

Wilhelm Reich: Studies of Earliest Childhood

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Abstract: A consequence of Wilhelm Reich's emphasis of character structure in treating psychiatric patients was the discovery of armoring, the physical representation of emotional repression. The energy-binding function of armoring led inevitably to an awareness of the bioenergetic basis of human dis-ease. The process can begin in utero and exerts its strongest effects in the earliest years. He instituted the Organomic Infant Research Center to investigate the onset of energetic malfunction at life's beginning. This paper reports on some of his findings, and on his priority in many areas of neonatal investigation.

Zusammenfassung: *Wilhelm Reich: Untersuchungen zur frühesten Kindheit.* Eine Folge von Reichs Betonung der Charakterstruktur bei der Behandlung von Patienten mit psychischen Störungen war die Entdeckung der Panzerung – der körperliche Ausdruck emotionaler Unterdrückung. Das Wissen um die energie-bindende Funktion der Panzerung führte zwangsläufig zur Erkenntnis der bioenergetischen Grundlage menschlichen Krankseins. Dieser Prozeß kann schon im Uterus beginnen und übt seine stärksten Wirkungen in den allerersten Lebensjahren aus. Reich gründete das *Organomic Infant Research Center*, um den Ausbruch energetischer Fehlfunktionen am Lebensbeginn zu erforschen. Dieser Artikel berichtet über einige seiner Entdeckungen und über seinen Vorrang in vielen Bereichen der Neugeborenen-Forschung.

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How do babies, those beautiful, guileless creatures of joy, develop into us – insecure, self-involved people, incapable of living together in harmony, with ambitions to become unusually wealthy, or terribly clever, or enviably beautiful, or worldfamous for some reason or other, eventually wanting to find God (who is presumably in hiding somewhere) and hoping our children will not turn out like us?

William Steig – from the preface to “Children of the Future” (Reich 1983)

From Character Analysis to Biology

To understand Reich's orientation in regard to prenatal and neonatal problems one must first be acquainted with his thoughts on the human condition, gleaned from his life work. He began his professional life as a psychoanalyst, where his major contribution "Character Analysis" (Reich 1945) added a new dimension to psychoanalytic technique. Now, in addition to dissecting slips of the tongue, dreams, free-associations, transference manifestations, etc. a powerful tool, the analysis of typical behaviors was added to the psychoanalyst's armamentarium.

Emotional and Physical Armoring

After "Character Analysis" Reich moved outside the province of psychoanalysis into a realm closer to biology. He focused first on the fact that emotional repression was always represented by some physical manifestation. What the great novelists had always portrayed in describing character – the dulled eyes in emotional withdrawal, the indrawn breath in fear, the tight jaw in anger, the stiffened neck in the stubborn attitude – was now translated into a new awareness of protoplasmic functioning. This representation of emotional repression in the physical realm was most often manifest in muscular tension but it also existed in fattiness, vacant eyes, muscular flaccidity, etc. Reich called this process armoring.

He described seven segmental functional layers of armoring – the ocular (which extends through the base of the brain), the oral, the cervical, the thoracic, the diaphragmatic, the abdominal and the pelvic. Each segment has its own function, but many segments often function together to serve an emotional purpose. Thus, the chest in expansive breathing adds energy to the system, as in any big emotional expression. It heaves in anger and in sobbing, in passionate loving and longing. It withdraws energy from the system by contracting in fear, in attempting to quiet anger and sadness. Anxious and depressed people hardly breathe. This is a case in which one segment has its own clear function. On the other hand, when we are angry our jaws may tense, our eyes glare, our fists clench, etc. – many segments may be incorporated into the expression.

His work in biological research emphasized the essential significance of pulsation in living organisms. The ebb and flow of the body of the jellyfish is a prototype of the pulse in everything that lives. In complex organisms there are many pulses in the service of the large pulse. In humans there is the pulse of respiration, of the gastrointestinal system, the cardiovascular system, the brain and central nervous system, the autonomic nervous system – and the pulsation of individual cells. Each of these adds to or diminishes the general body pulse. In armored bodies systems are interfered with and pulses are diminished. In cases of severe or generalized armoring the pulse is diminished to such an extent that the individual is in a general state of contraction. The unarmored body is free to expand, so it is at liberty to be graceful, adventurous, imaginative, profound, appreciative, to experience all emotions deeply. The chronically armored body reacts to expansion with a sense of danger, because its limits are being tried.

Each layer of armoring, then, is a source for binding energy. When in psychiatric orgone therapy (Reich called the universal energy that moves all organisms orgone energy) a layer of armoring is removed, more energy is made available

to the individual. In the not frequent event that the individual is cleared of all armoring from head to pelvis, an involuntary reflex occurs in the pelvis at times of great excitement and pleasure. It is the human equivalent of the tail that wags in the dog's excitement. In time it becomes incorporated into the sexual act and Reich called it the orgasm reflex.

In the large human pulsation pleasure, love, investigative thought, interesting work are the factors that build up the charge in the organism. Physical expenditure, the solution of intellectual problems and especially full orgasmic release are the effectors of energetic discharge.

Three Layers of Character

In the work with patients another critical difference with psychoanalytic theory became abundantly clear. Freud had postulated that in the process of civilizing the child there must be an inevitable conflict between id impulses and cultural demands. Consequently, he thought, the primitive wild id lies restive, ready to pounce and break through the societal veneer.

Reich had another formulation of character structure. In treating patients' character defenses he first came upon the societal veneer – the phoney smiles, the regulated, manufactured voice, the politeness which was not true. When patients were deprived of this defense in therapy the mean layer of character was exposed – the rage, spite, trickiness, pornography, etc. When patients were permitted to express these feelings in therapy and to discover their origins the intensity gradually diminished and, if therapy succeeded, gradually disappeared.

This general sickness of humanity which Freud had assumed was “man in the raw” was called “the secondary layer” by Reich. It is a stratum of character that is formed when the natural impulses in children are thwarted. When natural aggression is blocked it becomes hate and spite. When natural sexually loving drives are impeded they become pornographic ruminations. The secondary layer is distorted man, just as the superficial “nice” and “proper” man is. When patients metabolize the products of the secondary layer they become closer to their true core: aggressive when aggression is appropriate, more capable of intimacy and loving, more capable of utilizing their productive energies. It can be said that in his thoughts of children Reich's goal was to keep the core intact throughout life insofar as is possible.

Concept of Healthy Bioenergetic Functioning

With this brief synopsis as background one can comprehend that Reich's aim in his thoughts of the developing child was to keep the energy level as high and the pulse as wide as possible. Having delineated a heretofore unnoticed realm of dysfunction, a source of both emotional and physical disorder, he knew that the concept of health must ultimately provide for the elimination (so far as possible) of armoring. Health was not a condition defined merely by the absence of disease. Reich's earliest writing concerning problems of infancy was published in 1928 (Reich 1928). Though it dealt with matters occurring after the neonatal period it carries tremendous historical significance. It was the first paper ever published

in psychiatric literature, based on medical experience, which affirmed that infantile masturbation was a natural phase of childhood development, necessary for the healthy growth of the child. Up to that time infantile masturbation had been regarded as pathological, immoral, unhealthy, something (in some minds) to be urgently prohibited or, at the least, "gently diverted."

In this paper he outlined the significance of the conditions in which the child experiences its early masturbatory genital sensation. For example, genital excitation coupled with spanking may be the source of masochism. It may be associated with anxiety if the first experience of genital pleasure is occasioned by overhearing a sadistic sexual act.

Thereafter, there will always be a concurrence of anxiety at the height of the sexual pleasure. In a footnote to this paper in 1949 Reich stated that there are three peaks in sexual functioning during the first twenty years of life. *"The first is a surging of sexuality shortly after birth, the second around the fifth year of life, and the third through several years of puberty."*

Perinatal Traumata

His experience with patients and his own sentient being sensitized him to the earliest affronts to infants. He decried the slap on the buttocks which the neonate experienced as an introduction into the airbreathing world. He regarded the practice of separating infants from their mothers for 24 to 48 hours as soul-searing. The practice of routine newborn circumcision was equated in his mind with a savage rite. The common occurrence of the infant being put to breast and the mother's nipple failing to erect or the milk being absent he viewed as the final blow of the immediate postpartum period.

The change from nine months of "orgonotic body energy contact" between mother and child, a warm, moist, mutually charging energy system, into a dry, relatively cold, energy contractive world was viewed as a largely medically-induced "original sin". Not the original sin, the stamp of being human of the religionists, but a sin of commission which causes the child to shrink and induces an attitude of "no." Reich regarded the obstetrical practices of his day as being of the same harmful order as the medical habit of bloodletting in former times.

A Prospective Research Study

On December 16, 1949, forty professionals, physicians, nurses and social workers met at the Orgone Institute in Forest Hills, New York, to discuss the study of the healthy child. It was assumed that the medical community at large concerned itself almost exclusively with defined pathology. At any rate, it had no clearly defined differentiation of health from sickness in the newborn.

The plan was conceived over a period of ten years, from 1939 to 1949. It was called the Organomic Infant Research Center (OIRC), designed only to conduct research. No obviously sick children were to be accepted for study since healthy, as previously stated, is not the mere absence of sickness. One of the obvious problems was to elaborate the base of healthy functioning in newborns. For ex-

ample, it was unknown whether pertussis or constipation were natural to infants or environmentally induced.

Another obvious problem was the choice of competent observers and subjects. Observers with certain character flaws might be blind to some infantile deviations from health. The structural distortions in character of parents, educators and physicians are transmitted through generations without insight. The choice of relatively emotionally healthy parents presented the first huge obstacle.

The work concentrated on the developmental process from conception through delivery up to age five or six. There were four major areas of investigation:

1. Prenatal care of healthy mothers – in this area measures to assist in the fullest energy flow in the maternal system and attempt to determine the influence on embryonic development of blocked emotions, depression, sadness, etc.

2. Careful supervision of the delivery and the first few neonatal days. Here the problem would be the cooperation of an unharmed obstetrician and learning to interpret the bioenergetic expressions of the newborn.

3. Prevention of armoring during the first five or six years of life. At this time nothing was known about which infantile character traits are due to early armoring and which are natural.

4. Study and recording of the further developments of these children until well after puberty. Hopefully there might be indicators of what a “healthy” (not the hope of a “healthy”) child might be. The entire program was a tentative one. If it failed, perhaps we might learn why such projects must fail at this time.

Reich protested mightily against the harmful practices promulgated by physicians of his time. He said, “*The compulsion-neurotic method of feeding children on schedule, invented by Pirquet in Vienna, was devastatingly wrong and harmful to countless children*” (Reich 1983). The not uncommon practice of binding limbs (to keep the infant from going through life with flexed knees forever) he viewed as an affront to the infant’s right to freedom of movement.

He decried not only the theorists who promulgated these ill advised practices but the mothers who were so distanced from their natural empathy for their children that they followed mutely. In this regard he said, “*It is logical, therefore, that the obstacles in the way of rational infant care are of far greater importance than the problems of the infant as such*” (Reich 1983).

Cause and Prevention of Armoring

Parents are products of their culture. Consequently, to each parent the ideal of the healthy child reflects the values of his/her particular culture. The orthodox Catholic parent would hope that the child would be able to curb the “sinful craving of the flesh”. An oriental parent might aspire to father a child who is obedient and mindful of honoring his ancestors. Whatever cultural bias is employed to direct the infant’s and child’s development it is in a direction away from permitting the child to grow up according to the dictates of her/his own nature. Of course in the earliest years parental direction is necessary to keep the child from causing injury to itself or others, to instruct in the use of tools for living, etc. But the main parental and societal goals should be the prevention of rigid armoring.

What are the ways that children are armored? 1. By the press to conformity by armored parents, educators and social institutions; 2. by the pervading attitude that there is a savage in the child who must be tamed; and 3. by the fact that armored life is made anxious and uncomfortable (and on another level, envied) by free-flowing life, and it seeks to quiet the un-ease.

From several years of observation of children raised in conditions designed as much as possible to prevent chronic armoring Reich described some preliminary markers of the unarmored infant and child (his observations included children up to age six). Their bodies were soft, yielding easily to passive movement, they were warm, and radiated heat, particularly in the solar plexus region, their movements were coordinated, they caught their balance easily when off-balance. By age six they shared and socialized easily. They were afraid in circumstances when fear was rational. Eyes were expressive. There was no constipation, no attraction to "fecal pleasures" (Reich called this a psychoanalytic myth based on observations on armored children). The children all valued periods of solitude. They were able to express anger, sadness and joy freely. They usually asked questions about birth at around age four. The anger was usually expressed when they felt wronged. There was no evidence of sadism. They generally refused to greet or make contact with contactless or phoney people.

The contact with people who were liked was warm and immediate. There were no nightmares or anxiety dreams. At times anxiety was experienced in anxious situations, but was dissipated when the situation passed. Reich remarks that the total economy of the bioenergetic system is the important fact, not an isolated symptomatic event.

At times the unarmored child enjoys playing with guns, shooting opponents and threatens murder. However, the threats and the pretend homicide are of no consequence. What is significant is the nature of the emotional structure that is uttering the threats.

Case 1: Armoring in a Newborn

The modus operandi of the OIRC is illustrated in a case presentation described as "Armoring in a Newborn Infant" (Reich 1983). The pregnant mother, having been characterized as "healthy" (a very relative term in these instances), was monitored by three trained organomists (therapists), an obstetrician and a social worker. In time it was ascertained that both the mother and the social worker harbored ideals of absolute health for the forthcoming infant. All were resolved to observe as meticulously as possible and to learn from their divergent views. Six weeks before delivery the social worker described the mother as "radiant." The social worker's report on the 15th day stated that the infant enjoyed its first bath on the 11th day but acted startled (pulled its shoulders back) if removed too quickly from the water. The mother noted that at first the infant sucked at breast every hour, fell asleep at the breast and cried when the mother attempted to return it to the crib. She added that she was tense at times and that this seemed to affect the milk flow. Also, the baby slept for longer stretches when held in the mother's arms. Oral orgasm (the involuntary fluttering contraction of the mouth after feeding which indicates strong oral energy flow) was observed only during the first three days.

At this time the baby had hiccups after most feedings. Its chest was hard, held in inspiration. Expiration was short, staccato and irregular. The infant was restless, had projectile, loose stools, a contorted face, and legs were pulled up to the chest. The father was observed “playfully” pulling on its arms and legs, which seemed to make the child even more uncomfortable. He was saying, “*You be good or I’ll punch your nose.*”

At 19 days the infant had a cold, breathing was rapid and obstructed. It was restless and fretful, whimpered, cried, stayed at breast for only brief periods. It wanted to sleep in its mother’s arms all night. At this point the mother stated that caring for a baby is more than she anticipated. The mother obviously was resenting the amount of time and energy she devoted to the baby, but was Pollyannish in her report, admitting difficulties only in the past tense. The father frequently taxed the baby beyond its capacities to demonstrate its “health.”

The child was uncomfortable, and within the family the reason was not comprehended. At 5 weeks the mother had been aware of occasional lack of contact with her baby and felt guilty.

Reich commented, “*The main thing is not whether or not the child at times feels uncomfortable, but whether or not you know why it suffers and can pull yourself and the baby out of it.*” (Reich 1983).

In this case there were several factors inducing the state of affairs. First, the mother’s expectations overrated the pleasures and underrated the burdens of new motherhood which gave rise to guilt over her failure to be a “healthy” mother. In addition, the mother-in-law and the father were stimulating the baby for reasons of their own satisfaction, despite the child’s uncomfortable reaction.

Concerning the onset of armoring at 5 weeks certain questions were raised: 1. Why should a cold develop at that time, and what is the mechanism? 2. Are any bioenergetic functions involved in the cold? 3. What are the later bioenergetic consequences of the cold? The intercostal muscles were tense and sensitive to touch, respiration was held in inspiration. Reich remarked, “*No physician trained only in classical ways would have thought that anything was wrong.*” (Reich 1983)

In treatment there was slight stimulation to the intercostals which led to softening of the chest. The infant started to move vigorously, breathing freer; it began to sneeze, coughed, smiled and finally urinated. This was followed by relaxation and reddening of the cheeks. The parents were instructed to tickle the intercostals when armoring recurred.

In summation it was assumed that the cold was due to contraction of the organism due to a failure of maternal contact (a sympathetic system reaction). This contraction, in turn, made contact between mother and child more difficult. Thus, a vicious cycle was instituted which could establish a core around which later noxious stimuli might gather in onion-ring fashion. The cold, Reich said, had its roots in an emotional disturbance, not in bacteria or viruses (Reich 1983). The bioenergetic disturbance becomes structuralized as “a disposition to colds.” The disturbance of mother-child contact can be the source of physical disorder in the child.

“*Orgonotic contact,*” Reich said, “*is the most essential experiential and emotional element in the interrelationship between mother and child, particularly prenatally and*

during the first days and weeks of life . . . We know very little about it yet. Let us therefore explore it further." (Reich 1983)

Following treatment the mother reported that the child was "blossoming," sleeping for longer hours and more peacefully, eating and crying more vigorously and smiling more. Orgonotic contact between mother and child was more alive. The mother noted that the child now expressed its needs more forcefully, was more "demanding." At the same time the mother was feeling more confident.

However, the breathing continued "noisy." With observations on more children it appeared that the diaphragmatic region responded first with armoring under conditions of emotional discomfort, perhaps because the coeliac plexus is located in this region.

What was unknown in Reich's time was how much of this early, wordless contact can be taught to parents, doctors and nurses. In the United States early childhood researchers are making a start – with promising results.

In his early research Reich became increasingly aware of the damage to the child's self-regulatory system by the common practices of his day – the rigid feeding times, the swaddling, the denial of the breast for 24 to 48 hours, the overheated nurseries and letting the babies "cry themselves out." He also learned how the nipple erects in the healthy mother in response to the infant's highly charged mouth, and that both experience pleasure. He discovered that if this function is disturbed it could lead to diminution of emotional expression, eating disturbances, hysterical vomiting, inability to kiss warmly, etc.

He described the oral orgasm in detail. It lasts for several weeks in healthy infants. While sucking the eyeballs turn upward, the mouth and jaws quiver and the contractions spread over the face for a few seconds, then subside.

Case 2: Falling Anxiety in a 3-Week-Old Baby

In the Cancer Biopathy Reich cited a case of falling anxiety in a 3-week-old infant (Reich 1973). The child became panicky when removed from his bath and placed on his back. He could be calmed only when being held. The shoulders were retracted as if to keep from falling (but the child had no consciousness of the danger of falling). There was withdrawal of energy from the periphery to the vegetative center of the organism. There was a history of poor maternal contact in the infant's first two weeks of extra-uterine life. Thereafter he was hypersensitive, withdrawing from strangers, contracting at the sudden appearance of a dog.

The treatment regimen consisted of 1. being picked up whenever he cried, 2. playful daily gentle forward movement of the shoulders, 3. playfully and very gradually allowing the child to fall, at first slowly, then more quickly until the game became enjoyable. The anxiety gradually disappeared over a three week period.

Orgonotic Contact

The lessons learned by careful scrutiny of many children were instructive in formulating infants' needs. They require lively colors, movement, participation in the environment. Responses should be in his guttural sounds, making his movements;

these in turn evoke responses from the infant. Most, if not all of these observations have been confirmed by modern research.

As in therapy Reich emphasized the importance of eye contact in maintaining the infant's liveliness. Its absence leads to dull eyes, myopia, restriction of the lids and a "dead" expression in later life. *"In the face of these facts"*, he asked, *"what can be done with the mechanistic misconception that "seeing is the response of the retina to a light ray". Certainly, it is. But the reaction of the retina is only a vehicle, a means of seeing. Is a child's dancing "only" the contact of feet and floor or "only" such and such a sequence of muscle contractions? The emptiness of all the mechanistic interpretations of life is revealed here very clearly."* (Reich 1983)

He emphasized that parental character structure is a critical aspect of the child's environment. For example, parents who cannot tolerate their children's pleasurable, uninhibited shouting are responsible for later diminished functioning of the glottis and deep throat musculature.

Of prenatal influences on the child he conceded that his observations in this field were to be taken as "notes", not scientific facts. He assumed that the soft, freely contractile uterus provided a different and more habitable environment than the unenergetic, frigid uterus; that "heredity of temperament" had a great deal to do with the effect of the maternal tissue on the embryo. He presumed that an alive uterus predisposed to an alive infant. He thought that this effect could have lifelong consequences. He said, *"It is only logical that a system rich in energy resigns less easily than an energy-impooverished system."* He thought that *"The time from the formation of the embryo to about the end of the first year of life is . . . the critical period in which the constitution of the organotic system of functioning is established."* (Reich 1983)

Since Reich's time we have learned a great deal more about the specific effects of certain genes on specific physiologic functions, but none of this has displaced or contradicted Reich's views of the energetic component of life. In high organicity we are light and mobile, in low organicity we are heavy and immobile, and this is a substrate of our existence.

He thought that *"The critical period for psychic development lies approximately in the third to fifth year of life. Its outcome is profoundly influenced by the progress of the earlier biophysical period."* (Reich 1983). This determines a significant part of what is usually called *"inborn disposition."* A significant part of the work of the Organomic Infant Research Center concerned the care of mothers during pregnancy and facilitation of deliveries from the organomic perspective. A report of this facet of the work was cited by Chester M. Raphael, M.D. (Raphael 1951).

Case 3: A Prolonged Labor

In the paper Raphael first discusses the possible difficulties in deliveries – asphyxia, anesthesia, a rigid perineum obstructing delivery of the head, prolonged labor. With each contraction there is constriction of maternal circulation of blood, and with prolonged labor this may have an effect on the infant.

The first case cited is of a twenty-seven year old primipara. She had been unable to conceive for four years. Tubal insufflation, semen analysis, vaginal smear study and endometrial biopsy had not been productive. There was an endocervi-

cal secretion characteristic of chronic endocervicitis. This may have blocked the upward migration of sperm into the endometrial cavity.

Intrauterine insemination of the husband's sperm was attempted but was unsuccessful. Her examining physician reported that she was "*tense and anxious out of proportion to the situation.*" Finally, after all clinical procedures were stopped she became pregnant. She was tense and unstable during the first months of pregnancy, but thereafter her progress was uneventful. Her pelvis was ample, weight gain was normal, as were the physical signs. The delivery date passed and labor was induced by castor oil and enema. After only a few contractions she was taken to the hospital where she described the screams, the barren rooms, the blood-stained doctors' and nurses' gowns as the equivalent of a "medieval torture chamber."

She contracted for five hours; I.V. Demerol was administered and contractions ceased. At this point she was advised to walk. Contractions resumed on the second day, at which point she witnessed nurses carrying a stillborn baby through her area. Another enema was administered followed by three injections of obstetrical pituitrin. The obstetrician ruptured the membranes and there was meconium in the fluid. At this point the mother's eyes would "go-off" and she didn't hear instructions. The fetal heart rate was 164 and the pulse was thready. She was now in labor for more than forty hours. She was sitting up, her arms were held rigidly against the sides of the bed, her face was ashen and her lips cyanotic. Her pulse was thready, her hands cold and clammy, her shoulders hunched, and with each contraction she screamed that she wanted to die. At this point she demanded that Dr. Raphael be called. He got her to lower her shoulders and breathe more deeply. In two minutes there were clonic movements in the lower extremities which gradually moved upward and resulted in generalized shivering with chattering teeth. She tended to tighten her jaw and this was discouraged. The spasms in the shoulders and intercostals gradually diminished. Respiration improved and she became aware of a diaphragmatic block. Fibrillations in her thighs and energetic currents in her extremities were experienced which resulted in a diminution of the pain of the uterine contractions.

At this juncture color returned to her face, the pulse was fuller and slower. She belched and the diaphragmatic discomfort subsided. Contractions began to occur every two minutes with little discomfort, and she was able to rest between contractions. She began to feel comfortable and pleased. The nurse thought that she had been hypnotized.

The fetal heart rate was 179. The cervix was completely dilated, but the head was still high in the ROP position. She was anesthetized and the head was rotated with forceps delivery. There were three loops of cord around the neck. The infant was flaccid and pallid. Its throat was aspirated: artificial respiration and oxygen were administered. From that point recovery of mother and child proceeded without complication.

Case 4: An Uncomplicated Labor

A second case was that of a twenty-three year old primipara studied at the OIRC. The gestation was uneventful and she was functioning in a relatively healthy manner. The obstetrician had agreed to no medications nor anesthesia, no routine

episiotomy, no routine introductory spanking, and to immediate contact of infant and mother following delivery.

The first contractions were at 8 AM, every 20 minutes. She was hospitalized at 10:30 AM and Dr. Raphael arrived at 4:45 PM. There were mild contractions every 7–10 minutes at that time. She complained of slight discomfort in her lower back. Her shoulders and upper chest were held slightly producing a moderate restriction in her breathing. There was some pain in the left side of her groin with moderate restriction of the thigh adductors.

When stronger contractions began she reacted by withdrawing in her eyes and tightening her abdominal and thigh muscles. Constant work on enlivening her eyes and freeing her chest resulted in less severe pain and more orderly progress.

When the cervix dilated completely and the head reached the pelvic floor the pain in the groin disappeared. She perceived currents of energy in her abdomen and pelvis and belched, which made her feel more comfortable. Next, sensations of pressure on the rectum increased, she grew more restless, confused, anxious and less cooperative. She was holding in her jaws and legs. There was intensive work on her eyes, jaw and legs which led to sensations of energy flow and more rhythmic periods of voluntary effort alternating with rest. At 6:30 PM (11 hours after Dr. Raphael arrived) membranes passed through the introitus without rupturing. She began to deliver at 7:15 PM. There was one acute contraction (she later described it as a fear of bursting). The infant was delivered at 7:30 PM, cried lustily and became a healthy pink. The mother had a moderate first degree laceration of the perineum which required suturing. There had been 2 and 1/2 hours of active labor.

The establishment of full respiration and dissolution of the armoring, and prevention of the tendency to withdraw, seemed to facilitate the progress of labor. Without ergonomic assistance the physician's only recourse is ineffective persuasion to relax or the use of drugs with their attendant side effects on mother and child, or callous inattention or prophylactic forceps and routine episiotomy. Dr. Raphael remarks that to facilitate the progress of labor by orgone therapeutic means reduces the danger to the child to the greatest extent.

Conclusion

Many of the abuses to children which Reich cited have disappeared with time and enlightenment. Research into child development which was a rarity in Reich's time is now a thriving and productive scientific enterprise. But the essential changes necessary for significant alteration of the treatment of the world's masses of children has hardly begun.

In Reich's words: *"We cannot tell our children what kind of world they will or should build. But we can equip them with the kind of character structure and biological vigor which will enable them to make their own decisions, to find their own ways to build their own future and that of their children, in a rational manner."* (Reich 1983).

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