

Pediatric Psychiatric Orgone Therapy by Hugh Brenner, CRNP  
Video presentation for the Wilhelm Reich Museum  
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My name is Hugh Brenner and my talk today is for the summer seminar series put on by the WR Museum. My talk today is on treating children and adolescents with Psychiatric orgone therapy.

About myself; I am a psychiatric family nurse practitioner and a Psychiatric Orgone Therapist. I'm a member of the Institute for Orgonomic science and was trained mostly by Dr. Morton Herskowitz.

I was born into orgonomy. My sister Sally was in the Orgonomic Infant Research Center that Dr. Phil Bennett referred to in an earlier talk. After Reich's demise, us kids were followed up in the Orgonomic children's clinics that were an offshoot from the OIRC, run mostly by Drs Duval and Elsworth Baker. This did not mean I was raised in a utopian atmosphere, but both of my parents were in orgone therapy and were trying to do their best. I was given more opportunity for "self-regulation" than my peers, and orgone accumulators, cloud busters, and orgonomy were routine parts of my life.

When I was studying family systems therapy in graduate school I was taught that shit rolls downhill and in families, children are at the bottom of the hill. The goal was to get the child out of therapy and they get the parents into it.

I have been asked to review the principles of orgonomy and Psychiatric Orgone therapy. There are significant topics in orgone therapy that will not be addressed today. This presentation is based on my own unique experiences with Reich's psychotherapeutic theories and technique. If you want Dr. Reich's words read his books. This is Orgonomy according to Hugh. The basic principles of psychiatric orgone therapy are the same with adults and children. Like other psychotherapies it is supposed to help a person work their way past defense mechanisms caused by old trauma to restore deeper emotions, clearer thinking. WR described these defenses, or "armor" in different ways during the course of his life; initially psychodynamically and characterologically, then as restrictions in somatic function such as respiration, in muscular and autonomic nervous systems dysfunction and finally as an impairment of the flow of the life force energy he called orgone. My job is to encourage my client to let go of these defenses, utilizing the principles of psychiatric orgone therapy. As Dr. Herskowitz told me it's not my job to push the train, just to help **clear the crap off the tracks**. Besides you don't take off the armor and throw it away. The idea is to be able to wear it when you need to and take it off when you want to. Walking around this world with no armor is an exceedingly poor idea unless you want a religion established in your name. So the fight against one's own core energetic state, one's own natural pulsation is armor. Armor is the crap on the train tracks.

## So who put the crap on the tracks?

Armor starts out as an appropriate and necessary survival tool in response to a real or perceived danger. It becomes a problem when the defensive response to trauma becomes chronic. The earlier in life one develops trauma the harder it is to get rid of. Trauma can be a violent occurrence, or it can be chronic such as having an abusive or neglectful parent. But I don't want to lay all the blame on parents. Sometimes life just sucks. Crappy schools, repressive religions, medical illness, violent neighborhoods, war and starvation all add to the load. There is the "Sins of our Fathers" effect, AKA the epigenetic transmission of predilections, and patterns of armor. Add all this crap up and one might wonder how the hell any of us can function at all. I don't know' but let me back up the narrative.

In the 1950's Dr Hans Selye pointed out that when growing cells in a culture, if the environment is at perfect, temperature, food, pressure, etc, the cells do poorly. They need some stress to flourish. Likewise I've had clients report that their childhood was great, no trouble, no adult traumas, "everything normal", yet the client was miserable. In this case I often find parents who were emotionally unavailable, so remarkably bland that the client could find nothing to be angry or sad about. This is also trauma. But then I have clients who have lived through horrible stress, had two terrible parents, yet they laugh and love and live life. Maybe they picked out better genes or were born lucky, but more often I find - they had someone, somewhere, who loved them, or at least really cared about them. Thanks to John Bowlby for really documenting this experimentally.

So we know where trauma comes from. **It's all over the damn place.**

## So how does armor manifest?

I don't describe armor as simply tense muscles, restricted breathing, dull eyes or dead genitals. I say armor is an all encompassing phenomena. It affects the whole body: psyche, behavior, sexuality, cognition, memory, the whole megillah. We are a biopsychosocial system. WR did not have the science to realize this as fully as we can now. He knew nothing of neurotransmitters, of the hypothalamic-pituitary-adrenal axis, of the interactions of the gut, skin, endocrine, central nervous system and by God the effects of our gut bacteria on mood and behavior. Trauma activates the mechanisms of the fight, flight or freeze response, which in turn modifies almost every other bodily system. It is all a great effort in order to return to a stability, to normalize the abnormal. AS this happens in the body the **Character Structure** is created in the mind.

The traumatic memory, that is the images, the overwhelming emotions and your physiological response to the stressor are hidden. But painful memories are biologically the most important memories for survival as they stop us from repeating painful dangerous events. So on one hand there is a drive to forget and another to not forget.

One way of resolving this conflict is to minimize the trauma and incorporate it into the mind to try to normalize life. "Ahh it was no big deal". But the effort to bang this square peg of experience into a round hole of reality distorts the view of the world. This creates distorted ethics and distorted belief systems. These same distortions become reflected in a character structure that allows the wounded to walk through the world with blinders on. The vision of reality is literally dulled and metaphorically twisted to correspond to the distorted belief system. Should an unacceptable memory be triggered, another escape is to avoid it, to disassociate. Most often it is the disassociation that can accompany television, alcohol, drugs, video games, gambling, sex, food, etc. One of the reasons that we are trying to emphasize preventive treatment for children is that the neurological scarring of the trauma is never entirely gone. The brain's wiring, the dendritic connections that reinforce habit, can be minimized but not entirely extinguished.

A few words about Orgone energy.

I have seen no proof that orgone energy exists. I know, burn me at the stake. I feel in my body what Reich described as orgone. I have had the full orgasms exactly as WR described, an event that doesn't exist in scientific literature. I can feel orgone in others and in the air. I have had orgone accumulators heal my wounds. That said, I also believe that modern science has only touched the tip of the iceberg of knowledge, so I suspend my analytical mind and follow the orgone. My treatment philosophy is to do what works and the organomic concepts work when I apply them.

With Reich's discovery of orgone energy his perspective moved from psychodynamic to physiological to energetic. WR visualized orgone energy. He saw it move in spinning waves like the cycles of nature as they spin through time. In organisms orgone pulsates. If uninhibited, life energy expands and contracts, it breathes. From an energetic perspective, armor inhibits pulsation, inhibits the very movement that is the essence of life. It is the movement that creates love and curiosity, sexual pleasure, anger, and the tenacity to fight for the right to live fully.

From this perspective Orgone therapy is the application of any intervention that reestablishes pulsation, the organism's ability to BE the cyclic waves, to be the flow of energy.

**Introductory technique** in POT is available in published literature. Working from the head down, activating vision, working spastic musculature, utilizing breath, voice, eliciting the NO to get to yes! and orgasm function are examples of the basics. But POT is and must be an idiosyncratic technique. As there are no two people alike, there is no one way to proceed. But there is one thing, at one moment in time, that a particular client needs to take the leap off the cliff of security. Like every tool, Psychiatric Orgone Therapy can be used in fantastic creation, in workman-like utility, or as a tool of destruction. Every Organomist I have met practices in a different manner. Perhaps because we have had different teachers, and the teachers evolved over time, but it's also because we are trying to use the best emotional tools we individually have and this varies person-to-person.

What we orgonomists have *in common* is a knowledge of how body, character, behavior and movement of energy interact. We know that armor dulls all the senses, dulls awareness, robs one of the ability to exist in the moment, of the ability to touch the sky. We feel the primacy of sexuality and love and know that inhibited sexual pleasure is functionally identical to inhibited life. We have learned this from the successes and failures in our own orgone therapy, our families and life.

Basic knowledge aside, the most important tool an orgonomist has is to be exquisitely aware, focused, and present. Out of this flows such as the ability to sense energetic movement, the sense of timing, knowing when to be delicate and when to be bold, knowing how to focus intention and knowing when to do the unexpected. Personally, creativity and play are important in my practice, a lovely segue into...

### General observations on Working with kids, Shit Rolls Downhill part II

Pediatric orgonomy is critically important. If armor can be prevented (or more realistically, minimized) it will make for an emotionally stronger child, a better and less conflicted family life, and a more satisfying adult life.

Personal note. My birth was attended to by a regular hospital obstetrician and a medical orgonomist. My birth was quite delayed. By my mother's description the physicians' vigorous disagreements with each other added to her anxiety. As it turns out I had the umbilical cord wrapped around my neck and had projectile vomiting for the first two weeks of my life. My mother took me to an orgonomist who relieved the spasm in my neck with gentle stroking I am told.

When working with infants and young children, armor is often not rigid or complicated, to work on musculature sometimes all that is needed is some gentle stroking or massage to release a spasm, or a bit of pressure on the chest to get it moving.

As Reich said in one of the recordings from Jim Strick's presentation, not every child is a candidate for orgone therapy. If the child is in a very toxic environment they may need the protection of armor but ...sometimes the difference between a miserable adult and a pretty good adult is having had the presence of one decent caring adult in a kid's life.

### Assessment

I start with a traditional child / adolescent psychiatric interview with the parents, paying close attention to whether conception was planned, welcomed, issues during pregnancy, details of birth, circumcision, breast or bottle, evidence of oral orgasm, mood and behavior in early infancy. - *planned conception, problems during pregnancy, how was the birth, circumcised?*,

*breast fed, child behavior in very early infancy, subjective depth of bonding, reach the usual developmental milestones, How did the Child develop emotionally, socially, intellectually.*

During the same interview I am also assessing the parents for their emotional health, I am observing somatic and emotional presentation. I ask about any conflicts they might be having, what they enjoy, pleasure they share, their sexual functioning. I let the parents know that it is my strong preference to have at least one of them in therapy or at least for them to stay in close touch with me as I need to make sure that the parents can allow for their child's expansion when it occurs. If the parents are hoping I will create a quiet, docile, obedient child for them they might be a bit surprised. If I think that the parent/parents are able to hear that their \$ and effort will be better spent on their own treatment, I let them know.

I've unfortunately had little experience with infants. I hope this will change soon as I have a crop of clients in their late 20s and 30s all working on starting on families. I have had experience using the work of Renata's mom Eva Reich and recommend it to new families.

I assess young children accompanied by parents but I try to have them leave as the child becomes comfortable. I never insist. Art Therapy is often part of the assessment as it gives me insight not only to emotional status and family dynamic but also to the cognitive function and can draw attention to subtle neurological deficits. Personal aside - After Dr. Herskowitz died 2 years ago I got my chart and found a drawing he'd had me do of my family from when I was five or six.

As with adults the first part of the job is to establish a rapport and trust. I find that children like it and respond well if I don't talk to them like children. That is, I listen intently and don't talk down to them, but take them very seriously. Topics can go anywhere from the usual school, parents, siblings, fears, video games, sex play with neighbor's dog to horrific stories that are heart-breaking. At some point in the first session I explain the rules of my office, that they are not allowed to hurt me, hurt themselves or destroy things. I let them know that in my office they can yell, cry, be silly or curse but if I ask them to stop doing something I want them to listen. As with adults, I especially want to hear it if they disagree with me about something or if I am doing something they don't like. Issues of resistance need airing. At home they still need to follow the parent's rules but if unfair can be a topic for family sessions.

Play is the way children process conflict, so play therapy is my main tool for working with young children. I let them know early that it will not always be play or fun, but that I will always listen and respect their needs. As I think about the organomic aspects of play therapy I realize that what I do with kids is not that much different from adults but kids enjoy it more and are better at it whereas adults need encouragement to allow themselves to enjoy.

Every time I do therapy it is an improvisation. Some of the more routine things I do include having kids make all kinds of faces at me, really engaging their eyes. If I am using a penlight to activate the eyes I will have them try to grab the penlight out of my hands. For certain

abandonment issues I pretend the couch is a boat and one of us will save the other. I might have them engage their voice yelling for help (letting parent know first before the police kick my door in). If they are rigid I'll have them sing or dance, or I might tickle them briefly.

I pretend to be the big scary monster who they can easily knock down. I also use play wrestling as a time to work any spastic musculature I want to get at. As they engage I have various bats and sticks they can use to beat the crap out of the couch or punching bag. Yelling NO while beating something is always a winner. But sometimes just coloring or playing checkers is what's called for. When I can, I take kids outside and talk about nature or just look and listen.

How I proceed always depends upon the child's history and presentation. If there were violations of the child's boundaries I will be particularly aware of this and we might go especially slowly. I might not touch the child at all until they give explicit permission. I do not want to exacerbate their loss of control or re-trigger trauma unnecessarily. As with adults I let them set the pace and guide me as I proceed.

I rarely inflict significant discomfort on children until they are approaching the ability to understand the abstraction of short term pain for long term gain. But sometimes pointing out to them that they feel really better after an uncomfortable session is enough.

I really enjoy working with adolescents. In some of the ergonomic literature I had read warnings against working with adolescents because they have such a strong energy charge and are inherently labile. I asked Dr. Herskowitz about this and he pooh-poohed it saying "I just take them as far as they can go." I remember a client Dr. Herskowitz passed on to me. At the time he saw her she was probably about 12 years old. She came to see me when she was approximately 16 and she asked me very specifically to dig into her tight jaw like Herskowitz did. If you have never had this done is incredibly painful. After that I learned to trust my instincts with adolescents. When I am working with teenagers I get the feeling I'm working with explorers searching unknown worlds. They love having an adult they trust to tell all their stories without being grounded until 21. There is usually a whole lot that can be accomplished with teens simply by helping them figure out misconceptions they have about relationships, parents, sex, religion and the world. It is not the high energy crazy kids that disturb me but the isolative ones who live with their head in a computer.

I really despair when I hear how much time the average American kid spends in front of a video screen and has so little time outside. It is horrible, contracting, reinforces awful cultural stereotypes, is bad for the eyes and brain, etc, etc, etc. I know the games are designed to be addicting. I know parents are unreasonably (in most cases) terrified to let their kids play outside on their own. I know many parents are too busy with their heads in their own phones and computers to realize how much time the kids are spending there or even care. My son grew up in Sweden where they are shoved outside to play pretty much regardless of the weather.

One of the few positives I see from the current pandemic is seeing more families spending time in the woods or playing in the creek in front of my house than I ever had before. I have heard reports of school systems who are planning on dealing with classroom crowding by having kids spend more time outdoors learning mathematics, biology, art, english, nature studies and general running around play.

A ray of hope.

Doing orgone therapy with kids is a really rewarding process as they meet new stressors in life through adulthood. A final thought on working with kids, I encourage parents to really listen to and believe their kids. My parents are spinning in their graves over the severe family abuse they were unknowingly complicit in by believing in the Mask of a sick doctor/orgonomist. I am therefore not a believer in dragging a kid to see a therapist when the child seriously does not want to go. Talk to the child, call the therapist. Since even Wilhelm Reich could not always see the plague in front of his nose, it is a lesson for us to respect our kids and be honest so they will respect and be honest with themselves.

My Thanks to Jim Strick, David Silver and others who help keep the Wilhelm Reich Museum going, and to all who endeavor to grow the work of Dr Wilhelm Reich, MD.

A couple of shout outs;

The Institute for Orgonomic Science  
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Rose Hammerman, on "Free Range Kids"

<https://drive.google.com/file/d/18EpzhsL3ZYtiKXYqGvtvgEG3zbLZzSU5>

and...

<http://www.beyondthebris.com>

For those who are Jewish and wish to replace circumcision with alternative ceremonies, they can check out her book: "Celebrating Brit Shalom" —the first-ever book of alternative bris ceremonies, tips, and information for Jewish families opting out of circumcision —is now available for purchase in selected bookstores and online venues, including Amazon.