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Adolescent Sexuality

Virginia L. Whitener, Ph.D.

All human plague reactions are basically directed against natural expressions of life. It is the spontaneously moving, the soft yielding in life expressions which provokes hate and destruction in the armored human animal. (1:72)

—Wilhelm Reich

Introduction

In times past one of the major forms the emotional plague took was sex-negative morality. Sexuality was bad, wrong, and sinful. The morality promoted repression and as an expression of hatred created misery and destruction. However, today such an attitude would be almost refreshing, for it implies personal responsibility, a private relationship between the individual and God, i.e., accountability. Authoritarian, patriarchal morality focused on a code of ethics beyond the passing impulse and momentary convenience of the individual.

In today's world a major form the emotional plague takes is anti-authority liberalism. The reasons given to stop spontaneous life are presented as rational. Anti-sexual, anti-life messages, at times barely discernable, are camouflaged in the context of "just do it" social permissiveness. The emotional plague is now configured in the framework of political correctness including sex education and concerns about safety and hygiene. The fabric of our culture, healthy, non-neurotic sexuality and a stable social structure are at risk more than ever as a result of the spread of the new moralism, political correctness.

In *Children of the Future* (1) Reich spoke about the lack of knowledge of natural, healthy childhood and, in particular, about how little was known regarding the characteristics of the healthy infant and child. Reich noted that even the definition of childhood health had not been established or clarified. With that in mind, he formed the Orgonomic

Infant Research Center to address this problem, “to reach the naturally given plasmatic bioenergetic functions of the infant” (1:9) and to study the healthy child (1:7). Reich was attempting to study and understand the nature of individual human life *before the emotional plague* takes hold. Unfortunately, Reich’s plans did not reach fruition.

We similarly are limited in our knowledge of natural, healthy adolescence and we are no better off today in our understanding of healthy adolescent sexual functioning than we were in the past authoritarian era. We do not know for sure how healthy adolescents would function in a healthy, sex-positive society. We do not have a complete definition or picture of healthy adolescent sexuality. However, for glimpses of what it might be we can look to anthropological studies of healthier cultures, to case studies of individuals in our society, and to Reich’s understanding of natural biophysical functioning. We will, in the context of this article, also look at our current culture, examine the seemingly pro-sexual stance of today’s liberal sociopolitical society and see that it is killing the very possibility of healthy adolescent sexual relationships.

Ethnological Background

The following describes a !Kung bushman adolescent as observed by a visiting anthropologist:

Most !Kung are proud of bearing and possess a self-confidence that seems to be the natural outcome of the way they grow up.... One day I noticed a twelve-year-old girl, whose breasts had just started to develop, looking into the small mirror beside the driver’s window of our Land Rover. She looked intently at her face, then, on tip-toe, examined her breasts and as much of her body as she could see, then went to her face again. She stepped back to see more, moved in again for a closer look. She was a lovely girl, although not outstanding in any way except by being in the full health and beauty of youth. She saw me watching. I teased in the !Kung manner I had by then thoroughly learned, “So ugly! How is such a young girl already so ugly?” She laughed. I asked, “You don’t agree?” She beamed, “No, not at all. I’m beautiful!” She

continued to look at herself. I said, "Beautiful? Perhaps my eyes have become broken with age that I can't see where it is?" She said, "Everywhere—my face, my body. There's no ugliness at all." These remarks were said easily, with a broad smile, but without arrogance. The pleasure she felt in her changing body was as evident as the absence of conflict about it. (2:269–270)

The adolescent appears unaffectedly full of joy and ease in approaching sexual maturity.

Malinowski observed in the Trobriand Islands that adolescent sexuality is taken as a matter of course: It occurs as a natural extension of childhood sexual activity (3). Trobriand children at adolescence typically leave their homes. The adolescent has his own couch in a communal adolescent "bachelors' house" or the use of a hut belonging to one of his unmarried relatives. Boys typically live in the bachelor hut or with elderly widowed male relatives or friends; girls sometimes live in the house of an elderly widowed maternal aunt or other relative (3:62–63). The boys and girls fall in love and form sexual relationships, but the adolescent couple do not live together and do not stay together in the bachelors' hut regularly. The young lovers "widen and give a greater variety [than they had in prior years] to the setting of their amours" (3:65) with picnics, novel excursions and changing scenery. Malinowski states:

As the boy or girl enters upon adolescence the nature of his or her sexual activity becomes more serious. It ceases to be mere child's play and assumes a prominent place among life's interests. What was before an unstable relation culminating in an exchange of erotic manipulation or an immature sexual act becomes now an absorbing passion, and a matter for serious endeavor. An adolescent gets definitely attached to a given person, wishes to possess her, works purposefully towards this goal, plans to reach the fulfilment [sic] of his desires by magical and other means, and finally rejoices in achievement. I have seen young people of this age grow positively miserable through ill-success in love. This stage, in fact, differs from the one before in that personal

preference has now come into play and with it a tendency towards a greater permanence in intrigue. The boy develops a desire to retain the fidelity and exclusive affection of the loved one, at least for a time. But this tendency is not associated so far with any idea of settling down to one exclusive relationship, nor do adolescents yet begin to think of marriage. (3:63)

Malinowski describes adolescent sexual relationships as serious, absorbing, passionate and exclusive. The adolescent wants the attention of a particular peer of the opposite sex and only that one for the time being. Malinowski states the adolescent couple show elegance and decorum. They rarely mix in public. Despite couples' proximity to each other at times in the bachelors' hut, it is considered bad form among the adolescents for an adolescent or adolescent couple to observe another couple during their lovemaking or to call attention to their own. Public demonstrativeness is not a part of their behavior, and there is an "absence of any orgiastic or lascivious display" (3:72). There are no obligations, no economic concerns and no legally binding aspects to the adolescent sexual relationship (3:75). The couple also never share a meal with each other; the individual adolescents "join their parents or other relatives at every meal" (3:75).

The young relationships may develop into more lasting liaisons; exclusive bonds and mutual interest may strengthen; marriage may then occur. A couple who have lived together for a long time and want to marry "advertise this fact by sleeping together regularly, by showing themselves together in public, and by remaining with each other for long periods at a time" (3:77). Marriage is a firm, exclusive adult relationship of adults, involves a permanent economic obligation, and is bound by tribal law, morality and custom.¹

Healthy sexuality, including intercourse, plays a natural role in adolescent life among the Trobrianders. It does not disrupt, but is important to the health of both the individual adolescent and society. Though their attachments are full of love and energy, the adolescents are not bound to their sexual partners. They are also unencumbered with

¹Divorce may and does occur within and according to tribal rules.

economic and legal obligations in their youthful explorations. The young relationships are not expected to last. Adult sexual relationships are quite different. One can observe that societal stability is firmly placed, and remains, in the hands of adults and mature sexual relationships.

Ethnographic reports and our theoretical understanding indicate that adolescent health includes sexual relationships. The sexual relationships are characterized by directness in approaching members of the opposite sex and in discussing sexual interests and relationships, emotional caring, ease with others, and responsibility. They lack self-consciousness and have decorum, mutual respect and in particular respect for privacy, and concern for the other's well-being. The adolescents in sexual relationships show wholehearted intensity, singular focus on a particular adolescent (the peer perceived as the "one and only" changes from time to time in this stage of development), deep excitement, a glowing of the countenance, and love. Healthy teenage sexual relationships involve mutual interest, attraction and responsiveness.

The Effect of Culture on Human Sexuality

Given that it is biological, sexuality would be the same in diverse societies were it not for culture. Culture is transmitted to, is inculcated in individuals by parents. The beginning of human biological life, the basic union of ovum and sperm, occurs in the social, bioenergetic environment of the mother's body. That environment influences cell division and fetal development throughout gestation. The effects of parental influence and social mores continue and become visible during birth and in the first precious days and weeks after birth. During this early time period the socio-biophysical environment interplays with factors of heredity and biology and together these forces determine the organism's capacity to expand and contract, to enjoy and feel pleasure in life, and to accurately perceive sensation and see the world clearly.

Parents' acceptance or rejection of sexuality lies in the background of every child's life. The parents' degree of integration

with their own bodies and their sexual attitudes determine the way in which they respond to their infant and child. Their response to the child's aliveness and sexuality determines the way and degree to which the child is traumatized (and armors) as it passes through the ocular, oral, anal and phallic stages of development. The parental reaction to the child's exploratory touching (necessary for integration), the child's accidental and purposeful erotic touching of her genital in particular, and the child's first masturbation are crucial moments when culture imposes itself upon biology. Parental reaction to the child's expression of natural impulses and needs prior to age three sets the stage through armoring for the oedipal period. Ages three to five years is what Reich came to call "first puberty." It is the biologically determined time of development of genital sexuality. In this age period true, overt genital sexual activity and interest appear. Parents' reaction in these years has a lasting traumatic or health-preserving influence on sexual development.² In this intense, excited period, if a child of the opposite sex and of similar age and development is not available to the child for intimate play—if there is not a child with whom sexual interest coincides and can be mutually shared—the child's sexual interest, of necessity, becomes fixated within the nuclear family on the parent of the opposite sex in what is known as the Oedipal complex. This is culture imposed on biology *par excellence*.

In adolescence, the second major biologically determined leap in maturation and sexual excitation occurs. Culture again influences sexuality with its reactions to adolescents' expression of excitation. Shaped by experiences with their culture's negative attitude toward sexuality, problems now appear in the emotional state and/or behavior of the adolescent. The highly charged biological urges, armored and unarmored, excite and affect all society around adolescents. The adolescent sexual urges are noticed and supported or further traumatized by the parents and wider social forces in the culture. At this time the transition to healthy adult sexuality can be facilitated or blocked from coming to fruition.

²Stopping genital play before age three has even stronger lasting consequences.

Healthy adolescence, like any stage of life, includes anxiety. Reich wrote:

In a healthy child the ego develops with the emotions; it is not set against them.... On the other hand, it is also untrue that healthy children have no anxiety. They have anxiety at times, as do all living creatures. The view that health is something absolutely "perfect," that a "healthy" child "should not have" this or that, has nothing to do with reality or with reason. It is clearly a mystical redemption fantasy of neurotic structures to expect the perfect and absolute. The difference between healthy and sick children...is determined by the *capacity of the child to get out of the acute biopathic entanglement and not to get stuck in it for a life time*, as do typically neurotic children. (1:33) ...It was learned that health consists not in the total absence of sickness but in the ability of the organism to overcome sickness and to emerge basically unhurt. (1:36)

Trivializing or ignoring an adolescent's anxiety damages developing adolescent sexuality. One way natural anxiety is trivialized is by labeling it as a sign of sickness and/or medicating it. Lack of acknowledgement of and lack of response to adolescent anxiety is not rational but comes from contactlessness and intolerance of emotion. Lack of support from the culture has a traumatizing effect on developing sexuality, more so than openly harsh, blatantly judgmental, admonishing, punitive behavior. The latter is easier to see and is more readily selectively armored against, directly responded to and refuted.

Healthy sexual relationships presuppose pulsatory capacity, the capacity for energy to move (flow) in both directions between core and periphery, the capacity to feel and tolerate both pleasure and anxiety. They also require self-regulation. Reich used the term "self-regulation" to refer to the natural capacity of the individual, if not significantly damaged emotionally or biophysically, to govern herself according to inborn, healthy, natural biological needs (4:172). Crist points out that self-regulation includes "the capacity to modulate between expression and restraint" in the biological and social realms (5:12) and allows the individual to act accordingly to different situations and to respond to different people in socially appropriate ways. Reich also observed and discussed the "*inborn* moral behavior in

man" (1:43), moral behavior that occurs naturally if the individual is unarmored—if natural needs have not been suppressed and unnatural, antisocial and criminal drives have not been created. This moral behavior is not imposed and is different from that dictated by authoritarian or permissive codes of conduct. Thus, an externally derived morality does not need to be forced upon the healthy individual.

Having healthy sexual relationships requires restraint as well as the capacity to express impulses. Such relationships presume and are governed by an internal, natural morality with decent, caring behavior and respect for self and other people. Among the Trobriand Islanders, restraint and morality in the context of natural sexual expression are observed throughout the life cycle, childhood through adulthood.

Even in less healthy, sex-negative cultures some individuals arrive at adolescence more intact than others. A report of a relatively unarmored adolescent in our society describes the teen as showing joy, integrity, reasonableness and a levelheaded attitude toward genitality (6). She formed special attachments with boys during this period without sentimentality or "sickly fantasies" and without giving up her friendship with others.

When Moira views the sexual patterns of her peers, she is struck by the affectless promiscuity, the sleeping around that is as cold as calisthenics. She is distressed by some boys' callow assumption that her open behavior implies that she is an available bed partner. Sexual intimacy without a strong emotional bond is unthinkable to her and, interestingly, the depth of relatedness is more important to her than sexual release. (6:236)

It is also reported that she had a good, open relationship with her parents in childhood and that this relationship continued through her adolescence without excessive conflict or evidence of a "generation gap."

Modern Repressive Society

Adolescent sexuality in our culture is typically marked by misery. Baker published a letter from a sensitive adolescent suffering with

sexual feelings and desire for her boyfriend, feelings her boyfriend reciprocated (7). The adolescent couple took their sexual impulses seriously in their love for each other, but were morally conflicted and could not respond to the feelings without guilt. Baker answered the young woman's letter and commended the honesty and independence of thinking with which she faced her problem. He described the deep conflict between natural adolescent sexual urges and a culture that denies and compromises adolescent sexuality. He supported her feelings and pointed out their importance and value in view of the irrational and brutal aspects of our society. He did not advise her to act against her conscience.

The adolescent who wrote the letter had health enough to be in touch with her emotional and biological sexual impulses and to reach out to the opposite sex, albeit with conflict and agony. Some adolescents are not able to get that far. Baker points out that many teens are not able to resolve their sex-negative inhibitions and infantile fixations toward their parents enough to establish heterosexual relationships, and he advises:

Obviously, in a society that does not recognize sexual expression outside of marriage, and without a rational sexual education of children, and without privacy and knowledge of contraception, it would be both foolhardy and unhelpful to advise adolescents to ignore rules not consonant with health. Such advising would be no less harmful than preaching abstinence.... Now, we can only present their problem fully and honestly to them and let each find his own solution. Even knowing the facts, and that their feelings and urges are natural, will give them some help in their effort to survive. (8:95–96)

Individuals who act sexually in ways that they cannot emotionally tolerate or who do not take responsibility for their behavior within their society will make matters worse for themselves and for others.

Baker further states that not helping youth assume responsibility for what they know to be their rights makes rebellion inevitable, since the average modern adolescent has "too much life and health in him

to repress.” (8:96) This is so because they do not have enough responsibility or knowledge to incorporate their sexuality into their lives in a healthy, integrated manner.

Adding to the Problem

In addition to the conflict between our present culture and biology, physical sexual maturity in modern Western society is being reached at increasingly younger ages. It is not unusual for a twelve-year-old to attain sexual maturity. At the same time emotional maturity, social and economic independence and responsibility have been postponed. Society has worked to keep children and teens deprived of independence and has attenuated their chances of achieving socio-economic and emotional maturity. This has been done by not allowing or restricting the circumstances under which they can work,³ thus decreasing one way in which they might become economically independent, by organizing and supervising their lives so that they do not know how to solve problems on their own, creating and focusing on social programs such that there is an expectation that needs will and must be met and provided for by others, and overprotecting them so that they do not face natural consequences and do not develop or learn to trust their own survival skills. The capacity of the teen to handle the privacy and independence needed to act on their sexuality responsibly has not been developed. This makes adolescence an even more confusing and conflictual time for adolescents, their parents and their society.

Also, different teens of the same age mature at different times in our multi-faceted culture, with its various genetic backgrounds and lifestyles. The specific age at which a teen matures and desires to establish sexual relationships, if younger or older than expected, may exacerbate difficulties for the individual adolescent and the adolescent's parents. In addition, if the adolescent is vastly out of sync

³Work is an important part of ego development and independence in all stages of life, but like any life function it needs to be handled responsibly.

with the physical and social maturity of their peer group,^{4,5} conflicts may be heightened for the teen, parents and subculture as the teen feels pushed or inhibited by peer pressure and social events inappropriate to their point in development.

The Sexual Revolution That Miscarried

The sexual revolution of the 1960s has misfired. After generations of sexual repression and following the traumatic upheaval of World War I, the Great Depression and World War II, a rebellion occurred and pushed for liberated sexuality. Confining clothing and sex roles were cast aside; restrictive rules, the bonds of constraint, and the shackles of sexual inhibition were seemingly broken; the young “let down their hair.” It was to be a time of great expansion: love and sex. However, rather than a freer society, the explosion of “free love” left a society in which individuals, teens and children included, are constantly bombarded by contactless, lewd or ribald sexual displays. The message that “anything [in the world of sex] goes” is paired with messages promoting fear and guilt, breeding confusion and intolerance of the most basic organismic sensations. Rational anxieties and negative feelings in general are either not felt or are eschewed and dismissed and sometimes medicated. With an abundance of pre-genital display, a lack of genital sexuality permeates all levels of society including

⁴The age at which sexual functions mature and strong sexual feelings develop varies from individual to individual. The pace of peers’ emotional development, the availability of suitable partners, social conditions and the environmental context within subcultures also vary. Hence the age at which an adolescent is ready to express her sexuality in a relationship is an individual matter. In optimal circumstances the teen’s sexuality will be felt to be pressing, anxiety regarding her feelings will be manageable, her capacity to reach toward others and establish responsible relationships will be intact, peer partners will be available, and these factors will occur in synchrony. The maturity and emotional health (or lack of health and maturity) of the teen’s peers could delay, inhibit, compromise or push expression of an individual teen’s sexuality independent of her own readiness. The healthier teen has more perspective and is more likely to see clearly the social context surrounding her development and make rational decisions regarding sexual behavior and what is appropriate for herself.

⁵Non-mutual, coercive sexual behavior occurs more easily with an imbalance in age and energy level and indicates severe pathology.

sophisticated literary works, pop culture and popular media portrayals. Substitute behavior, false expansion and pushy, pushed sexual behaviors are elevated to the status of customary and desirable. A recent study (9) shows that sixty-eight percent of television shows during the 1999–2000 season contained sexual content (up from fifty-six percent in the 1998–1999 season); seventy-five percent of the 1999–2000 season prime time programs included sexual content. The study states that on average 4.1 sexual scenes appeared per hour. The study reports that sexual intercourse was depicted or strongly implied in ten percent of shows and in sixteen percent of those scenes of intercourse, the couples had just met. In the category of general sexual content, close to half of the characters involved in the sexual interactions had just met or, if they knew each other, had no previous close or romantic relationship. (Sexual content was defined as behavior and/or specific language depicting sexual intercourse, intimate touching, passionate kissing and physical flirting.)

The social change has most disastrously and visibly affected the most intense sexual period of the life span: adolescence. Suicide is the second leading cause of death in fifteen- to twenty-four-year olds. There has been a 368% increase in the suicide rate amongst people in this age range since 1960.⁶

In the thirty-three years since Baker wrote on adolescence more teens in our society are living out their sexuality in overt, active ways. They are doing so with no less difficulties, with no greater happiness and no less dissatisfaction and frustration. New forces in our society operate against healthy adolescent sexuality and against the thoughtful examination of the conflict between the biological reality of adolescent sexuality and societal intolerance of it. In the past, repression and inhibition stood at the forefront of character problems. Today social forces push individuals toward sexual activity with no discrimination between healthy and neurotic, genital and pre-genital sexuality. There exists in our culture a taboo against healthy adolescent sexuality *and* a promotion of extreme, pre-genital, promiscuous, irresponsible sexual behavior.

⁶Covenant House Web site.

Our adolescents suffer from inaccurate, contradictory and confusing sexual information, repressive and permissive societal forces, and their own past childhood trauma. Drug usage distorts their psychological, emotional and energetic perception (10). Individual and social circumstances leave them emotionally and socially immature and compromised in their capacity to tolerate sexual feelings or form social relationships in general and sexual relationships in particular. Their ability to reach out toward others is limited. The result is some degree of frustration, shyness, awkwardness, inhibition, tentativeness, anxiety or guilt in adolescent relationships even amongst the bright, vigorous, competent and livelier youth. Forced, sadistic, irresponsible, casual, sneaky and abrupt sexual expression and pornographic references occur among the more troubled.

Today, armor forms early in life in a manner and to an extent no other generation has known. The horrors of the emotional plague as it greets and damages newborns in our culture in organized and institutionalized ways have been well described elsewhere (1,2). In addition, an intensely bureaucratic, overly organized and pre-programmed milieu has arisen and dominates and restricts the life of the young after birth. Infants and toddlers are put in day care and other organized settings. They are removed from the everyday biology of plants and animals and sexual functioning in natural circumstances. Few children observe nature. Spontaneous play and self-discovery are curtailed. Babies are wrapped in hygienic plastic diapers designed to keep their surroundings clean and void of even the hint of knowledge of human excretory functions, the main function or consequence being: Babies are not to know their own genitalia. Why is this unrecognized, never discussed? The diapers are securely fitted to the body, wrapped and taped tightly, making it difficult for babies to insert their hand (11). Self touch, erotic self-discovery and masturbation are stopped. This occurs in the name of cleanliness. The context is far different from earlier times when young ones ran naked or were covered with loosely fitting diapers that came off or were easily pulled off by the child. Parents today seldom have to say "no, no" or "don't

touch" as a moral pejorative or move the child's hand away from the child's genital.

Today's children are heavily supervised. Partly out of fear of legal action, children have no privacy and sex play is forbidden. Any parent or even two sets of similar-minded parents who give their children the freedom to play and explore with each other as the children choose or to engage in sex play could face social service investigation or criminal charges if exposed to the authorities. Given the current state of affairs, extra vigilance is needed and is partly rational in egalitarian day care settings where there are children of vastly different upbringings and children unknown to each other or to the supervising adult. The impulsive, contactless, pushy behavior of the particularly neurotic child, unable to maintain boundaries; who may act out sexually toward other children could be harmful to other children. Such situations lend credence to the otherwise irrational, perceived need for society to intervene at all times in all situations of public childhood sex play, healthy or neurotic.

There is an emphasis on non-spontaneous, non-sexual activity for the young. Athletic events, practices and competitions, of pre-schoolers, grade school children and adolescents are taken very seriously to an unusual and over-determined degree.⁷ The children's play is highly organized by adults, supervised by adults, assiduously watched by adults, and financed at personal sacrifice to the adults and the community. Yet within many families there is a lack of contact, a lack of emotionally attentive, sensitive interaction, and a lack of spontaneous exchange between parents and children. Disconnection from feeling is thereby continued and promoted. A chance to examine and correct messages received from the culture at large does not occur.

Under these conditions it is unlikely that any human will reach puberty or adolescence in a state of health with sufficient natural contact and integration to be able to achieve healthy sexual functioning, or at best, it will be difficult for them to do so. Culture

⁷This is not to eschew athletics. Physicality is important as discharge and to build strength especially in an over-intellectualized environment, plus it's fun!

produces armor. The armor causes energetic disturbances that interfere with healthy personal and interpersonal sexual development and the individual's capacity to tolerate genital sensations.

Rise of Impulsivity

Patriarchal, authoritarian social environments produce repression and inhibition of sexual expression. Liberal environments lead to intellectualism and loss of contact with core impulses and feelings. The anti-authoritarian aspects of liberal environments produce impulsivity.

Rebellious behavior attempts to act against one's own individual armor as well as against the external restrictions imposed by parents or society. As impulses force forward and push through armor, they are distorted by it. Rebellious behavior, as a result of the energy it takes to push through armor and from the distortions caused by the armor, is violent to varying degrees and destructive. The problems it creates are usually highly visible. Contactless, mechanical behavior is also destructive. However, mechanical, contactless behavior may occur in sophisticated, intellectual forms and be expressed as "education." Its destructive consequences are subtler, less immediately apparent but longer lasting. Open rebellion and subtler contactless, mechanical, intellectualized forces are destructive of sexuality, of individual integration, and of the strength and true life-building forces of society. Today we have both forms of anti-life attacks.

To recognize negative, armored, destructive impulses, make appropriate judgments, integrate caring with biological impulses, and sustain passionate interest in a substantial relationship necessitates an unarmored (or relatively unarmored) ocular segment. This segment, Konia has pointed out, is heavily armored and impaired in today's society and is becoming increasingly so in today's youth (12). As a consequence, we have increasingly less repression and a great upsurge in impulsivity.

The impulsive individual is action oriented, "sexually active," but has more anxiety than the repressed individual and is orgasmically unsatisfied, perpetually. In the impulsive there is acting out, lack of capacity to

sustain effort and work, and lack of conviction. Little in life is perceived as worth standing up for. Instantaneous rewards are expected; relationships and projects are abandoned if there is frustration or lack of immediate gratification or they are avoided altogether.

Impulsive individuals seek and prefer “casual” sexual contact as it demands less of them; they are not capable of commitment and cannot tolerate the anxiety that intimate contact stirs up. Casual sex is less frightening and less disturbing. In some individuals attempts to obtain sexual release are bizarre and sadistic and the discharge is brutal; that is, their sexuality is acted out in harsh, cruel, abusive behaviors. The impulsivity of these individuals is expressed in blatant destruction, irresponsibility and/or rebellion. Others yearn for meaningful sexual expression and have a sense that a loving relationship is possible but the reality eludes them. Their impulsivity manifests as a lack of “ego glue”—they have not enough contact with core sensations and aggression in particular to actualize what they sense they need. (Bookstores are full of “self-help” books on the subject.) In other modern impulsive individuals, one sees a sedate appearance and a mechanistic, intellectualized, superficially responsible approach to life. They engage in sexuality, but it is not perceived as meaningful or essential and satisfaction is minimal. To sustain a relationship is not possible for these individuals due to their neurotic character development; efforts toward a relationship give rise to intolerable anxiety. The anxiety is experienced as disruptive and hence relationships and the resulting anxiety are avoided with the rationalization that they take time and energy away from achievement and the success around which their intellectualism is organized.⁸

Apple reports that elite prep school teens speak of sexual encounters as “hooking up.” (9) The term reflects the true absence of endearment and emotional connection in their relationships.

Brooks, writing for the *Atlantic Monthly* (13), reports that elite students at a distinguished Eastern university do not have serious

⁸The intellectualism hides and is a layer of defense intermixed with the emotional impulsivity.

sexual relationships. He expressed amazement at how little dating occurs. The students go out in groups, there is “a fair bit of partying on campus” (13:40) but no real relationships. There are “sometimes friendships” for which they must schedule brief “quality time” as they would a committee meeting or class period and “‘friendships with privileges’ (meaning with sex)” (13:40) but no relationships of significance. Notice the cold, mechanical but polite quality of the term “privilege”—sex is relegated to the level of special credit cards or social club status; the implied attitude fits with consumerism and achievement. Brooks repeatedly notes that “something is missing” (13:54) in these bright, good-natured, hard-working, busy, casual, well-dressed happy-looking individuals, the “elite” young representatives of our society.

Brooks describes the students (with some exceptions) as “meritocrats,” concerned with success, achievement and “what one does” and not with “what one is” (13:54). He relates the problem to society:

Today’s go-getter parents and today’s education institutions work frantically to cultivate neural synapses, to foster good study skills, to promote musical talents. We fly our children around the world so that they can experience different cultures. We spend huge amounts of money on safety equipment and sports coaching. We sermonize about the evils of drunk driving. We expend enormous energy guiding and regulating their lives. But when it comes to character and virtue, the most mysterious area of all, suddenly the laissez-faire ethic rules... Or maybe the simple truth is that adult institutions no longer try to talk about character and virtue because they simply wouldn’t know what to say (13:53). ...One sometimes has the sense that all the frantic efforts to regulate safety, to encourage academic achievement, and to keep busy are ways to compensate for missing conceptions of character and virtue. (13:54)

Unfortunately it is not just the conception of character and virtue that is missing. Brooks is describing the results of the lack of conviction and the lack of core contact of the modern “intellectualized,” emotionally impulsive, liberal individual.

Modern “Sex” Education

Real destruction of healthy sexuality occurs in society today in the form of sex education. Some educational programs elevate pregenital, aberrant sexuality to standard and *de rigueur* practice while ignoring or making light of the essential role that heterosexual sexuality, intercourse, commitment, feelings, and responsible sexual relationships have in life. Fear-inducing lectures are presented as rational and normal. Diseases and unusual sexual behaviors are depicted in disturbingly graphic detail. Pregnancy and parenthood are portrayed in negative terms as irritating and inconvenient. Students are assigned to take home overnight a mechanical clock-like device, the “baby,” which has been pre-programmed to make noise unpredictably at all hours. The students must hold the device and/or press buttons on it to administer to it. Even then it might not quiet down and may keep the student awake all night. These educational approaches increase anxiety and confusion, as they trivialize infant care, and set the stage for cold, mechanical, frustrating expectations of parenthood⁹ and result in rebellious outlooks toward the authority who presents such information.

A bright but troubled teenage patient complained of school and his health class. He said his teachers were hypocritical; his second semester teacher said word-for-word the same thing as his first semester teacher: “We want you to have sex but we want you to be informed.” The teachers repeated, “We’re not trying to stop you from having sex” as they showed the students pictures, the patient said, “to scare us to death.” These included full-screen sized pictures of penises and vaginas ravaged by gonorrhea and syphilis. The teen was sickened. Such pictures serve a medical need and traditionally are shown only to physicians who study and treat illness. Over-sized images of even healthy, beautiful, vibrant genitalia are not necessary and would be inappropriate in the context of this class—adolescents sitting amongst their peers, anxious in their own

⁹Some educators report a more positive experience of and result from the use of the mechanical “baby” which may be presented in a doll-like form; the more positive result may be related to greater contact and a more positive attitude and engagement with the students on the part of the instructor.

sexual development and anxious in regard to the developing sexuality amongst themselves. The least painful response in such a situation is to armor: to disconnect from feeling and any core response and to live in the superficial layer, both in watching the “educational” material and by extension in engaging in future sexual behavior. Another response is to withdraw and alienate oneself further from authority, which is what the patient did. The teen knew that the teachers were wrong in what they were doing though he was too self-doubting and shy to assert himself effectively in school or in his private life. Sex was not presented in this teen’s school as “bad” but was presented in the most frightening and overwhelmingly negative light possible in the name of health, hygiene and safety.

The Intensification of Social Armor

The consequences of the breakthrough of secondary layer impulses lead to an increase in social armor and contactlessness in the form of political correctness (PC). As individuals more and more lose contact with their core feelings and as social structure disintegrates, impulses are no longer guided by natural self-regulation. Healthy morality, suppression, social structure and/or rules of etiquette such as politeness do not exist. Policies of political correctness are invented partly in an attempt to limit the disaster. The politically correct guidelines in regard to sexuality create confusion, breed fear, prevent energetic expansion, inhibit healthy movement and lead to vendettas and accusations of impropriety with punitive, destructive consequences for individuals and society. The hoped for social improvement and protection of harassed individuals does not occur. The true purpose of political correctness is achieved: the killing of sexuality and of the spontaneous movement of life energy. Political correctness is armor and is designed to make sure no core impulses come through to expression.

An artist who was hired to help children paint a mural on the walls of a school, designed a lovely scene of the sea and mythical creatures. She was forbidden by school administrators to paint a trident for her central figure Neptune and was given a lecture on her inappropriateness in

using such an image in the school where young boys might see it; in particular, the five- and six-year olds might get the idea of thrusting and stabbing. Later this lively, energetic young adult in painting the mural with her student assistants dropped a blob of paint on the work and said, spontaneously, "Oh, no, I made a mistake!" She called over one of the five-year old painters who beautifully patched up the blotch with his color. The artist and her helpers were delighted. On hearing this story, which was told by the artist out of pride in her students, the teacher again lectured her, this time in front of all the students, "We never use that word. There are no 'mistakes.'" The teacher continued to elaborate and reprimand the young woman, not in harsh but cool tones disguised as "education." The artist felt terrible and confused and later doubted her ability to work with children. She thought that if she had so harmed them and misunderstood what was appropriate for children, she should not be around them.

Brooks describes Princeton male students as "enlightened men, sensitized since the first grade to apologize for their testosterone" while the women are

assertive and make a show of self-confidence, especially the athletes. Members of the women's soccer team have T-shirts that read YOUNG, WILD AND READY TO SCORE. Posters advertising a weekend's races say CROSS COUNTRY! IT'S EXCITING TO WATCH SEXY WOMEN RUN!—brashness that would be socially unacceptable if the boys tried it. (13:48)

These vignettes of political correctness may seem minor—the destruction and brutality caused to any individual *in the moment* are limited, but they are examples of the ways in which the death of sexuality and natural, spontaneous movement, especially aggression, is being accomplished: Their very beginnings are nipped in the bud.

What Is To Be Done?

What is to be done? Our first task is to expose the emotional plague. It is the emotional plague, the intolerance of natural spontaneous movement of life and the need to stop it, kill it, that creates the "problem of adolescence" in the first place. Like all plagues, the

beginnings of the emotional plague are insidious and subtle. It gets its strength from being unrecognized. The germinal phase of a plague may not seem like much until the small germ grows, eventually taking over and dominating the organism, sapping its strength. The biophysical strength of humans is sapped by depriving them of aggression and condemning the very concept of aggression: "Boys mustn't thrust" or even have the idea of such. The same is true for spontaneous movement: All activities *must* be organized, scheduled and watched. Denigrating natural authority and social structure, i.e., the attitudes "there are no mistakes" and every one and every idea are equally valid, depletes individuals and society of organization. Initially these messages *do not appear* to be anti-sexual. They may even appear rational given the outbreak of destructive impulses emerging from the secondary layer and the contactless erratic behaviors that result from severe and pervasive ocular armor. As individual aggression, independence, spontaneity and clarity of thinking are eroded, core contact and bioenergetic motility are stopped or impeded and the capacity for pulsation and mature genital sexuality is lost.

As mental health professionals, we must recognize, make known and fight the emotional plague in all its manifestations. The field of mental health, however, is dominated by anti-authoritarian liberalism. Redding attests to this in an article in the March 2001 issue of the *American Psychologist*. He speaks of the "lack of political diversity in psychology" and the negative consequences on "research, policy advocacy, clinical practice, the design and implementation of social interventions, and professional education." (14:205) He also provides an extensive biography of other articles studying the problem (14). The liberal bias in the clinical and political fields shapes and/or stops the design and funding of research regarding what would facilitate individual and societal health and treatment programs to implement the findings. This leaves those who understand the problem and see how the emotional plague is perpetuated with added responsibility to respond.

Anyone can develop a plague reaction, but the emotional plague reigns in certain individuals. Of high energy and insuperable pelvic block, they, as a character trait and as a necessity, set themselves up to

“make their environment, and everyone in it, conform to their own inadequacy.”(8:154)

Their sadistic persecution is directed against the natural rather than against the perverse sexuality of others. And most especially is it directed against the natural sexuality of children and adolescents. They seem to be violently opposed to natural sexuality and completely blind toward any kind of perversion in themselves and others. (8:163)

Orgonomists and organomically trained counselors study energetic principles and are trained to recognize the emotional plague and emotional plague characters. It is the task of the orgonomist, based on the understanding of energy movement and the necessity for energy to move freely, to expose the emotional plague in all its forms—from reactions of “the unfeeling mother who cannot stand healthy functioning and proceeds to mold her infant in her own image”(8:154) to the full-blown emotional plague character who organizes others to destroy life.

There are, on a lesser note, things that we can do within a sex positive context.¹⁰ At least theoretically, a more favorable response from the environment during puberty could contribute to the development of a healthier attitude in the adolescent. Education, responsible environmental structure, support, and orgone therapy for teens may allow for greater contact with emotions and sensations in the individual adolescent.¹¹ Therapeutic assistance can help the individual teen, despite the surrounding culture, to wholeheartedly embrace life, tolerate anxiety, enter relationships with open eyes, and

¹⁰See the Question and Answer section of this issue of the *Journal* for practical considerations and suggestions.

¹¹This development is best assisted through orgone therapeutic interaction with the teen. Bringing to awareness the irresponsibility and superficiality surrounding sexuality in the present culture and the negative effects and emotional and social costs of these attitudes is essential. Discussion may affirm the teen's need to take time (in this pushed social climate) to get to know her partner, protect herself, show responsibility, and speak up and stand up for her safety and a meaningful sexual relationship. Information given in the context of pointing out problems rather than lecturing is less likely to be rejected even by the armored.

not submit blindly to peer pressure or dependently rely on her partner as she might have on her parents for decisions and direction. With assistance, she may integrate sensuality and sexuality with, rather than separate them from, feeling. She may assess the difference between casual and feeling relationships and develop the latter.

We know better than to tell or pretend to our youth that we know all the answers regarding what they should do. Though sexuality is a natural and essential part of healthy adolescent life, we can not promote sexual intercourse and sexual relations for adolescents in our culture. To do so is irresponsible and destructive. In the extreme case, teen patients have presented with psychotic symptoms precipitated by sexual contact including intimacy short of intercourse when they were not able to tolerate the increase in excitation. Structure and setting limits are needed and are at times a partial, effective response to troubled adolescent behaviors. As Crist states, "When children are armored, we cannot let them do whatever they want and hope they will be able to regulate themselves—they cannot." (5:5) Reich wrote, "Neurotic behavior cannot be dealt with by means of self-regulation. It forces authoritarian measures." (1:47) Neurotic behavior in adolescents calls for limits and direction.

The degree of freedom given to teenagers must take into account what the teen's parents and social context can tolerate. If the tolerance of the parents or the social structure is exceeded, ignored or too emotionally and energetically taxed, a backlash of negative repercussions against the teen is likely.¹² Allowing freedom beyond these boundaries is, in fact, sadistic and a setup for destructive and chaotic consequences for the teen and family.

¹²In extreme cases the parental attitudes toward life and sexuality may be pathological to a degree that the health of the teen necessitates separation from the family. In other cultures and earlier times when there was less social chaos and less overtly destructive forces at work in the society at large, adolescents could more easily move to another home or town if things got "hot" in the family. "Road trips," travel, and college are ways in recent times adolescents who are not fully independent temporarily move away from their parents.

However, limitations alone, benign or severe, do not solve the problem. Konia states, "The past repressive ways cannot effectively address the root cause of young people's problems or the current state of social breakdown, although authoritarian measures may be called upon in an attempt to contain the most destructive of secondary impulses." (12:3) Such measures limit destruction, but they do not increase individual capacity for healthy functioning.

We can help individual teens; but the number so aided is limited by practical considerations. What about society at large? Instead of the repressed sexuality of the past puritanical (religiously and rigidly moralistic) society we now have impulsive sexuality in an anti-authority liberal culture. The impulsive character and individuals with significant impulsivity are worse off. They have more anxiety than their past, repressed counterparts, have more ocular armor, are more contactless, suffer from early drug use, are more disorganized and are poorly integrated. Impulsive individuals are more sexually unsatisfied despite a plethora of pre-genital activity and stimulation. They are surrounded by media that reinforce and stimulate their behavior and tell them that their viewpoint is normal. Will the future bring a shift back toward authoritarian structure and repression? Would that help? The present culture is heavily imbued with the *zeitgeist* of liberalism; one sees emotional plague, anti-authority, anti-life messages everywhere, making the attainment of genital sexuality and concomitant healthy social structure impossible.

We must, as our greatest hope, combat life-killing forces by exposing the emotional plague at work in all its manifestations, in all its visible, traditional and hidden, newer, intellectualized forms. Without this effort, all the attention we give to the development of healthy adolescent sexuality and unarmored ocular functioning and all the positive changes we make in child-rearing practices and sociopolitical structure will be for naught. Adolescents will continue to suffer and society decline as impulsivity and alienation increase, as estrangement and hostility are acted out against society, and as existing authority and social structure crumble.

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Case Presentation

John is a 37-year-old, twice divorced, chemical engineer who came to therapy complaining of crushing feelings of worthlessness and depression. He also had decreased energy and his sleep was disturbed. These symptoms were troubling, to say the least, but his greatest concern was his difficulty concentrating, which impaired his job performance and threatened his position as an engineer. He felt that he was losing control of his life. He told me, "I have a lot of people who depend on me and I must function."

To give you some historical background, one year before John came to therapy, his father and mother were in a terrible motor vehicle accident: his father was killed outright and his mother was badly injured. She required months of hospitalization and later a long period of rehabilitation. During this time, John went on "autopilot" and did what needed to be done for his mother. He said she needed someone to be strong and John, an only child, buried his feelings and dutifully took care of everything. He attended to his father's funeral, made daily visitations to his mother in the hospital and attended to all the many financial matters for his recently widowed mother.

When his mother left the hospital after four months, John brought her to his home to convalesce. His fiancée, who had been living with him for two years, did not get along with John's mother and insisted that his mother go elsewhere. Feeling that he had to see his mother through her convalescence, John finally had to ask his fiancée to move out, adding yet another loss to his life.

Over the ensuing months, John became increasingly depressed and immobilized. He went to a mental health professional but was put off when the first thing she appeared most interested in was helping him to build a good lawsuit against the drunk driver who'd killed his father. He left her feeling misunderstood and alone and he subsequently came to me.

John described his life as having been unremarkable and said he never had serious emotional problems and was always able to proceed

with his life in an orderly and rational manner. John said his fiancée had been very special to him, he had never before loved any woman as he had loved her and he mourned that she was no longer part of his life.

Aside from his depression over her loss, his past history showed no episodes of depression. "I've always been happy," he said. He had never used drugs or abused alcohol, had never been hospitalized and had never had any kind of psychotherapy before, except as mentioned above.

In his initial session with me, I saw that John was a medium-sized, well-muscled man with a stoic manner and a rock-like face. Although the muscles of his jaw frequently flexed and he looked like he was biting back his feelings, I was struck by his emotional flatness. His eyes were veiled and very sad. His voice was low, soft and without inflection and he spoke with great deliberation. He had difficulty spontaneously expressing himself. He told me that he realized he was depressed and was upset that he could not make rational sense out of what he felt. He believed he should just be able to "pull himself out of it and get on with things." He talked about himself and his symptoms in an emotionless manner, as if he were talking about someone else. I asked if he had been crying much with all he'd been through and, to my astonishment, he replied that he hadn't cried once in the last year: He always felt he had to "hold it together" for his mother from the moment she was brought to the hospital until the present. When I reflected on what he'd been through, he looked at me as if he were seeing me for the first time. I seemed to shock him when I showed that I felt for his plight. He was so used to worrying about others that he could hardly conceive of others worrying about him. Everything he conveyed suggested that his own feelings were of no importance.

I told him that he had experienced great losses and suffered intensely and had kept it all bottled up to be able to function for his mother. I told him that he was emotionally dammed up and I offered him two options for treatment: 1) medication, with their potential side effects, or 2) therapy on the couch that helped people get their emotions out.

He readily agreed to the latter and I had him lie down on the couch. I saw that his chest was held high in an inspiratory attitude, and that it moved little with each breath. I asked him to breathe deeply through his mouth. As he continued breathing in this manner, I pressed down on his chest with each expiration. His chest let go some and moved a bit more with respiration. He breathed now more fully on his own for a minute. Then he abruptly stopped, holding his breath. He looked as if something alien was coming up from inside him as he, puzzled, waited for it to emerge. I waited there with him, saying nothing. His face slowly began to contort into an expression of misery, and then crying, as a few tears emerged. I gently placed my hand on his shoulder, telling him, "You've been through a lot, John."

I encouraged him to open his mouth and he began sobbing, first softly, and then louder. He lay on the couch crying for some minutes. When he stopped crying, he slowly sat up and looked around the room. He said he was very surprised that he'd cried and with amazement said that he felt better; in particular, his head felt clearer and he thought that now he might be able to concentrate. He couldn't make sense of what had just happened and I told him he didn't have to understand it, just to let his crying come out.

At the end of that first session, I told him I'd see him once a week. I also told him that I wanted to have laboratory tests done so we could be sure there were no physical causes adding to his depression, such as hypothyroidism, etc. I told him he could call me anytime.

At his second session, John told me he had felt better during the previous week, but not cured. We talked briefly about his mother's convalescence. Then I asked him to lay down on the couch and to breathe through his mouth. I also had him make various faces. His stone-like facial hardness moved with difficulty into expressions of anger, sadness and fear. After several minutes, I had him kick the couch repeatedly as hard as he could with continued breathing. Then I asked him to yell out loud while kicking. Despite trying, he could only open his mouth an inch and he could only produce a slight sound. I told him his jaw was very tight and that this was holding back

his yell. With his permission, I gently pressed on his jaw muscles, which were taut and sore. With this he was able to let out a real yell. He began to hit and kick the couch, angrily shouting now. Finally, he stopped, and gentle pressure on his chest again brought out crying.

Over the course of the next three months, John's sessions were much like his second session except that the degree of emotional discharge and relief increased. His disabling depression progressively remitted giving him encouragement to tolerate and express the sadness that remained. At the beginning of sessions, John looked "dark," immobilized and sad. After talking, making contact, and expressing his feelings verbally, then working biophysically on the couch, his face looked brighter and more mobile and his eyes showed relief.

When he was able to cry more fully, he began to grieve for his father. He remembered every detail: going to the hospital, the smell and the look of the emergency room. Later, rage toward the drunk driver who had killed his father emerged.

Three months after starting therapy, John was sleeping well and his feelings of worthlessness were almost gone. His energy level was close to normal and his concentration at work was much improved.

In the fifth month of therapy, memories of his first visit with his hospitalized mother began to surface. When this happened he said he "closed down," again experiencing decreased energy, difficulty sleeping and poor concentration, though not with the initial severity. In this phase of his treatment, we found therapy twice weekly for several weeks allowed him to release more and deeper anger and crying, with relief of his symptoms.

In his sessions, despite the emotional discharge, John kept a certain distance from me and did not show any overt feeling toward me until the end of each session when he thanked me, usually as I was walking out of the treatment room. Even though it was understated, the depth of gratitude I felt from him was moving.

As John's therapy continued, I felt I was seeing more of someone who had been hidden. By the eighth month of therapy, I finally saw a

cautious smile and slowly he began to reveal a sense of humor, an indication that his depression had resolved. No medications were used in his treatment.

John decided to continue therapy to further enhance the quality of his life. Specifically, he wanted to be able to feel his emotions more fully and to be able to show them.

Over the ensuing nine years there was substantial and continued progress in this regard. There were no recurrences of John's depression or depressive symptoms.

The treatment of this man's depression with medical orgone therapy demonstrates some of the major principles employed with this approach. First, and most important, emotional contact with the patient must be established. A full history is then obtained with emphasis on past and present functioning. A medical work up is done if the medical organomist has any suspicion that an underlying physical condition may be causing or contributing to the presenting emotional problems. The individual's character armoring (in this case, John's stoicism) and the individual's muscular armoring (here, in his jaw, throat and chest) are addressed and full expression of held back emotions is encouraged.

Excerpts from the Notebooks of Jacob Meyerowitz *

The Wisdom of Babies – 12/11/83

Babies are wise, incredibly wise. I have always been impressed by the penetrating, dynamic looks of very young babies. I have frequently felt that they see everything but do not judge anything unless it is upsetting and that which is upsetting is genuinely upsetting, not a figment of their imagination. They respond only to reality, not to concepts or memories or illusions or fantasies or distorted perceptions of reality.

Today it has all come together: Babies know more than we do in a functional sense, even though they have *no* or *little* experience, simply because they have a direct access to Primary sensations. They function in the Primary realm from birth (even before) so that they are not obstructed by the *limit of thought* or the distortions of blocked energy functions. They are in direct contact with their core, the unity of all things and functions. They know what they need and they know what they feel. They know how their mother feels about everything that matters through physical contact. Nothing can be hidden in this world of primary functions. Irregularities of pulsation are perceived as irregularities—diminished vitality as diminished vitality—rigidity as rigidity.

Babies function in a state that is deeper and broader than the realms of THOUGHT—beyond THOUGHT but simpler than THOUGHT. We denigrate it by calling it “Primitive” but this is the realm of Primary functions and the deepest wisdom we could ever come to know.

*Jacob Meyerowitz died on October 30, 1998. He left behind eleven volumes of notes relating to functional thinking and organometry. The editors of the *Journal of Orgonomy* wish to thank his wife, Patricia Meyerowitz, for making these notes available for publication. Selections from them will appear periodically in future issues of the *Journal*.

Flux and the Ether—4/15/94

Although I have written about the *static*, or stationary, idea of the ETHER adopted by science in the last century, I never connected this error of thinking to an opposite generalization that dates back to *Heraclitus* (540–470 BC). Heraclitus understood that *everything is in flux*, and if so then even the ETHER, a postulated medium, must also be in *flux*. This was never taken into account.

Asimov's account of Michelson and Michelson-Morley's experiments in his "Chronology of Science..." book¹ illustrates the conceptual block with respect to accepting *perpetual motion*. He cannot conceive of an "ETHER" that simultaneously *drives* the motion of suns and planets, and functions as a medium throughout space. Even though we have the experience of oceans of water, and a turbulent atmosphere of air (gases), somehow, the concept of a "medium-in-space" was reduced to a "static," non-active, and neutral quality.

Asimov's description not only sums up the problem of the historic view of the ether but also unwittingly expresses it:

"Either the earth was motionless with respect to the ether, or the earth dragged the ether with it, or *something*. All possible explanations seemed highly unlikely, and for nearly a quarter of a century, the world of science was completely puzzled." (pg. 388–9)

He does not imagine the possibility of the ether moving somewhat faster than the earth, let alone, being the "cause of the earth, sun, galaxy, and UNIVERSE of galaxies' continual motion." (pg. 388)

The Fitzgerald Contraction explained the Michelson-Morley results in terms of the speed of light, and the effect of speed itself upon the measure of *length*. (pg. 339–400)

Lorentz came to the same conclusions as Fitzgerald but went further associating a change of MASS with great velocity, or speed. At 160,000 m/s the MASS of an object doubles—at 186,000 m/s it becomes infinite. This became known as the Lorentz-Fitzgerald Contraction (pg. 404). The latter was supported by experiments in 1900.

¹Asimov, I. *Chronology of Science and Discovery*. New York: Harper & Row, 1989.

Questions and Answers

Virginia L. Whitener, Ph.D.

Question

How does one discuss sexuality with their child and teenager? Is discussion even needed since schools have sex education classes? If so, why? What, as parents, should we do?

Answer

This is a broad question best answered by breaking the question into parts. The health of parents and child or teen, the status of sex education in the schools, and patterns of communication and family interaction will be discussed.

The Healthy Child and Teen

In healthier family situations, a baby reaching childhood, a child reaching adolescence, is no stranger to sexuality having felt her own sexuality and seen sexual functioning in nature while growing up. The child has absorbed information and seen and felt energetic expansion and excitement in the sexual behavior of other animals to the degree that her curiosity and tolerance allowed. If children are able to self-regulate and if they are in a healthy environment, they pursue sexual matters and control the progress and rate of their learning in synchrony with what they can biophysically tolerate and find satisfying. They also learn what the cultural surround can tolerate. Healthier children and teens are more likely to let parents know what they need in the way of information about sexuality. They are more likely to ask questions and to dismiss, disregard, and/or openly object to inappropriate, non-helpful information on the part of parents in responding to and talking about sexual matters. Healthier children are more able to do their own thinking, attend to feelings and act responsibly. They are likely to be less harmed by neurotic parental and societal sexual attitudes. As in other areas of child rearing, discussion

of sexuality is easier for the parent with the healthier child; it is more difficult, though more needed and more important, when there are problems in the individual child or teen. Problems such as impulsivity, rebellion, irresponsibility, mistrust of authority, estrangement from their parents, and embarrassment and anxiety about natural bodily functions make communication and guidance particularly difficult but needed. Discussion is also important when there are problems in the society's attitude toward sexuality.

Media-Driven Sex Education

Modern youth are armored and thus biophysically inhibited and blocked from knowing and exploring their sensations in a healthy manner, are separated from animal life and the biological forces of nature¹ by our mechanistic, technologically driven society, are misinformed by the media and other social groups, and yet are pushed by social forces and impulsive forces within the individual to be sexually active. (See the article "Adolescent Sexuality" in this issue of the *Journal* for further details of the interface between the present culture and teenage sexuality.)

Today's culture encourages explicit sexual behavior and open discussion of sexuality, much of which is pathological. The pathology is not identified as such but under the guise of tolerance is presented as normal, natural and entertaining. Watching TV with an eye to assessing the volume of sexual material portrayed reveals a significant amount of overt sexuality, in action, direct statement or innuendo; but note what percent of this material is about healthy, positive, caring sexual functioning and what percent is about pregenital, thwarted, mean, destructive sexual impulses and actions. Sadistic activity is often laughed and joked about. Media, "street talk," and school classes on

¹Movement in the natural atmosphere, the passing of and changes in clouds, water, stars, the air and earth are also blocked from view. The natural laws of the universe are not observed, not studied and the laws governing the functioning of machines are more apparent and incorporated into the thinking of most youths. It is a far cry from the childhood Edmund Wilson describes in his autobiography *Naturalist* of spending all day wandering and studying wildlife by himself.

sexuality speak of physical aspects and details of sexual behavior and of pregenital, neurotic sexual functioning, sometimes to a lurid degree, but not of emotional matters. They do not promote loving heterosexual relationships or educate youth as to the nature of healthy, genital sexual functioning.

Sexual misinformation is disseminated and children, teens and adults are pressed to ignore natural and neurotic anxieties, hesitations or repulsions and to act out sexually—to engage in substitute contact by acting without feeling. While rebellion and acting out are promoted, sex-negative attitudes have not been resolved and society makes little room for positive, healthy adolescent sexuality.

Importance of Parental Discussion of Sexuality with Child and Teen

Rationally presented information is needed. Lack of knowledge and distortions of the truth (erroneous information) promote repression, allow fantasy and guilt to grow unchallenged, and can result in unsafe, unhealthy, harmful, dangerous situations, practices or experiences for the child and teen. Such traumas are especially tragic when one can see in hindsight that correct information alone would have helped.

Sexual misinformation may become deeply ingrained due to the excitement engendered and the child's or teen's impressionability as they try to make sense of and incorporate material related to their excitation and experience. Thus it is essential in today's world that parents provide more accurate knowledge and counter the public sources of inaccurate information.

Communication

Candor and contact—pacing one's response, the rate and type of information given and questions asked, to the child's level of maturity, needs, and capacity to tolerate the excitation aroused by discussions of sexuality are important. Too much information or information inappropriate to the child's level of development overwhelms the child and leads to anxiety, confusion, and intellectualization. Over-

eroticized attachment to the parent who presents as the “holder” of the child’s sexuality and sexual information may occur. This causes further anxiety, armor against sexuality, and reinforcement of pre-genital fixations. Details irrelevant to the child’s interest mechanically presented will cause the child to lose interest; the contactlessness will drive the child away from the parent.

Anxiety makes information hard to absorb—it makes words hard to hear, read or understand. If a teen’s attitude includes mistrust of authority or rebellion, they will question the validity of material presented and rebel against it. In both cases taking into account the character structure of the teen and repeated, sensitive effort to reach the teen and present information are needed. Caring on the part of parents necessitates persistence especially in such situations.

Problems in Parents and Family Patterns

Communication with a child starts in infancy. As a child begins to talk, forthrightly answering questions on any subject while being respectful of the age and sensitivity of the child, and inquiring of and listening to the child’s opinions, are natural pleasures and responsibilities of a parent. They reinforce the child’s curiosity and interest in life and nature, encourage independence of thinking, and set a pattern of open and trusting communication in the family.

Parents who, in the children’s younger years, do not interact with or earn the trust of their children will have a tough time during the children’s teenage years talking with them of sexual, intimate matters or advising them. This will be true even if what the parents have to say is correct and helpful.²

I have seen parents who think their teen should tell them everything just because they are parents. One patient, a parent, told her young teenager that it was all right with her if the teen “had sex” but insisted that the teen tell her. When the teen and her boyfriend

²Teens become estranged from natural functioning and from their parents as a result of their own and their parents’ armoring.

were alone, which the mother allowed, the mother banged on the door, called the teen out of the room and asked her what was going on. This parent tended to be critical and judgmental. The teen in growing up had been reluctant to tell the parent much of anything. The teen perceived the hostility and lack of acceptance in the mother's demand and out of self-protection and her own hostility responded by saying less. The mother's invasion of privacy cloaking a belligerent lack of acceptance of the teen's independence, sexuality and judgment drove the teen into further alienated secrecy.³

Just as parents out of anxiety or veiled sadism may ignore and not speak of their teen's developing sexuality, they may, out of anxiety or narcissism, misuse the teen's need for support and information as a reason to appropriate discussion for their own (the parents') neurotic needs. What passes for discussion by some parents is actually an attempt to take over the teen's sexuality and decision making and deprive her of her own experience. This negative situation is often accurately perceived by the teen. In such circumstances the already guarded teen may become less forth-coming, less cautious regarding their actions, and/or less attentive to well-intended information.

Parents' sexual conflicts and their past adolescent and childhood sexual troubles are revived by their children's sexual development. Parental sexual anxiety can lead to over-involvement, over-reaction and intrusion or avoidance, inadequate discussion, and failure to acknowledge the child's developing sexuality. Parental neurotic anxiety appears in inappropriate promotion of or in condemnation of the child's and teen's sexual interest and activity. Parents may over-estimate or underestimate the capacity of their teen to responsibly handle sexuality. Narcissistic identification with their children makes it difficult or impossible for the parents to accurately and rationally assess their teen's or child's emotional maturity and the amount of freedom that the child or teen can satisfactorily handle; this is a difficulty of which the parents would typically be unaware and not

³Rebelliousness is also due to previous circumstances of child rearing.

acknowledge.⁴ Being aware of their own anxieties helps parents focus on what is best for their child or teen especially when the needs of the child or teen conflict with what is comfortable for the parent.

Content of Discussions

Listening, observing, and assessing the level of knowledge and responsibility, the parent tries to understand what the child or adolescent needs: straight information, discussion (dialogue) or a listening ear, i.e., letting the children get out what they are feeling and experiencing without interference. The parent responds according to whether the child or teen is suffering from lack of information, misinformation, a bad experience, or internal conflict, and accordingly gives education or “emotional first aid” relevant to the teen’s or child’s situation.

Letting a child know you are available for discussion and reflecting on social biases and societal problems regarding sexuality can open up discussion of specific concerns or problems. An anatomy book, information regarding healthy practices and disease, assistance in obtaining contraception when desired, access to medical examination and help as needed, and validating and empathizing with the child’s or teen’s expressions of excitement, troubled feelings and caring for individual peers are offerings parents can make.

Acknowledging that sexuality is an internal, personal, universal process—“everyone has it” and “it’s yours”—rather than something adults or other peers “own” or know more about (than the child in question) can lend support to the anxious and suggestible teen and result in less alienation with the mistrustful teen.

Some teens need discussion and support from their parents to relate to members of the opposite sex and to develop social relationships as a first step toward developing heterosexual relationships, which are yet a distant possibility for them.

⁴Parental self-awareness helps limit the degree to which sexual anxieties, need for control and/or impulsiveness dictate parents’ decisions and discussions about sexuality with their children.

Other teens do not bring peers into their family and maintain a social life completely separate from their family. This is a disturbing symptom of problems in the teen or in the family and their relationship to each other. Parents can address themselves to this in discussion with sensitivity for the underlying rift and lack of integration within the teen and between the teen and parents.

While parental encouragement of discussion and support for facing anxiety regarding heterosexual relationships are important, it is as inadvisable and irresponsible for parents through discussion or advice to promote teenage sexual behavior as it is for them to condemn it.

Responsibility

If throughout childhood children have gained, and parents have taught, respect for self and others and others' property, these concepts are not new as sexuality develops. Any sign that sexual behavior is occurring in an irresponsible manner harmful to the teen, their partner or friends or without concomitant respect for others must be brought up without ceremony. Setting familial, household rules about the behaviors and freedom allowed the teen and the discussion of these boundaries need to correspond to the child's or teen's emotional maturity, responsibility and capacity to handle independence. Parents' evaluation of the teen's functioning (responsibility, maturity, ability to integrate and take care of their needs and maintain their various daily activities) and the parents' response to their teen is an on-going, synergistic process. The contactful parent is open to re-evaluating and adjusting their response including discussion according to changes in their teen.

Helping the teen be aware of contradictory messages, unhealthy pressure and "easy answers" coming from their peer group or the public at large is important in developing independent thinking in the teen so that unhealthy practices, however common, are not mindlessly assimilated by or forced upon them.

Responsibility is an integral part of a positive sexual experience. It increases the likelihood that needed information will be sought out by

the individual teen, that learned knowledge will be put to use in a healthy way, that the teen will protect self and others against unnecessary risks, and that genuinely positive experiences and attitudes will occur.

Summary

We need to discuss candidly and sensitively that which will help our children and teens attain mature, pleasurable, gratifying sexual lives and minimize the harm caused by destructive forces. As Baker states, we can tell our children and teens what we know and support each in finding their own solution (1:95). There is no one answer, no one piece of advice to be imparted. Extreme situations call for extreme response; children and teens with extreme problems call for interventions that are inappropriate, too lenient or too harsh, for others. The older the child the more embedded are the problems that appear. Talking is never enough. Reich said,

First, any kind of “sex education” always comes too late. Second, one cannot “educate” about sex as you educate in reading. The term is without meaning. What one can do is to help the child overcome its emotional, bioenergetic problems.... It also appeared perfectly senseless to “give sex education,” while at the same time letting the world of sex neurotics influence the child’s environment.... And, finally, no mere talking about sex can ever solve the problem. The child must LIVE its nature practically and fully. (2:37)

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1. Baker, E. *Man in the Trap*. Princeton, NJ: ACO Press, 2000. (Originally published in 1967 by Macmillan, New York.)
2. Reich, W. *Children of the Future*. New York: Farrar Straus Giroux, 1979.
3. Wilson, E.O. *Naturalist*. Washington, D.C.: Island Press/Shearwater Books, 1994.

Question

How can you portray a positive sexual attitude to your teenager without promoting promiscuity?

Answer

Webster defines promiscuity as promiscuous sexual behavior and promiscuous as “not restricted to one class, sort or person: indiscriminate...especially: not restricted to one sexual partner...casual.” A positive sexual attitude does not promote, but in fact prevents and is the antithesis of promiscuity.

Portraying a positive sexual attitude to your teenager begins with a positive attitude toward life in utero and then as it manifests in your newborn. A child perceives a parent's delight in nature. Enjoying the healthy pleasure and pride of the child and teen in their own bodies, capabilities and relationships leads to a positive sexual attitude. Respect for a maturing child's privacy, individuality and sexuality, as long as they show respect for themselves and others, is important. Open discussion regarding sexuality dispels fantasies, corrects misinformation, examines anxieties, and helps the teen make rational decisions and have more positive and healthy sexual behaviors and attitudes and experiences.

Giving a particular teen the amount of freedom that she can handle responsibly helps her have non-traumatic, healthy experiences and ensures the continuation of positive sexual attitudes that she brought from childhood. Too much freedom and over-sexualized environments create problems.

Changing partners out of unresolvable frustration or when satisfaction is not possible with the original partner is not promiscuity, but appropriate self-regulation. In the exploration of adolescence, changing of partners occurs in the natural course of events, as focus on what is desired shifts and changes. In today's culture of mixed levels of maturity and health, a change of partners as more experience and knowledge is obtained is to be expected in the developing adolescent and can indicate healthy behavior.

Promiscuity is a form of substitute contact—an attempt to establish a relationship when the individual is blocked from enough vegetative contact with themselves to form a genuine relationship. The feelings portrayed (sexual desire and positive attraction) are not genuinely felt. The sexuality then is both a substitute for true sexual feelings and a defense against a loving, genuinely felt sexual relationship. Promiscuity may come from anxiety—an anxious running toward sexual behavior without incorporating sexual satisfaction. It is a way of fleeing from the anxiety of genuine sexual feelings by engaging in sexual behavior. Promiscuity, Don Juan behavior and impulsive sexuality are characterological problems and signs of armor. They do not occur in healthy sexuality or the genital character. In Don Juan behavior there may be many partners. This behavior uses sexuality in a sadistic fashion by conquering, dominating and leaving one love object in a push to conquer another. (It occurs as revenge in reaction to having been severely rebuffed and disappointed by the parent of the opposite sex during the phallic stage of development.) Don Juan behavior and anxiety-driven sexuality are partial expressions of, yet evasions of and defenses against love and sexuality. Irresponsible, impulsive, licentious behavior may also look promiscuous in that it may involve many random partners and no emotional caring.

Acting out sexually without feelings and putting on a show as if one were sexually alive when this is not so (out of insecurity or in response to peer pressure) are symptoms of pathology and emotional disconnection. They do not happen or are passing experiments in the healthier teen. Parents who share the genuine joy and suffering of the teenage years are unmoved by false expressions and respond firmly to licentious behavior, thereby aiding their teen.

Question

How do we as parents promote a positive sexual attitude in our teenagers and children when it is so necessary to warn about AIDS and other diseases?

Answer

A positive sexual attitude cannot be promoted. If parents have a positive sexual attitude themselves, the children will perceive it and it will have permeated the children's upbringing. If the parents do not have a sexually positive attitude, children know it; a positive attitude cannot be fabricated and attempts to falsely portray a positive attitude will not counter (nullify) a sex-negative attitude. When an individual has been raised in a manner such that natural functions and excitement are not enemies, the physical sensations and intense sexual longing of the adolescent are more likely to be incorporated with loving, intimate behavior and rational, healthy choices and sexual attitudes that are not fear-dominated.

In the current social atmosphere of sexual misconceptions and anxiety, misinformation needs to be corrected. Accurate information regarding healthy versus unhealthy sexual practices, likely sources of disease, and social dangers needs to be provided. However, the subject of disease is not to be used to frighten teens, to promote anxiety regarding healthy sexuality, or as an excuse to teach unhealthy sexual habits and/or sex-negative "morality."

AIDS and other diseases in the history of mankind have been used by some groups to express sex negative attitudes and frighten teens and adults. Such a program is particularly effective, in the negative direction, in enhancing the anxiety of the timid and guilt-ridden. They become more sexually anxious and confused. Individuals who are responsible and conscientious regarding their sexuality and health may, in their attempt to be informed and knowledgeable, also be especially negatively affected. See the article in the Fall 2000 issue of *In Contact*¹ for a clear statement of the destructive effects of campaigns that have been initiated in the name of education about AIDS.

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1. Schwartzman, R. "Question and Answer: Unravelling the 'Safe Sex' Movement," *In Contact*, p. 4, Fall, 2000 (Princeton, NJ: ACO Press).

Notes from the Field

Editor's Note: *Since the function of any form of moralism is to block the perception of genital sensation, it is not surprising that in our anti-authoritarian society political correctness flourishes most on college campuses. The combination of a youthful student population, most of whom are consumed with intense and unfulfilled genital longing, and a teaching staff and administration consisting mostly of those of liberal and modern liberal character type is a virulent social situation with the potential of generating social unrest, and even violence. This is vividly described by Mr. Leo in the March 19, 2001 "On Society" column, his weekly commentary in U.S. News & World Report. [CK]*

On Society

by John Leo

The No-Speech Culture *

Even in paid ads, students quash views they don't like.

Anyone who still believes that free speech counts for something on our campuses should take a look at the University of California-Berkeley.

The Daily Californian, the student paper, ran an ad "Ten Reasons Why Reparations for Slavery Is a Bad Idea—and Racist Too," placed by the conservative author David Horowitz. But the campus culture is committed to the notion that reparations are a good idea. Reparations Awareness Day had just been held. So Horowitz had to be wrong. And people who are wrong hurt the feelings of people who are right, so they should not be heard. Deeply offended by the airing of a political position they did not agree with, angry leftists stormed the offices of

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the student paper, thrashed about for a while, screaming and weeping and trying to intimidate the staff. Then they fanned out around the campus to steal the remaining copies of the offending edition from their racks. Most of the campus uproar was conducted in the language of feelings, as if the emotional response of some students adds up to a powerful case for suppressing an argument against reparations. "It hurt so much," said one protester. "Indescribably hurtful," said another. "Disrespectful to the minority population," said a third. "It was completely opposed to what I've been taught." Many said they no longer felt welcome on campus.

Never enough. The usual script in these matters calls for immediate groveling by the editor. "I think the ad is inflammatory and inappropriate and we should not have run it. This is a disaster," the *Daily Cal* editor said. The paper issued a formal apology for allowing itself to become "an inadvertent vehicle for bigotry." But groveling is never enough, so protesters demanded 10 editorial columns rebutting David Horowitz's 10 arguments and "a person to review the paper for offensive racial context" (i.e., a censor). The editor said the \$1,200 Horowitz paid for the ad may be turned over to black groups on campus. This would seem to establish the principle that people offended by a political ad are somehow entitled to the fee charged for publishing it.

Political correctness hovers over the campuses like an established religion, so running an ad from a prominent heretic is considered a grave matter. Horowitz sent the ad to 35 college papers. As of late Friday, only six have run it, and two of those apologized for doing so (Berkeley and University of California-Davis). Left criticism of left censorship is rare, but a column in the liberal *Sacramento News & Review* regretted that "both young editors rolled over like trained dogs...running apologies in the face of public pressure."

What is so odd about this case is that Horowitz's argument is one embraced by most Americans. His text did include one or two sour touches almost guaranteed to irritate. One is that welfare benefits and affirmative action are already a form of reparations. For this he should

expect criticism, not censorship. But his ad wasn't "blatantly inflammatory." It was a responsible, well-reasoned political argument that students should have been able to read without swooning. Horowitz argued that there is no valid reason for most Americans today, including immigrants, to pay for crimes committed by a tiny minority over a century ago. He makes the case that the reparations issue plays into the hand of those who inhibit racial progress by constantly stressing grievance and victimization. An informal reader survey by the Atlanta *Constitution* shows 88 percent to 90 percent opposed to reparations, 10 percent in favor. Only on the PC-ridden campus could a conventional opinion held by a majority of up to 90 percent of Americans be considered toxic.

Why do colleges behave this way? The most obvious answer is that PC culture divides the world into oppressors and oppressed, with only the oppressed having the clear right to free speech. Even before the term "political correctness" was invented, the double standard on free speech was alive and well at Berkeley. In the early 1980s Ronald Reagan's U.N. ambassador, Jeane Kirkpatrick, was shouted down and kept from speaking at Berkeley. Many faculty members at the time doubted that she had a right to speak on campus. Stanley Kurtz of the Hudson Institute cited this incident last week as a portent of things to come, arguably the kickoff in the culture war. "Many argued, in the Marxist fashion, that oppressors have no rights and that classic liberal notions of fairness are themselves a cover for the despotism of the powerful," he wrote in *National Review's* online site.

That notion that free speech is a tool of the oppressor is now mainstream in the campus culture. This is why campus newspapers with the wrong news keep getting stolen, posters for the wrong events keep getting torn down, and speakers with the wrong views keep getting disinvited or silenced. Recent non-speakers at Berkeley, home of the free-speech movement, include conservative organizer Daniel Flynn (shouted down) and former Israeli Prime Minister Binyamin Netanyahu (threats of violence, advised to withdraw by police). Berkeley gets another chance to oppose free speech this week. David Horowitz is scheduled to speak there on March 15.

Communications and Notes

Announcements

George Hughes, M.D. spoke at The Ellis Hospital's annual "Doctors' Clinical Presentation Day" on May 3, 2001, in Schenectady, NY. His talk was entitled, "A Functional Approach to Pain (An Introduction to Natural Energy Functions)."

The American College of Orgonomy conducted an Introductory Laboratory Course in Orgonomic Science on June 16–17, 2001. It was structured with young adults in mind but also included several adolescents who attended the Laboratory Course for Adolescents in 1999, as well as other adolescents and adults with an interest in science.

The American College of Orgonomy now has available for sale to the public a videotape set of presentations from the well-received 2000 Annual Conference entitled *Make the Most of Your Life: A Natural Therapy for the Future*. The set includes the following presentations.

- President's Welcome and Farewell by Gary A. Karpf, M.D.
- A Rapid Response to Therapy by Edward Chastka, M.D.
- Medical Orgone Therapy: An Overview by Howard J. Chavis, M.D.
- Coming Off Medication and Coping with Anxiety Through Therapy by Peter A. Crist, M.D.
- A Desperate Case by Alberto Foglia, M.D.
- Characteranalytic Group Therapy by Gary A. Karpf, M.D.
- A Case of Severe Depression by Dale G. Rosin, D.O.
- A Case of Orgonomic First Aid in the Managed Care Environment by Thomas Wind, D.O.
- President's Closing Comments by Gary A. Karpf, M.D.

The cost of the three-tape set is \$125.

Available to the Public

Annual Dinner

The public is invited to the 2001 Annual Dinner to benefit the American College of Orgonomy. It will be held on Saturday, October 20, at the Doral Forrestal Hotel and Conference Center in Princeton, New Jersey. The dinner is \$150 per person, \$75 of which is a tax-deductible contribution to the work of the ACO. For more information and to register, contact the College by phone at (732) 821-1144 or by e-mail at aco@nji.com or visit the ACO website (www.orgonomy.org)

Annual Conference

The 2001 Annual Conference of the American College of Orgonomy entitled *The New Medicine* will be held at the Nassau Inn in Princeton, N.J., on Sunday, October 21, 2001. The audience response to last year's conference format of clinical case histories given by ten of the medical orgonomists affiliated with the College was so enthusiastic that it will be repeated for the 2001 Annual Conference. This conference will acquaint both medical and non-medical attendees with the range of emotional problems that have been successfully treated using medical orgone therapy. Presentations for the 2001 conference will include:

- Character-Analytic Treatment of a Paranoid Character
by W.B. Apple, Ph.D.
- Therapy of a Child with Stuttering by George Argyreas, M.D.
- Treatment of An Impulsive and Hyperactive Child
by Edward Chastka, M.D.
- Medical Orgone Therapy: An Overview
by Howard J. Chavis, M.D.
- A Case of Bulemia Complicated by a Somatic Biopathy
by Alberto Foglia, M.D.
- First Aid for a Depressed Adolescent
by Salvatore Iacobello, M.D.
- Orgonomic First Aid in a Child with Asthma and Bronchitis
by Vittorio Nicola, M.D.

- Treatment of Disabling Headaches in a Twelve-Year Old
by Dale G. Rosin, D.O.
- A Distrustful Man Treated with Medical Orgone Therapy
by Nassos K. Teopoulos, M.D.
- A Complex Paranoid Character by Thomas Wind, D.O.

Open to the public, the cost of the Annual Conference is \$150. Full-time high school and college students with valid student identification, \$35; for graduate and medical students, \$50. For more information and to register, contact the College by phone at (732) 821-1144 or by e-mail at aco@nji.com or visit the ACO website (www.orgonomy.org)

Invitational Lectures, Seminars and Workshops

The American College of Orgonomy periodically presents lectures and seminars at its headquarters in Princeton as well as onsite at other organizations. Topics have included: Adolescent Development and Substance Abuse; Couples and Families: Satisfactions and Problems; Children: Handling Problems of Development; Treatment of Children and Observations on Contemporary Youth Culture; Dealing with Authority at Home, in the Workplace, in the World, and in Oneself. If your organization or you are interested in a specific topic dealing with workplace and individual issues, contact Peter A. Crist, M.D. at the College by telephone, fax, or e-mail.

Website

The American College of Orgonomy has a greatly expanded website on the Internet that was developed under the guidance of Dr. Richard Schwartzman and is designed to introduce the science of orgonomy and the College to the world. Articles selected from the *Journal of Orgonomy* are presented in their entirety and include case histories illustrating medical orgone therapy. Also available at this site is a news section and information about the College and its programs. The A.C.O. website address is www.orgonomy.org. The e-mail address is aco@nji.com.

Introductory Laboratory Workshop in Orgonomic Science

This two-day workshop is offered periodically. It is given so that students with or without scientific training can have the opportunity to observe orgonomic phenomena through hands-on use of the microscope and other laboratory apparatus. The educational approach includes demonstrations, lectures, and films. The workshop includes the microscopic study of bions, the natural organization of protozoa from grass, and an introduction to the Orgonomic Blood Test. The atmospheric orgone is observed and measured thermally and electroscopically. The effects of the orgone energy accumulator are observed and its principles demonstrated. Orgonomic principles of weather formation and cosmology are elucidated. The teaching staff includes Drs. Dee Apple, Howard J. Chavis, and Peter A. Crist, Mr. Steven Dunlap, Drs. Robert A. Harman, Gary A. Karpf, and Raymond Mero, Mr. John Schleining, and Dr. Thomas Wind. The fee for the introductory course is \$300. Application forms are available from the A.C.O.

The Advanced Laboratory Workshop in Orgonomic Science

In the past, our advanced laboratory workshop included both orgonomic biology and physics. This course has been restructured in order to allow the student to explore more thoroughly each of these major areas of orgonomic science.

A four-day advanced laboratory workshop focusing exclusively on orgonomic biology will be offered. A second four-day advanced workshop focusing on orgonomic physics and research projects in biology and physics will be offered in alternate years. Participants will have the opportunity to increase their capacity to observe and think functionally through work that applies the highest standards of scientific tradition in areas of basic natural functioning.

Both advanced courses are required for certification in the practice of medical orgone therapy by the American Board of Medical Orgonomy. The biology course was held in the spring of 1997. The physics and research course will be offered next.

Both workshops are organized under the direction of Dr. Peter A. Crist, who is also on the faculty, which includes Dr. Howard J. Chavis, Mr. Steven Dunlap, Dr. Gary A. Karpf, Mr. John Schleining, Dr. Thomas Wind, and Dr. Robert A. Harman, who coordinates the workshops. Dr. Charles Konia will contribute his experience in organomic research to the discussion of the individual projects. The fee for each advanced course is \$600. Inquiries about the workshops, including qualifications necessary for participation and requests for application forms, should be directed to Peter A. Crist, M.D., at the College.

The Advanced Laboratory Workshop in Organomic Biology is reserved for those with medical or other scientific training, and the educational approach is designed to acquaint the student with the phenomena of organomic biology through direct experience and experiment. The workshop includes the microscopic study of bions; the natural organization of protozoa from grass; the development of life from mass-free orgone energy; the study of blood and tissue of cancer mice; and an introduction to the Organomic Blood Test. Time is allowed for individual research projects which will be presented, in brief, at the end of the fourth day.

The Advanced Laboratory Workshop in Organomic Physics and Research is reserved for graduates of either the A.C.O.'s four-day Advanced Laboratory Workshop in Organomic Science (given prior to 1997) or the Advanced Laboratory Workshop in Organomic Biology. The workshop includes atmospheric observation and the DOR index; telescopic study of west-to-east orgone energy streaming; basic physical properties and functioning of the orgone energy accumulator, electroscope, and DOR-buster, all correlated with atmospheric conditions; and cosmic superimposition applied to weather observation and celestial motion. Prior to the start of the course, participants will develop, with the help of a faculty supervisor, a protocol for a research project. This project will be completed during the four days of the course, presented on the last day, and, if appropriate, written up for possible publication.

Orgonomic Blood Test

The Orgonomic Blood Test for the evaluation of bioenergetic charge is available by physician request at the Elsworth F. Baker Oranur Research Laboratory in Princeton, NJ. For more information contact Howard J. Chavis, M.D. at the College.

Training Program Referral Service

The A.C.O. Training Program Referral Service provides evaluation, referral, and treatment by qualified medical organomists at reduced fee for patients with temporary financial limitations. For more information contact Philip Heller, M.D., at the College.

College Subscription Sponsorship Program

The American College of Orgonomy accepts sponsorship from individuals interested in offering in-print issues of the *Journal of Orgonomy* (volume 11 to current) to an alma mater or university library. The cost is only \$75. A subscription to the *Journal of Orgonomy* will then commence at the standard subscription rate. If you are interested in sharing advances in organomic science with others, please send pertinent information to: A.C.O., P.O. Box 490, Princeton, NJ 08542 or e-mail: aco@nji.com.

Available to Professionals

The American Board of Medical Orgonomy is an authoritative and responsible body of physicians whose primary function is the setting of standards and testing for qualification to practice organomic psychiatry and medicine. Board certification in medical organomy requires that candidates have graduate training in classical psychiatry or internal medicine, pass their respective board examinations in that discipline, undergo characterological and biophysical restructuring by a qualified medical organomist, receive at least three years of didactic, clinical, and laboratory instruction by qualified instructors in organomic medicine, and pass written and oral examinations in organomic theory and practice.

Training in Medical Orgonomy for Physicians

The American College of Orgonomy offers training in medical orgonomy to qualified physicians in the fundamentals of orgonomic medical science, clinical assessment of character structure, character-analysis, and psychiatric orgone therapy. Training consists of personal characteranalytic and biophysical restructuring, laboratory workshops in orgone biology and biophysics, didactic and clinical seminars, and clinical case supervision. The program was originally designed and directed by Elsworth F. Baker, M.D., who was appointed by Dr. Reich in 1950. It is now under the direction of Charles Konia, M.D., Chairman of the Committee on Training and Education. Members of the Committee include Peter A. Crist, M.D., and Richard Schwartzman, D.O. All interested applicants should request an application form from Charles Konia, M.D., Director of the Medical Orgonomy Training Program, American College of Orgonomy, P.O. Box 490, Princeton, NJ 08542. The seminars include:

- **Didactic Training Seminar:** A prerequisite monthly seminar for physicians accepted into the training program. This is the basic theoretical seminar on the understanding and treatment of emotional disorders based upon characteranalytic and functional (energetic) principles. The course runs for approximately two years. The next course will begin in November, 2001. Under the direction of Dr. Peter A. Crist.
- **Principles of Characteranalytic Technique:** A monthly continuing case seminar for physicians on the use of characteranalytic techniques. Under the direction of Dr. Peter A. Crist.
- **Orgone Therapy—Beginning Phases:** A monthly seminar for physicians in the training program stressing diagnosis based upon characteranalytic and orgonomic theory and practice. Under the direction of Dr. Charles Konia.
- **The Elsworth F. Baker Advanced Technical Seminar:** A monthly seminar for physicians in the training program, stressing case

management and the techniques of orgone therapy. Under the direction of Dr. Richard Schwartzman.

- **Referral Service Seminar:** A twice-monthly seminar for physicians in the training program, held in conjunction with the evaluation service for reduced-fee patients, stressing characteranalytic techniques in the context of their relationship to somatic, energetic techniques. Under the direction of Dr. Peter A. Crist.
- **The Advanced Laboratory Workshops in Orgonomic Biology and Physics** are required for certification in the practice of medical orgone therapy by the American Board of Medical Orgonomy.

Non-ACO Activities

A soft-cover edition of *Before the Beginning of Time* by Jacob Meyerowitz is now available. Meyerowitz leads the reader step by step through Wilhelm Reich's functional method of thinking. First of its kind, this book explores the functional meaning of a broad range of subjects with the aid of organometry. It includes: art as a process, Hegel's dialectic concept, how to integrate an unknown function, the orders of function, the primordial universe (before the beginning of time), the function of the orgasm, the source of time and length, and a practical summary of recent advances in the technique of organometry. *Before the Beginning of Time* can be ordered through RRP Publishers, 5 North Bank Street, Easton, PA 18042. The soft-cover edition is \$15 (includes postage). The hardcover edition is \$35 (plus \$2.50 postage within the U.S.). For non-U.S. postage charges, contact the publisher.

Errata

Volume 34(2) was labeled Fall/Winter 2001. The correct date is Fall/Winter 2000.

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¹This index was compiled by Robert A. Harman, M.D.

*Fifty-nine of these *Journal of Orgonomy* articles are marked, in this index, with an asterisk (*). These articles (and ten more from other publications) can be read, in their entirety, on the American College of Orgonomy website at www.orgonomy.org.

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