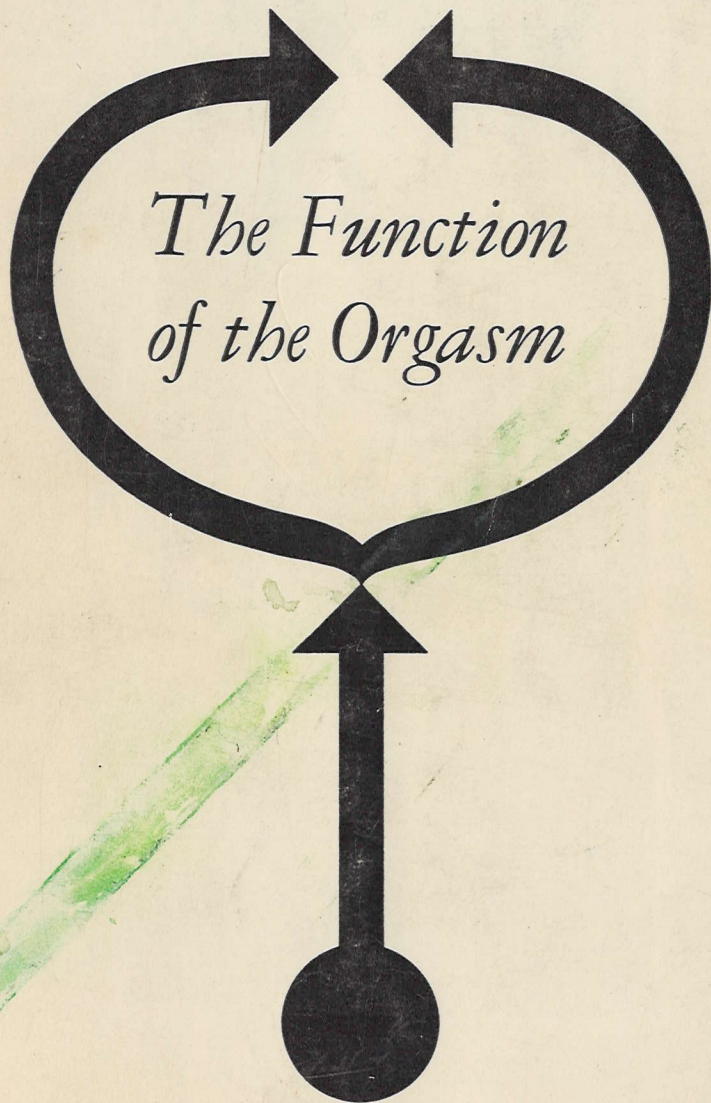


Wilhelm Reich

THE DISCOVERY OF THE ORGONE



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THE FUNCTION
OF THE ORGASM

SEX-ECONOMIC PROBLEMS OF BIOLOGICAL ENERGY

Translated from the German Manuscript

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developed, i.e., not systematically. Thus, its inner logic will more readily become evident. It will be seen that no human brain could possibly invent these interconnections.

Up until 1923, the year when the orgasm theory was born, sexology and psychoanalysis knew only of an *ejaculative* and an *erective* potency. But, without the inclusion of the economic, experiential and energy aspects, the concept of sexual potency has no meaning at all. Erective and ejaculative potency are nothing but indispensable prerequisites for *orgastic potency*. *Orgastic potency* is the *capacity for surrender to the flow of biological energy without any inhibition, the capacity for complete discharge of all dammed-up sexual excitation through involuntary pleasurable contractions of the body*. Not a single neurotic individual possesses orgastic potency; the correlary of this fact is the fact that the vast majority of humans suffer from a character-neurosis.

The intensity of pleasure in the orgasm (in the sexual act which is free of anxiety and unpleasure, and unaccompanied by phantasies) *depends on the amount of sexual tension concentrated in the genital*; the pleasure is all the more intense the greater in amount and the steeper the "drop" in the excitation.

The following description of the orgastically satisfying sexual act covers only some typical, biologically determined phases and modes of behavior. It does not take into account the preliminaries which present no general regularity. Furthermore, the fact should be borne in mind that the bio-electric processes of orgasm are as yet unexplored; for this reason, this description is of necessity incomplete.

A. *Phase of voluntary control of the excitation.*

- 1.* Erection is pleasurable, and not painful as it is in the

*The arabic figures (1-10) in the text correspond to the arabic figures in the legend to the diagram.

case of priapism ("cold erection"), spasm of the pelvic floor or of the spermatic duct. The genital is not over-excited, as it is after prolonged periods of abstinence or in the case of premature ejaculation. The genital of the woman becomes hyperemic and, through ample secretion of the genital glands, moist in a specific way; that is, in the case of undis-

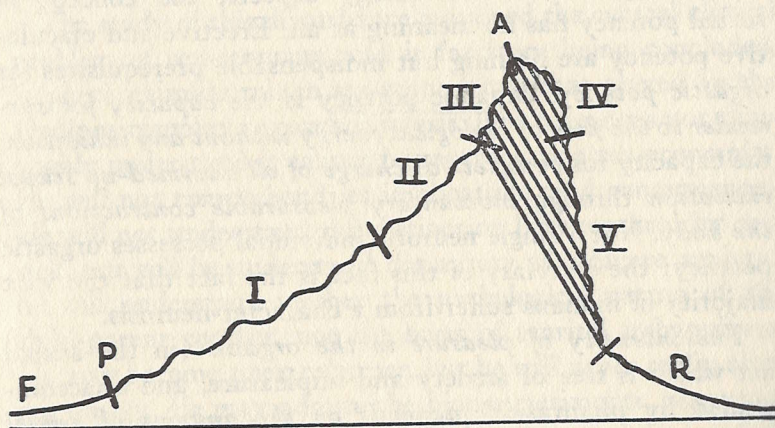


Diagram of the typical phases of the sexual act with orgasmic potency, in both sexes.

F = forepleasure (1, 2). P = penetration (3). I (4, 5) = phase of voluntary control of increase in excitation in which voluntary prolongation is as yet harmless. II (6 a-d) = phase of involuntary muscle contractions and automatic increase in excitation. III (7) = sudden and steep ascent to the acme (A). IV (8) = orgasm. The shaded part represents the phase of involuntary body contractions. V (9, 10) = steep "drop" of the excitation. R = relaxation. Duration, about five to twenty minutes.

turbed genital functioning, the secretion has specific chemical and physical properties which are lacking when the genital function is disturbed. An important criterion of orgasmic potency in the male is the *urge* to penetrate. For, there may be erections without this urge, as is the case, e.g., in many erectively potent narcissistic characters, and in satyriasis.

2. The man is spontaneously gentle, that is, without having to cover up opposite tendencies, such as sadistic impulses,

by a forced kind of gentleness. Pathological deviations are: aggressiveness based on sadistic impulses, as in many compulsion neurotics with erectile potency; inactivity of the passive-feminine character. In the "onanistic coitus" with an unloved object the gentleness is absent. The activity of the woman normally differs in no way from that of the man. The widely prevalent passivity of the woman is pathological and mostly due to masochistic phantasies of being raped.

3. The pleasurable excitation, which during the preliminaries has maintained about the same level, suddenly increases—both in the man and in the woman—with the penetration of the penis. The man's sensation of "being sucked in" corresponds to the woman's sensation that she is "sucking the penis in".

4. In the man, the urge to penetrate very deeply increases; without, however, taking the sadistic form of wanting to "pierce through" the woman, as is the case in compulsive characters. As a result of *mutual, slow, spontaneous and effortless* frictions the excitation is concentrated on the surface and the glans of the penis, and the posterior parts of the vaginal mucous membrane. The characteristic sensation which precedes ejaculation is still completely absent, in contradistinction to cases of premature ejaculation. The body is as yet less excited than the genital. Consciousness is completely concentrated on the perception of the pleasure sensations; the ego participates in this activity in so far as it attempts to exhaust all possibilities of pleasure and to attain a maximum of tension before orgasm occurs. Needless to say, this is not done by way of conscious intention, but quite spontaneously and differently for each individual, on the basis of previous experience, by a change in position, the manner of friction and rhythm, etc. According to the consensus of potent men and women, the pleasure sensations are all the more intense the slower and more gentle the frictions are, and the better they harmonize with each other.

This presupposes a considerable ability to identify oneself with one's partner. Pathological counterparts are, e.g., the urge to produce violent frictions, as occurring in sadistic compulsive characters with penis anesthesia and inability to have an ejaculation; or the nervous haste of those suffering from premature ejaculation. Orgastically potent individuals never talk or laugh during the sexual act—with the exception of words of tenderness. Both talking and laughing indicate a serious lack of the capacity for surrender, which requires an undivided absorption in the sensations of pleasure. Men to whom surrender means being "feminine" are always orgastically disturbed.

5. In this phase, interruption of friction is in itself pleasurable, due to the particular sensations of pleasure which appear when one is at rest; the interruption can be accomplished without mental effort; it prolongs the sexual act. When one is at rest, the excitation decreases a little, without, however, completely subsiding, as it does in pathological cases. The interruption of the sexual act through retraction of the penis is not unpleasurable, provided it occurs after a period of rest. With continued friction, the excitation keeps increasing above the level previous to the interruption, and begins to spread more and more to *the whole body*, while the excitation of the genital remains more or less at the same level. Finally, as a result of another, usually sudden, increase of genital excitation, there sets in the second phase:

B. Phase of involuntary muscle contractions.

6. In this phase, a *voluntary* control of the course of excitation is *no longer possible*. It shows the following characteristics:

a. The increase in excitation can no longer be controlled voluntarily; rather, it takes hold of the whole personality and produces tachycardia and deep expirations.

b. Bodily excitation becomes more and more concentrated

upon the genital, a "melting" kind of sensation sets in, which may best be described as a radiation of excitation from the genital to other parts of the body.

c. This excitation results first in involuntary contractions of the total musculature of the genital and of the pelvic floor. These contractions occur in waves: the crests of the waves occur with the complete penetration of the penis, the troughs with the retraction of the penis. However, as soon as the retraction goes beyond a certain limit, there occur immediately spasmodic contractions which expedite ejaculation. In the woman, there occurs in this case a contraction of the smooth musculature of the vagina.

d. In this stage, interruption of the sexual act is absolutely unpleasurable, for both man and woman; instead of occurring rhythmically, the muscular contractions which lead to the orgasm as well as to the ejaculation, occur, in the case of interruption, in the form of spasms. This results in intensely unpleasant sensations and occasionally in pain in the pelvic floor and the lower back; in addition, as a result of the spasm, ejaculation occurs earlier than in the case of an undisturbed rhythm.

The voluntary prolongation of the first phase of the sexual act (1 to 5 in the diagram) to a moderate degree is harmless, and rather serves to intensify pleasure. On the other hand, interruption or voluntary modification of the course of excitation in the second phase is harmful, because here the process takes place in reflex form.

7. Through further intensification and an increase in the frequency of the involuntary muscular contractions, the excitation increases rapidly and steeply up to the acme (III to A in the diagram); normally, the acme coincides with the first ejaculatory muscular contraction in the man.

8. Now occurs a more or less intense clouding of consciousness; the frictions become *spontaneously more intensive*, after having subsided momentarily at the point of the

acme; the urge to "penetrate completely" becomes more intense with each ejaculatory muscle contraction. In the woman, the muscle contractions take the same course as in the man; experientially, the difference is only that during and immediately after the acme the healthy woman wants to "receive completely".

9. The orgasmic excitation takes hold of the whole body and results in *lively contractions of the whole body musculature*. Self-observations of healthy individuals of both sexes, as well as the analysis of certain disturbances of orgasm, show that what we call the release of tension and experience as a motor discharge (descending portion of the orgasm curve) is predominantly the result of a *flowing back of the excitation from the genital to the body*. This flowing back is experienced as a *sudden decrease* of the tension.

The acme thus represents the point at which the excitation changes its direction: up to the point of the acme, the direction is toward the genital, and at the point of the acme it turns into the opposite direction, i.e., toward the whole body. *The complete flowing back of the excitation toward the whole body is what constitutes gratification*. Gratification means two things: shift of the direction of flow of excitation in the body, and unburdening of the genital apparatus.

10. Before the zero point is reached, the excitation tapers off in a gentle curve and is immediately replaced by a *pleasant bodily and psychic relaxation*; usually, there is a strong desire for sleep. The sensual relations have subsided; what continues is a *grateful tender attitude toward the partner*.

In contradistinction, the orgasmically impotent individual experiences a leaden exhaustion, disgust, repulsion, or indifference, and occasionally, hatred toward the partner. In the case of satyriasis and nymphomania, sexual excitation does not subside. Insomnia is one of the most important indications of lack of gratification; on the other hand, it would

be erroneous to assume necessarily the existence of satisfaction if the patient reports that he or she goes to sleep immediately after the sexual act.

Looking back over the two main phases of the sexual act, we see that the first phase (F and I in the diagram) is characterized mainly by the *sensory*, the second phase (II to V) by the *motor* experience of pleasure.

The involuntary bio-energetic contractions of the organism and the complete discharge of the excitation are the most important criteria of orgasmic potency. The part of the curve drawn in shaded lines (p. 80) represents the *involuntary vegetative* release of tension. There are partial releases of tension which are *similar* to an orgasm; they used to be taken for the actual release of tension. Clinical experience shows that man—as a result of the general sexual repression—has lost the capacity for *ultimate vegetatively involuntary surrender*. What I mean by "orgasmic potency" is exactly this ultimate, hitherto unrecognized portion of the capacity for excitation and release of tension. Orgasmic potency is the biological primal and basic function which man has in common with all living organisms. All feelings about nature derive from this function or from the longing for it.

Normally, that is, in the absence of inhibitions, the course of the sexual process in the woman is in no way different from that in the man. In both sexes, the orgasm is more intense if the peaks of genital excitation coincide. This occurs frequently in individuals who are able to concentrate their tender as well as their sensual feelings on a partner; it is the rule when the relationship is undisturbed by either internal or external factors. In such cases, at least *conscious phantasies* are completely absent; the ego is undividedly absorbed in the perception of pleasure. *The ability to concentrate oneself with one's whole personality on the orgasmic experience, in spite of possible conflicts, is a further criterion of orgasmic potency.*

Whether unconscious phantasies are also absent, is difficult to say. Certain indications make this probable. Phantasies which cannot be permitted to become conscious, can only be disturbing. Among the phantasies which may accompany the sexual act one has to distinguish phantasies which are in harmony with the actual sexual experience from those that contradict it. If the partner is able to draw upon himself all sexual interests at least for the time being, unconscious phantasy activity becomes unnecessary; the latter, by its very nature, stands in opposition to the actual experience because one phantasies only that which one cannot obtain in reality. There is such a thing as a *genuine transference* from an original object to the partner. If the partner corresponds in his essential traits to the object of the phantasy, he can replace the object of the phantasy. The situation is different, however, when the transference of sexual interests takes place *in spite of the fact* that the partner does not correspond in his fundamental traits to the object of the phantasy; when it takes place only on the basis of a neurotic searching for the original object, without the inner ability to establish a *genuine transference*; in that case, no illusion can eradicate a vague feeling of insincerity in the relationship. Whereas in the case of genuine transference there is no reaction of disillusionment after the sexual act, it is inevitable here; here, we can assume, unconscious phantasy activity during the act was not absent, but served the purpose of maintaining the illusion. In the former case, the original object—its place having been taken by the partner—lost its interest and, with it, its power of creating phantasies. In the case of genuine transference there is none of the overestimation of the partner; those characteristics which are at variance with the original object are correctly evaluated and well tolerated. Conversely, in the case of false neurotic transference, there is excessive idealization, and

illusions predominate; the negative qualities are not perceived and phantasy activity is not allowed to rest, lest the illusion be lost.

The harder the imagination has to work in order to bring about an equivalence of the partner with the ideal, the more does the sexual experience lose in intensity and sex-economic value. Whether and to what extent incompatibilities—which occur in any relationship of some duration—diminish the intensity of the sexual experience, depends entirely on the nature of these incompatibilities. They will be the more likely to lead to a pathological disturbance, the stronger the fixation upon the original object is and the greater the incapacity for a genuine transference, and the greater the effort that has to be made to overcome the aversion toward the partner.

4. SEXUAL STASIS: THE SOURCE OF ENERGY OF THE NEUROSIS

In the psychoanalytic clinic, I had—ever since clinical experience had called my attention to it in 1920—carefully observed and taken notes on the disturbances of genitality. In the course of some two years, I had collected sufficient material to warrant the conclusion: *The disturbance of genitality is not*, as was previously assumed, *one symptom among others, but it is the symptom of the neurosis*. Gradually, everything began to point in one direction: the neurosis is not merely the result of a *sexual* disturbance in the broader sense of Freud; it is rather, the result of a *genital* disturbance, in the strict sense of *orgastic impotence*.

If I had again restricted sexuality to mean exclusively genital sexuality, I would have reverted to the old, erroneous concept of sexuality before Freud: sexual is only what is