



December 21, 2015

Dear Friend of the ACO:

The proper time to influence the character of a child is about a hundred years before he is born. — John Adams

Who these days hold such deep, long-term views? Who even considers the importance of positively influencing character, especially that of a child?

The answer to both questions comes immediately as: “The American College of Orgonomy.” Adams’ statement goes to the heart of what we are about:

looking out for the children of the future by influencing character in a positive way.

The baby in the image above appears to be looking into the future. What kind of future will he see? Light or dark?

Since antiquity, the winter holiday season is the time to celebrate the seasonal return, in the northern hemisphere, of the light of a new year. It is also traditionally a time to celebrate the light, joy and hope that a child like this one brings to the world.

This has also been the season when millions have focused their longing for a better life onto a child born over two thousand years ago. But the Christ child can’t give them a better life. In fact, the baby Jesus grew up to be a man who preached that we must look into our own hearts to find the source of the problems preventing us from living with grace and joy. Jesus’ message asked man to look inside himself—the one thing more terrifying than anything else since the dawn of man.

Orgonomists are also asking people to look into themselves. We ask it of our patients in therapy. We also ask it of society when we present functional thinking about social problems. We come from a long tradition of self-reflection. No wonder people react strongly to what we have to offer.

But I have gotten ahead of my story. Before we consider those problems, let’s return to Adams’ words and consider what happened about a hundred years ago that may have shaped the character of the child in our photo and what we can do to help preserve the light shining from his spirit and others like him.

Social Events with a 100-year Legacy

In 1915 the world was at war in “the war to end all wars.” That was a pipe dream. But far beyond its military and political significance, WWI had far-reaching social impacts. It represented the beginning of the breakdown of the authoritarian social order.

Anyone who has watched the popular PBS series, *Downton Abbey*, has witnessed its subtle but compelling depiction of WWI’s consequences and the resultant social shifts affecting both upper and lower classes. The breakdown in the old order brought improvements for many as some in the lower classes found more opportunities to better themselves and women often could take on roles previously forbidden. Those developments represent only one part, however, of the major upheavals in the basic fabric of society affecting much of the western world. These occurred long before and presaged the antiauthoritarian culture that flowered in the United States from the 1960s onward.

For all of the problems of authoritarian society it generally kept in check the impulses of the destructive secondary layer. An inadequate social façade allows destructiveness to break through on both personal as well as mass sociopolitical levels.

The social and economic chaos during and after WWI set the stage for massive political upheavals of a kind and on a scale previously unknown. They resulted in the Russian Communist Revolution, Italian Fascism, German Nazism and Chinese Maoism. The rise of global terrorism seen today can also trace its roots back to sociopolitical upheavals set in motion a hundred years ago. More locally, the breakdown of restraints leading to the breakthrough of human destructiveness is evident in mass shootings, as well as racial and domestic violence.

Even closer to home, rebellion against any authority and lack of clear rules for appropriate behavior has led to unbridled neurotic, destructive and self-destructive expressions especially among young people.

Some parents and children have enough awareness to seek help for these as personal problems rather than just blaming society. For the therapists who see them, the anxiety, misery and chaos that surround such children raised in antiauthoritarian families are much more difficult to manage and treat than the problems of inhibited repressed children of the authoritarian era.

Character problems of children raised in an antiauthoritarian era arise from large-scale world events set in motion more than a hundred years ago. We certainly cannot reverse time and change those events. And despite recurrent nostalgia for earlier, seemingly simpler times, we can't return to an authoritarian social structure even if we wanted to.

The world is a mess. It has been so in various forms for millennia. Through the ages there have been times when all appeared to be doom and gloom but the history of humanity shows that life prevails and health finds a way to survive in the face of sickness.

As early as the 1920s, Wilhelm Reich began to step outside the armored view that prevailed among humans for thousands of years. The functional knowledge he developed evolved into the field of orgonomy. Its long-term perspective offers hope for finding a new way to live beyond the limitation of either authoritarian or antiauthoritarian social armor.

The 100-year Old Legacy of Bio-psychiatric Therapy

Another event, albeit on a much smaller scale than WWI, but with the potential to profoundly affect the character of today's children, in this case in a positive way, shines a ray of light down to us from nearly a hundred years ago. In 1922, at the suggestion of Wilhelm Reich and a few other young psychoanalysts, Sigmund Freud formed a seminar to develop psychoanalytic technique at the Psychoanalytic Institute of Vienna.

By 1924, Freud had appointed Reich to lead this technical seminar. Over the next several years the technique of character analysis developed within this group. In 1930, when Reich moved to Berlin, he re-formed the seminar. Fleeing in advance of the spread of Nazism, Reich moved from Berlin to Denmark to Sweden in 1933, then to Norway in 1934 and the United States in 1939. Keeping his eye on how to improve the effectiveness of therapy he reestablished and ran a training seminar at each new location continuing to do so even after the psychoanalytic movement cut ties with him in 1934.¹

The seminar that spawned character analysis with its techniques for helping patient's overcome resistances to looking at themselves along with a comprehensive theory of character also established the basis for developing a true biological therapy of emotional problems. Developing techniques based on new findings, the therapy that Reich practiced and taught evolved from psychoanalysis to character analysis and then in the mid 1930s to character-analytic vegetotherapy, which included breathing and physical work to release emotions from the

¹ Foglia, A. 2013 "Lucerne, August 1934: An Emotional Plague Victory" *Journal of Orgonomy* 47(1).

patient's body. In 1940 with the discovery of orgone energy, the therapy more directly addressed the movement and blockage of energy in the entire organism both psychically in character armor and somatically in muscular armor with a method he now called, "medical orgone therapy," and its practitioners, "medical orgonomists."

Dr. Elsworth Baker Kept Alive the Training of Medical Orgonomists

In the late 1940s, with Reich's attention turning more toward basic research on orgone energy, he asked Dr. Elsworth F. Baker to continue training medical orgonomists. Under Baker's leadership, the technical training seminar continued in a direct line from Reich's original 1924 seminar. Long after Reich's tragic and untimely death in 1957, Baker continued to train new orgonomists in this seminar. After Baker's own death in 1985, the ACO kept this clinical seminar alive and continues to do so under Dr. Charles Konia's direction as chairman of the training committee.

Growth of the ACO Training Program after Baker

The purchase of the ACO property in the Princeton area in 1986 gave a home for our training program. Within the first year, the training seminars spontaneously expanded to three monthly clinical seminars, developing a structure that continues to this day. The Character Analytic Seminar, newly formed in 1986, is based on the conviction that character analysis merits specific attention as an essential aspect of medical orgone therapy. The Beginning Phases of Therapy Seminar was a continuation of the "junior" seminar established at Dr. Baker's request under the leadership of Dr. Konia in the early 1980s. It continues in its original function of providing opportunities for less experienced orgonomists to present cases. The newly named Elsworth F. Baker Advanced Technical Seminar represented the direct-line descendant of the seminar Reich originally organized in 1924 under Freud's auspices.

To this day all of the members of the medical training program attend all three seminars, which for the more advanced members serves a continuing education function.

Experiences of Our Seminars

Often I sit in our seminars on the first Sunday of the month and reflect on our history and marvel at the depth and earnestness of the discussion as the orgonomists help each other understand patients in order to improve their treatment. These seminars continue to hone and improve our therapy and although not as dramatic as the evolution from character analysis to vegetotherapy, the developments are nonetheless profound.

One of our orgonomists recently told me that for years he has awoken on the first Sunday of the month excited to go to the ACO to participate in the seminars. An image came to him as if looking at the Earth from space. He envisioned a darkened world in which points of light each representing an orgonomist converged on the ACO campus each traveling from its own place of origin in Greece, Italy, Switzerland, Oregon, Connecticut, New York, central Pennsylvania, eastern Pennsylvania, Philadelphia, and various places in New Jersey.

The Promises of Sociopolitical and Therapeutic Knowledge

The two story lines we've followed here about the hundred-year-old influences on the character of today's children track two themes: sociopolitical events and individual therapy. Sociology and therapy also played central roles in the development of orgonomy. From early in his work, Reich investigated how a troubled individual's character produces disturbed social structures that in turn reinforce and replicate individual neurotic character in succeeding generations.

The seemingly inconsequential event of suggesting a seminar to Freud ninety some years ago, planted a seed that developed into the form of therapy that we practice today. This therapy provides tools to positively influence the character of children not only today but for years to come. The ACO must find ways to successfully bring this approach more fully to the world because it has the potential to impact humanity on a level far more profoundly than any sociopolitical event as great as WWI.

Social orgonomy and medical orgonomy remain the key bodies of functional knowledge that are well developed and that the ACO offers in our training programs. They also represent the bulk of what we teach the public as well as most of the content documented in the *Journal of Orgonomy*. They each also form the basis of two major outreach initiatives we have undertaken in the past few months that I will detail below.

The ACO Colony of Functional Knowledge Continues to Bustle

Last year I used the metaphor of the ACO as a colony working to establish itself as functional thinkers on the shoreline of the vast continent of Nature—a continent already extensively populated by conventional thinkers.²

The ACO's very existence is a miracle,³ but we continue bustling with activity especially in the two key areas of therapy and sociopolitics. 2015 saw the continuation of our public social orgonomy series with four presentations on subjects related to both individual character and sociopolitical problems including, "Negotiating Work Politics," "Armored People, Armored Culture," "The French Revolution as an Example of the Emotional Plague," and "What About Love?"

This year we also completed a well-received, first-ever public course in sociopolitical orgonomy based on Dr. Konia's book *Neither Left Nor Right*. Plans are underway to follow that with a second sociopolitical orgonomy course, again organized by Dr. Edward Chastka. Slated to begin in the fall of 2016, the course will be based on Dr. Konia's forthcoming book, *Clueless*, which addresses the problems resulting from people's lack of awareness of themselves as well as of others and the world.

Dr. Konia has given ACO Press the rights to publish his books. We will soon release a high-quality reprinting of *Neither Left Nor Right* and have begun an initiative to promote it as described below. We are working on editing *Clueless* with a target date set for its release in spring 2016.

This year at ACO Movie Night we showed four films including two classics, a foreign film and a contemporary hit musical. These events continue to provide a relaxed setting as a way of attracting new people to the College. The insightful discussions after the films give the attendees something they cannot find anywhere else.

Graduates from the ACO Introductory Didactic Course

This year we completed the latest session of the three-year introductory didactic course, the other essential seminar in our training program. This seminar descends directly from the introductory didactic seminar originally established in the early 1960s by Dr. Baker. He designed it to educate new medical trainees in the basic theory of medical orgone therapy, to be taught separately from the clinical seminars by an orgonomist other than himself.

Since 2007, when the social orgonomy training program became fully established, the didactic seminar has served as an introduction for trainees in both the medical and social orgonomy training programs.

In August 2015 we graduated one medical trainee, who is poised to take the next step into the monthly clinical seminars, and six social orgonomy trainees, who encompass a diverse group of occupations including law, therapy, business, elementary education and ownership of a rehabilitation facility.

On the last day of the course they each made short individual presentations about a particular aspect they learned from the course that they've applied to their work. They have converted them to written form to be considered for publication in the *Journal of Orgonomy*, representing brief examples of functional thinking on a broad range of subjects. These brief articles also display some of what the ACO training program has to offer. For the first time ever, the entire group of didactic course graduates has requested interviews, scheduled for early in 2016, to continue on in the social orgonomy program.

² See my President's 2014 Annual Report and Holiday Appeal. [http://www.orgonomy.org/temp/2014_ACO_holiday_appeal.pdf]

³ For a discussion of the miraculous nature of the ACO, see page 3 of my President's 2014 Annual Report and Holiday Appeal.

We Need New Settlers

The ACO needs more settlers. Over their three years in the course the seven recent didactic seminar graduates have become more deeply invested as vital additions to our colony. While we could actually accommodate ten times as many, a mere three times would make us self-sufficient. The additional training seminars fees and increased sales of journals and books of such an enlarged group would provide enough income to cover our operational expenses.

We Need to Engage with New People

We must reiterate that to establish a self-sustaining foothold in the world we must learn to live with and work with those already inhabiting the continent. The ACO comes up #1 in a Google search of “orgonomy.” But that seemingly enviable position has done little to bring us *new* interest in what we offer. In fact, we are convinced that, at present, our target audience is among those who have not yet heard of orgonomy—those conventional thinkers who are looking for something else to help them with their personal problems or to help them understand the confusing situation in society and socio-politically.

We must show new people the practical value of the knowledge we teach in our training programs and public events as well as what we disseminate in written form in our journals and books. The necessity of reaching outside those already familiar with orgonomy is much more in the forefront of our minds as we explore various ways to do so. As one small example, many of the case histories our orgonomists have published in the *Journal of Orgonomy* could be reworked for submission as articles in conventional journals. We’re encouraging the doctors to do so and researching possible venues to help them in the process. As more people become interested, our #1 Google position will be invaluable.

Digestible Bites of Orgonomy

The “too muchness” of orgonomic functional knowledge creates problems in communicating it to those unfamiliar with its concepts.⁴ We need to identify discrete parts of our knowledge to present to new people in more digestible forms. It’s important that we do this in a way that does not undermine one of the ACO’s key functions of preserving and developing orgonomic functional knowledge in undiluted and undistorted form. Our objective is not to dilute what we know to make it palatable but to narrow it down to make it clear in a way that will allow people unfamiliar with orgonomy to connect with it.

We are also working to make our *activities* more digestible. For example, ACO Movie Night has been successful in attracting some new people. But to reach even more, we decided to develop a separate website for ACO Movie Night [<http://www.acomovienight.com>] to prevent potential attendees from becoming overwhelmed by the wealth of material on the ACO general website. In fact, the latest movie night, held since instituting the new website, drew the largest crowd ever, mostly as a result of attendees entirely new to the ACO. In fact, several of them signed up through the new website after seeing flyers on the streets in Princeton.

Two Major Outreach Initiatives Under Way

In the past few months we have undertaken two major outreach initiatives, one each in the two key realms we mentioned of orgonomic sociology and medical orgone therapy. Each of them targets significantly different groups.

Outreach in Sociopolitical Knowledge

We described how a major political and social event such as WWI could affect society for years to come. That is but one of many events resulting from human emotional sickness affecting us since before the beginning of recorded history. Reich’s major sociological works such as *The Mass Psychology of Fascism*, *The Murder of Christ* and *People in Trouble* helped clarify the social basis of the human condition. Dr. Konia has built on this

⁴ For a discussion of the “too muchness” of orgonomy see, Reich, W. 1949. *Ether, God and Devil*. Rangeley, ME: Orgone Institute Press, page 6. Also see page 2 of my President’s 2014 Annual Report and Holiday Appeal. [http://www.orgonomy.org/temp/2014_ACO_holiday_appeal.pdf]

body of knowledge and extensively developed it in his books, *The Emotional Plague*, *Neither Left Nor Right*, and his soon to be released, *Clueless*. It is essential that we try to connect with conventional thinkers with whom this functional knowledge will resonate. The world desperately needs it.

With the generous support of one of our donors we have engaged an on-line marketing and publicity company specifically to promote Dr. Konia's book, *Neither Left Nor Right*. We see this as an experiment and if successful may also bring new people to our events and public sociopolitical orgonomy courses. Also, if successful, we may engage the same approach to promote other publications and the ACO more generally.

To establish contact in the world of conventional thinkers we must try such new approaches to improve on the minimal traction we've seen with what we've done so far. We are fortunate to have the support to try this initiative now.

The Critical Need for Medical Orgonomy Trainees

We've often alluded in these annual reports to the fact that the College and the future of orgonomy depend on having medical orgonomists to carry into the future *any* of the work of practicing, developing and conveying functional knowledge. The capacity to make genuine contact is essential for working and thinking functionally in any realm of nature, whether medicine, sociology, biology or physics. Practitioners of medical orgone therapy are uniquely qualified to help people improve their capacity for contact.

As mentioned, this year's graduating class from the didactic seminar included one medical trainee who will at some point join the clinical seminars and follow in the long tradition dating back to Freud and Reich. It is a hopeful sign that at age 33 he has many more productive years ahead of him. Our next youngest trainee is 53 years old. For reasons not entirely clear, we lost an entire generation without producing a single medical orgonomy trainee from among those born in the 1960s and 1970s.

We must reiterate that our critical need for medical trainees is underscored by the fact that it takes 15 to 20 years from the time someone first learns of medical orgone therapy to when they begin practice as a medical orgonomist—on the order of the time from planting a fruit orchard to harvesting a decent crop.

A proverb says, "*The best time to plant a tree was 20 years ago. The second best time is now.*" At the present time, we have no clear prospects for medical orgonomy training. We must actively identify seedlings that are likely to grow into the new medical orgonomists of the future.

The Critical Need for Therapy Outreach

Everyone who has come into our medical orgonomy training program came first to therapy. In addition, *everyone* with a major involvement with the ACO, including our social orgonomy training, regular attendance at our events and all significant financial donors, has become involved as a result of personal experience as well as appreciation for the changes therapy brought to them and their lives.

Therefore, to have new functional thinkers in any field including medical orgonomy, it's imperative that we increase the number of people who avail themselves of the therapy offered by orgonomists. We need to educate the public about therapy especially those who know nothing about orgonomy. As an educational institution the ACO is in a unique position to undertake such an initiative.

A Focused Outreach About Therapy

Following the model of separate websites that focus on one aspect of orgonomy, as we have tried with ACO Movie Night, we are working on a separate therapy website. In order to understand the motivations and how people come to therapy, Dr. Philip Heller, who has taken on overseeing the project, has undertaken in-depth surveys of the current orgonomists about their referral sources and their patients' presenting problems.

Some important observations have emerged. The most common referral source is another patient already in therapy. We also discovered that someone about 20 years older, in a position as a trusted mentor, referred a significant number of the young people who came to therapy. Our outreach about medical orgone therapy needs to extend beyond young people to include teachers, coaches, family friends, clergy or anyone else who may be a potential mentor for a young person. We will keep you informed as this new website continues to develop.

How to Position the Therapy We Offer

In order to develop a new website about therapy and before implementing it, we need to sort out and develop a clear approach for how to position our therapy. Others have positioned us outside the mainstream as “alternative.” That marginalizes us in a way that we should not accept. But where do we belong?

The Roots of Our Tradition

Earlier we tracked the lineage of our training program in a direct line from Freud to Reich to Baker to Konia. We can also trace the theoretical basis for the logical developments of psychiatry from Freud’s original libido therapy to Reich’s discovery of a real energy economy in the body. With his discoveries, Reich opened a deep channel to a genuine understanding of the basis for emotional problems and a therapeutic technique that could address them.

Modern Psychiatry Adrift from its Roots

With the expulsion of Reich from the psychoanalytic movement in 1934, the theoretical basis for a functional integration of mind and body became lost to the rest of psychiatry.⁵ The majority of its practitioners paddled off into the shallows away from the depths. Left adrift without an anchor to the functional reality of a deep biological connection between the emotions and the body, they became caught in a backwater away from the sources that could truly help people.

One group followed psychoanalytic psychology disconnected from the body. The other regressed to the old 19th century theory of brain degeneration only this time in the more sophisticated form of biochemical lesions of the brain based on a theory devoid of connection with genuine psychology or emotion.

Our True Position in Psychiatry

The true realm of psychiatry is the emotional life of the patient. We need to position ourselves where we properly belong as among the few remaining traditional psychiatrists. Medical organomists treat patients in all of the ways that have been the essence of the field of psychiatry for over a hundred years. We talk with patients, develop working therapeutic relationships with them, and attempt to understand the basis for their emotional problems. We help them look at themselves so they can overcome their irrational emotions and function with their natural healthy emotions. What we practice is traditional psychiatry in the deepest sense.

Every year I report that we have kept alive the knowledge that forms the basis for our deep tradition. It’s important to preserve the knowledge in books and journals but that’s not enough to keep it *truly* alive. We are heirs to the main channel of psychiatry. There is, however, not enough water flowing in that channel at present. We must find new people who will keep the knowledge alive by embodying it in practice. Only then can the current flow in the true mainstream of psychiatry we inhabit.

Obstacles to Accomplishing Our Task

Our task of engaging with those unfamiliar with our work is especially difficult in the current social climate. We must be seen and heard to have a chance to share the knowledge we have. In the gloom of much of conventional society and the din of business-as-usual it requires a lot of work to attract attention from anybody. We also need to be sure we are as clear as we can when we do make contact with someone about the work we do.

⁵ Foglia, A. 2013. “Lucerne, August 1934: An Emotional Plague Victory” *Journal of Orgonomy* 47(1).

What's in a Name?

In addition to gaining clarity about how to position ourselves in the world of psychiatry and therapy, we have engaged in serious discussions about how we present our work in order to facilitate connecting with the conventional world. Unfortunately, the name “orgonomy” often creates an obstacle. The word is unfamiliar, confusing and odd-sounding to many. Early in my practice when people asked if I had a specialty in psychiatry, I often responded, out of enthusiasm for what I’d learned, by saying, “I’m trained in medical orgonomy.” Time and again they responded, “What does Japanese paper folding have to do with medicine?”

When we use the word “orgonomy” with the general public, as in “American College of Orgonomy,” “medical orgonomy,” or “social and sociopolitical orgonomy,” it ends up begging the question, “What is orgonomy?” If explained by its simple definition as, “the scientific study of orgone energy,” it invariably leads to questions about “orgone.” By this time the discussion is well into the “too muchness” of orgonomy and away from the simple clarity that some of our concepts can provide regarding therapy and social problems.

We can’t remove ourselves from our roots in orgonomy nor the words coined by Reich to define it, but we can keep the focus on simple descriptions of discrete aspects of the work we do.

More recently, when people unfamiliar with the type of psychiatry I practice ask about what I do, I respond, “I’m one of a small group of psychiatrists who still do therapy to help people with their emotional problems without relying on medications, although I can prescribe them if needed.”

To paraphrase Shakespeare, any discrete aspect of orgonomy, even without using the name but if described clearly, would smell as sweet—and maybe even sweeter.

Attacks on Our Tradition

We are proud of the legacy that we trace in a direct line to its roots in the traditions of Sigmund Freud and Wilhelm Reich. For decades, however, their legacies have been under direct assault far beyond psychiatry’s general mechanization and estrangement from real therapy. Those who have studied orgonomy and Reich’s work know the attacks his work has endured during his lifetime and since. Freud’s work, too, has taken serious hits especially in recent years.

Not long ago I went to dinner with an acquaintance who, on learning I’m a psychiatrist, said, “Freud has been completely discredited hasn’t he?” This from an educated, apparently well-read and intelligent person. The opinion makers in our society have also been busy undermining Freud’s hard-won knowledge as well as Reich’s.

Why must Freud be discredited? Early on, in Vienna of the Victorian era, he created a stir with his sexual theory of neurosis. As Freud retreated from that view, Reich became the lightning rod for controversy surrounding sexual theories in psychiatry. Freud’s discovery of the unconscious mind, however, gained acceptance and by the 1940s and 1950s psychoanalysis had gained prominence in psychiatry.

Previously the attempts to marginalize Freud were not as obvious as with Reich. In the past couple of decades, however, Freud and his work have been under renewed attack. Freud’s concept of the unconscious mind may be disturbing to some, but even more threatening is the simple fact that if taken seriously Freud’s ideas require man to look more closely at himself. Only someone with something to hide needs to throw out the concept of the unconscious and tear down its discoverer out of fear that someone might shine a light on the dark places in their minds and hearts. Reich told us that if emotionally healthy, one would welcome exposure of unknown motives.

The fact is that other assaults on Freud and his groundbreaking discoveries began during his own lifetime. Bettelheim told us that the English and American translators of Freud’s writings, using the rationale of making the language of psychoanalysis more “scientific sounding,” translated the heart and soul out of the work.⁶

⁶ Bettelheim, B. 1982 *Freud and Man’s Soul*. New York: Vintage Books.

A Heartless, Soulless Age

Freud understood that psychiatry was truly about treating the troubled soul. We live in an age in which people no longer believe in the soul.⁷ We don't mean soul in the religious sense but the essence of someone as an emotional, unique human being. Without a belief in the soul, psychiatry is left with nothing more than psychopharmacology and superficial counseling.⁸

With the discrediting of Freud, we've essentially regressed to the pre-Freudian age in which emotional problems were viewed as caused by brain degeneration and demonic possession.⁹ Only now it's more sophisticated as modern mechanistic psychiatrists prescribe drugs to treat biochemical lesions in the brain on the one hand while mystical counselors recommend practices to ward off "negative energies" that influence us on the other.

Children of the Future

In our opening quote, John Adams refers to influencing the character of the children of the future. Reich's career was dedicated to the children of the future as the only way to insure the future of the human race. In fact, in 1953 he dedicated his last major sociological work, *The Murder of Christ: The Emotional Plague of Mankind*, "To the Children of the Future." In this book, Reich uses the story of the killing of Jesus as a representation of the destruction of spontaneous healthy life that goes on both literally and figuratively every day in human society. The two inextricably entangled threads of understanding individual character while also examining the social influences that determine it ran through all of Reich's work. They came together at the deepest level when in 1950 he undertook a major clinical research project, the Orgonomic Infant Research Center (OIRC). Reich wanted to help the children of the future by studying the nature of healthy development and the social factors determining neurotic character right from birth and before.

American and ACO Colonies Overcoming Obstacles to Emerge as Beacons of Light for the Future

The association we've made between the American Colonists in the New World and the American College of Orgonomy as an infant colony is not an empty metaphor. Many features are functionally identical.

Against seemingly insurmountable obstacles and impossible odds the American colonists transformed thirteen loosely organized separate colonies into the independent, thriving nation of the United States of America. Despite doubts that the experiment would last, the Founding Fathers—John Adams among them—knew the implications for the future. They fought a war for independence and then struggled to establish governmental and political structures that would stand the test of time. To our great good fortune, their genius for functional thinking in the sociopolitical arena prevailed and the United States has continued as a beacon of freedom and opportunity to the entire world for well over two centuries.

The American College of Orgonomy is also up against incredible obstacles. We must establish a foothold in the world in order to bring the treasure trove of functional knowledge to humanity. The stakes are high. If we too can prevail we can be a beacon of knowledge especially in the realms of social problems and therapy. Through our medical orgonomy program we can train practitioners who will help people individually through therapy. Our social orgonomy program can provide specially trained professionals who can help people improve their relationships in love, family and work. It can also develop those knowledgeable in the sociopolitical realm to help us establish a foothold in the conventional world by clarifying and improving our understanding of and relationship to society and the world at large.

We Remain Dependent on Investors and Supporters Like You

The reality of the ACO's current stage of development is that we remain dependent for support on the equivalent of a colony's motherland. We will need to rely for our very existence on the generosity of supporters like you

⁷ Discussion in American Board of Medical Orgonomy Meeting, December 6, 2015, Kingston, New Jersey.

⁸ Ibid.

⁹ Crist, P. 2015. "Medical Orgone Therapy: Historical and Social Context" *Journal of Orgonomy* 48(2), pp. 2-3.

until we achieve the independence that will come from more students enrolling in our training programs and more people buying our books and journals.

Thank You for Your Generosity

We have been incredibly fortunate over recent years to have the generosity from donors who have allowed us to maintain our current level of operations and activities. With that support we have been able to continue our ongoing work. It is also especially gratifying that in addition to that we've recently had increasing support to try new approaches for addressing our most pressing need of engaging new blood as discussed above.

A Glimpse of the Future

Let's take Adams literally and consider what we can do now to influence the character of a child 100 years from now. Look back at the image of the baby. Consider him as an infant in 2115. What kind of world do you want him to grow up in?

Now look again and imagine him as your great or great great grandchild or that of a friend. What will he experience that came down to him generation after generation passed on from what you've gained through the work of the ACO? What social influences will impact him differently because of functional knowledge imparted by the ACO?

Our Promise for the Future

Building a home for functional knowledge has been and will continue to be a huge undertaking, requiring generations. We must do what we can now to see that the ACO is alive and well in 2115 to continue bringing our gifts to the world. What we offer now can help fulfill the promise of allowing the children of the future to develop characters capable of handling the world and making it a place worth living in.

A Great Investment In a Hopeful Future

The ACO is still an infant organization that, like the child in the picture at the opening, needs support and nourishment. We too need help to develop a healthy organizational character that can sustain our work so we can go out into the world and make a difference with our knowledge and abilities.

Where else can you influence the future on such a real and profound level? We need your ongoing support to help us have a chance in this vital task. Your contributions support our efforts to create and sustain a home for functional knowledge and the programs that keep it alive. They will also provide the means for us to reach out to establish a foothold in the world.

I hope you will join with us by continuing your financial support to insure our success in this historic venture. With the enclosed card or on-line at www.orgonomy.org, please send your donation or sign up as a member-donor so that we can count on a steady income stream to sustain us in the coming months and years ahead. And if you are not already on our e-mail list, please help us make contact with you more quickly by joining our mailing list online.

From all of us at the ACO, I thank you again for your support and generosity. I wish you and yours a happy Holiday Season and a healthy New Year, and I hope to see you in the near future at one of our events at our Princeton home.

Sincerely,



Peter A. Crist, M.D., President

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<http://orgonomy.org/support.html>