

# The Journal of Orgonomy

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# Social Factors Impacting Child and Adolescent Development (Part II)\*

*Dee Apple, Ph.D.*

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## Current Social Issues Affecting Development

### 1. The emotional plague in the lives of our children and adolescents

Here we will briefly consider the emotional plague in regard to children. Reich felt that the emotional plague was the single greatest force working against natural, healthy childrearing.

I think of the emotional plague as the “guard dog” of individual and social armor. Because plague reactions are directed against natural expressions of life, they can be *expected* in relation to children, many of whom are lively, spontaneous, and brimming with the effervescence of young life. Many children still have what armored individuals have to a great degree lost: liveliness, flexibility, and the ability to work and play with pleasure. Man’s cruelty is directed mainly against what he longs for most. The armored person, trapped in his armored existence, longs for but can never be free of his rigidity. And the less capable he is of attaining this freedom, the more terrified he is of it, and the more he then hates it. This is a primary source of the plague reaction.

The reasons given for the destructive behaviors of the emotional plague are rationalizations. They say, “It’s good for the baby,” referring to swaddling, which “makes them feel safe,” or letting infants cry for long periods is “good for the lungs.” There are endless “good” reasons why young children should not be free to play doctor; why self-regulation should be restricted—“just here or there,” for “religious reasons,” “to not hurt someone’s feelings,” or because “social considerations and opinions should be factored in too.”

In repressive social systems plague reactions more often take the form of overtly opposing sexual expression, especially in children and adolescents. However, in the West, in today’s permissive society,

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natural, healthy sexuality is undermined by indiscriminately putting it on an equal basis with all sorts of neurotic sexual activity, as well as other impulsive behavior. Dazed and confused, the contactless individual tends to develop a passive, helpless and masochistic tolerance of socially destructive conditions and the impulsive and sometimes criminal behavior of others. This, too, is an effect of the emotional plague.

Finally, in her social organometry presentation Dr. Whitener stated:

The most destructive aspect of the emotional plague, this uniquely human factor, is the intolerance of knowledge and the persecution of those who study and seek to gain knowledge regarding natural functioning and an understanding of the human condition...[as] armored individuals, institutions and sub-groups of society go on red alert, join forces, and react in a special, frenzied way towards the gifted scientist and serious observer of nature. (Whitener 2007)

There are few places where this is truer, or more important, than in the study of the social factors that impact our children and adolescents.

## **2. The effects of social armor on the birthing process**

No overview of social factors that impact development would be complete without addressing the effects of social armoring on the birth of each newborn child. As I said earlier, with the birth of each child, there is a new lease on life for humanity. However, at this most crucial and vulnerable time, nature in every newborn child is tampered with or destroyed, and with it the only hope for a true solution to mankind's troubles.

Just to give one example: The prevalence of traumatization to the eyes at birth is primarily responsible for widespread contactlessness and its destructive social consequences. It is completely unnecessary and occurs based on distorted and archaic beliefs that are guarded with vigor.

In addition, as noted earlier, the mother or hospital staff does not have to "traumatize" the newborn in the usual, overt sense. A mother

who is not hostile but is unusually anxious or overly medicated, or a nurse who is indifferent or emotionally dead, can also cause varying degrees of damage to the infant's ocular development.

As has been said before, a single change—to *provide for and protect quiet, uninterrupted infant-mother contact immediately after birth*—if done around the world, would have a powerful, positive, universal effect. It would reduce armor in the human race, and go far to prevent human contactlessness later in life.

### **3. The current pace and pressure of life**

The transformation to an increasingly anti-authoritarian social order has adversely affected the quality of every aspect of everyone's social life. People have to varying degrees lost touch with the biological functions of rational love and work that provide the basis for integrity in social relationships. As a substitute for these core qualities, people are increasingly involved with superficial distractions. Examples include various forms of instant gratification and materialistic preoccupations and obsessions, such as making more money, getting children into the best schools, compulsive shopping, and addiction to television, video games, and endless other gadgets. And we seem increasingly pressured to do so. If Samuel Beckett's famous play of 1954 had been written today, it might have been titled "Rushing for Godot."

Recent research has shown that despite spending 2.5 times as much on health care, Americans are far less healthy than people in many other developed countries in terms of diabetes, heart attack, stroke, and other stress-related medical problems. These studies focus on two contributing factors: long work hours and relative social isolation from friends and family (Deangelis 2007). Americans are more than twice as likely as Europeans to work 50 hours or more each week, and more preoccupied with material wealth—no matter how much or how little money they make.

Where does this leave parents? One might ask, "Who has time to parent?" In addition, at a time when parents could use more support,

grandparents, aunts and uncles tend to live further away or are busy with their own fast-paced lives. This leaves already stretched parents as the sole providers of the contact on which children depend. They are bequeathing this rushed and stressful culture to their children.

Dinner as a family meal is eaten together less often, and in general parents have less time for real contact with their children, not to mention for themselves. Like other parents, they are anxious to get their kids on the traveling soccer team “before it’s too late.” Parents worry, “Is just one sport or activity enough?” With good but anxious intentions children are signed up for more. I know parents who hardly see each other during the week; one parent drives one child to his baseball practice and then the soccer game, while the other transports a second child to tennis and piano lessons. There is an increasing emphasis on non-spontaneous, heavily scheduled, and highly organized activities that are closely supervised by adults. Last week my wife tried to arrange a play date for our seven-year-old son so he and a buddy could spend some time after school hanging out, playing in the woods, jumping on the trampoline. Not one single kid had a free afternoon during the school week—they were all booked up. And they certainly need to get home right after that practice, because they have a lot of homework to do.

Sometimes it seems that concern with getting a child into college now starts at birth, and that many parents are getting started early in building a strong application for their children.

Ambitious parents, wanting “the best” for their children, work frantically to cultivate neural synapses, to foster good study skills, to promote musical talent. A lot of the money earned in 50-plus hours a week jobs is spent on a stream of other adults to “coach,” to enhance children. And the pressure is on for kids.

A wonderful teenage girl came into my office distraught and crying, holding a letter from her high school’s college admissions office to her parents. First congratulating them on their daughter’s wonderful grades and SAT scores, they suggested several colleges that they consider applying to. Then the killer: The next paragraph said,

“However, if during the coming term Suzie can bring her GPA up this much and her SAT scores up that much, then we could also add these additional schools,” listing some ranked higher that year in the *U.S. News and World Report* ranking of colleges. Suzie said, “I just killed myself for three years to get those grades, and what they are saying is I need to jump a little higher.”

Princeton Review has developed very well attended courses that are advertised as guaranteeing a 100-point improvement in SAT scores. These classes become one more appointment anxious parents worry they must provide and fit into their child’s busy week. Last year I had a parent contact me wanting a referral for Ritalin medication. I asked, “So you are concerned your son has ADD?” She said, “No, he does not have ADHD.” I explained that perhaps she was confused; some psychiatrists treat ADD with Ritalin. With no qualms she told me that she wanted her son on this medication so that he could receive the accommodation of untimed testing on his upcoming SAT tests.

Recent research has identified the characteristics of “highly successful people” in various areas of life, including persistence, self-control, and single-minded devotion to an area of passionate interest, variables they lump under the word “grit” (Duckworth 2007). They found that grit is a better predictor of a student’s college grade point average than even SAT scores. Educational Testing Services is now in the process of bringing to market workshops for adolescents on developing “grit,” which every anxious parent will want in order to improve their child’s chances of being accepted into a better college. It is clear that the college admissions process has increasingly come under the control of commercial interests at the expense of the spirit of educational integrity (Thacker 2007).

By over-stressing accomplishment, competition and material success over other values, such as developing relationships, including intimate relationships, and the rational ability to enjoy the pleasures of life, parents and our educational institutions are giving students the message to excel and seek material success even at the expense of healthy development (Levine 2006). The challenges of adolescence,

intimacy versus social isolation, if not mastered at this age-appropriate time, remain to hamper, retard or even prevent successful movement into adulthood.

What are some of the unique challenges to self-regulation in adolescence? To mention just a couple: learning to function with independence and *learning to tolerate and master the anxiety and pleasure of developing an intimate sexual relationship*. Mastering these developmental tasks requires time.

In the current culture, however, you hear teenagers say that “relationships take too much time” and “get in the way” of the goals of achievement and success around which their lives are organized. Parents and schools encourage rationalizations of this sort. They even appear “rational” within the culture, and to some degree are rational in comparison to more contactless, destructive, impulsive acting out. I worry that in overstressing what one does and accomplishes versus who one is as a person, we are encouraging the development of “human doings” rather than healthy human beings.

Why are we keeping children and adolescents so busy? It reminds me of the old, anxious and sex-negative saying, “Idle hands are the devil’s workshop.” The transition to healthy adult sexuality can be facilitated or blocked from coming to fruition during adolescence. It is amazing that with the intense focus on education, and recently on “wellness,” there is really very little interest in assisting adolescents in this important transition to healthy intimacy, and instead intense interest in preventing it from happening. Teenagers’ emotional development, their vitality, their ability to study and work, and their eagerness to fight for a better life are all determined by the quality of the emotional and sexual life they lead, certainly more than by the quality of their material lives.

#### **4. The sexual development of children and adolescents**

Discussing childhood and adolescent sexuality is a complex experience. On the one hand, people all have in common that natural-born sexuality is a valued source of pleasure and excitement in their

most loving relationships. On the other hand, most get jittery and uptight when they talk about it, and this is especially true when talking about the sexuality of young people.

Most everyone recognizes intellectually that there are biologically determined periods of heightened development (first period 3-5 years of age, adolescence) and that these are characterized by heightened excitation (and anxiety) and highly charged biological urges. However, in real life these highly charged urges also excite, and sometimes severely disturb, all those around children and adolescents. So there is a biological reality of childhood and adolescent sexuality, and yet at times a personal and societal intolerance of it. This is a prime spot for the emotional plague to show itself.

Adults' sexual conflicts and past childhood and adolescent sexual troubles are stirred up by the sexual development of their children. Sexual anxiety and guilt can lead to taking steps to thwart this natural movement in children. These steps can take any number of forms, including not even acknowledging the child's developing sexuality; being unavailable to children and adolescents when they need guidance, encouragement or protection from destructive social institutions or influences; automatically and contactlessly repeating parental sex-negative attitudes and advice or automatically and contactlessly being over-involved to reactively avoid repeating their sex-negative methods. There are few places where the importance of parents' awareness of their own anxiety is more important.

### **Authoritarian versus anti-authoritarian measures: abstinence versus sexual acting out**

The so-called "sexual revolution" against generations of sexual repression and misery inflicted by authoritarian society, which some thought might result in a healthier and freer society, clearly "failed" in this regard. Instead, with the haphazard breakdown of traditional social structures and armor, there is an increase in excitation, anxiety and ocular armor, and a more subtle, even more destructive form of social armor. We now live in a culture that increasingly stimulates with



contactless, tasteless or obscene sexual display. We are bombarded with the latest “news” images of Britney Spears, Lindsey Lohan or Paris Hilton, with or without their underwear. One can see provocative and embarrassing scenes of scantily clad women with exposed breasts just by walking by the Victoria’s Secret store in any mall, on billboards along highways, in mainstream magazines, on any primetime television network, or by just turning on your computer. I could go on and on, but most everyone already knows what I am talking about.

At the same time, there is little more actual tolerance of healthy, natural excitation or of the loving relationship where pleasurable sexual interaction is an integral part of the relationship, and this is particularly true for children and adolescents. Our increasingly indulgent society is not only anti-sexual, but also anti-natural life. There are, in fact, laws prohibiting a woman from discretely nursing her infant in public, or on an airline. It makes you wonder: Would they arrest a mother contactfully nursing her infant while sitting in front of a Victoria’s Secret store?

The compulsive “anything goes, just do it” morality of the anti-authoritarian order works against healthy sexuality by indiscriminately promoting all forms of immature, neurotic sexual activity, promiscuity and pornography, and by overstimulating and pushing individuals toward sexual activity whether or not they are emotionally ready. No distinction is made between primary and secondary sexual impulses, or what is healthy and what is neurotic.

We are now living in a mixed culture with elements of traditional authoritarian social armor and the more recent permissive morality. They have in common being adverse to natural, loving sexual relationships. While it may overexcite in the moment, permissiveness actually desensitizes sexual excitement over time, making necessary increasingly brazen displays to arouse the dulled individual. Even more than the overt, anti-sexual attitudes of the repressive order, it results in more severe deadening of natural sexual feelings and loss of contact with these feelings. The disastrous consequence is the widest

variety of substitute contact behaviors and the acting out of destructive, secondary layer impulses.

This is what adolescents are faced with in attempting to develop healthy sexual lives. The pervasive message of “anything goes” is mixed with repressive messages inducing fear and guilt, while many rational anxieties are not taken seriously or are even medicated.

### **Adolescent Sexuality**

As puberty arrives adolescents are, at least biologically and energetically, capable of full sexual relations. However, in our society few are emotionally prepared for the intensity and intimacy of such relationships. The symptoms of unhealthy social relations appear with special clarity in the sexual relations of adolescents.

The issue of adolescent sexuality is burdened with more emotional charge and irrational ideas than any other sexual subject. It is certainly not understood that the adolescent’s ability to establish a healthy sexual life supports the capacity for self-regulation and health in adulthood, and helps inoculate the individual against much of the unhealthiness in our society. Try to let that sink in, and just for a moment assume that it is true: the adolescent’s ability to establish a healthy sexual life leads to the capacity for self-regulation in adulthood and helps inoculate the individual against much of the unhealthiness in our society. Next to preventing armor in the newborn and young child, the failure to understand and support natural, healthy sexuality in adolescents is the most important problem in the world today (Konia 2008).

What do we mean by healthy adolescent sexuality? It involves increasingly intimate sexual contact between a girl and a boy, both emotionally healthy and capable of self-regulation, who have awareness of the realities and potential consequences of sexual involvement, and are able to tolerate the pleasure and anxiety involved. Their interactions occur *in the context* of a relationship where feelings of sexual excitation are integrated with feelings of love. This can conceivably occur at whatever age these abilities have developed,

tending of course to happen after puberty in older, more mature adolescents. However—and this is very important—despite the pervasive sexual “buzz” in our society, probably three-quarters or more of teenagers do not meet these requirements for responsible sexual contact.

With the general increase in social anxiety and contactlessness, there has been an increase in impulsive behavior among adolescents that would have seemed bizarre and abhorrent *even to other adolescents*, not to mention their parents, only thirty years ago. Today, these behaviors are often not only passively tolerated, but socially sanctioned by many in the adolescent culture. For example, one teen noted that the culture today “makes it seem OK to have sex whenever, however or with whoever you want.” Because their adolescents do not talk to them about important issues, many parents do not realize just how commonplace some of these behaviors have become. But if a parent does have an adolescent who shares some of the daily goings-on, they will begin to hear stories that are frankly sometimes hard to believe. And if you are a therapist who works daily with adolescents, listens to their misery and witnesses their contactlessness, one hears it every day.

There is a pronounced tendency toward superficial, sometimes exploitative “sexual” encounters—“hooking up”—which can range from kissing to oral or anal sexual contact, to sexual intercourse with relative strangers. These are forms of substitute contact. These “friends with benefits” type of relationships fit with our society’s current emphasis on consumerism and achievement, where sexual relationships of whatever quality are a status symbol. There are no strings attached—the “partners” may never speak to each other again. It is all superficial “release,” with no obligation or responsibility, and the absence of the pleasure experienced in reaching a depth of relatedness. Certainly, part of this phenomenon is due to the fact that adolescent sexual behavior has *never* been socially sanctioned. The simplest example of this is that adolescents have nowhere to go to have real privacy. What time they do have together often must be furtive and sneaky, not conducive to a relaxed, healthy experience. However, this

has always been true. If anything, today's adolescents have more time, privacy and "freedom" than ever before. Unfortunately, they are usually incapable of taking advantage of such possibilities in a healthy manner due to their own neurotic character structure, which today often involves a psychopathic component that is quite different from simple "rebellion."

At parties or gatherings, the "games" have evolved from the relatively innocent if neurotic "spin the bottle" of years past, where the spinner kisses whomever the bottle points toward, to a game called "seven minutes," where the spinner and the "spinnee" go into a closet and do whatever they want for seven minutes. Anything goes, just do it.

A female student at a local private school turned down an invitation to the senior prom because it was common knowledge that her prospective date, whom she had never gone out with before, expected sexual involvement as a part of "the package." To him, that seemed fair to ask since he had paid for the \$72.00 tickets. Later I was shown a bizarre photograph taken at that same prom: one could see everyone sitting around a formally set dinner table with linen tablecloth and napkins, crystal water goblets and silverware, prom dresses and tuxedo pants of the students to the left and right of the photographer, who had aimed the camera down at his exposed erect penis, obvious for all to see.

A few years ago another reliable female student, a ninth grader, told a story of coming back to school on a team bus following an athletic event. She was surprised to hear many of the girls on the bus discussing oral sex in casual, but animated, superficial terms. Instead of gossiping about whether or not Susie would be kissing Jimmy on their date, they were contactlessly discussing the pros and cons of giving him a "BJ"—a "blow job"—when they "hooked up," sharing pointers on "how to do it" and "how really great it is." The girl in question declared that she would want to wait until at least the third encounter with this boy. On another occasion a few years back, a male student, when asked about his comment about preferring oral sex,

stated with a smile that “if it’s good enough for the President [Clinton], then it’s good enough for me.”

Once my own daughter decided not to go to a post-graduation high school party because it was common knowledge that there would be skinny-dipping at the event. There had evidently been skinny-dipping at the last party at this particular home. Curious, I wondered if we were talking about a couple or two, and asked how many people were involved. “Lots...just about everyone.” When I asked where the hosting parents were, she said that they were home, but did not check up on how things were going.

A 15-year-old student said, “When I was younger, like 5th grade, oral sex was a slutty thing to do, but now everyone is doing it. Its like an extra base, like shortstop or something.” Over 50% of teenagers do not consider having oral sex as having sex, and over 24% do not consider anal sex as having sex. (Ali, Scelfo 2002)

Parents are understandably disturbed by these manifestations of the effects of armor on natural sexual impulses. However, are parents able and willing to support, where appropriate, the expression of healthy sexual impulses? They cannot have it both ways.

As opposed to promotion of healthy sexual behavior, today we see its avoidance and thwarting through the two variations of armored functioning we have discussed. On the one hand, there is permissive tolerance and even moralistic promotion of secondary layer impulses including promiscuous, irresponsible sexual behavior. On the other hand, there are politically or religiously motivated calls for total abstinence based on traditional moralistic repression of all sexual impulses, including healthy sexual functioning.

For example, some sex education programs, under the flag of diversity, promote irresponsible and neurotic sexuality as standard practice while making light of or totally ignoring the essential role of responsible and pleasurable heterosexual relationships. A few years ago, at the school where I consult, a presentation was made to the entire student body by many of the gay faculty and their partners

discussing their relationship. While it is true that many homosexuals have endured ignorance and irrational hostility, it is notable that there has never been a similar program on the pleasures of heterosexual relationships. One of the teachers stated to the students, "There are some of you out there who may be gay and not yet realize it." I had an unusually busy week after that with several newly anxious students.

Last May, a guest speaker—a clinical professor of psychology from UCLA—told a full assembly of students in Colorado to go out and have sex with as many different types of partners as possible and to experiment with drugs "appropriately," calling this "normal adolescent behavior." I actually heard the tape. Reich called this "freedom peddling." Recently, in Deerfield Illinois, all high school freshman students were required to attend a "gay-straight alliance network" panel discussion. Shockingly, they were also asked to sign a confidentiality agreement before the panel promising not to tell their parents about the program (Unruh 2007).

On the other hand, even the most "comprehensive" sex education programs teach abstinence as the first option and the goal, and only secondarily teach kids how to realistically reduce their health risks if they do have sex. The focus and effect is to raise anxiety and most parents prefer this approach. Moreover, the politically and religiously driven and even more restrictive *total abstinence* approaches are the ones currently receiving government funding. Some of the information in these programs is grossly inaccurate, and fearful, worst-case scenarios, including shocking, grotesque photographs of diseased body parts, are used to jolt and frighten teenagers out of sexual feeling and activity. They do not in any way prepare adolescents to deal with, much less enjoy, their emerging sexuality.

Perhaps in reaction to the overt, irresponsible sexual behavior of permissive morality, these programs are on the rise. Seven hundred abstinence programs spread the sex-should-wait gospel in all 50 states. More than one third of U.S. high schools teach total abstinence until marriage.

In order to receive federal funding these programs must meet certain criteria, including:

- There can be no mention of contraceptives except to state their failure rates and inability to protect against sexually transmitted disease.
- They must explicitly teach that “a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity” and that “sexual activity outside the context of marriage is likely to have harmful psychological and physical effects” (Allen, page 70).

In no way do our observations of relatively healthy adolescents support these platitudes, and neither does information from the rare data-based research studies. One report noted that girls who have sex at an early age are at slightly greater risk than their peers for feeling depressed, but their self-esteem suffers only if the sex occurs outside a romantic relationship. For boys, having sex at an early age does not increase depression or decrease self-esteem (Bakalar 2007).

As many as 1 in 6 teens nationwide is estimated to have taken a virginity pledge through one abstinence program or another. Research has shown that teens who make the pledge were found to delay the age of “sexual debut” by an average of 18 months (again, if you don’t consider oral or anal sex). However, when they did ultimately have sex, these teenagers were less likely to use contraceptives.

*Where are the parents?* Most adolescents are no better prepared emotionally for the pleasure and responsibility of a full sexual relationship than their parents are to allow them this pleasure. Parents tend to be concerned but uncomfortable about issues involving sexual behavior in adolescence. Seventy percent of parents say it would bother them *as much or more* if their teen had sex than if they used marijuana (CASA Aug. 2007). A Kaiser Foundation study noted that 81% of parents polled want the schools to discuss comprehensive sex education with their children, and 9 out of 10 sex education instructors feel it is the school’s *responsibility* to teach sex education to children (Mulrine 2002). Parents, perhaps out of their own anxiety, often abdicate their authority and responsibility in this area, to the detriment of their children’s health.

Sex “education” of groups of adolescents in school systems is “too late,” too clumsy and misguided, and even at best a distorted attempt to mechanically “apply” principles, as opposed to having supported self-regulation since infancy. It is a serious mistake to count on such a destructive process to provide one’s child with his or her major source of information. Education and counseling regarding natural sexual development, which includes not only understanding but also promoting knowledge of sexual health, best comes from parents who know the specific and unique nature of the child, or rational professionals the parents carefully select and make available.

In summary, the permissive, compulsive morality is “just do it.” The traditional compulsive morality is “just don’t do it.” However, like self-regulation in general, healthy sexual relationships require the ability for both full expression and also restraint.

### 5. Substance abuse

One of the most pernicious and destructive social factors that influence children’s lives today is the widespread abuse of drugs and alcohol. It is sad to know that there is now a generation of children and adolescents who have no experience or memory of a society without the widespread abuse of drugs, and who are increasingly exposed to the presence of illegal drug use that is destructive to both individual and social functioning.

This subject could and has been the subject of full presentations and articles (Apple 1999). By way of review, consider some recent data (CASA September 2007).

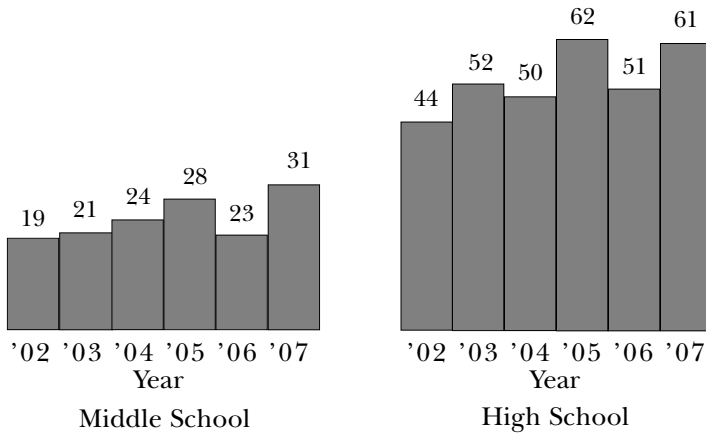
Percentage of Teens, ages 12-17, Who Have Witnessed the Following at School*	
Student Drug Possession	48 percent
Students High on Drugs	43 percent
Students Drunk	29 percent
Drug Use	22 percent
Drug Dealing	18 percent

\*These add to more than 100 percent as teens could have responded yes to more than one occurrence.



Even if teenagers are not using drugs, they are seeing them being used. Generalizing from this data, nearly one half of all high school students have seen drugs in the possession of a fellow student, and nearly that many have actually come in contact with a student under the influence of drugs. Eighteen percent have witnessed the dealing of drugs. We know that the behavior of teenagers has a powerful social effect on the behavior of their peers, often called “peer pressure,” especially when the behavior is not seen as socially peripheral or socially unacceptable in the adolescent culture of the time. Adolescents have explained it to me saying, “It’s not like anyone is saying ‘Hey, do this or you’re not cool.’ It’s more like, everyone else seems to be doing it, and so monkey see, monkey do.” Adults, too, have become jaded and out of contact with the reality of this situation. They have to be reminded that these high school students are witnessing illegal and emotionally destructive activities, not at parties, but in the educational environment of their school.

Percentage of Students Attending Schools Where  
Drugs are Used, Kept, Sold (2002-2007)



What is especially shocking in this graph is seeing the growing trend of drug use and drug dealing in middle schools, where the students may be as young as eleven- or twelve-years old. Not surprisingly, it does not get any better when children head off to college, as can be seen in the next chart.

College Student Past Year Drug Use  
1993 vs. 2005 (percent)

	1993	2005
Any illicit drug	30.6	36.6
Marijuana	27.9	33.3
Hallucinogens	6.0	5.0
Inhalants	3.8	1.8
Cocaine	2.7	5.7
Ecstasy	0.8	2.9
Heroin	0.1	0.3

In addition, there is a new type of abuse on the rise: the use of prescription medications by students not prescribed the medications by a physician. The most recent data indicate that between 1993 and 2005, there has been a 342 percent increase in the proportion of students abusing prescription opioids like Percocet, Vicodin and OxyContin in the past month and a 93 percent increase in those abusing prescription stimulants like Ritalin and Adderall (1.5 percent to 2.9 percent, approximately 225,000 students); a 450 percent increase in those abusing prescription tranquilizers like Xanax and Valium (0.4 percent to 2.2 percent, approximately 170,000 students); and a 225 percent increase in those abusing prescription sedatives like Nembutal and Seconal (0.4 percent to 1.3 percent, approximately 101,000 students). I am certain that these numbers are even higher now, two years later.

Students are begging, borrowing, buying, and stealing these medications from peers, taking them from family medicine cabinets, and ordering them over the Internet.

With tongue in cheek, I note that these medications are not being flown in under the radar from Colombia. Pediatricians and psychiatrists are increasingly prescribing some of them. A recent analysis of records in Minnesota—the only state that requires public records of all drug company marketing payments to doctors—revealed that between 2000 and 2006 pharmaceutical company payments to

psychiatrists rose more than sixfold, to \$1.6 million, and prescription of antipsychotic medication to children rose more than ninefold. Those who received the most money were the biggest prescribers. (*New York Times* May 10, 2007). Psychiatrists earn more money from pharmaceutical companies than any other medical specialty (*ibid.*, June 27, 2007).

Not only are a majority of adolescents now using marijuana, there is an increase in the number of “acceptable” (popular, respected) adolescents who *sell* drugs, rationalizing their illegal activity as “just a form of capitalism” or “just earning a little pocket money.” Those who used to be called “pushers” later became “dealers,” and are now known as “entrepreneurs.” When most of your peers are using marijuana, how much “pushing” is required?

With chronic drug use, all of the unique tasks in the continued development of self-regulation in adolescence are compromised, their development at least disturbed or slowed down. Marijuana, for example, disrupts adolescent development and the capacity for self-regulation by disrupting natural pulsation (Apple 1999, Harman 1999). This intensifies and also induces ocular armoring, which in turn results in increased contactlessness. With continued use armoring becomes chronic. It is because of this armoring that the effects of marijuana are compounded long after the acute intoxication phase has passed, even long after the drug residues have left the body.

Because it intensifies and induces armoring, marijuana may continue to disrupt rational functioning into adulthood, most importantly by disrupting the early mother-infant contact necessary for natural, healthy parenting. This is even more so if the adolescent continues its use as a young adult. This weakening of early parent-child bonding, and the on-going emotional contact so necessary for healthy functioning, is just one example of how marijuana contributes to the chaotic breakdown of social structure.

Many parents seem fatalistic and resigned about how much control they have over their children’s drug-use decisions and behavior. As with issues about sexuality, people tend to look to the

experts. There is *no one* in a better position than the parents and the adolescent to be the expert. However, this assumes parental contact, rational, functional thinking, and the ability to act in an authoritative manner whenever necessary. Many parents have for one reason or another essentially abdicated their responsibility in this regard—some because of their characterological limitations; others out of confusion engendered by the permissive social/cultural context or ambivalence due to their own past or continuing drug use.

Here we are again talking about issues of development, except we are talking about adult development; specifically, a distortion or disruption in the ability of the parent to self-regulate. One of the responsibilities of adulthood/parenthood is to provide rational, functional parenting for the child as he or she develops. One of the long-term, destructive effects of marijuana may be the disruption of parents' ability to see the harm that drug use has done to them, or more ominously, the more complex harm that it will do to their child. I am here reminded of rock musician Boz Scaggs, whose son died recently of a heroin overdose. Scaggs had tried to be honest with his son about drugs, taking the tact that there are good drugs and bad drugs. Somehow, his son did not get it.

Nonetheless, parents hold one of the most important keys to children's decisions of whether or not to drink, smoke or use other drugs. A survey of college students found that 70 percent say that their parents' concerns or expectations influence whether or how much they drink, smoke or use other drugs. Those students who say they are more influenced by their parents' concerns or expectations drink, binge drink, use marijuana and smoke significantly less than those less influenced by their parents. Most underage students (71.6 percent) obtain alcohol from other college students who are over the legal drinking age. However, between 1993 and 2001, there was a 34.5 percent increase in the number of underage students who reported acquiring alcohol from parents or relatives (16.8 percent vs. 22.6 percent).

Parental engagement does more to reduce teens' substance abuse risk than almost any other factor. One of the simplest and most

effective ways for parents to have quality contact with their children is by having frequent family dinners (CASA August 2007). Dinners provide one opportunity to review and correct impressions induced by the culture at large, and also provide emotional and physical nourishment.

Research shows that teens who have frequent family dinners (five or more family dinners per week) are less likely to currently use marijuana, use prescription drugs, drink alcohol and get drunk. As one can see from the table below, teens who have infrequent family dinners (fewer than three per week) are:

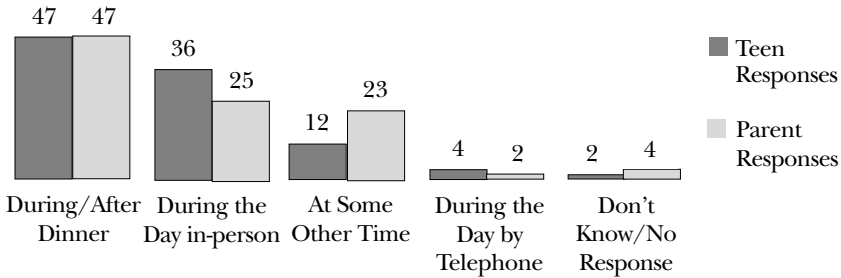
- One and a half times more likely to have used alcohol (47 percent vs. 30 percent).
- Three times more likely to have used marijuana (25 percent vs. eight percent).
- More than one and a half times more likely to have gotten drunk in the past 30 days.
- Three and a half times more likely to have used illegal drugs other than marijuana or prescription drugs.
- Three and a half times more likely to have abused prescription drugs.

Percent Teens Who Have Used Alcohol, Tobacco, Marijuana, Other Illegal Drugs or Abused Prescription Drugs  
(By frequency of family dinners)(CASA August 2007)

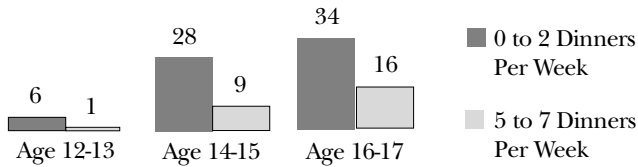
	5 to 7 dinners per week	0 to 2 dinners per week
Alcohol	30	47
Tobacco	10	26
Marijuana	8	25
Other Illegal Drugs	2	7
Prescription Drugs	2	7

It also turns out to be a time that matches up with when teenagers identify as a best time for them to talk with parents (ibid.)

“If You Wanted to Talk to Your Parents About Something Important to You, When Would Be the Best Time?”



Percent of Teens Who Say They Have Used Marijuana by Age and Frequency of Family Dinners



Here you can see that, compared to 14- and 15-year olds who have frequent family dinners, those who have infrequent family dinners are three times more likely to say they have used marijuana (28 percent vs. nine percent), and that 16- and 17-year-olds are more than twice as likely to say they have used marijuana compared to 16- and 17-year-olds who have frequent family dinners.

**6. Electronically produced forms of entertainment**

A widespread manifestation of contactlessness and substitute contact in current social life is an excessive need to be entertained. With their ability to simulate reality, electronically produced visual stimuli have in recent years provided yet another source of substitute contact, with powerful effects.

Research studies have found that on average children and adolescents spend six hours and 21 minutes each day, nearly 45 hours

each week, using electronic and digital media, including television, the Internet, and videogames (Rosen 2007). Many children are now spending more time in front of electronic media than they spend eating, sleeping, going to school, relating to parents, involving themselves in social activities or going out in nature to learn about the world and how to occupy themselves there.

Where there used to be one television in a central location that could be easily monitored, and programs that in fact drew families together, now there are more TVs in homes than inhabitants or toilets (Christakis, Zimmerman 2006) and family members are often dispersed throughout the house watching them. Much of the programming increasingly emphasizes fast-paced, violent, sexy or just plain weird themes meant to capture children's attention, rather than high-quality educational programs that are more expensive to produce.

Research results are starting to come in regarding the disruptive effects of television and other media on basic self-regulatory functions like sleeping, eating and weight gain. They also show an increase in risk taking behaviors such as unhealthy and even violent sexual contact, aggressiveness, and substance abuse.

There are also experimental studies that suggest that television reduces attention span. One hypothesis tested was that television viewing during a critical window of brain development, before age 3, leads to subsequent attention problems. The results? For each additional hour of television (including videos) watched daily during the first 3 years, there is nearly a ten percent increase in a child's chance of having attention problems consistent with ADHD at age 7. (Christakis, Zimmerman, DiGiuseppe, McCarty 2004). A child who watches 2 hours is almost 20 percent more likely to have these symptoms. In an associated finding that demonstrates the crucial importance of contactful relating, it was found that reading to children, taking them to museums, or telling them stories was associated with increased attention at age 7. The conclusion is that watching certain types of television for extended periods can affect brain development and ocular functioning. However, brain

development does not stop at age 3. It continues throughout life, with particular importance throughout childhood and adolescence.

Because TV programmers are well-informed by their own research and interested in keeping the child focused on the screen, they exploit the child's natural biological orienting response—the “what was that?” instinctive response to new stimuli and potential danger—by constantly changing scenes, sounds, and images in a way that is completely unlike anything else in nature. In one supposed educational video about life on the farm, a random 20 second segment had five scene changes, one every 4 seconds. How many times have you been on a farm when you were in the barn 1 second and in the cow pasture 3 seconds later, and then see a cartoon figure emerge out of nowhere riding a bucking bronco? With its carefully programmed, fast-paced changes of scenery and sophisticated attention-grabbing techniques, television may actually encourage and reward distractibility in developing children. Ordinary reality may seem boring to the child used to hours of television. Interestingly, those rare shows filmed in real time, such as *Mr. Roger's Neighborhood*, show less of these destructive effects.

Children sit mesmerized in front of a television looking at the screen because they are biologically inclined to not look away from the constantly changing imagery. However, this is very different from being actively engaged. They may be passively looking or staring but not seeing. This is the source of what I call the “passive television trance” and descriptors such as the “boob tube” or “idiot box.” Children in this state are not in contact with anything else going on within themselves or the room. We are likely witnessing a form of environmentally induced ocular blocking (Schwartzman 2007).

The development of the ocular segment is crucial for the integration and functioning of the individual and the formation of character structure. Visual contact encourages expansion and reaching out to make a connection with the world. What happens to the child's relationship with the environment after armoring or the



introduction of “virtual realities”? What if the environment the child “hangs out in” most is not a “real” or natural environment?

Everything I have said about television is at least as true for the computer, Internet, videogames and music videos. Here is the September 26, 2007 Quotation of the Day from The *New York Times*: “I don’t know how I’m going to feed myself.”—R. J. Bollard, a freshman at the University of Washington, who said he had 73 cents left after buying the video game Halo 3. This is not an example of self-regulation.

I would like to read to you a section from the journal of one of my teenage patients, a very bright and talented child. He first came to see me complaining of sleep deprivation, which he blamed on having to study so much. His grades did not support his claim, but he denied any problems with anxiety, substance abuse, watching television or surfing the Internet. Three days later he came back and admitted he was lying to me, and handed me his journal.

What can I say about Counter-strike? Godly. It was the best time I had in my life and at the same time, the worst time. I may have spent a good 5 years on that one game. I started back in 5th grade. I spent perhaps 3 years just with pod-bots and occasional online gaming. Three years that I spent playing at least 3 hours a day. That’s a lie—at least 5 hours a day. 5 times 365 times 3. That is a lot of time spent on Counter-strike. By the time I had gotten good, a new version had come out. We played the game with a bunch of 30-year old stoners from California. Their clan name was Bongtokin. I spent an additional 2 years playing with them. Video games, video games, video games. These thoughts run through my head like bullets from a gun. I knew that video games hurt me; no, video games are destroying me. But video games make me happy. Video games help me escape. I am in a constant war with myself.

It is no wonder that we now hear references to symptoms of computer “addiction,” calls for establishing “computer addicts anonymous” and research studies comparing the changes in brain chemistry between substance abusers and obsessive computer users.

There was a cartoon recently showing two dogs looking at a computer. The caption read, “On the Internet they can’t tell if you’re a

dirty dog.” One can even search some dating service databanks by sexual proclivity (conventional “vanilla” sex, sex without intercourse (whatever that means), domination/submission, etc. (Grigoriadis 2003).

At the confluence of everything said above about TV, the computer, the Internet, electronic media, and neurotic sexuality, we find pornography. I have seen several teenagers who were miserably but compulsively involved in looking at pornography. This is another huge topic beyond the scope of this paper. Let me just say that because of the intense but unnatural excitement engendered and the child’s or teen’s impressionability, Internet pornography is uniquely destructive in its ability to “kidnap the teenager’s nervous system” and spread destructive sexual misinformation that can become very deeply ingrained. It is a very direct and serious threat to healthy ocular functioning and the adolescent’s developing ability to tolerate the anxiety involved with forming intimate relationships with real people.

Frankie, a 10-year-old boy I treat who has anxiety and panic attacks, reported guilt and terrifying compulsive thoughts about being punished after spending the night with a friend who showed off his access to Internet porn. When I asked him what he had seen he said, “I don’t really know what it was. I saw a bunch of naked women and some big horses.” His mother was at first absolutely certain he could never have seen such things because “we monitor his use of the computer very closely at home.”

Obviously, this is not to say that all television or computer use is destructive, with the one exception that these media should be avoided for children age two or younger. There *are* some wonderful shows and outstanding educational programming. The key is, as always, parental involvement in screening what is being watched, active engagement in discussing what is being seen, setting limits on time spent in front of the tube, and offering alternatives where possible. Parents should ask themselves, “Would my children be drawn to these media as much if I were more available? If this is substitute gratification, for what is it a substitute? Would children really prefer to

play videogames to going fishing, or skiing, or building a treehouse? Or playing with a friend? I do not think so. Therefore, again it comes back to pace of life, time and priorities.

Like some parents' attitudes about adolescent sexuality and substance abuse, many parents are concerned about the amount of television their children watch but feel there is little they can do to reduce it. Again, here is the theme of parents feeling helpless and taking a passive stance, neglecting their natural authority to make decisions about their own children's lives. They are too busy themselves, and rely on television or videos for a well deserved break provided by the electronic babysitter. However, the bottom line in each of these areas is that it is vital that parents find a way to take responsibility by being the clear authoritative figure who protects their children from these harmful influences. Not only are children and adolescents, especially when younger, unable to regulate their exposure to media, watching certain types of programming for too long or without a supervising influence is destructive to the ongoing process of developing the ability for self-regulation.

### **Summary**

We live in an interesting but difficult time as society transforms from an authoritarian to an anti-authoritarian form of organization. All children are going to come in touch with harsh, disciplinary, authoritarian life conditions and with the destructive effects of anti-authoritarian social processes no matter how well parents do in raising them. There is no way around this. Children growing up in these times will feel the impact of the struggle between these conflicting social influences: on the one hand, the free movement of self-regulatory forces; and on the other, the compulsive force of armored public opinion.

What can parents do? They can do everything possible to remove the obstacles that are in the way of children building a better world for themselves. They can protect their biological vigor and natural powers to make their own decisions and their own way in their lives, and with

their own children. They can honor their intuition about when to let the child decide what they want and stay out of the way, and when to step in and be the authoritative figure who stops activities that undermine the developing ability to self-regulate. They can encourage expression of healthy impulses and feelings, and restrain—and help the child learn how to restrain—the expression of destructive impulses. They can be willing to look at themselves and how they respond to their children: to see what is in them that is supportive of the health of their children. And to see what is in them—hard to look at or not—that cannot support the child’s health.

Parents can be aware of and expose the emotional plague wherever it attempts to thwart the liveliness and health of their children.

Finally, all can realize the tremendous hope represented in the growing international interest in the development of children, the brilliant contributions of Wilhelm Reich to understanding this development, and the tragic distortions caused by the process of armoring. One step at a time, things slowly change. There are no shortcuts, but especially where children are concerned, there is always hope.

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