

Hi! The following lecture by Dr. Eva Reich, *Orgonomic First Aide for Mothers and Infants*, was presented in 1986 at the American College of Orgonomy Conference at Wagner College.

I am Richard Overly, one of Eva's Students and assistants from 1985 until her death in 2008, I am also part of a small group of people working around the world to preserve her work for future generations. The tape was given to me about 1990. Thinking it was just a good presentation of Eva Reich's work with mothers and babies, I included a transcription in the book that I wrote with Eva, *Gentle Bio-Energetics Theory and Tools for Everyone* and the volume *Good Beginnings: Eva Reich's Gentle Bio-Energetics From Fertility through Early Childhood*. It is also available in a downloadable audio form.

Reviewing this lecture again in 2025, reaffirmed it presents the basic essence of all of Eva Reich's work even if the primary focus is for prenatal times. As a wonderful introduction I have a great privilege to honor Eva by making this lecture freely available to the public. Eva mentions many of the processes she integrated into her Gentle Bio-Energetics. If you wish to study further contact me at [rcoverly2@gmail.com](mailto:rcoverly2@gmail.com) or [www.gentlebio-energetics.com](http://www.gentlebio-energetics.com) or one of my students who shares this publicly with my permission.

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# Orgonomic First Aid for Mothers and Infants©

Presented by Eva Reich at the 1986 American College of Orgonomy Conference, Wagner College, Staten Island, New York. Transcribed and edited from tape by Richard Overly and Ann Cannon, 1996. Brackets and italics [italics] indicate 1996 & 1997 editions by Eva Reich. ©1996 by Eva Reich & Richard C. Overly.

Introduction by Paul Matthews:

*It is my distinct pleasure and honor to introduce to you, Eva Reich, our first conference speaker, which is quite appropriate, for she is the daughter of the founder of Orgonomy, Wilhelm Reich. She reconnected with her father in the United States some years after he settled here and worked diligently and frequently and brilliantly with him while he was alive. Subsequently, after his death, she has dedicated her life to teaching her father's work especially in the area of infants and children. She describes her activity, her purposes or goals, as "humanizing humanity." That's her term. She has traveled all over the world, lecturing, giving workshops, lending her heart and soul to the betterment of mankind. I call her a missionary.*



## **Eva Reich:**

First of all, thank you for inviting me. We haven't seen much of each other for the last twelve years, not since 1974 when I was in Brooklyn studying obstetrics at Down State Medical Center, King's County Hospital for four months.

I'd like to say that Gentle Bio-Energetics is my name, for lack of anything better, for what I've been trying to transmit to just ordinary people. It's not therapy but a sort of crisis intervention at the time the things are actually happening so you don't have to, 30 years later, go back and "primal" what happened to you when you were separated from your mother after birth, but you can actually be with your mother after birth. That is a struggle because, as you know, there is a lot of power politics in official medicine that is controlling the system, that controls what happens to mothers and babies.

Now this support that we can give as peers, as equals, not as therapist/patient, to each other during the various stages of the child-bearing years is very easily taught, once you have a few basic ideas. The ideas rest clearly on (Wilhelm) Reich's vision that all human babies are born pretty alive, very feeling, loving, with a good field, usually very open, very sensitive, and that something happens to human beings that squelches them. He wrote about this process of the squelching of life in his book, "The Murder of Christ." Basically, it has to do with the history of childhood and with how, not only the birth process, but the whole matter of reproduction and women and children have been treated by mankind, which is human kind.

I'm not a feminist, but I am beginning to be aware of language that expresses the male bias in history. Lloyd DeMause has really done a great service to humanity in bringing together the field of history and the field of psychology, showing how little was recorded about what really went on with how we treated babies and little children. When he looked into this matter from a historical point of view, he found very little material. It just wasn't in the books because women weren't writing books. Lloyd DeMause has established a whole field of science called Psycho-History. He rests his case about the cruelty that was inflicted on young life upon a psychoanalytic viewpoint.

*We have emerged from this psychoanalytic viewpoint into a functional, orgonomic viewpoint which means we are looking at the living processes from a bio-energetic viewpoint.*

This hasn't come into medicine yet, in general. So I am transmitting this viewpoint to ordinary mothers, children, parents, fathers, etc. In simplest terms, I've sort of boiled the whole thing down to a nugget.

The prevention of armoring is very important, and we should study how babies actually do armor. I'll get to that later because very little was known about that, about how it actually happens. There are lots of records from the "Orgonomic Infant Research Center" that Wilhelm Reich founded, I think it was '49 and

maybe it went on until about '53. But all these files are in the trust fund and will be locked up there until 2007, so we can't wait for those. But the idea has survived. I think there was a kind of... flaw isn't the word...there was a bias built into Reich's formulation of the purposes of his research center. He looked for "perfect" mothers so he could start with good new life that was pretty O.K. That's a value judgment that really doesn't exist in the real world.

Every woman is where she is and that's where she's at. I have simply not paid any attention to psychiatric organomic labels. I have taken each person, as a full spirit, because I accept them as they are, because I am a follower of Jesus. Here they are and they can always get better from that place. And this frees me from a lot of constraints. It has really opened the way for me.

So we are actually studying what really happens between babies and mothers. I have a very positive viewpoint. Wilhelm Reich was a very positive thinker. He thought the core functions of the organism, that which you were as a baby, were really good. You're born good and all this evil, all this violence is something you develop in reaction to what is happening to you in the world. This is not a viewpoint shared by the Catholic Church, by the way, who believes in original sin. In some ways, the people who are looking for "perfect" mothers put a burden on the whole process. So I just did without that concept.

I believe in peer support groups, and they are springing up worldwide, but not always with an organomic basis. My most successful support groups right now are in Vienna and in Munich. I just want to tell you that the new work is what is happening in the advice stations for natural birth where women volunteer, in countries where there isn't much volunteerism, where there is a space to meet, and women meet and deal with these crisis problems in a very good way. Therefore, maybe we'll need less therapy in the future.



Reich mourned, after he became a psychiatrist, the fact that there was much more neurosis created by the world than there would ever be therapists. And if you read "Science '86," there are now 160,000 therapists and 30% of the American population is in counseling. So the need is there, which is a change from when Reich came onto the world scene in the 1920s, at which time, "the mask" was prevalent. We now see that we live in an irrational world and that we'd better change something.

*We've become aware that what we need to change is our human character structure. That dawning awareness is entering the world and so we are a part of that process. I feel quite optimistic about that approach. It is bearing great fruits.*

My approach is very gentle and loving. When I read Dr. Elsworth Baker's memorial volume and about his sore thumb when pressing on the muscles, I said, "Ah, this is not where I came in." I came in with little premature babies about 1950-51, after I'd had a year of therapy myself with Dr. Baker. I went into a premature nursery at Harlem Hospital, and there I discovered that you have to deal very, very delicately with these tiny beings which sometimes weighed just a pound or more. That's where they were surviving then, and now they are surviving even younger and smaller. But you can't treat them with a strong thumb that hurts afterwards. So I got driven by this life experience into what I call Butterfly Touch Therapy. The best simile that I could give is that when you touch the wings of a butterfly you don't want to come away with its scales on your fingers; you want to be so light that when you release that butterfly your hands are without the scales. So, the butterfly touch is very delicate.

And secondly, every baby is a very delicate system and so the therapy is very brief. It might be five minutes a day. I was walking around

this premature nursery where pre-term infants were dying of dependent pneumonia because they were just lying there immobile, in total autism, with closed eyes. I began to stimulate their chests, stroking the rib cage, sort of tickling between the ribs a little bit. This gentle touch, applied five minutes (maybe three minutes) a day to each baby, kept them alive. They didn't die if I did that. They didn't get these pneumonias and this was an aha! for me. So I developed, during my Harlem pediatrics experience, a lot of applications of orgone therapy based simply on common sense and what I experienced myself. That differs from any kind of strong Bio-Energetics done to grown-ups.

Later on, I discovered that grown-ups contain "the little baby" in their structure, and even the most rock-hard man will respond to this butterfly touch. So this has been an answer. What do you do with these set structures? You start from the gentle end and sometimes that is what they need. They need re-birthing. They need to go back into their baby feelings.

Also, economically this doesn't cost much. We're spending billions for war and death and very little for this positive aspect to nurture new life. If I do nothing else at this conference than to ask officially, publicly for a reversal of priorities from death to life, then I've done something towards this purpose. If we just took what one army tank costs and started some studies, I think we'd do better. We need to reverse the priorities and begin to see that these early beginnings are very important.

Now Reich was a pessimist about it. He said, "If the early twig is bent, it will never be O.K. (straight) again. If the protoplasm doesn't sparkle (famous quotation) you are lost forever," and that doomed attitude has crept in. I don't have it. I see such changes happening, sometimes in one minute, in a baby that's so touched or treated. I know we can reverse the whole process at any point.

O.K., now to apply this tender concern, this peer support kind of bio-energetics, and Gentle Bio-Energetics: during pregnancy, during the

first phase of the childbearing year, many women become very vulnerable. They cry easily; they're very delicate, emotional. You know that. It's known, but nobody has understood it. To me, it makes common sense that the energy system, the dynamics of repression, of how you get through life by hardening yourself, the armoring becomes unequilibrated, shall we say, unbalanced, by the addition of the new fetal energy system, this warm, growing, living system. Every woman feels her uterus warm if she is alive and aware. This baby is added and many women bloom during pregnancy from this added energy level. Some don't have enough structured defenses and things spill over.

*Therefore, the emotional work with women is very delicate, very brief, and it doesn't take much to get to what they are really feeling.*

Baby Massage is a valuable tool for expansion in a person who is contracted. And what I am trying to say is that we work just to the point where the block is. It comes from Radix basically... you stimulate...they breathe...they charge up with some energy. Ahhh...breathing through into the pelvis, and then something rises, something happens, an emotion comes... tears, anger, stoppage. They hold the emotion and at the point of stoppage, (that's the idea of Reich in Character Analysis) from that point, in the pregnancy work, we don't push on. We just leave it there saying, "Yes, that's enough for you. Good. O.K. Let's deal with what just came up." Or "Let's go through it again to see if we can help you to cry it out." I might cycle through it again. We try to understand the need of this woman for this block. She always has a good reason why she stops at this point. If she opens too much, she is too vulnerable. Women do collapse from this openness, and it is called postpartum psychosis. I know after I gave birth I felt like my bottom had no support. I was just raw and open and everything was too much for me. I wanted just to be alone with my baby somewhere.

It's like in physics. If we look at this system too hard scientifically, we disturb the system. My solution of how to teach this stuff is to have

maybe two or three people there, your husband, a friend, other children, whatever, and then have the other people watching in a way so that you are not totally aware of this gang of people staring. So when we do this work, we're going to have to find new research methods. I want to say that the things that come up are not often deep emotions. Sometimes they're the surface layers, the attitudes, the fears, the aloneness, the chaos of our lives.



When Reich wrote his books marriage was structured, society was rigid. Now we have chaos.

*Families are collapsing; women are very often alone parenting; everything is crumbling around us. Also, women have the problem of juggling time; they're doing many jobs at once. So we're getting these concerns.*

It depends where you go in the world what problems the pregnant women are going to present to you. In some places, the problems are still maternal exhaustion, hunger, or not enough resources in the family. In Ecuador, they have no family planning to speak of, and every woman on the street is pregnant and has an organ pipe row of children, one in the arms, one in the belly, and three tagging behind. The average number of children, if there is no birth control, is at least seven per woman. That's the average. So women get exhausted. And 100 years ago many of them died before the husbands were through; husbands had several wives each of them had many children.

Here, we are swinging over into the opposite. Women are working. "How am I going to juggle career and baby?" And I think single parenting, chaos, and divorce are the major issues now, which they were not at Reich's time. At his time, sexual repression was the issue. But if you go to Austria, in the rural areas, sexual repression and slavery of the young to the old, the tyranny of the old and

fascism in families still, in the sense of domination by a patriarchal father, are the issues. So wherever you go in the world the problems are a little different, and maybe the United States is the most ahead in this process of disintegration of the former forms.

O.K., so maternal exhaustion: I find that exhaustion and fatigue of young mothers is the big thing. We can deal with the fear of pregnancy by sending the women to good natural childbirth education classes. And there is wonderful work at International Childbirth Education Association (ICEA), Knapsack, and the Midwives of America. You can get the information. You no longer need to go into birth ignorantly. You can see films of how babies really slide out. I recommend "Birth in the Squatting Position" (see film by the Brazilian Claudio Paciornik). The priorities need to be turned around. These are the things we need to assist, study, and support.

When we do this kind of work with a pregnant woman, we need to include persons significant to her, whoever they may be. Somebody was telling me about a lesbian couple who decided to have a child; then that partner is the significant other person. I am not judgmental about whom the mother chooses as her important person. Maybe it's her mother.

*This changes the men, and this is one of the most interesting things I am watching, especially in South America. Until recently, men weren't allowed in on the birth process. Now we include them, and that is beginning to teach democracy in the family.*

Yes, the men are becoming involved. Interestingly enough, I am finding that some men, and this is amazing when you read Freud and all about penis envy, when we do include them, begin to show uterus envy, pregnancy envy. Yes, I am beginning to see that. Men are getting honest enough to say, "I wish I could be

doing this too." La Leche League has some males lactating from breast stimulation...things like that. What I find so great, in terms of how this approach can change the world, is that macho men become what I call human. This is at work as a process in South America right now.

So we have the people who believe in education in order to make a better birth experience and beginning for the world. And they say, "Relax, relax, relax," and they have millions of classes that teach relaxation. Yes, and that's helpful. I've gone to places in Ecuador at the main public hospital in Quito. Nobody had heard the lesson about relaxation there yet. Everybody is like this, "Grrr!," lying flat. In Venezuela, also, flat on the back "Ooohhh!" like this on a bed during labor. And that is not good for the labor. But that isn't the question we need to ask. We need to ask what it is that's tensing up the woman? That's where I've thrown the spotlight in this work.

I got into this at Harlem Hospital years ago in the 1950s when I use to have fun as a pediatric resident. I would go into the obstetric wards and there were these Haitian women, women from Harlem, and some of the Caribbean women, singing along during their labor. And the louder they sang the faster the birth went, "Oh Lordy, Lordy, Hallelujah!" And they would give birth. And it helped. So vocalizing, having an open throat helps the birth process to go through. And we have to realize that what is called the orgasm reflex needs to be open, that birth is ahhh...an opening process from above downward. And if the woman is at all tight because she has sexual guilt and fear or she was hit for touching herself genitally, etc., then she will contract her pelvic floor and retract her pelvis, and that will hold the birth back. So, I was going around, as a resident, telling these woman, "O.K., ahh, ahhh, sing! sing lying on your side. Ahh, ahhh, get your pelvis forward into a C-curve." And low and behold, Pop! Pop! The babies were coming right away. This is a true story.

The insight was that anything that causes retraction of the pelvis is not good for the birth

process. Anything that helps the pelvis (the sacrum and coccyx) to come forward, as it would in the orgasm reflex, helps the birth process. Therefore, high heels are out. In France, you see pregnant woman going top heavy on very high heels which is wrong, because it gives them an artificial lordosis and holds up the birth. So, by all means, low heels. This is just common sense. But this is ergonomic thinking, yes?

Now another thing that will help women, and that hasn't been said enough, except by some of the alternative birth rebels and not officially, is to abreact the main worries *before* the infant arrives. Now that is an important point because the women get too busy after the baby is there to have time for their own feelings. That's why we need to clear their problems and conflicts before, and certainly we need to help them with their own memory tapes about their own birth. And with this I do not have much experience, but there are several ways. And one of them is "wet re-birthing," which was done by the THETA Institute in San Francisco, and I don't like the so-called rebirth hyper-ventilation otherwise. They had a pool, a sensory deprivation tank. Women who were pregnant were going in with a snorkel and just hanging there, having re-birthing experiences, getting through and clearing their own memory tapes. Bad personal experiences with their own past birth is, I think now, one of the most common obstacles to a good, easy birth in the present.

By the way, from an obstetrical point of view, the question arises, "Where in the world are the births easy?" On the islands of the Caribbean, I heard that one-hour births were common even with the first baby. I have quite a bit of evidence that if you have a good birth memory then it's easier for you. So it is worthwhile for women to find out from their own mothers, "How was mine?" because that is going to influence unconsciously how they hold themselves [*during their baby's birth*]. And if there's an abyss of fear, and this fear is a darkness in the eyes, which we can detect before the birth, then we need to deal with it. Bring it out. Bring it up. Ahhh! The hee-bee-jee-

bees! And out it will come. Now there are many techniques to bring up this material from the memory tapes, e.g., Rev. Frank Lake's Psychodrama Rebirth. I don't want to go into too much detail, but this kind of assistance we can render.

*Now I want to say one sad word: The volunteerism that was supporting these birth associations is petering out, because there now need to be two jobs to feed a family.*

Women don't have as much time anymore as we had a little while ago, 10 years ago, due to inflation. Now there are other means we can use to support these women. For instance, the problem in Austria and Germany is isolation. In a city setting there, people are not as friendly as in America, starting to talk to strangers. So each one is sitting alone in her little house or apartment and she is going bananas. Wait until she has a baby. Then she will really be lonely. So that is where the self-help groups help too. They supply a meeting place.

Also, we can use some Bach Flower Remedies which are homeopathic flower remedies for the soul. We have some for utter terror (Rock Rose). We have some for "I can't endure anymore" (Sweet Chestnut). And, in the birth process itself, if the woman is saying, "I can't anymore," you give her some Rescue Remedy which has five things in it and she can go on a little longer. I'll go back to that later when I talk about the accumulator.

So the sharing of these experiences, the consciousness raising groups, that the women's libbers have introduced, can be applied in this field, and they work like magic. Women are telling each other what birth and having babies is like. Women are discussing their problems and it's confidential. We don't go gossiping about it. When I have a group I usually say, "This is not for gossip. This is personal stuff, and it will not go beyond me."

One other thing that the self-help groups can do is to fill the practical needs. It's sometimes as simple as "Who is going to baby-sit my baby when I'm going to the dentist or while I go

shopping?" or "Who is going to do the housework?" They need assistance. In the old days, when we had extended families, that was easy. Now, these are the surface things that any self-help [barter] group can provide.

Then we have societal problems that come up: "My husband lost his job." "My boyfriend walked out when I got pregnant." That is one of the most common ones right now. Men can be sexual partners, but the moment a bit of responsibility enters, they flee, and it's because of their own primal experiences. This pattern of the primal needy male that can't be adult, supporting the woman during the pregnancy, is a major one that I am running into. The men are stuck on their own unfulfilled baby needs...some of them. I am not generalizing about men, but many men desert at this point; they simply are no help.

Sometimes there are acute illnesses in the family; somebody is dying. In retrospect, I go back into the cases of unsettled babies, those that scream a lot, and I find aha! another child in this family died during this pregnancy, or aha! somebody was critically ill, a cancer patient who is petering out while the woman is pregnant, etc., or the woman had to flee. She was in wartime; she was fleeing and giving birth, while the bombs were dropping.

In my work, these traumas come up and we try to heal them. And yet, we can prevent them by giving more support to women in these situations, right? One system is the buddy, daily telephone check-up with somebody who is a friend of yours outside of the group. Another is the Gestalt dialogue, where you talk to a pillow and take both sides and express what you are really feeling in this psychodrama, Gestalt way. Very healing.

We share body feelings in the group: "Yes, my sexuality is increasing; I'm like a hot oven." "What are the positions that are O.K. during intercourse when pregnant?" (on the side with a gentle wash first). "I have no interest," or, more commonly, "I am too exhausted." There is a lot of practical advice that needs to be given.

In each group of, let's say, a hundred women who are being prepared for birth with these childbirth courses, there will be maybe up to five who are really pre-psychotic, who have had severe symptoms. If you are a childbirth educator, you ought to learn how to pick them out so that they get special attention. They ought to be referred to ergonomists or therapists who know a little bit more about it. And this I think would prevent some of the post-partum psychosis. I've talked to a lot of childbirth educators and I think learning to pick these women out involves recognizing their extreme tension, extreme perfectionism and idealism. The room has to be perfect; the bed has to be made.

*But when you have a baby you get too busy and this cracks up the perfectionist women, who are really compulsive. They are running away from their own inner turmoil by becoming perfectionists.*

We can do a modified therapy. We do this with the highly pregnant woman semi-sitting, because if she is flat the uterus presses on the big blood vessels. We do brief sessions. (I saw one bioenergetic practice session at a public hospital near Paris and they were two hours at it, lying flat on their backs. And they were exhausted going, "Ahhh! ahhh! ahhh!" You know, working their breathing and pushing these women to a point of exhaustion. This I think is wrong. It would be better to tell women, "Sleep before the birth. Have rest.") The aim of this modified therapy is to assist the woman to breathe through from the mouth to the toes, and this we can teach quite rapidly using the ideas of Psychophonics.

(In the speech Eva Reich modeled the technique. Here is presented a verbal description by the editors combined with her words.) The technique combines an "Ahhh" sound with the breath and is a very



gentle process. The idea is not to push either the breath or the sound. Don't provoke, and above all, don't hurt. The goal is to find where the breath or the sound gets stuck and then to learn to open, so the breath flows through the entire body. Usually, it gets stuck at the diaphragm; sometimes in the throat. Emotions, sensations, or memories may occur at the stuck place.

The woman gently places her hands over the upper part of the chest, breathing naturally and making an "ahhh" sound with each exhalation. Tell her: "Hear the ahhh sound, following, not forcing, your breath. Breathe down into your voice, continuing to make the sound every time you exhale. Feel it, ahhhhh----(deep and long.) Follow the breath and sound. Feel the sensations, the vibrations. Feel where it gets stuck, where the vibration stops, where you can't go on. Continue to breathe with the sound, and put your hands on where it gets stuck, until it opens. As the ahhh sound moves deeper (lower down) into the body, keep moving the hands down the body, staying with the sensations each time until the vibration of the sound is felt. (As you assist, you may lightly place your hands over hers and model the breathing and sound.)

In this way, try to teach or guide, in one session, how to get the breath to go all the way from the head through the toes in a wave-like movement. The body will naturally move into a C-curve with the pelvis rocking forward on the exhalation as the breath moves down to the toes and the woman will feel it all through her body. This is mechanical but it helps. Accept what comes and later teach everybody Baby Butterfly

Massage to prevent some of the problems.

Certainly we are going to try to get some heat into the pelvis. And we look for cold zones. The woman may have a very hot forehead and then below her ocular level it's cold. And you can really feel a strong barrier



right here, and then the nose, and from there on, is cold. She's schizoid and she has a split or a division in her energy streaming. What we try to do is to get the energy to stream through. I am now using Polarity Therapy [*Gentle Bio-Energetics Balance, editor's note 2017*] to help that. We want her to expand her energy field. Contracted women are very common, especially in cities. They move inward a little bit, like a snail into a house for safety, from this extremely loud world. So they draw their field in; they are cool and they don't radiate.

Normally a pregnant woman's energy expands. I was in a motel double bed with my pregnant daughter, who was taking her state boards in nursing five days before the birth, and I couldn't stay in the bed with her. She was just so hot that I had to get on the floor because of the high energy level. It was intolerable to me.

To expand without fear is the aim. I would like to say, also, that we can do some re-bonding during pregnancy. I'll give you one quick case history of the kind of problem that comes my way. When I do these open clinics, anybody can come with their problem. This was in Australia. A lady came to me whose husband had a vasectomy because they already had four children. The vasectomy was badly done, or somebody didn't tell them to wait three months afterwards and check the sperm count again. Anyway, she had a conception, and it was definitely an unwanted conception. So this uterus had a "failure to thrive." It was cold with low life energy. She felt no connection with that baby. We were heading for disaster, for a relationship of lifelong disturbance from an unwanted conception. So I did some breathing with her, and we got into her dislike of the situation, her anger about the doctor who had done the vasectomy, and we released some feelings. And then, always after the release of some feeling, I do a Gestalt dialogue with the material that comes. Then we deal with the material: "Why are you angry?" (Sometimes I don't even talk while the anger is coming out.) "Put your hands on this uterus. There's a person in there? Can you talk to the baby?" She talked to her baby: "Look, I really didn't want you. Why did you come? This is going to be a

catastrophe." And then I said, "O.K., now, what does the baby have to say?" Remember, she has already released some feelings and she is rather open. And the baby says, "Love me." She burst out crying and the uterus got hot. Her energy flooded right through and she expanded. And she had a relationship with that fetus. From that moment on, it went O.K. So you can work on a reversal, on a re-bonding with a fetus already in the uterus. I have many, many case histories, but that is a very dramatic one, a real breakthrough, and the payoff was the hot uterus. The heat goes through; it becomes alive.

After a polarity session, post-Caesarean, with a lady I had not seen before, she reported, "Ah, now my pelvis is hot." We had never seen each other before, but we accomplished this aim in a single one and a half-hour session. Several such mothers regain the orgasm reflex after polarity and wrote to thank me [for regaining the capacity for satisfying orgasm.] So, contrary to the Orgonomic Therapy teachings that you must go very carefully and the last to open is the pelvis, I really aim, in one session, to get the woman as far as we can, without pushing it, to feel through, to get connection with the uterus, to feel right on through her toes. I want to say that this has greatly influenced my work with other patients so that I do this in *all* adult sessions, too. In each session, I try to go through with a wave of feeling right to the toes, which includes the genitals.

Now we have to look at each woman's specific armor mechanism. That is, we look for *how* she tightens up when she gets to this *enough point* of "I don't want anymore." And each person has their own way of doing that. She'll stop her breathing; she'll suddenly detach and go away with the eyes; she'll lock up, get cool inside, and draw into herself. Whatever she does, I say, "Listen, dear, you're doing this now all under the stress of my working with you on this, but I think you'll do it during labor when labor gets tough. So let's try and dissolve some of this tendency. But it has a good reason in your life, and we've got to find out where that comes from, if we can, because these tension attitudes are going to appear again during labor."

And then I teach the Baby Massage, which is a modified vegetotherapy. It connects the whole body and loosens the muscles. I teach that to the husbands. And the husbands, if they choose, are there during the birth. They're the birth attendants; they're the monitors. (Bradley first brought the husband into the delivery room to help.) And now the husband who has learned Baby Massage can say, "OK, breathe through," as he reminds her that labor is getting tough. He does a little bit of loosening (Baby Massage), "O.K., ahhh...keep your jaw open. Breathe through. Let your voice come through. Stay with me with your eyes. Keep your pelvis forward." You know. He can help. He can shake the thigh adductors, keep them soft. "O.K., keep them open," and so on. I think that's beautiful. There's a film, "Marty and ... (?)" It's done in a hospital in New York City. It's about a black couple, and he is just helping the woman through the hard part of the birth with eye contact. It's a beautiful film and it works. O.K., so this is what we aim for. And the husbands are very helpful.

I also use the accumulator (orgone blanket) to charge up. I find the accumulator [*has several applications during child bearing and obstetrical practice.*] It helps the best during birth [*strengthening the woman during labor*]. We can help heal local wounds, like episiotomy wounds which, by the way, are mostly not necessary. (With an episiotomy we convert a natural process into a surgical process.) And we can maintain the ladies' energy level. I have several reports, one from Australia (Dr. Margaret Trudgeon) and one from Ecuador (Psychologist Maria Alarcon) that we can recharge women who are tiring during a long birth, not only with Rescue Remedy but, with the accumulator blanket, to the point of "lumination" (expansion of the field). Good! Now they can go on a while. Also, the bath helps. But I wanted you to know that, for strength during labor, the accumulator is a helpful thing. And I think it bears investigating. [*In addition, it aids in recharging the depletion of energy of post-partum exhaustion and depression and is a major tool used in reversing shock.*]

*Now, during birth, our support should be non-interventive and quiet. We should be there for the woman; we do not leave her alone unless she wants solitude.*

And preferably the person should know something about Bio-Energetics. Dr. Michel Odent says that obstetrics is based mostly on the pathologies. He had his Caesarean rate down to 5% in a hospital in Pithiviers, France. And Caesarean sections? What are they up to now in America? 25% at least. In Brazil, they are up to 90% with the upper class. It is catastrophic. It is a mechanical world. So to get back to natural birth we need a good obstetrician standing by, and he should have the attitude of respecting the natural instincts, the natural law in the woman.

And Dr. Michel Odent is the master, so read his book, "Birth Reborn." Odent found something interesting, that if the woman is not disturbed and she stays in her pleasure state with the birth, a dreamy state, she produces endorphins out of her own hypo-thalamus, and these make a pleasurable state. Otherwise, as Dr. Grantly Dick-Read discovered, the moment you stress her and disturb her, she goes into what we would call a bioenergetic contraction, the endorphin production stops, adrenaline is released, and a vicious cycle of pain, fear, and tension is set up.

Therefore, we need to study the interventions that doctors make in the birth process. I have a cousin in Australia, Lisa Muhlen, who did a study, not from hospital records, but she went to students of a health college, who each interviewed five women who had each just had a baby and checked what was done to them. She found almost 99% intervention. Nobody got by without something being done. An induction, a drug, forced separation, whatever you want, it was there, even when the hospitals called it "natural birth".

The doctors got very upset about this study because it didn't use *their* resources. It went beyond them to the ordinary people, and it showed that you can almost not escape interventions. So we need a person at the birth

who will defend a woman, because she is so busy with the process of birth that she can't defend herself. We need a birth assistant and a monitor, somebody who works *with* the woman and somebody who says to the doctors, **"Wait. She doesn't want anesthesia. She doesn't want the drug; she is doing fine. She is grunting because it is hard work."**

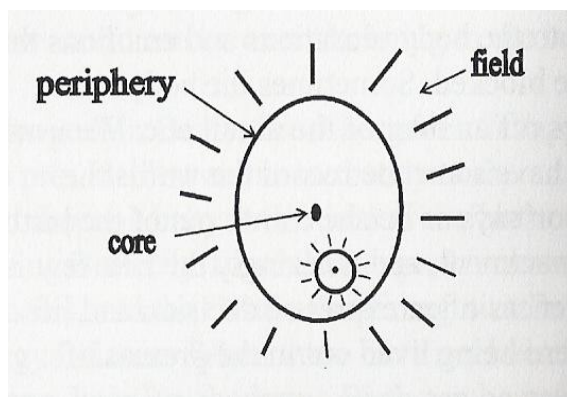
Some do have pain and those should be relieved. The best relief is a vertical birth in a pool, a large bath, or under a hot shower. All obstetrical stations should have those. They are now building hospitals without these facilities. I am hurt because we know now, that instead of using drugs, we can relax the woman. She just floats in water. It's the buoyancy. She gets dreamy and may not want to get out of the tub for the birth and the babies slide out. We don't have to intervene. I am very impressed by that way. All we do is lift the baby to the surface immediately into the air. So the water birth has been a tremendous help.

Now during birth, keep the pelvis forward. And keep the positive thinking. I've been accused of having too many instruments and of bringing negative thinking into the birth situation because I was scared. All doctors are taught to be scared about birth. So that's where midwives come in. And I've been impressed by the midwives; they can be so gentle working with the woman. You don't even know they're there and they do so much better than the male obstetricians. All doctors should learn about natural birth before they learn about pathological births.

In countries where Caesarian rates are so high, I teach women self-examination. They take a sterile glove; they learn how to go into the vagina and feel whether there is progress or not, whether the cervix is opening or not. She can just feel it, sitting on a toilet seat or squatting down. To defend women from unnecessary Caesarian births I am teaching self-help.

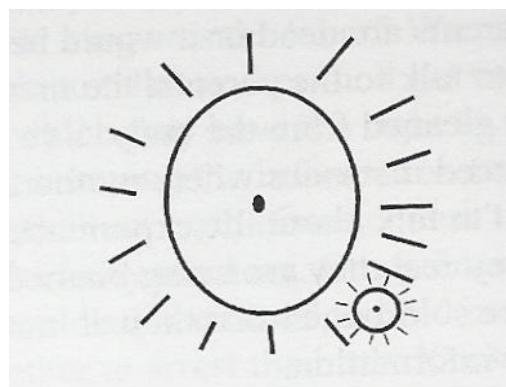
Wilhelm Reich had a diagram (see Figures 1 and 2) showing that during pregnancy the little baby is *an energy system inside the mother's energy*

*system*. After birth, this little baby's system needs to be *next to the mother*, within arm's reach. This is a very fundamental point. The baby simply cannot yet maintain itself outside of a human field. I don't know whether Reich ever wrote this, but he showed this little diagram: here's the mother with her core (which is her belly), periphery, and field, and here is the baby with its core, periphery, and its field (Figure 1).



**Figure 1**

So after birth, the natural law has it that this little baby is no longer inside the uterus but now is *inside the energy field* of the mother, within arm's length, and it needs that field (Figure 2), because that is what keeps the baby's field expanded.



**Figure 2**

You take away the mother's field and the baby's field collapses. The result may be "iatrogenic hypothermia"(coolness caused by separation from the mother). No heater will do the same as the mother's energy field, but this requires the mother to be in a state of expansion. That means we need to feed them after birth. We shouldn't starve them. No big meals, but we

should give them juices to maintain the blood sugar. Give them fruit and so on. There's an awful lot of obstetrical detail here that I am not going to go into, but our main aim is to keep the field expanded on both sides, mother and baby should not get separated.

To separate the mother and baby, right after birth, I always call "a crime against humanity," and that's what is done because all South American hospitals copy the United States, the great mechanical genius. In the public hospitals, they are ripping those babies away at the moment they come out, not even showing them to the mothers sometimes and it's horrendous. It's like a bad joke imitation of the kind of obstetrics practiced in this country on the majority. It's a mechanical way. It has gotten a little better since we explained some things there. But literally, at the Pavilion Concepcion in



Caracas, about four years ago, on one side there was a huge table, 100 births a day, tables with women screaming, lying flat, tense with no privacy, no attendant. *[In the middle, rows of delivery tables]*, episiotomies, blood flowing, forceps being used just to learn how...and, on the side, babies stacked like cordwood. They literally fell down and got lost. Terrible. We need to go away from mass obstetrics.

And The American College of Obstetrics and Gynecology, I don't know if it is still so, but a few years ago, their policy was to close the smaller birth hospitals, planning for only 5000 births and over per year. They want big factories, and then they will need high-risk nurseries. Well, with our kind of obstetrics, we don't need the high-risk nurseries. Occasionally, we send a baby *[to intensive care]*, but rarely. The morbidity, the mortality is much lower with the natural way.

The baby should stay in the mother's field, or we should repair the ruptured bond as soon as possible. This is where Gentle Bio-Energetics

comes in. For instance, let's say a mother went into shock and had to be given IV's or something, perhaps she had some bleeding. They rushed the baby off to the nursery, but maybe she recuperates in twelve hours, and she is ready to have her baby again. Well, then we need the Baby Massage. We need something to help her to regain the ability to just hold her baby, which would have happened in the first hour, because naturally a mother massages *[touches, caresses, gets to know and thus bonds with her newborn]*.

Ashley Montagu has described this natural massage every animal, every mammal does very well. Yet women can lose the ability to touch. Also, there are women who were told, "Don't touch," in countries where it is not OK to touch the body. There are countries where we're not allowed to touch yet. We're changing that,

but women sometimes don't know how to touch. I've been working on this for 10 years, saying that we're reversing the pendulum and that it's all right to touch your baby. It's exactly what it needs. Now don't touch it *all* the time. When it sleeps you may want to put it down. Have the symbiosis which is a symbiosis of the fields, and also have the release.

So there is the process of normalizing after the birth shock. There bioenergetics comes in. I learned about all this as a pediatric resident resuscitating newborns that weren't breathing well, because they had too many drugs. And I learned that if you put them into a C-curve, put the organism into the position of the C-curve (the orgasm reflex, so called) then the breathing reflex goes through as you stimulate the diaphragm and intercostal spaces between the ribs.

And I found certain places where babies reacted. For instance, they would have a tremendous cleft that was like a white pressure ring around the level of the eyes. And this you

sometimes still see in grownups, but you can release it in five minutes on a baby by doing Baby Massage, by stroking it, and working to get the energy flowing through. They may have become stuck in an inspiratory attitude [with a high chest], and many babies stay there and become adults who go around like this. I found some people, during birth primals, who looked like bulldogs, who really were pushing during the birth and not getting out. And there in this position all the energy is going up [into the upper body], and it is all blocked because of the birth experience.

So you get all sorts of body attitudes. Above all, you get schizoid dissociation, mostly due to the birth anesthesia which knocks the little soul out of the body in that baby. I once did a study in Harlem. I walked around and counted 100 babies, 12 hours after birth. 30% were just sleeping, you couldn't rouse them to suck, because they were still burning off their anesthetics. (As we have now learned, babies don't have the excretory organs for such big doses. Much more is known about this now.) The other 70%, "Wah! wah!" They were red and screaming with nobody soothing them or touching them. And in those days, they starved babies for twelve hours after birth, which is totally against the natural law where the baby can go to the breast and suckle all the time.

*So the re-bonding, in such a situation, is enhanced by Baby Massage.*

And for resuscitation, we can also use foot-reflexology. Recently, in one of these water births, with a very heavy woman, the baby's head got stuck. The baby, blue as a plum, slid out and wasn't really breathing. We had a little leeway so we left the cord connected. The baby was still on this double system, getting oxygen through the cord for quite a few minutes. I began some foot-reflexology and that baby just started to breathe. No slapping, no holding upside down, not even suctioning of the mucus because, in a vertical birth, the mucus comes anyway. Leboyer says we should put the babies in a water bath, but we can use our means. I think the use of a sterile accumulator blanket, in this situation, really should be explored, but

there we run into the hospital rules which forbid such exploration. But we can keep both mother and baby warm by covering them with a warm blanket. They need rest, sleep, and feeding after the birth.

I have studied placenta feeding, for which I have been attacked hugely, but it is a natural biological process and I had very good success. The placenta is eaten in little bits, like a grape, cut by the husband. When the placenta is chewed, within two minutes after the first chew, the uterus contracts into a round firm cannonball-like thing. [*Nature is preventing post-partum hemorrhage.*] This tremendous contraction seems to be due to peptides that are in the placenta. Nature recycles. The mother is getting all sorts of substances, such as gamma globulins, that we extract from the placenta. It's really a nutrient package, which can't be purified because these are delicate enzymes. *The uterus retracts below the pubic bone in three days instead of ten.* This could be studied but that is not bioenergetics. It's just the natural [*mammalian*] law about birth.

When it's a Caesarian we can have the father bond, and we now know that holding is important. Portage, having the baby on the body, is important because it stays in a human field. After the baby is out, we should treat mother and baby as a dyad; even the sick dyad needs to be treated together. This is a major bone of contention between me and medicine. They'll let you do a birth room thing but, if anything goes wrong, they whisk you to another part of the hospital where you are treated like a machine.

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*We need to assert the human right to stay together even if one of the two is dying.*

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Parenting problems is the area where Bio-Energetics comes in the most. As with post partum, everybody is so exhausted, it was such a big event that they don't go to groups. So you can only help with this individually by visiting them in the home. There is a tremendous need, instead of bombs, tankers, and super missiles,

for half-way places for mothers and babies in a bit of trouble. We have it in Holland and in Australia (Adelaide, S.A., a motel like place) where the mother can go for 4 to 6 weeks for adaptation problems. If she doesn't feel ready to go home all alone, if she has depression, if the baby is a little cranky and screams, if she is just too exhausted, she has a place to be. This does not exist yet in America as far as I know. This is a wonderful service where she will get fed; it's clean and she can be visited twenty-four hours a day by her loved ones. Her husband can sleep in the room with her if he wants. *[No intercourse is advisable postpartum until the lochia discharge is free of blood, a minimum of at least three to four weeks.]*

It is a very necessary service because the problem in modern civilization is: who is the extra hand that is going to come in there? The thing that peer groups can supply is a network of women that come to help each other. The midwife comes to visit for a while but she is too busy. The husband has to go back to work. Then it gets tough. In South America, even the middle class has servants but not in America. We need someone with the extra hands for the mother. And we don't need nannies, who come in and take over the baby and control it like the royal family has in Britain. That was the habit of the upper classes. The mother says what she wants. The person has no opinions about the treatment of the baby. She simply is the extra hands to do the housework, the shopping, the cooking, the cleaning, the diapers, etc. These are the needs. The depressions very often start at this point and this is very prevalent in Europe. We can treat them with Bach Remedies and peer support and by keeping husbands home even longer than one week. How long is the paternity leave here? (laughter!) Maybe none. We need to include the father.

Then when there is enough rest, and there is an energy field, when there is this peaceful surrounding, when they're not on the streets without shelter, we get peaceful babies successfully breastfed. This was the big revelation to me when I was a country doctor doing country home births. Here were babies that didn't cry. I was used to batteries of raging,

screaming meemies and these babies rarely, only occasionally, cried. When things go wrong, we get the unsettled babies, and the screaming starts, and it doesn't stop. A vicious circle begins.

I would like, and I invite anybody, to do a research study of these unsettled babies. Sometimes, there are certain extra difficult situations, and we can pick them up from the mother's character disturbances, her armor, or the individual situation. But, usually, it starts due to something obstetrical or pediatric, some intervention, and then the babies start to scream and they can't be soothed. How many people had such a baby? People suffer and it goes on sometimes for months. How many months for you? (to class participant) Several months. Two or three months is an adaptation period to the world, which one can call the "fourth trimester" of the child bearing year.

I've done some unique work with unsettled babies and this is where I'd really like to go with my research. First of all, we can prevent this by all these good things we do before and during birth. But once we get an unsettled baby, and they're everywhere, the families are driven crazy. They don't sleep; they get irritable; everybody is irritable. The baby gets tenser and tenser. The mother gets tenser and tenser. And it just doesn't work. This is my experience. And there exists not so much general anxiety in the mothers that nurse once the breast feeding is established. I've run into the screaming baby as the big post-partum problem in the women who do not nurse. *[Now in Berlin, Bremen, and Munich, Germany, there exists Schrei-Ambulanz, screaming baby outpatient clinics, some run by vegetotherapists. Also, there are clinics now in Rome, Italy.]*

Nobody knows what to do. Pediatricians tranquilize. All they know is tranquilizing or sometimes re-hospitalizing. Baby Butterfly Massage, an alternative to drugs, dissolves the problem. We can work with the mother's problem, dissolve her armor, and heal her bad



experience (usually it's a bad birth experience). She can talk to the obstetrician in a kind of psychodrama (Gestalt dialogue). She can let out her grief that it went differently; it went to Caesarian; it wasn't natural birth (that is the most common disappointment right now). People have big expectations and really something else happens. We can deal with that and then the mother calms down.

We can use Bach Remedies to soothe her upset state, her sense of disappointed sadness (Gentian, etc.), her sense of "I can't take anymore!" (Sweet Chestnut). I use a whole series of remedies. I give the baby Rock Rose for the terrors; Star of Bethlehem for shock. There is a lot we can do with Bach Remedies. We work on all fronts bio-energetically.

In Australia in 1976 and 1977 through a radio offer to help unsettled babies, I saw a series of fifteen screaming babies (nine in Melbourne and six in Perth, all under three months of age) everyday for up to a week. I just said that I was doing free work and they could come. I gave them each an hour and a half. There was half an hour for the baby to show the Baby Butterfly Massage and to see how the baby was armored; there was one hour for the mother. And then there was follow up. Within one week, all of the babies had stopped screaming. We *can* do something that will make a difference and this is what we need to study. *[The Child Birth Education Association of Melbourne provided the space, telephone service, and support. The availability of this free clinic was announced via public radio. In Perth I made home visits which worked even better, producing less stress.]*

If you look at psychiatric patients you often get the history of a difficult birth...this baby was difficult. How many of you are psychiatrists? Do look into the story of the birth. I would say, in general, that few of them can say, "I had a good, natural, slip-out birth. I was breastfed all I wanted, etc." They will give you a history of difficulty in that phase. So we can prevent some of those later difficulties and even prevent psychosis, yes, with these means. We are aiming for a peaceful baby whose needs are fulfilled. And then the happy parenting

reinforces itself and it gets easier. (I need students in this. I am really ready to teach it. I have students all over the world, but I don't have any in America yet because of the prevailing mechanistic viewpoint.)

Then there are other problems. I want to speak of the stunning experience I had in Japan, two years ago (1984) that really upset me. I was a great believer that good beginnings prevent armoring and that we're O.K. if we just have a good beginning. Let's just teach all the mothers of the world these things...etc. In Japan, I found, in general, beautiful, soft, loved children with as much body contact as they want, family bed, breast-feeding infinitely long (in the outskirts, maybe not in Tokyo anymore) and really the signs of glowing, rosy, beautiful children. And then, descends the school system. It takes the child from the parents and it armors them, consciously, at age six!

I think we'll win this battle, this struggle, even behind the iron curtain, if we take our ideas about armoring there. I'm hoping to do that and that's one reason I want to be in Vienna so much because it is very near; it's right in there. What I say in Vienna penetrates. What I say in West Berlin penetrates that wall. *[The wall came down in 1989.]*

So I am hoping that we can get human transformation, and I want you to know some good things are happening in Russia. It's beginning. There's a midwife from Finland, by the name of Lena Valvane, who actually has been invited to Leningrad. She is teaching birth people. I've taught her something; she's taking these things to others. I don't think that I'm too safe going there but she is doing it. There is sort of an open hole in that curtain. We are humanizing even there. We're saying, "Hey, it is not necessary for the Red Army chorus to stand like this and sing out of a high chest. It is not necessary to retreat into yourself because the housing shortage is so great that the only place to go is inside." I see a world where, instead of war and missiles, we solve our problems with human transformation which starts at birth, and that is what this is all about. Thank you very much.