought in the quantitative factor of discharge of libido or excess energy. This was significant, as it meant that the libido, which Freud had postulated as a psychic concept, is a reality. The libido must be a real energy which, unless discharged at

more or less regular intervals, increases in the body, causing tension, and exciting the vegetative and vasomotor systems, causing nervousness, irritability, and other symptoms.

It now became clear that the cause of neuroses consisted of two factors: first, an infantile sexual conflict, basically the Oedipus and castration complexes, and second, a disturbance of genital functioning characterized by undischarged libidinal energy. Neurotic symptoms did not develop unless the latter were present. Certainly, the organism has some ability to absorb and handle excess energy without developing symptoms of stasis, but this is true only up to a point. In the healthy individual, this period is roughly one year. Work alone cannot discharge sufficient energy to prevent symptoms. Worry and some illnesses may prevent symptoms from developing for long periods of time through using up the body's energy or failing to produce it.

The genital is the only organ capable of discharging sufficient energy to avoid stasis. Pregenital zones such as the mouth and anus only add to the excitation rather than discharge energy, except in infancy when the mouth replaces the genital in orgasmic discharge. The important factor in adequate discharge is the experiencing of pleasure in the sexual act, which means that, with pleasure, energy reaches the genital and can be fully discharged if there is no holding in the organism.

Reich investigated the orgasm experimentally and found that the mechanical functions of tumescence and detumescence do not explain orgasmic phenomena. Erective ejaculation and detumescence may occur without any trace of satisfaction or may lead to disgust and displeasure. This fact can be seen in cases such as nymphomania or satyriasis, where sexual outlet is constantly sought but gratification never achieved. In the course of experimental investigation, Reich postulated that the orgasm was basically a bioelectric phenomenon. That is, in addition to mechanical filling and discharge, there occurs a bioelectric charge and discharge in the following sequence, which he called the four-beat orgasm formula:

1. Mechanical filling (tumescence, hyperemia).
2. Bioelectric discharge (corresponding to subjective sensations of preorgastic pleasure).
3. Bioelectric discharge (corresponding to subjective sensations of orgasmic pleasure).
4. Mechanical discharge (detumescence).

The juxtaposition of the genitals in coitus he saw as constituting an electrolytic system in the following manner:

1. Male circulation - source of charge.
2. Penile epidermis - electrode.
3. Female secretions (electrolyte solution) - conducting medium.
4. Vaginal mucosa - electrode.
5. Female circulation - source of charge.

"The male and female circulations and the mutually stimulating plasmatic excitations in the autonomic nervous systems represent the inherent sources of electrical charge on the organs of sexual contact. The equalization of the potential gradient occurs between the two surface potentials -- penile epidermis and vaginal mucosa." [Footnote 4]

In a further experiment, he corroborated this by showing that the genital (and other erogenous) surfaces serve as a locus for the build up of bio-electric potential. Subjects monitored by an oscillograph regularly showed sharp upward deflections when an erogenous zone was stimulated, but only if subjective feelings of pleasure were experienced. If an identical procedure on the same subject evoked displeasure or annoyance, the result was a sharp downward deflection corresponding to a sharp decrease in bioelectric charge (withdrawal of charge from the skin surface). Subjects could regularly predict the degree and direction (up or down) of the recording by the degree of pleasure or displeasure they experienced subjectively. For example, an erect penis produced no upward deflection unless pleasurable excitation was felt. The degree of subjective pleasure felt was always accurately quantified by the objective measuring device and coincided with the demonstrable buildup of a bioelectric potential. Reich equated this bioelectric energy with what Freud called libidinal energy - now no longer a Freudian metaphor but an empirically demonstrable energy.

The same bioelectric energy was reflected as pleasure if it flowed outward to the skin surface, with resultant buildup of charge at the skin site, and as anxiety, if it flowed away from the skin surface, causing a lowering of charge at the skin site and increased central tension. These experiments showed conclusively the basic antithesis of sexuality and anxiety. Energy flowing from the center to periphery is functionally identical with pleasure; energy flowing from periphery to center is functionally identical with anxiety. It is the direction of flow of this energy that determines which emotion is felt.

Reich at first believed that this energy was electrical in nature and called it bioelectric energy. Later, he discovered many different qualities in it not characteristic of electricity and renamed it orgone (organism) energy. It thus became apparent that, to safeguard health, this energy must be maintained within certain definite limits, which is accomplished naturally by genital functioning. Thus he called "sex economy." When pleasure was felt in the sexual embrace, the energy had reached the genital and could be discharged. Adequate discharge could occur only in the presence of a full orgasm, which means participation of the entire organism through total bodily convulsions. This capacity for full gratification Reich called "orgastic potency." Thus, in women, only vaginal orgasm could achieve this gratification, while a clitoral climax, which is only a local response, could not. In the absence of pleasure or in the presence of anxiety, no energy reached the skin and genital (which is part of the skin) and discharge could not occur. A full orgasm (genital potency) could not take place under conditions of sexual inhibitions or repressions. Further, it was not possible without privacy and a suitable environment with both partners fully relaxed.

Reich could only conclude that sex, which was formerly believed to be solely for reproductive purposes, had the vitally important function of maintaining a stable energy level within the organism. Sexual activity is thus of little value for emotional health unless it is experienced with pleasurable excitation reaching a peak at the orgasm, when the excitation rapidly diminishes.

It would follow, then, that without sexual repression, there would be no neuroses. This is indeed the case in those societies that are sex-affirmative, such as the Trobriand Islanders'. Such societies are matrilineal in structure. In western civilization (and most Asiatic and other countries), a patriarchal form of social structure exists which is sex-negative. We have, therefore, to be concerned with the social cause of sexual problems and hence neuroses. Our whole society is oriented against true sexual freedom and, from infancy on, every effort is made to inhibit and repress any sexual manifestations. The infant is unable, because of clothing, to reach his genital and, later, any attempt to touch it or play with it is stopped. Boys and girls alike are severely reprimanded for any curiosity about the other's body, and adolescents who engage in sexual relations can be severely punished. Thus, only a few are allowed to grow up with a natural sexual attitude, and yet, when they marry, they are supposed to be able to function. Few find or attain a satisfying sexual relationship even in our day when youths are boldly showing their sexual interest and demanding its fulfillment.

The youth of today are making their demands on a disordered structure crippled years ago in childhood. They mistake license for freedom. [Footnote 5] The result is a compulsive, irresponsible sexuality that offers little release and is accompanied by pornography, perversion, public nudity, and frequent sexual

orgies. They quote Reich as the authority for this so-called sexual freedom, and society says, if this is what Reich stood for, we do not want any part of him. This, in fact, is what Reich was very bitterly opposed to. The fact that Reich stood for an affirmative sexual attitude had been distorted into such chaotic sexual expression.

Further, many well-meaning but ignorant physicians, psychologists, and sex counselors, knowing the importance of sex in emotional problems, advise their patients to go out and have sex as a standard therapeutic practice. This reminds me of the old gangster parties where a trigger man held a gun in your ribs and told you, "The boss wants you to show that you are having a good time or else." Such advice to a shy, timid, and inhibited youth can very well end disastrously, with increase in guilt and symptoms and possible complete collapse. I have seen such cases. No one should be advised to have sex until he is ready for it emotionally and has sufficient knowledge about the possibility of venereal infection or unwanted pregnancy. Then he will not need to be so advised. Occasionally, the timid may need encouragement but only by an expert who can adequately judge that he is truly ready. Reich found in his research among the youth that only one-third were emotionally prepared for a sexual life, and one-third needed considerable information and counseling, while the remaining third required extensive therapy. It's true that the majority of youth today have grown up with a better attitude toward sex but most without sufficient responsibility toward it.

Our sexual revolution has largely misfired with many in chaotic rebellion, flaunting what they consider their freedom and their rights rather than taking on a responsible sexual life. I do believe that most of our youths who never make the headlines have made real gains over the older generation, and this is where the real hope lies.

There are three peaks of sexual activity in the first 21 years of life: fancy, first puberty at about five years of age, and puberty. These periods particularly require much understanding and contact for the health of the child. The infant who has developed for nine months in the warm, relaxed uterus of a loving mother in constant contact with her living, pulsating organism continues to need that contact for warmth, security, and particularly the energetic excitation which stimulates him and makes him glow and expand with life and with pleasure. He can thus develop rapidly and become increasingly self-sufficient in moving about and keeping himself entertained. I have seen babies born under natural conditions, in the home rather than a hospital, who will follow you with their eyes immediately after birth, nurse within an hour, and turn over in a few hours. This seldom happens with a baby born in a hospital. The first few hours after birth are extremely important for future healthy development. The baby is born able to

respond to his feelings and make known his needs. If these needs are responded to contactfully and satisfied, it is much harder to crush him later.

A baby such as this, born naturally to a relaxed and loving mother, will be seen at the end of nursing to experience an oral orgasm. In infancy, the mouth is the dominant zone for contact, satisfaction, and discharge of energy similar to the genital function later on. The oral orgasm. It serves a function orgasm occurs only in healthy infants who have good contact with a mother whose nipples are sensitive, warm, and alive. It starts as a quivering of the lips, which spreads to the face, finally ending in trembling and soft convulsive movements of the head and throat and sometimes of the whole body. This oral orgasm maintains a natural energy charge. At the same time, the genital is a pleasurable organ which the baby loves to play with. Contact with the mother is of vital importance to the infant and also to the mother. Most obstetricians are aware that nursing aids in the normal involution of the uterus. But it also gives excitation and that sparkle of life to both infant and mother. The mother may experience strong sensations traveling to the genital with a deep feeling of love. [Footnote 6]

Most babies, however, do not have such a start in life. They may develop a spastic uterus, which prevents free movement. The birth process itself may be long and difficult, with anesthesia, drugs, and forceps, and birth may even be mechanically held back to await the doctor's arrival. At birth, the environment which greets the newborn is mostly unfriendly. To begin with, it is cold compared to the uterus. Then the baby is slapped to make it breathe, hung by the feet, and even yet too often a stinging medication is placed in its eyes. This is only the beginning. It is separated from the mother, whom it continues to need, and is placed in a crib with a hard mattress, frequently with bright overhead lights shining down relentlessly 24 hours a day. After starving for 24 to 48 hours, the baby is put on regulated feedings, usually from the cold, insensitive nipples of the neurotic mother or from an inanimate bottle. The environment is noisy and chaotic, the nurses frequently rough and careless, mittens are placed over the babies' hands so they cannot scratch themselves but, then, neither can they suck their thumbs for oral satisfaction. It is pitiful to watch them try. Further, they are frequently wrapped so tightly they have no free movement and are blocked in all directions from reaching out into the environment. We gain a false impression of the helplessness of infants. Blocked thus, they can only contract. The chest stops its free movement, the diaphragm blocks, the eyes do not focus, and the skin becomes cold and blue. At first, they react with angry crying, later with crying and whining to show their misery. Now add circumcision, and the penis, too, contracts and remains cold and blue and is conditioned to pain rather than pleasure.

With this effective start, life is further blocked by early toilet training which ultimately renders the child more compliant in curbing his masturbatory impulses and sexual strivings. Sphincter control is not attained until eighteen months of

age so that earlier toilet training requires contraction of the body musculature, especially of the thighs, buttocks, and pelvic floor, as well as retraction of the pelvis, and further respiratory inhibition. This is a familiar example of the armoring process, which binds energy and prevents it from reaching the pelvis where it can be discharged. It effectively diminishes natural emotional expression and especially the pleasurable sensations from the pelvis. Next the child runs into admonishment when he touches his penis and faces the dire threats of the results of masturbation.

Thus, in general, release is prevented, so the energy increases and tension mounts. Sexual impulses and other aggressive drives, which were at first tender and soft, become harsh and brutal. This is the origin of sexual sadism, which society so rightly tries to abolish but strongly handles by further repression. Because of the frustrations, rage develops, and it, in turn, must be repressed. With little release of biological energy, the individual must of necessity continue to increase his armor (muscular contraction) which may eventually include the whole musculature. He feels a constant inner tension and anxiety. Finally, effective armoring falls, and the repressed sexual drives break through and are warded off in the form of symptoms. The child becomes restricted, mechanical, and confined to definite routines of living filled with compulsions or phobias.

He arrives at the second peak of sexual activity at about four years of age. This stage is ushered in by genital exhibitionism and pride in the genital; then, at about five years of age, he develops strong feelings of love and sexual interest in the parent of the opposite sex. This is accompanied by plans of marriage to the mother or father some day and jealousy and resentment toward the parent of the same sex. This is the famous Oedipus complex [Footnote 7] and it requires great understanding and reassurance on the part of both parents for the child to resolve this stage satisfactorily and proceed on to a maturing sexuality. The loved parent must assure the child that his love is returned and that he is the most important and loved person in the parent's life. The rival parent must not show jealousy or ridicule but accept the child's attitude as natural. If this is done, even this parent becomes accepted and loved as part of the triangle. Secure in this love, the child can later give up the parent easily for a suitable mate. On the other hand, if the child's love is rejected, he withdraws into himself, becomes shy and timid, and develops a rich fantasy life to replace reality; or, if the rival parent is jealous, angry, or ridiculing, the child becomes filled with guilt and fear of castration. In either case, the Oedipus situation is never resolved, and any future love object is endowed with qualities of the rejecting parent, and sexual feeling becomes filled with anxiety, guilt, and revived castration fears.

I once had as a patient a young man who was divorced and had kept his small daughter with him. He finally fell in love with a charming young lady, but, to his great consternation, his young daughter became very jealous and violently

opposed to his loved one. He asked me what to do. Since his daughter was five years old and at the oedipal level, I told him to tell her that he loved her more than anyone in the world and to show her a great deal of affection. He was amazed to see the change in her and how she was able to accept her rival even after the marriage. She did remind him occasionally that they had a secret that they would never tell her rival. The stepmother knew of course, and was glad to allow her to have her father's love. Secure in her father's love, the child was able to love her new mother and accept her completely.

From first puberty to second puberty, no one can really say what the healthy child's sexual life would be - perhaps both masturbation and heterosexual play, including actual intercourse. Freud believed that the child went into a period of sexual repression called the latency period where no sexual interest was shown. Growth and development use up a large part of the child's energy, so a sexual outlet may not be as important as it is in adolescence, but certainly it is not an asexual period. Those who maintain a sexual interest and activity remain healthier than those who do not. Malinowski found that, in the Trobriand Islands, children had sexual play and actual intercourse exclusively from 4-6 years and onward. This seems more natural than masturbation, because sexual pleasure is greater where another organism is involved for mutual excitation and sharing of the experience. Also, a moist surface, particularly electrolytic, like body fluids, makes for a higher degree of charge and excitation, as will the mouth and nipple in infancy and the penis and vagina in intercourse. Masturbation is more satisfying if the penis is lubricated with saliva (which is electrolytic).

Puberty is particularly important because it, in fact, can give the individual a second chance to become healthy if the society is understanding and sympathetic. The endocrines mature then, as do the sexual organs, and sexual desire becomes overwhelmingly strong and urgent, more so than at any other period in the individual's life. If these drives are allowed suitable outlet, many early problems can be overcome. But, it is just at this period that society reacts most strongly against any outlet. The weaker ones are driven back into themselves, refraining from sexual outlet; even masturbation is filled with guilt and inhibited as much as possible. These end up severely crippled emotionally. The stronger ones find a sexual outlet but frequently as a symbol of rebellion and with strong feelings of guilt. Their sexual drive is expressed but under the most unfavorable circumstances: in cars, in buses, with insufficient knowledge of contraception, and always with the fear of being caught. If they are over 18 years of age, they are in a safer position legally and many now are beginning to live together at colleges and when they work away from home.

Reich believed that we needed to develop a whole new concept of sexuality. He viewed the body as an energy system in a constant state of expansion and contraction or pulsation (seen most easily, in the pulse and respiration). In health,

energy flows freely through the body. This energy is built up in the organism by the intake of food, fluid, and air. It is also absorbed directly through the skin. It is discharged by activity, excretion, emotional expression, the process of thinking, and by conversion into body heat, which radiates to the environment. Also it is used up in growth. In the usual course of events, more energy is built up than is discharged. If this were to continue, the organism would either have to grow continually or burst. To maintain a stable, economic energy level, excess energy must be discharged at more or less regular intervals. This economic discharging of energy is the function of the orgasm.

As energy increases, the body regularly builds up tension. At a certain point, known as the lumination point, the tension is felt as sexual excitement in the healthy individual. Energy above the level of the lumination point may be looked upon as sexual energy or the libido, which Freud described. Normal expansion markedly increases. The skin becomes warm and dry, the pulse full and slow, breathing is deep, vision is sharp, and the genitals fill with blood and become acutely sensitive. In full sexual excitement, not only must energy reach the skin surface, especially the genitals, but this energy must be excited from within. This means acceptance of the genital feeling and anticipation of the genital embrace. Excitation is further increased by the presence of the sexual object until a close contact and union of the genitals become imperative. Rhythmic friction rapidly produces a maximum peak of energy concentration and excitation in the genital. Discharge occurs through total convulsions of the body, the orgasm, and the economic energy level is reestablished.

Reich believed that, from the time of birth, everyone is endowed with the sexual capacity which is necessary to maintain a stable energy level in the organism and prevent stasis. This is nature's safety valve, to which man has developed a negative, repressive attitude. The result is emotional and physical disease, exploitation, sadism, and destructiveness, not only of man himself but toward all nature. Each individual has a right to sexual expression throughout his life, which should be acknowledged and affirmed. If this and his other needs are satisfied from birth, he is capable of regulating himself and needs only to be taught to respect the rights of others and his and his own safety. This self-regulation contains its own morality. If this were the rule in our society, sex would become an expression of love, not a conquest; perversions, sadism, and prostitution would cease to exist, and neuroses and criminality would be unknown. These are not just theoretical possibilities but have been demonstrated in those societies that are sex-affirmative.

The healthy person does not need as much sexual outlet as the armored because he receives satisfaction and is not forever trying to attain it. He can then find joy in his work, which becomes more productive. He is faithful to his mate as long as he is satisfied. When he is no longer satisfied, he finds a new love and

new satisfaction rather than remaining compulsively within a loveless marriage. Today, we have numerous manuals on sex with photographs of different positions and techniques designed to enable compulsive marriage partners to find some enjoyment in their sexual relations with each other. This is all a frantic effort to perpetuate our system and make it work. When excitement with one's partner is lost, usually no amount of training or technique will revive it. When excitement is there, each individual knows what to do. This mutual excitement may last a lifetime or it may disappear in a night, depending on other factors that the two have in common. For this reason, it is well that the two know each other well and live together for a time before marriage is contemplated. It may take time before the sexual experience is satisfying to both. Men are inclined to climax prematurely in a new relationship, and the woman does not then have an opportunity for sufficient stimulation. She usually requires more time than the male to reach acme and more foreplay before genital union.

Courting exists in all higher animals and serves the function of getting acquainted or "smelling each other out." Fear is deeply rooted and is necessary for survival; until it is eliminated, the organism cannot expand fully or surrender completely to another organism voluntarily and spontaneously. Courting establishes trust. It may be long or short, depending on circumstances and the individuals involved, but the healthy individual does not consider sexual union without some degree of courtship.

Once sexual union becomes an urgent goal, the activity may be divided into three stages: foreplay, genital union, and the orgasmic convulsion. There are no rigid laws in nature for the first two. Foreplay includes whatever may be mutually acceptable and pleasurable, with the exception of sadistic acts. Nothing pleasurable can be considered perverse as long as the goal remains genital union. Foreplay may be long or short; usually, the male rushes to genital union, while the female prefers more foreplay. Both should be sexually excited (streamings in the genital) before even foreplay is considered. In a healthy relationship, foreplay consists largely of body contact and gentle caresses of the loved one's body. Frantic, harsh, manual excitation plays no part in it.

The sexual act can hardly be completely satisfying if one or other must be excited by artificial means. Such an individual is not biologically ready for the sexual act. Either his free energy has not reached the point of lumination, or it is bound by anxiety. Or, it may simply be that the partner is not desired.

Foreplay continues to increase the excitation to the point of urgent union (desire for penetration), a desire which should be present in both partners. Erection in the male is an obvious requirement.

Erection in the female is not so obvious nor so well considered a requirement. Yet, in adequate sexual readiness, the labia become erect as do the nipples when the breasts are responsive. Further, there are two types of vaginal secretion, watery and mucous. The latter, which is electrolytic, offers a higher degree of contact and excitation, and, unless it is present, a woman is short of full sexual readiness. Prolonged foreplay with clitoral stimulation will tend to produce a clitoral climax and interfere with full vaginal response.

It is still debatable whether the female feels pleasure in the vagina itself or whether this is an illusion from the pleasure felt in the labia and introitus. The posterior wall of the vagina seems to be the most responsive. There is, however, a definite urge for penetration and vaginal orgasm as opposed to the clitoral climax. The latter produces only a local response, while a vaginal orgasm results in a total response of the whole organism with complete satisfaction. Also, where there is genital potency, the vagina becomes an active organ, sucking the penis much as the mouth sucks a nipple.

Actual genital union where contact (streaming) is present causes an urgent need for friction movements, soft but aggressive, and synchronous with the breathing. Rapid, harsh movements are due to contactlessness and cover up any natural sensations of surrender. Timid movements or lack of movement may be due to anxiety or to cut down sensation.

The actual sex act lasts from three to twenty minutes, with a continued feeling of natural gentleness. The position requires only that there is no interference with freedom of movement. One may or may not proceed directly to orgasm. One may pause, alter position, etc., but, at a certain point, the act becomes automatic and initiates the involuntary orgasmic convulsion. At this point, stopping or otherwise interfering becomes very painful and disturbing. This may occur when one or the other cannot tolerate the full swing of the orgasmic convulsion and interferes by rapid, jerky movements or even withdrawal. Or one may become frozen and immobile and even lose sensation entirely. The sexual act should be devoid of fantasies, which are in themselves a running away.

The full orgasm depends on complete absence of holding in the organism. At a certain point, excitation grasps the whole person and its increase is not subject to voluntary control. Having first spread to the entire organism, it then concentrates in the genital area, and a warm, melting sensation follows. Involuntary contractions of the muscles in the genital area and the pelvic floor occur in waves; the crest of each wave of contraction coincides with deep penetration during expiration. The spasms that produce ejaculation follow. In women, there are contractions and elongation in the vagina, which are accompanied by a desire to receive completely. Because of the invagination, this is comparable to the expansive urge of the penis to penetrate fully. Next, there is a clouding of

consciousness and an increase in contractions which involve the whole body. After the convulsions, the two organisms remain united for a time while the energy which has been concentrated at the genital flows back through the organism, which is experienced as gratification. Separation then occurs with relaxation, a tender, grateful attitude toward the partner, and sleep.

One of the greatest difficulties to overcome is to remove the compulsion from sex and to accept it only when it is really desired and pleasurable. Women are taught to believe that men want sex all the time and must be satisfied, so they feel obliged to feel ready to submit at all times. Men must demonstrate their manhood and satisfy women. If they could be honest with each other, most would find that neither desired sex nearly as frequently as they seem to except in new relationships. Normal sexual activity varies from three times a week to once in every two weeks depending on health, work, and environmental conditions, and one may abstain for as long as a year with no stasis disturbance.

Genital disturbances fall into two groups: the social (or nonbiopathic) and the biopathic (those due to chronic armor). Desire may be greater in the neurotic than in the healthy because of lack of adequate satisfaction.

People who have nonbiopathic disturbances or socially induced disturbances react to education with relief. Biopathic disturbances, on the other hand, are not affected by education, and people so disturbed ward off any such influence and even tend to build up rationalizations to strengthen resistance.

Social disturbances are usually due to ignorance and/or economic problems. One of the most frequent problems is a living condition that does not allow privacy. This situation creates anxiety and tension, which interfere with satisfaction. Frequently, the sexual act must be hurried because of the danger of interruption by others. In such cases, intercourse may be attempted in clothes and even while standing up. Such practices interfere with contact and freedom of movement, and they should be eliminated.

Commonly, there is a fear of pregnancy, which causes holding back. Some people do not trust contraceptives while others are opposed to them on religious grounds. Those who can accept advice readily have a better prognosis. Coitus interruptus and coitus condomatus both interfere greatly with satisfaction and are inadvisable. The same can be said for petting without the final act. Tension builds up with no relief.

Satisfaction is also interfered with when people with dissimilar energy levels attempt to relate to each other. Individuals are born with high or low energy charges and too great a disparity between partners leads to sexual incompatibility. An individual with a comparatively low charge may be healthy in

every sense of the word but will have a lesser sexual need than a partner with a higher charge.

One cannot expect that the genital embrace will be completely satisfying to both partners in their first few encounters. Frequently, considerable time and patience are necessary for partners to adjust to each other. The healthy male may be premature, and the female may fail to be adequately excited because of anxiety due to the newness of the experience, particularly if the environment is not favorable.

Biopathic disturbances are due to chronic armor, which prevents the free flow of energy through the organism and inhibits the full orgasmic convulsion. Particularly inhibitory are spasms of the throat and anus, which are the primitive openings of the alimentary canal.

Difficulties fall into two groups: (1) functioning that has been satisfactory but has ceased to be so, and (2) genital functioning that never has been satisfactory. Those in the former group have the better prognosis, especially where masturbation has been comparatively regular in childhood and adolescence with more or less rhythmic manipulation of the genital and subsequent natural acceptance of the genital embrace. In masturbation there must have occurred either no fantasies or fantasies of heterosexual genital union. In the genital embrace, there should be no fantasies. Sadistic, masochistic, homosexual, or otherwise perverse fantasies, either in masturbation or sexual intercourse, are indications of serious emotional problems.

Many people have no desire before the act, and artificial stimulation is necessary. This may be nonneurotic if the partner is not desired or if the energy level is below the lamination point. Some simply consider sex a duty or carry it out compulsively, such as every Friday night. Frequently, restrictions are placed on the partner. The man may resent the woman's moving during the act and wish her to remain completely passive or he may prefer entry from behind. These are usually due to a running away from full contact except during the later months of pregnancy when entry from behind is preferable.

Hardness in the embrace may be present, especially squeezing, which the healthy individual will not tolerate. There are many methods of avoiding strong excitation, such as holding the breath, controlling sounds, controlling movements, or engaging in rapid, jerky movements, arching the back, straightening or stiffening the legs, and holding the anal sphincter.

There are two types of genital embrace: (1) with orgasmic streamings in the genital, or (2) without streaming. Streaming is felt as a sweet, melting sensation and a drawing out. If present, the prognosis is very good in terms of sexual

satisfaction. If not present, one is faced with orgasmic impotence. Here the organotic charge in the genital is lost, and contactless supervenes. To compensate for this, movements may be rapid and harsh, or there may be no impulse for friction movements at all and ejaculation is induced mainly through pressure. In some cases, even an urge for penetration is lacking. Only touch is felt. Pleasure in the genital is absent. The individual may be erectively potent but cannot surrender either to his partner or to his own organism. In all biopathic disturbances, considerable therapy is required. possible, although improvement to the point of obtaining a satisfying life can usually be achieved. A far surer path is the prevention of illness through a life-affirmative approach to childrearing based on self-regulation and a respect for natural laws.

* This article was written in 1982; parts have been reprinted from *Man in the Trap* by E.F. Baker, published by the Macmillan Co., New York, 1967.

Footnotes

1. "Puritanical" in the original sense of the word, meaning what is natural and pure. [back to text](#)
2. Many psychiatrists still maintain erroneously that neurotics may have a normal sexual life. It may be that the psychiatrist is unfamiliar with the criteria of orgasmic potency or is fooled by the patient's description of his sexual life. I have had patients describe their sexual experiences in terms typical of orgasmic potency. This is an illusion, which can be dispelled by pointing out to the patient that it is not real. Usually, by the next session, they complain that you have destroyed their sexual ability. Of course, if they had been experiencing real feeling, it could not have been destroyed so easily. Later, when they experience real sexual pleasure, they remark how different it is from their former experiences. [back to text](#)
3. From *The Function of the Orgasm, Introductory Survey*, pp. xxvi-xxviii, published by the Orgone Institute Press, Nev., York, 1942. [back to text](#)
4. "Experimental Investigation of the Electrical Function of Sexuality and Anxiety," Wilhelm Reich, M.D., *The Journal of Orgonomy*, Vol. 3(1 & 2), 1969. [back to text](#)
5. Freedom always entails responsibility. [back to text](#)
6. Sometimes she misinterprets these genital sensations for incestuous desires and feels guilty: she becomes anxious, withdraws, and loses contact with the baby, which leads to disaster for the mother and child. [back to text](#)

7. This is a cultural, not a natural condition. Malinowski found that, in the Trobriand Is-lands, where the natives were sex affirmative, the Oedipus complex as such was nonexistent.