THE BIOLOGICAL FOUNDATIONS OF THE SCHIZOID PROCESS

A Functional Approach to Character Development

Part I & II

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Part I

Introduction

Wilhelm Reich has shown us that muscular armoring is a neuro-muscular contractive reaction to physical and psychic stress. This contraction, held over time, leads to the development of the psychic and somatic character armor.

While the contractive state and its negative effects are evident, there is now some question as to exactly what this contraction is. If we make a fist and then try to hold our arm out from the body for twenty minutes or even less, we find it is not possible without special training. Yet, according to Reichian theory, we are contracting our muscles for twenty years or longer. How is this possible? If the holding process is a muscular activity, why doesn't the muscle get tired?

Reichian theory also maintains that we repress our emotions and hold them back for years and years by this muscular contraction. If it was true that we hold back our emotions simply by muscular contractions, we could all go to a doctor and get muscle relaxants. All our repressed emotions would then be freed and we wouldn't need to work it all out over years in psychotherapy. But we know that when relaxants are used to release contracted muscles, there is no release of emotions. What is still holding these emotions back when the muscles are released?

Additionally, schizoids are generally seen as the most physically contracted of all the structures, as well as being psychically rigid. Yet they are also generally thin and small. If they are so contracted, what is holding back all those emotions if they have so little muscular development?

And there is the idea that contraction in the brain causes specific psychic disturbances. But there are no muscles in the brain. What is contracting? Reich maintains that the contracted muscles at the base of the skull are preventing an open flow of energy into the brain resulting in the observed disturbances.

Although this may be true, we think that there is contraction in the brain and the question of what is contracting as well as the earlier questions can be answered also by what Reich has taught us. The contractive state is a plasmatic contraction in the form of connective tissue. It is not the muscles per se that are blocking, but a chronic contraction in the plasmatic system as represented in the structure and functioning of the connective tissue.

And the strongest and clearest form of this contraction is the schizoid process. In this paper we will look again at Reich's concepts of plasmatic contraction and muscular armor from a biological/functional point of view. What we will find is that plasmatic contraction and muscular armor, while able to intertwine and overlap, are essentially different and therefore different understandings and interventions are called for. As usual, pure types are less common than mixtures. The interrelatedness of connective tissue and muscles is well documented. Yet it is still possible to separate these two anatomically and functionally different tissues and create a clearer picture as to the cause of physical and psychic character armor and to deepen our understanding of how to view and treat these phenomena.

The Schizoid Character

The true schizoid character has a contracted plasmatic process, not a neuro-muscular armoring. Other structures, the phallic, the anger, and the psychopathic represent the other end of a sliding continuum and represent the more traditional idea that the contracted muscles block and hold. As a result, we can make a rather extreme statement by saying that all other character structures have more in common with each other than the schizoid has with any one of them.

Having said that, we qualify it by referring back to what we said earlier; that most structures are mixtures. Still, when taking classic types we will find that there are essentially two different processes at work. It is a qualitative difference not a quantitative one. Other forces are at work with the schizoid and they need to be understood to better work with this process.

The chief characteristic of the schizoid is early disturbance with themes of shock and trauma running throughout their histories. This theme will be discussed more fully in Part II. At this point we want to present a general overview - physical, emotional and psychic - of the schizoid state so that we can lay the groundwork for further discussion. Please see the chart in the appendix for an outline of the schizoids characteristics.

A Paradoxical Structure

The schizoid presents many paradoxes. Campbell's psychiatric dictionary describes schzoid as an inexact term, used differently by various authors. And a colleague of mine once commented that he found the schizoid the most fascinating of all the character structures. I find the schizoid to be the most exact of all the character structures and also the most fascinating, despite the difficulties encountered. For me it is the most exact and the most fascinating for the same reasons. But first let us look at the problems presented, the paradoxes so clearly represented in schizoid functioning.

Paradoxes

Emotionless	yet	Thin-skinned
		Easily hurt
		High strung
Alone/Loners	yet	Capable of deep contact with oneself and others
		Laser-like quality

Stiff/Rigid/Brittle	yet	Loose-jointed Lose it altogether Fall apart Schiz out
Thin/Small	yet	Resilient/Strong
Contracted/Contactless	yet	Closer to the core than others Deep understanding Sensitive

How are we to understand this complex and confusing structure? How is it possible to be both too loose physically, yet so contracted; so distant and withdrawn, yet capable of the strongest and possibly the most dangerous outburst of rage and terror?

The understanding of the schizoid processes is rooted in the two Reichian themes of the plasmatic contraction and the functional approach. The plasma system is the physical, biological manifestation of Reich's functional approach and with this we can both deepen our understanding of this character while grounding our concepts in clear, simple biological functioning.

What is Plasma

In describing the pulsatory nature of all living things, Reich wrote about the undulating movements of the amoeba and described the flow of its plasma out to the periphery and back again in rhythmic pulsatory movements. He also described how the plasma would flow outward in pleasure, and contract back to itself in pain and fear.

But first, what is this plasma? Gray's Anatomy describes its main qualities as similar to egg white. It is viscous, sticky, amorphous and extremely plastic in that it can change from a solution to a gel to a crystal and back again to a solution. Its plasticity is also represented in its amazing ability to dehydrate and re-hydrate and then assume its original shape after re-hydration. (Herein lies all the incredible changes we see in bodies and psyches in therapy and is the hope of body psychotherapy.)

Gray's goes on to describe plasma as: having vital properties (as in life and living) and intrinsic powers: motion, thrusting out, growth, attracting power for nourishment and is the physical basis for life. (It is of no small significance that these qualities mimic Reich's description of the pulsation as it functions in the living.)

What catches our eye here is the last of these properties, the physical basis of life. Plasma is the earliest, most primary of life's substances. It is primary in the sense that it evolved early in the development of life million of years ago and it is primary in the sense that it develops within each of us 12 days after conception. It is the "soup" of life. It is the sea within which

all of us and all of our separate parts are floating and functioning in. It is the place of existence, the space within which we can exist.

Picture the ocean from its bottom to its top with all the different life forms - plant and animal, microscopic and macroscopic - floating within it. They are all supported by this medium we call the ocean. They are not only supported but also are given a place, a space within which to exist.

The plasma is the internal sea within which we are swimming. Each and every part of our body is immersed in, totally surrounded by this semi-liquid. In fact, each and every cell is surrounded by this semi-liquid. In fact, each and every cell is filled with this semi-liquid. It is universally present and as a result, all of our psycho-somatic functions are directly dependent on it. And just as all life forms in the ocean will be negatively affected if the ocean becomes polluted, all of our life functions will be directly interfered with if our plasma becomes "polluted". For body psychotherapist, the most important form of plasmatic pollution is chronic contraction. And the earliest, strongest and deepest contraction is the schizoid state.

Plasma as a Defense System

The histories of three different patients will help us to understand the importance of plasma and its role in schizoid character development. I had a patient who reported that at his birth, his mother was unable to hold him for the first hour because the mother thought the child looked too much like the mother's father. Another patient reported that his mother "went crazy" during the birth and he was cared for by an aunt for some months until the mother got better. A third tells that at three months old she was sent away from the family and stayed in "another place" for almost a year before returning to her family.

All of these histories have the theme of early separation and probable resultant contraction and trauma. Each story is different. The facts are different, the participant and perpetrators are different and the reasons for each event are different. As a result, we have three individuals. But on the deeper level, and what I think is the deepest level, they are all the same. On the psychosomatic level, to each individual his or her story is of personal importance. But to the organism itself, the differences are negligible. In all three cases, the response was the same - plasmatic contraction. Each patient has developed an individual strategy - a character (armor) structure - for dealing with their personal history. But on common, more primary level, the strategy is the same - chronic plasmatic contraction; pollution within this sea of life. Psycho-somatically, we see a variety of specific behaviors designed to deal with the personal history of each individual as they adapt to their situation. On the functional level, all three are the same - an early plasmatic contraction.

The strategy of plasmatic contraction comes about for a simple reason. It is the only strategy possible for the fetus and the new born. It is the only defense system available to them at this early stage.

Consider the amoeba. It has no muscular system and no psychic system as we know it. In contrast, the psyche and the soma systems are the basis for human defense systems, both the healthy and the pathological defenses. Without muscles to tighten to fight or flee, without the psychic apparatus of ego for understanding and anticipating, the amoeba is left defenseless

except for its ability to withdraw in the face of danger. All that it can do is to contract inward to defend itself.

The same is true for the fetus and the new born. Until a child can organize its neuro-musculature in meaningful movements, it cannot call upon these systems to help defend itself. Until it can strike back, cover its eyes or run away, it is totally helpless without plasmatic contraction.

This is true in the psychic realm too. Until the child can conceptualize, until it can develop a stable ego or sense of self, or project etc., it has only plasmatic contraction - withdrawal from contact - to protect itself.

Emotionally the same is true. Until the child can organize an anger response, it is emotionally unable to protect itself. Fear - contraction - is all it can call upon.

As a result, it is in this early plasmatic contraction, when the child is otherwise defenseless that we see the typical behaviors of the adult schizoid in the psychic and somatic realm. And the way that we see it is through the functioning of the connective tissue.

Connective Tissue Functions Described

Connective tissue is a general term for different types of tissues that are based on various forms of plasmatic states. The plasma is the basis for these tissues. A more modern term for plasma is ground substance. As stated earlier, plasma or ground substance can exist in different states of consistency - a solution, a gelatin, a crystal. Within this ground substance are different types of fibers and cells. The combination of these different cells and fibers and the consistency of the ground substance determine what type of connective tissue: fascia, cartilage, tendons, ligaments, mucous membranes, even bone and blood plasma are connective tissues.

First we will look at the main functions of the different types of connective tissues and then compare them with the psychic and somatic functioning's of the schizoid.

Plasma, the basis of connective tissue, comes from the Greek word to knead, to shape and form. Not surprisingly, one of the major functions of connective tissue is to create shape and space. One researcher has written that if you were to take any animal and immerse it in a special acid that removed everything except the connective tissue, when you pulled the animal out of the acid it would still have exactly the same form as before. From the outside it would be the same a well as from the inside too. We could peer inside and see the place for the heart, the lungs - all the internal organs. It would be as if all the organs were still there. All the blood vessels, nerve sheaths and serous membranes would be intact, as well as the bones. Connective tissue surrounds the body directly under the skin giving it its outside shape. As well, it creates all the shapes and spaces within so that each organ all the down to each cell has its own housing, its own place.

In addition, connective tissue connects, encapsulates and separates different parts of the body (Here again we see a paradox - something both separating and connecting simultaneously)

It's clear that connective tissue gets its name from its connective function. A primary function is to tie everything together. It is the "glue" of the disparate parts of the body. It is what holds us together. (When over-stressed, the schizoid becomes "unglued".) As a result of this con-

nective function, there is a network system formed throughout the whole body. Every part of the body is directly connected to all other parts of the body through the fascia primarily, and the connective tissue in general.

Ida Rolf has pointed out that if you were to pull on one part of a sweater, you can see the lines of stress spreading out to other parts of the material. The same is true for the human body due to the network system of the connective tissue. Stress applied in one part of the body will stress all other parts to varying degrees.

Another function is that connective tissue supports and re-enforces the body, creating erectness; think of the vertical line/tube-like body of the classical schizoid.

It also protects the integrity of the organism against external and internal disturbances. For body psychotherapists, this would include both physical damage as well as psychic.

The integrity of the organism has to do with its safety in the world. When this function breaks down in the schizoid, it translates directly into existential issues. Because of early trauma, the integrity of the organism has been threatened. Plasmatic contraction occurs and the connective tissue cannot perform its function of protecting the integrity of the organism. It feels endangered. There is a background fear of disappearing. In Greek there is a word for this - lysis. It means the sudden, too fast dissolution of a system. Paralysis is the attempt of the organism to overcome this dissolution, this rapid disappearing. Thus, the frozen, paralyzed quality of the schizoid. It is a correct adaptation - a desperate adaptation - to a very unhealthy and dangerous situation.

For this reason, existential question quickly arise for the schizoid. Do I exist in this world? And if so where? Where is my place or space in this world? (The mystical schizoid is still asking himself: "Do I want to exist in this world"?)

To attempt to forcibly free the schizoid from his frozen, paralyzed state is dangerous. On the organismic level, they know this. That is why we see so much resistances and avoidance behaviors in bodywork. The techniques are designed to "break down and through". Schizoids know that with this approach, they are in danger of disappearing.

The Similarities of Connective Tissue and Schizoid Functioning

The following is a chart to show the functional relationship between connective tissue properties and how it shows in the psychic and somatic behaviors of the schizoid.

Connective Tissue and Schizoid Similarities

Chart 2

Connective Tissue Functions	Schizoid Behaviors
Early development in the organism	Early disturbance in the organism
Stabilizes against intrusions/disturbances	Plasmatic contraction
	First defense response
Supports the organism	Contraction equals grounding
	Inner ground
	Paralyzed
Protects integrity of the organism	Contracts to not disappear
	Lysis/paralysis
Creates erectness	Schizoid's vertical line
Creates shape and space	No space or place in the world
Dehydrates	Dried out
Re-hydrates	Fleshes out, fills out in therapy
Crystallizes	Brittle/fragile
Stringy	Stringy
Tensile strength	Wiry, resilient
Network system	Whole body contraction
Snaps - all or nothing	Snaps - Schizes out
	From nothing to too much
Under stress, develops in parallel lines	Tube-like, vertical line of the body
Little vasculation and innervation	Cold, distant, contact less
	Less sensation
	Less response
Separates/encapsulates/contains	Isolated/loner/separate
Directs Metabolism	Undernourished

Early Development

Both plasma and the schizoid state appear early in the development of the organism. We see the attempt of the organism to stabilize itself against traumatic events (disruptions and intrusions) by contracting plasmaticly as its first, and for the young infant its only, way to defend itself. This contracted state, this paralysis, creates some support for the organism as it tries to protect itself against the disturbances occurring to it.

Connective Tissue Provides Stability, Support, Protection, Space

Connective tissue protects the integrity of the organism and in trauma and shock, when its integrity is being threatened. The organism will experience the shock as a danger to its existence and the resultant paralysis is the defense against the state of lysis, the fear of dissolving, disappearing. At this time, there is no way for the infant to understand or conceptual or verbalize what is happening. The only recourse for the organism is withdrawing into itself.

Because the schizoid spends so much time and energy throughout its whole life trying not to disappear, he has great difficulty appearing. This we see in the inability to maintain consistent contact over time. This theme also shows in the schizoid's inability to find a place in the world. Both of these themes of contact and place in the world is reflected in the problem of establishing close, long term relationships. The inability to establish long term relationships of course re-enforces the problems of trust and of staying in the world and so a vicious circle is created with one aspect feeding into the other.

The feeling of no place, of being a stranger in a strange land also comes about because connective tissue is responsible for creating shape and space. When the tissue becomes contracted plasmaticly, it cannot perform its proper function. The schizoid then suffers from the duel aspects of this problem of no space and shape.

On the one hand they suffer because they are thin with no true periphery. With the schizoid, the periphery is physically close to the core. There is almost no physical space between the center of the body and the periphery. If we look at a phallic structure with its large puffed chest, or the roundness found in a masochist or hysteric, we can see that there is space between the skin and the center - the periphery and the core. But this space does not exist in the body for the schizoid. There is almost no place to go into. He is already in there in his contracted, withdrawn state and there is not even much space where he is. There is no place to go. To compound the problem, in his experience, most of what is in there with him is fear, darkness and danger. Who would want to stay in there? So he often "leaves" his body. He loses contact not only with others, but with himself. When he does make direct contact with his body, what experiences will it give him? What feedback will it give him in terms of the quality of his life? So the body is avoided. This is why he is too often left with his perception of his experiences - his idea of what he is experiencing.

By not using "breaking through" techniques for freeing the contraction, this condition can be changed. With Functional analysis body psychotherapy it is possible to mobilize the instroke, the gathering phase of the pulsation. By doing this, we are supporting the patients desire to flow inward for protection, and at the same time free the contraction. When this happens, the contraction can be gently loosened without mobilizing the existential fear. Instead, we get a gathering and centering process whereby patients report feeling a "sun" inside, a warm space to go to etc. They have changed their relationship to themselves.

On the other hand, the second aspect of this plasmatic contraction that the schizoid suffers from is that he cannot move out. As was stated earlier, he spends so much time just trying to stay here, he has little time or energy to move out into the world and create a place for himself; a secure, defined space that he can live in and call upon in times of stress and danger. Work, long term friendships, love relationships, family - all of the external social behaviors that create a world for us to live in are not readily available to him.

The Relationship Between Connective Tissue and Muscles

The schizoid's contraction is an early disturbance. As a result, the later muscular development seen in other structures is less because schizoids have a diminished flow of the life force out to the periphery. In terms of the development of the infant, the musculature develops later as the child learns to grasp, stand, walk and run. Because of the contraction, the flow is disturbed; the schizoid's periphery remains underdeveloped.

As a result, the muscles are not there to perform their function and one of the functions interesting to body workers is the use of muscle to protect oneself. It is now up to the connective tissue to take over a large portion of the protective function of the muscles. It does this in two ways.

Each muscle - and each organ as well - is surrounded by a thin, transparent envelope or "skin" of connective tissue. These "skins" are made to encapsulate each muscle and organ separating them from the neighboring tissue. In addition, each skin offers a sliding surface allowing each muscle or organ to move freely within its proper space gliding back and forth over and around surrounding tissue. As the muscle or organ comes under stress, these skins thicken up and begin to glue together, binding muscles together in groups to offer greater resistance to the increasing stress. Large, unnatural groupings of muscles are formed resulting in the bulky awkward movements of the muscle-bound body. A similar impairment of functioning results in the organs as well. The second way that connective tissue comes to the rescue of the muscles is by fibrous build-up within the muscle itself. Woven throughout the mass of the muscle are long strands of connective tissue fibers that bind together at the ends of the muscle and begin to form tendons. These tendons extend out of the muscle mass and attach themselves - and therefore the muscle - to the bone securing it in place.

When a muscle comes under stress, beyond what it can properly process, it calls upon the connective tissue fibers within to support it. The connective tissue will begin to increase in the muscle. Additional connective tissue fibers begin to grow within the muscle tissue. These fibers develop and bind themselves in parallel lines laying themselves down in the direction of the stress. They form groupings - bundles - that begin to look and feel like long thick strings or small roping. These bundles of fibers deep within the muscle tissue help to strengthen the muscle so that it can handle increased stress.

This connective tissue build-up is what causes the hardness we feel in the muscle tissue. This is also what allows us to hold our muscles tight for not just twenty minutes but for twenty years! Under chronic stress, connective tissue develops more and more and re-enforces the holding of the muscle, allowing it to contract, protect, block and eventually armor.

This too is why muscle relaxants do not free the blocked emotions held in that tissue. Muscle relaxants do not affect the connective tissue support system that has developed. It is this build-up of connective tissue fibers that is holding back the blocked emotions once the muscle is released.

Freeing Connective Tissue Contraction

Interestingly enough, in techniques that are designed to release contracted muscles but in fact also release the connective tissue, emotions do appear. Rolfing - direct, forceful pressure on the muscle tissue and the related connective tissue - will occasionally release emotions. For this reason Functional analysis has taken the positional release technique from osteopathy. It is a gentle compression technique and has no intention of releasing emotion when used in physical therapy. But it has been adapted so that the technique, which is designed to work on the neuromuscular level, can now be used on the plasmatic level. The result is deep release of blocked movement sensation, emotion and awareness. (See Davis, Energy & Character, April, 1985) It is especially effective for working with schizoids. It is a slow, non-threatening releasing process more like a "melting" than a breaking down or a breaking through.

If muscle relaxants do not affect connective tissue and allow the muscle to really relax, why do some other techniques bring results, even unintentionally? As mentioned earlier, the hope of body psychotherapy is the plasticity of the connective tissue - its amazing ability to change its shape and state and functioning, and then, under the right conditions, return to its previous state. The primary way for therapists to work with this plasticity is to apply pressure. The plasma will "melt" under pressure and then re-structure itself according to the new conditions. As a result of this intervention by the therapist, the additional fibrous build-up in the previously stressed muscle will begin to melt and to disappear. The added support system of the connective tissue used by the stressed muscle is re-absorbed because the stress has been released and this back-up system is no longer needed.

Why the Stringy Quality?

As mentioned earlier in the physical characteristics of the schizoid, there is a "stringy" quality to their tissue. The fibrous build-up within the muscle is what gives the tissue its stringy quality. The more stressed the muscle is, the more "strings" or bundles of fibers will develop. Within a character structure with a well developed muscle mass, this development of fibers gives the quality of a large, contoured, and often hardened muscle.

But imagine what it would look like if this fibrous build-up has occurred when there is little muscle mass. That is the schizoid body: long, thin and stringy. Due to early trauma, the organism is stressed. This is before the muscle system can be called into action to help defend the organism. As a result, the defense is left up to the connective tissue to do the holding against the invasive traumatic events. Large, hardened muscles groups do not appear. The flow out to the periphery is minimalized. As the child matures, he develops more and more of the long, strings of fibrous tissue giving the body its sinewy, stringy quality and its wiry, tensile strength.

If the trauma is very early, the result is the classical schizoid state. But if the trauma comes in later, or if there is a lower level, but chronic trauma - accumulated trauma - then we would get a mixture of some muscle development with a strong fibrous quality. The child would have some peripheral flow out to the musculature letting it develop somewhat. Here we would see a schizoid structure whose existential fear issues are masked behind a more aggressive manner. This child was able to develop and partially mobilize its anger as a protection system as

well as use its musculature for defense. When feeling endangered, we could see an acting out of the rage-injustice issue mention earlier in the emotional description of schizoid. We could continue to slide up this developmental continuum so that if the organism is stressed after the neuro-muscular system is well developed, and some of the primary psychic structures are somewhat developed, then the fibrous development would be less and the fibers would now be in the secondary role of serving the muscle tissue. Here we would have a primary defense system based on neuro-muscular functioning.

This type of structure - one whose developmental history is rooted in later events - is a cognitive/neuro-muscular structure: phallic and psychopaths for example. These are people who have well enough developed neuromuscular and psychic system so that they call upon these systems as their first line of defense. Their protection system is based in the psychic and somatic realm.

But if there is almost no muscle tissue to support and little opportunity to develop psychic structures before the trauma sets in - as in the classic schizoid state - the connective tissue takes over the role of the muscle itself and we have a plasmatic structure, someone whose first line of defense is a plasmatic response.

From Dehydration to Re-hydration

Connective tissue also has the ability to dehydrate and re-hydrate. It acts exactly as what we see with a sponge. We can take a wet sponge and squeeze it. It gives way and all the water runs out. We put the sponge down and as it dries out it takes a different shape than when it was wet. We can even continue to compress it as it dries and it will now take on and hold a distorted shape from the original. But when adding water to it, it will spring back to its natural state and original shape.

Plasma, and therefore connective tissue, will do the same. Under duress, it de-hydrates and loses its desirable water level. It will harden and even crystallize. But under the right conditions - which we can create in the therapeutic setting - it will re-hydrate and assume its original shape.

The dehydrated state is the dried out, cold skinned quality of old age. It is also the dried out, withdrawn quality of the schizoid. But under the right therapeutic conditions, this hydrated state can be restored and we see the schizoid filling out. All other structures get taller, less compressed from the top down. The schizoid's connective tissue re-hydrates and this gives a rounder, fuller impression. It is common in the work to see schizoid patients who look like that have put on additional kilos, but in fact weigh the same. A good example of this to me is the patient who told me that she now feels that she has a big coat on where there was none before. She now feels more substantial, more protected and warmer. There is some protection between her and the world, a theme of great importance to a schizoid.

The Network System and The All or Nothing Principle

The crystallized state of the dehydrated connective tissue is what we see as the frozen and brittle quality of the schizoid. It is not just that they are fragile, which they are. It's the quali-

ty of that fragility that is of special interest. A sheet of ice, a pane of glass will shatter in a way that is qualitatively different from a piece of wood. Wood splinters; pieces break apart, other pieces separate from the whole yet remaining attached. It's even possible that the piece remains basically intact. But glass goes all or nothing. You cannot break just a piece of it with out risking that the whole structure falls apart. This is the all or nothing principle. You can hit a piece of wood repeatedly and increase the force each time. As you continue to hit it, first marks will appear and then pieces will come free. You can hit glass and nothing will happen. No marking, no pieces. As you continue to strike it with increasing force, it will take the stress up to a point and then it shatters completely.

A schizoid will handle stress up to a point with little visible response - no markings- as if it is not affecting him. But once a certain point is reached, the whole system breaks down and the response can be overwhelming. They will "snap" and loses it altogether. This total response of the schizoid is due to the network system mentioned earlier. With the fetus and the infant we talked about the plasmatic contraction due to early trauma. One of the qualities of this contraction is that it is whole body. Observe an amoeba if a low electrical charge is introduced into the water it is in. Look at an infant when it is startled. In both cases, the whole body responds in contraction because it is a plasmatic reaction. This type of response occurs because it is before differentiation - both psychic and physical - and before segmentalization. The organism can only contract and it contracts everywhere at once. In humans this is the Moro response. She cannot differentiate what is happening to her, and where it is coming from. She has not developed neurologically, muscularly nor psychically enough to make differentiated responses.

The plasmatic contractive state of the schizoid is a whole body response because it had happened so early. When this contraction gives way, once the defense system is overwhelmed, there is nothing to fall back on, no back-up system to help hold. Everything comes flooding up. This is the danger for the schizoid as well as the borderline and the narcissist.

The total collapse is caused by the response of the network system described earlier. On the plasmatic level, any input into the system, will affect the whole system, just as when stress is applied to the material of a sweater, the tension spreads throughout the fabric. The breakdown of this system is lysis, when the existence of the organism is endangered. It must respond totally to resist this dissolution and to stay in existence.

Separation, Encapsulation, Containment

As pointed out, connective tissue separates, encapsulates, and contains. These are all healthy and desirable functions. But the schizoid state is an extreme connective tissue state and so functioning and behavior is extreme. What was desirable separation and containment under healthy conditions becomes isolation and desperation in the stressed state of the schizoid. He becomes separate in the sense of unable to make contact. He becomes a loner, not out of choice but out of malfunctioning. There is no choice involved, at best only resignation masquerading as acceptance.

Here we see the classic schizoid characteristics of the loner, the distant and unapproachable. He is trapped inside appearing to most of the world as emotionless, irritable, uninterested,

needing no one. Here also is the root of his specialness, his strangeness, his longing and his mysticism.

The Role of Connective Tissue on Metabolism

The last item on the Similarities Chart concerns metabolism. We will briefly discuss only one aspect of this important relationship. The plasma or ground substance is the semi-liquid state that surrounds all tissues down to the cellular level. This form of plasma is also called the intercellular matrix, extra cellular matrix or interstitial tissue. It is the material between each cell and its neighboring cells. It is the immediate environment for all cells.

This almost fluid is the "ocean" we talked before about within which every cell in all parts of the body baths in. It is the medium through which each cell is supplied with nutrients and excretes its waste materials. As this ocean becomes "polluted" with toxins and by dehydration, contraction and infection, it can no longer perform its role of feeding and cleansing the cells. Metabolism is decreased and nourishment is effected.

The schizoid represents the undernourished state - both physically and psychically. The plasmatic contraction will not allow for nourishment to pass through and into the organism. It will also not allow the organism to discharge its toxins and cleanse itself. This holds true not only for the physical nourishments of food and heat etc. but also the psychic and emotional nourishments of touch, love and caring. Touch becomes invasion. Caring is trying to mother and we know that didn't work so well the first time. Love is a concept.

To further the understanding of the relationship between connective tissue and schizoid functioning, we can look at the following chart to see the differences between well-functioning plasmatic states, as represented by the amoeba and mal-functioning plasma as represented by the schizoid. The chart is self-explanatory.

Plasmatic Reaction

Well Functioning and Mal Functioning

Chart 3

AMOEBA	SCHIZOID
Amorphous	Rigid
Stable Process Structure	Stiff
Constant re-organization	Over-structured
Pulsating, undulating	Held, frozen, Contracted Paralysis

Spontaneous	Non-spontaneous
Adaptive	Attempts to control
Flexible	Rigid
Unified flow	Uni-flow
Organized, contactful flow outward	Not reaching out and back again. Avoiding touch & being touched

Developing a Functional Characterology

We can now develop our functional character criteria further by differentiating between a primary plasmatic character structure as represented by the schizoid and a character structure whose defense system is based not on a plasmatic response, but primarily on a cognitive/neuro-muscular reaction.

The discussion will be to highlight the differences between the two types of response structures. But it is important to see that these represent the two opposing ends of a continuum. It is possible to slide up and down this continuum and understand different character structures with different mixtures of plasmatic and neuro-muscular responses. We will differentiate between those who primarily use a plasmatic defense system and those who primarily use a neuro-muscular defense system. Each chooses different systems as a first response to protect themselves. This is the main criteria for differentiating.

The discussion so far has shown us that depending on the timing of the trauma, the organism can respond two different ways. If the child is older - walking, talking some, able to mobilize and direct anger at objects - he or she will be able to incorporate these different functions into a protection system. Here we see him using his nerves and muscles to defend. The defense is based on the central nervous system. In contrast, when the disturbance comes earlier, these neuro-muscular responses, which are dependent on a minimum developmental level of the central nervous system, are not available to the fetus or infant. The system that is called upon under stress is the involuntary vegetative (and enteric) nervous system. This is the plasmatic response. There are no muscles here to contract, no psychic structures available to defend. Indeed, the amoeba moves, eats, reproduces and contracts without muscles or psychic apparatus.

Further differentiations follow from this distinction. For one, the central nervous system (CNS) has a voluntary component as well as an involuntary one. The vegetative nervous system (VNS) is involuntary.

This differentiation has implications concerning the unconscious and the conscious. The VNS is below consciousness - before conceptualization and verbalization. It is not as readily accessible through voluntary and cognitive activity as the CNS. This is an important factor in

deciding what therapeutic interventions should be used, when and for what reason and also for understanding on what level our intervention is affecting the organism.

The neuro-muscular dominated structure is a later developmental phenomenon in both the history of evolution and in the personal history of the organism. The primacy and importance in development of connective tissue cannot be stressed enough. Life existed for millions of years before a bone or a muscle ever appeared. And it was quite a bit longer before psychic structures developed. Long before there were thoughts, emotions, egos, and even nerves and bones and muscles, there was life. Even today, we humans represent such a small portion of life itself. Right now there are more life forms living in a human stomach - without brains, muscles, egos - than all the humans that existed ever!

To work on the plasmatic level is to work deeply and as close to life itself as possible.

Another differentiation is that the plasmatic response is a whole body response. When we look at the body of the classic schizoid we do see uniformity - a long thin line. There is little or none of the classical Reichian segmentalization that dominates the neuro-muscular structure.

The bodies of the neuro-muscular structures are divided up into segments. The segmentalization is dependent on what part of the body was called upon to do the primary holding. And the part of the body called upon is in turn dependent on when it happen - the theme being dealt with at that time in the child's development: self assertion, genitalia, separation, symbiosis etc.

Just as the schizoid's body does not differentiate into separate parts, the same is true in the psychic realm. There is not so much of a breakdown into the differentiated personal themes we see in the neuro-muscular structure. There is one or at best two themes: the fear about ones owns existence and possibly the rage about the violation of the right to that existence. All schizoid behaviors stem from these two sources. All the different individual strategies developed by the three patients mentioned earlier are rooted in these two themes.

Another differentiation has to do with connective tissue and muscles function. We said earlier that the connective tissue will come to the rescue of chronically stressed muscles by re-enforcing them. Muscles have the ability to react quickly and release quickly once the danger is away. On the plasmatic level this is true too, but it isn't true for connective tissue. The development of additional connective tissue in the support role is not as sudden an event as a muscular contraction.

Muscles are utilized for response in acute stress situations. Connective tissue is for the chronic long term state. A muscle releases, connective tissue restructures. Just as it takes some time to develop, de-restructuring needs more time than the simple relaxation of muscle fibers.

The implications in the therapeutic setting are significant. . For a connective tissue dominated structure, the letting go process should be slower. For these deeper, early plasmatic disturbances to move to fast is to overwhelm the organism. There is no back-up defense system. If it breaks down, they break down. Here is the limit of the “breaking through the defenses approach” to bodywork. With neuro-muscular dominated structures, breaking down resistances may be seen as both faster and safer, although from the view of functional Analysis, not necessary economical. There is less danger that the organism will be flooded and overwhelmed. But since most structures are mixtures, once the neuro-muscular defense system is broken

through, the plasmatic system starts breaking down and serious and potentially dangerous problems can arise. This is especially the risk in working with schizoids and borderlines. The slower, melting model of connective tissue re-structuring is more appropriate for these structures and also useful with all other types.

Chart number 4 summarizes the discussion about cognitive/neuro-muscular and plasmatic differences.

Cognitive/Neuromuscular - Plasmatic Continuum

Chart 4

The Schizoid process is initially a plasmatic response that underlies - to varying degrees all character structures

Cognitive/Neuro-Muscular Response	Plasmatic Response
Nerves and muscles	Connective Tissue
Voluntary Muscles	Involuntary Connective Tissue
Conscious/Cognitive	Unconscious/automatic
Central Nervous System	Vegetative Nervous System
Later Evolutionary Development	Early Development
Localized/Segmentalized Response	Whole Body Response
Acute Response	Chronic Response
Relaxes	Restructures

The theme of this paper is to show the similarity between connective tissue functioning and the armoring system employed by the schizoid character.

Part II will discuss shock and trauma and will offer a developmental model for understanding the relationship between connective tissue and muscular armoring. In addition, there will be a presentation on the treatment of the schizoid through the understanding of plasma and connective tissue.

Appendix

Schizoid Characteristics

Physical – Emotional – Psychic

Chart 1

Physical

- Frozen, paralyzed, contracted
- Tube-like body - Vertical line to the body
  - Not much space or place
  - Underdeveloped musculature
  - No peripheral development - The life force doesn't flow out to the periphery due to the extreme, early contraction
- Cold periphery physically
  - Cold emotionally too
- False sense of strength from the contraction creating a false sense of grounding
  - True for both inner and outer grounding
  - The contraction is the body's attempt to limit the damage
- Lysis - Paralysis
  - Lysis is from the Greek - too sudden a dissolution
  - The organism's paralysis is an attempt to hold against the dissolution - the disappearance - of itself
  - Existential issues
- Stringy quality in the tissue (Due to over development of fibers, ligaments and tendons)
  - Wiry/Sinewy
  - Brittle
- Yet loose jointed/double jointed
- Athletic problems are in the joints, ligaments and tendons not the muscles
- Tendency towards arthritis and rheumatism
- Non-specific, whole body connective tissue disorders
- Abdomen and Abdominal problems
  - Can have a flat, tight belly or an over soft belly with the organs soft and disordered when the deep abdominal musculature is strongly contracted
  - Eating disorders, digestion problems, Anorexia

- Non- specific abdominal pains
- Sometimes specific but only after many years does it locate physically
- Steel ball/stone/contraction/hardness in the belly
- Symptom can move about the abdominal area and can recede and arise anew
- Morbus Crohn´s disease

- Lower ribs protrude - caused by diaphragm contraction.
- Stiff spine
- Erectors and rotators
  - Small rotator muscles between the vertebra are stiff
  - In this sense, the spinals muscles are more peripheral
  - When this gives way - is released too fast - they have nothing to "fall back on"
- Eyes and Vision
  - Often better than perfect
  - Capable of "seeing" clearly in the sense of understanding and knowing
  - Hawk like expression in the eyes
  - Dispassionate.
  - Eyes strong, but emotionless/cold/held
  - Piercing - laser-like
  - Tunnel vision - no periphery
    - Same as in the body - narrow and tube-like
- Paranoid
  - Fear and anger can show when the schizoid state develops a little later
- Embryonic level - Ectoderm
- Skin, nerves, brain, eyes - all contact and sensing functions

Psychic/Emotional

- Can't sustain contact over time because...
  - They are too contractive
  - They are moving in and holding there
  - Takes effort to move out
  - No pulsatory flow from core to periphery and back
    - Feedback loop created by this pulsation is now mal-functioning
  - Experience is limited

- Must rely on interpretations of their perceptions

- A strong desire for sincere, direct contact
  - Usually unsatisfied so desire leads to disappointment to hurt then to anger and on to resentment and bitterness
    - The bitterness is the emotional equivalent of the arthritis
  - Desire is mistaken for need
    - Oral mis-diagnosis
  - To the schizoid, need equal weakness and they fear looking needy
- Prefer one-on-one to groups
- Loner
- Self-referential in the first line
- His own best friend
- Doesn't like being "One of the crowd"
- Specialness
  - Knows/sees what other do not
  - In a sense, deeply core connected
  - Paranoid possibilities
  - Spiritual/mystical
  - Often mistakes strangeness for uniqueness. Will unconsciously, but intentionally be "different" in order to be seen as unique
- Trust issues
  - Contraction has become the inner ground
- Invasion issues
  - Related to the trust issues
  - Irritability from invasions of all sorts
    - Touch
    - Sound
    - Contact
    - Spontaneous behaviors
- No place in the world (Emotional equivalent of no space in the body)
  - Stranger in a strange land
- Stranger quality is related to existential issues
  - Terror
  - Again trust and invasion - danger
  - Paranoid possibilities

- Rage/fury - injustice - outrage
  - The unthinkable has happened to me
  - Anger is not seen as such. It is justified by their deep, unconscious sense of violation
  - The anger/rage is a positive response in its way
  - A mixture of rage and terror is also possible
- Intellectual and intellectualized
  - Energy shoots up to the head because of the "corridor" quality of the body
    - No peripheral flow
  - The intellect is not necessarily only a defense
    - It is grounding in the mental realm - albeit a false ground
- Rigid personality/beliefs (The equivalent of the brittleness in the body)
  - The rigidity gives inner ground in the psychic realm
  - On the intellectual level, if their perceptions prove to be false, their world disintegrates. They lose their ground and fall apart
  - Existential fear in the psychic (mental) realm
- All or nothing type of functioning. No pulsatory rhythm
  - No real, direct body experience
  - No interpersonal relationships to trust
  - Lose it all together
  - Like a rubber band that takes so much stress then snaps
  - Schiz-out, break off
  - First a “no” response or a limited response, then an over response is probable
- Over focused
  - Laser-like quality
  - Prefers one on one
  - Intense
  - Again this tube or tunnel like quality
- Emotionless/cold
  - Yet explosive once they "snap"
  - May be "emotionless" because they are functioning plasmaticly - below the emotional level
  - Also connective tissue is less innervated and less vasculated
  - Less sensitive/"cold blooded"

- Orals are "sucky", schizoids are "thirsty"
- Often unequal relationships
    - They know something the other does not - a superiority
        - Part of their specialness
    - Can be attracted to the "spontaneity" of the hysteric
    - Longing to be free from the contraction
        - Same as the mystical cosmic longing
- Self-righteous anger
    - Connected to the outrage they have about the injustice done to them
    - The injustice equals the self-righteousness
    - Indignation, disdain, dismissive
    - Makes them more than just right - makes them righteous
    - They are "untouchable', above the fray, beyond the argument, dismissive
    - There is in their argument, in the position they take, no space for any other idea or input. This is their rigidity, their psychic inner ground
        - If they are wrong, their whole system could shatter and they would fall apart
    - Just as their is no "space" within them physically, and no "space" or place for them in the world, there is no place for disagreement in their logic

Part II

With Reichian work it is always difficult to understand the relationship between the biological and the behavioral, between the physical and the psychological. The task is not just to understand the psychosomatic relationship, but also how to translate these two realms into one meaningful, unified form. The underlying task of this paper is to show the relationship - the functional identity - between the biological plasma and the emotional and psychic behavior of the schizoid. They are not only related to each other in the psychosomatic relationship, they are more importantly, two forms of the same process.

Introduction

Part I of this article (Energy & Character Vol. 28, May 1997) presented two related ideas: that the development of the schizoid character was directly influenced by plasmatic functioning, and that plasmatic functioning is most evident in the form and functioning of connective tissue. It was argued that the schizoid character uses plasmatic contraction as its main defense against shock and trauma. Previously, the armoring system has been seen as simply a neuromuscular contraction. However, understanding of the role of connective tissue in the development of physical and psychic armoring systems allows us to better differentiate between two different forms of defending: the plasmatic contraction and the neuro-muscular contraction.

Understanding the role of the plasmatic response to stress and trauma also allows us to better understand the physical, biological foundations of psychic armor.

Part I showed the direct relationship between the biological activities of connective tissue and how connective tissue malfunctioning is a psychosomatic representation of the schizoid's basic characteristics. We compared connective tissue functions and characteristics with the schizoid state and showed that they are interdependent. (See Chart 2 of Part I) For example, connective tissue has a major role in stabilizing the organism against physical intrusions and disturbances. The schizoid contracts plasmaticly to stabilize and protect itself against threats and attacks. Another example would be that connective tissue provides a network and information system throughout the whole body, while the schizoid's shock reaction - using this network system to contract uniformly and totally - is a whole body response. There is no segmentalization.

We also compared the healthy free flowing plasmatic state of the amoeba with the rigid, paralyzed state of the contracted schizoid. This comparison demonstrates the differences between the healthy plasmatic state - the flowing, pulsating amoeba - and the unhealthy, contracted state - the rigid, frozen schizoid.

The last part of the paper offered a model of two basic organismic responses to stress. The early response in the womb and in infancy is a plasmatic one. The later developing response is based in the cognitive/neuro-muscular system. The argument presented to support this idea is that in the womb and in infancy the organism is like the amoeba in that its only defense against stress could be a plasmatic contraction. Later, as the child develops more neuro-muscular and cognitive skills, it can use those skills to develop a defense system. As the child grows older, it is less dependent upon the plasmatic system to protect itself because of the developing cognitive/neuro-muscular system. A cognitive/neuromuscular (C/NM) response to stress uses voluntary muscles, the central nervous system, consciousness and a segmentalized, local response - i.e. the shoulders could rise up in fear, but the feet could stay grounded. On the other hand, the schizoid response is a whole body contraction involving the involuntary musculature, and the vegetative nervous system (more likely the enteric nervous system) - i.e. the shoulders rise up as well as the feet becoming ungrounded. Because of the networking capabilities of the plasmatic response, it is a total organism contraction just as we would see in the plasmatic contraction of the amoeba when it is under stress.

In Part II, we will discuss shock and trauma, offer a model for understanding the development of plasmatic and neuro-muscular character types, and discuss treatment based on connective tissue function, verbal techniques, and the mobilization of the instroke of the pulsation.

Plasma and Nutrition

Before the discussion of shock and trauma we will discuss why we see plasmatic functioning to be so important in the development of the schizoid character. We will show how the mal-functioning of the plasma in the biological realm is directly represented in the behavioral realm of the schizoid process.

It was mentioned in Part I that plasma has specific characteristics and when it mal-functions, we recognize the schizoid process. Gray's Anatomy states that one of plasma's most striking characteristics is nutrition, its ability to spontaneously "attract to itself the materials necessary for growth and maintenance" and goes on to say that in the healthy state, "foreign substances" that come in contact with it (foodstuffs) will be incorporated.

If we take this purely biological information we might ask what does plasma's inherent ability to nourish itself physically have to do with schizoid behavior. But isn't nourishment a central theme for these characters? Isn't poor nourishment the very issue that has originally caused the schizoid state?

In psychological terms we would describe this purely biological lack as early, disturbed contact with the primary provider(s) of physical and emotional nourishment. Poor eye contact between parent and child, irregular, intermittent or cold physical contact between parent and child, poor feeding due to inattention, too much tension, are all factors that will interfere with the child's nourishment and create an undernourished state both physically and emotionally.

This is the classical psychological understandings of early disturbance due to poor mothering (although it usually is more than the mother who is involved). These factors are a description of what is happening when we use the term "early disturbance" as the most important factor in the development of the schizoid state. This theme of poor nourishment plagues the schizoid physically and emotionally for his entire life.

Physically schizoids are thin and undernourished looking, undeveloped and cold. Emotionally, problems with contact, love and trust are the direct descendents of this early poor emotional nutrition. As a result, they are caught in a never ending spiral of not getting enough, not being able to give enough, and as a result, not knowing how to arrange their lives so that they will be nourished physically as well as psychically. They cannot create a space and a place to feel loved, warm and safe in the world.

The paradox and the problem is that when the organism is well nourished, it can be nourished well. When it is not well nourished, it cannot be nourished well. In other words, when the plasmatic system works, both physical and emotional nourishment can come in and flow out. When the plasmatic system is contracted, the capacity to be nourished and to nourish has never been fully experienced and therefore never learned.

The schizoid did not originally experience and learn the give and take of physical and emotional nourishment. Now, he can not either take it or give it. In adulthood, the earlier biological description of the “foreign substances” for “incorporation” translates directly into inter-

personal relations problems; others trying to touch, care for and love a person with a schizoid character. And, for the schizoid the problem is trying to show who he is, what he needs and what he has to offer. The "foreign substances" of our biological description are now the love, contact and caring that is coming from others. The tragedy is that this nourishment that is coming their way from others remains foreign and is never "incorporated" - believed and trusted so that the organism feels loved and cared for.

It doesn't get "incorporated" in any sense of the word. There is a thin and undernourished quality to their bodies. There is a constant seeking for something as in mysticism because they are not getting what they want in this world. Their aloofness and superior attitude is an inability to take in what other say and do and to believe and trust it. These are just a few of the problems on the behavioral level that have their roots in poor "nutrition" which in turn, is caused by plasmatic contraction.

The organism is not capable of "attracting" and "incorporating". His plasmatic state prevents him from getting what he wants on the physical and psychic level. He cannot grow in any sense of the term. He can barely survive. This struggle with survival is the source of the schizoid's existential issues which are based in poor nutrition due to the trauma of early disturbances. And what is disturbed so early is plasmatic functioning.

Shock and Trauma

In psychological terms, the poor "nutritional" condition is called the shocked or traumatized state. Throughout both parts of this paper, the terms shock and trauma have continually appeared in an interrelated manner. It is a common practice to alternate them as if they mean the same thing but it is more correct to differentiate between the two.

To say it simply, not all shock is traumatizing. In therapy, there may be what appears to be a shocking event(s) in the past. But it is risky to automatically assume that the patient is traumatized or even shocked in the sense that the shock has had a long term, negative effect. It will also be fruitless to try to work on this assumed "shock".

The word shock comes from the French "choquer", and was originally a military term that implied a violent attack. It is sudden, instantaneous. While it is an external event, it produces "internal disturbances to stability and permanence". And, it is not necessarily long lasting. Therefore, one would shock the enemy by a sudden, unexpected attack and then quickly take advantage of the "internal disturbances" - the shock - momentarily created by the attack. What is of interest here is that the action that follows the attack would be what would have the lasting effect. What comes after the shock would be the determining factor whether the event had any long term influence. In body psychotherapy, long term, negative after effects of shock are called traumatization. Biologically speaking, traumatization is the chronically contracted plasma. Trauma comes from the Greek - to wound. It is a reaction to a previous, external event such as a shock. Psychiatry has redefined their understanding of trauma over the years. It has evolved from first being defined as a surge of anxiety to an external event, then to a surge of anxiety to an internal event. Over time, the definition evolved further to be understood as a later reaction to a previous event because of a new understanding. Finally, the definition has come to mean an accumulation of events that individually do not overwhelm, but taken as a whole, the organism is negatively affected.

We believe that most traumas are the last of these: stress that over time accumulates to the point that the organism responds in a traumatized fashion. The organism is permanently wounded. The wound is the chronically contracted plasma.

The "Big Bang Theory" in psychology maintains that a specific event caused the problem and then calls upon the patient to work through that event. But the validity of that theory is questionable. For example, a person may overreact in the sense of "the straw that broke the camel's back" and go out and randomly shoot people because of receiving a parking ticket. One does not go out and shoot people because of a parking ticket. There are other factors involved. If there is a specific event that appears to have traumatized the organism, it is important to make a functional evaluation to see if it is that specific event that has caused the behavior or whether it was an accumulation of events over a period of time.

It is rare that the organism is shocked from one event and becomes traumatized by it. It is more common that trauma appears because the system has been "weakened" over time by previous stress, and now there is an "over reaction" to one particular event.

Acute Shock, Chronic Shock and Trauma

As mentioned, shock is not necessarily long lasting. The organism can be shocked and then release it. This is healthy functioning. We would even go further and say that the organism has to be able to contract in shock to be seen as healthy. The organism should be able to experience shock, survive it and return to an internal equilibrium. The return to equilibrium after a shocking experience will show in the muscular system, in sympathetic and parasympathetic functioning and in the plasma.

With this differentiation, we have two different states of shock. The first is acute shock which is a sudden, primarily muscular contraction. There is also an accompanying plasmatic contraction. Both will release quickly if the organism was fairly healthy before the shock occurred, if the shock was not too intense and most importantly if the conditions after the event allow for security and safety. The second state of shock is chronic plasmatic contraction wherein the shock is not released. This contraction is the "holding" patterns we see in the classical Reichian concept of muscular armoring.

But the muscles cannot contract and hold for years. Long term holding or blocking is only possible because of a fibrous support system that develops out of the contracted plasma. The stress in the plasma activates the connective tissue system which develops additional fibers in and around the muscle tissue in order to support the holding pattern.

The muscular response is the acute aspect of armoring that differentiates it from chronic connective tissue armoring. Muscles are designed to react suddenly and to release quickly. But the connective tissue system responds to stress more slowly taking time to both build up additional fibers when stressed as well as to re-absorb these fibers once the stress is gone. These functioning accounts for both the long term development of accumulated stress and explains why it takes time for the organism to change back to a more healthy state once the stress is reduced or eliminated. The position taken in Functional Analysis is that there is no lasting shock and certainly no trauma unless there is chronic plasmatic contraction with the resultant fibrous build-up. Muscular and plasmatic contraction is appropriate in shock. But both will release in the healthy state. Trauma equals chronic contraction.

Examples of Shock and Trauma

In a shocking situation, the immediate event may appear traumatizing and in a limited sense it is. But the single event usually traumatizes only because the organism is already weakened by previous stress. In a healthy state, the organism could experience this same event, contract in shock, then release and let it pass.

In the patient examples in Part I, we talked about the theme of early disturbance due to separation from the mother. We would now like to present various interpretations of this historical event to show that the separation from the mother is not necessarily the traumatizing event. One possibility is that the trauma could result from a series of stressing events that surrounds the child in the womb before the birth and the subsequent separation. The mother's life situation could be so detrimental to the unborn child that it is already traumatized before the birth.

Or, what happens after the separation could be the trauma causing factor. How the separation was handled determines whether the acute shock of the separation becomes chronic and ultimately traumatizes the organism.

For the patient whose mother went "crazy" when he was born and he had to stay with his aunt for awhile, we have to ask some questions. What was it like to be in the womb of a woman who would go crazy when her child was born? In this view, it could be argued that he was already traumatized before the separation.

It is possible that the separation may not have any effect but for the "wrong" reason. It is the "wrong" reason because the pre-existing plasmatic contraction shows that the organism had already been traumatized. As a result, what potentially would be a shocking event does not affect the organism at all. The new born is already too hardened to feel the effects of the separation.

In this instance, the infant is successfully resisting the present danger of the separation, but unfortunately it also consistently "resists" the "nourishing" things that may be happening too. The separation didn't traumatize him, but if he was placed with a loving aunt it is possible that he could not take in her caring and other "nourishments". This is an example of non-shocked because of previous trauma.

Or we could ask what type of mothering would he receive after his birth from a woman who goes "crazy" when her baby is born? In this case we would be arguing for different reasons that it was not the separation per se that caused his problem but being raised by a woman who was in the state his mother was in. Would the patient have been less schizoid if he had stayed with the aunt even longer rather than returning to his mother after her "crazy" episode? It seems that the separation can be the shocking event, but, in reality, the traumatizing event is often what follows. Just as in a military action, the shock only has a lasting effect when there is a follow-up action, while the system is still out of balance - internally disturbed. The same is true for traumatizing an infant. What type of caring did our patient come home to after the separation? Was it supportive and nourishing or was it simply an extension and continuation of the original reason for the separation?

It would add to this tragedy if when the mother did come home and somehow she was able to be loving and caring, the child could no longer take in this nourishment.

The first interpretation is that the child was not traumatized by the separation because he was traumatized before and, in a sense, he didn't feel anything. This is non-shocked because of previous trauma. The second possibility argues that it was not the separation itself that caused the trauma but what happened after the separation. This is traumatized after the shock, shock that is not released.

A third possibility is that the organism is traumatized because of the existence of previous shock. In this example, previous stress overloads the organism so that the next stressing event could be "the straw that broke the camel's back" and the organism is traumatized. If the patient mentioned above was stressed to some degree by the poor conditions in the womb, then he would more easily be traumatized by the separation from the mother because his defense system is already weakened by the unhealthy womb conditions. Here the weakened organism is shocked by the separation and remains shocked. This is traumatization.

There is a paradox evident in these examples. In one instance, the contraction produces a type of strength that can overcome the next shock; while in the other, the contraction weakens the organism making it more susceptible to stress.

Reviewing the shock and trauma issue, we can come to the following conclusions. Shock is a sudden, externally caused disturbance in the equilibrium of the organism which stresses it. The musculature and the plasma contract. Ideally, they will release once the event has passed. But stress can be accumulated until the organism is permanently overwhelmed by it - that is to say traumatized. Trauma is the long term response to stressing situations over time. Traumatization is the psychic/emotional representation of the chronic plasmatic contraction and is dependent upon connective tissue’s fibrous build-up.

We can have acute shock which is released, and acute shock that becomes chronic. When it is not released, it is trauma. The first is acute, the second is chronic.

Why should one shock release and not another? We will discuss this theme further in our developmental model. But for now we can say that one reason is the condition of the plasma before the stressing event. The health or disorder of the plasmatic state will determine the effect of the stress.

There are three possible reactions. The first is that the stress simply passes unnoticed. The second is that the organism is shocked and then the shock passes. Thirdly, the organism is shocked, but the shock doesn't pass resulting in the traumatization of the organism. It is a continuum based on the health of the plasma. The worse the state of the plasma before the event, the worse the reaction will be to any stressing agent. The quality determines the experience.

Stress - ShockedReleased (Acute) - Shocked/Non-released (Chronic) - Traumatized

A Developmental Model

The developmental model evolves out of a discussion of the factors involved in the creation of the schizoid state and the complex interactions of these factors.

Developmental Factors

Three major factors are involved in shock and traumatization: physical heredity, the time of the event, and the intensity of the experience. This can be stated simply, but the interaction among these three factors complicates the developmental issue immensely.

For example, trying to evaluate the intensity, we need to know the timing of the event which is usually the easiest factor to determine; normally, the earlier the stress, the more potential for traumatization. We also need to take into consideration heredity factors which at this point we know very little about. (We can look at other family members to see if they share similar symptoms etc. but this is not necessarily physical heredity alone.) And we need to know something about the state of the organism before the events(s) occurred as well as what happened afterwards.

As we have pointed out, an event may not be shocking to an organism when the plasmatic state is in good health. But if the event occurs when the organism is already stressed from previous life experiences, the event will seem to have a stronger "intensity". Bur evaluating intensity is difficult.

Besides the timing of the event and the condition of the plasma before the event, the processing of the experience is also dependent upon what happens directly after the shock. What happens afterwards usually involves the parents. How they handle the situation has a long term effect on the child. But it gets complicated quickly when all too often the parents are the original source of the negative event. They are in the dual position of being the source of the problem and the potential cure.

The result is that a constellation of factors interact with different combinations producing quite different responses from the organism. As a result, it starts to become clearer that it is usually not the historical event itself that is of importance. It still may be necessary to work with the event that appears to have been the cause of the problem. But the event does not need to be worked through in the classical manner. We can now frame the event in a more meaningful and dynamic context giving us deeper insights into both the origin and the treatment of the problem.

The Plasmatic Character

The multi-dimensional constellation determines whether the character development is based on a plasmatic response or a cognitive/neuromuscular response. To show their differences, we will model the developmental histories of the two major types: the plasmatic (which would be the primary and secondary schizoid) and the cognitive/neuro-muscular (all other character types to varying degrees). Typically, pure types are rare. Most people are various mixtures of these two developmental possibilities.

The pure plasmatic character type is the schizoid state. The organism has a history of early disturbance that is permanently registered in the plasma in the form of an organismic contraction. The organism's first line of defense is based on this contraction.

With an early onset of a shocking event that does not release, the organism is traumatized. The organism has reacted to defend itself with the only means possible - plasmatic, whole body contraction that becomes chronic. The first - and at this age the only - line of defense available is to plasmaticly withdraw from the periphery towards the center. The organism has experienced fear or even terror, and the contraction is to contain these emotions in order to decrease the sensation and the experience.

At this early stage, the child cannot physically run away. The child may not even see what has happened to it. She certainly cannot conceptualize and rationalize what is happening as a way to process and defend. She cannot mobilize the musculature in an organized fashion to protect itself such as striking back or running away. She cannot even get aggressive. It can register extreme "displeasure" but this is not the same as, nor as effective as, an aggressive response - a counter attack - directed at the source of the attack.

The Cognitive Neuro-Muscular Structure

As the child gets older, the plasmatic response to stress decreases in importance as the neuro-muscular and cognitive systems develop. With the constant elaboration of both the cognitive and the neuro-muscular systems, the child now has a greater choice and combinations of possibilities available to be used not only in its development, but also in its defense. (See Diagram I)

To speak in general terms, the schizoid develops during the ages from conception to two years. After two, the cognitive/neuro-muscular system becomes an ever increasing factor, and we begin to see combinations of plasmatic and C/NM functioning. After six, the C/NM usually dominates. After 18 months, the logic, consciousness oriented left brain begins to function. But we have to be careful in making such definitive statements because, as we have shown, there are many interacting factors determining stress, trauma and the resultant development of the organism. The intensity of an event is a relative term and it can have different effects for many different reasons.

Two milestones are important for the child in its ability to defend itself in both a healthy and in an armored way. The first is learning to walk and the second is developing an assertive aggression. They are functionally identical and are represented equally in the physical, cognitive and emotional realms.

Learning to walk is the beginning of a stage of differentiation. It symbolizes the beginning of the mastery of the co-ordination of the C/NM system. It provides a sense of self, strength, a confidence in ones own powers. There is an ability to physically move out and affect one's surrounding and the possibility to willfully move away from dangerous events. Learning to walk gives control and security.

Cognitively, the organism is developing concurrently. Consciousness broadens as the child becomes more aware of the world in a greater distance from it. There is an ability to grasp things now, both physically as well as mentally. There is the ability to move towards something and change it. A sense of power and independence is developing.

On the emotional level, this same developmental process is represented by an assertive aggression. The importance of learning to direct anger at an object cannot be overestimated. It is the emotional equivalent of physically moving towards or away from something or the cognitive equivalent of understanding something - grasping it, controlling it.

All of these phenomena are organized in a cohesive organismic response when the child feels endangered or attacked. It can run away from something to protect itself or run at something to attack. It can see the danger coming both in the visual sense as well in the sense of anticipating and preparing for it. It can get hostile. It can physically struggle to resist. It can direct its emergent powers and control at an object or in the service of itself to avoid the unwanted event. At this point, the first choice of which defense system to use begins to shift from the automatic, vegetative, plasmatic response to the emerging cognitive/neuro-muscular system which is based in the central nervous system.

The timing of this change of emphasis also represents the shifting from a primarily instroke orientation to an outstroke orientation. It is beyond the scope of this paper to fully discuss this idea, but it is worth mentioning. From conception on through birth and until the child masters the tasks described above, the overall pulsation of the organism is still on the instroke - the gathering phase which represents an organismic organization process. Then there is a transition period when the outstroke slowly becomes more important which is represented by learning to walk, being aware of a greater sphere of objects around, and directing aggression. All of these activities represent the development of the outstroke of the pulsation. By late adolescence and early adulthood, the outstroke is at its peak of activity.

The shift from instroke dominance to outstroke dominance is a sliding continuum. It is at the same time a shift from plasmatic response dominance to C/NM response dominance. There is an inexorable movement towards using the C/NM system as the main means for contact and control as the child mediates between itself and the world. If all goes well, from 2-6 years old, the child is mixing in the plasmatic and the C/NM response in equal measures.

In this period, the plasmatic response takes more of the role as a backup system in case the C/NM defense system breaks down. The first line of defense at this stage is the developing cognitive/neuro-muscular system which is often inadequate and easily overwhelmed by life's adventures. The child will then respond plasmaticly. For example, a child is trying to be a "big" boy and it works up to a point. But if his C/NM defense system is overwhelmed and he feels threatened, then there is a sudden collapsing back to the "baby" behavior. He then gives up his new found "masculinity" and goes running back to mother to be comforted.

Once the C/NM system is well established, it will dominant as the means whereby the child interacts with his or her world. The development of a stable C/NM system is dependent upon the earlier development of the plasmatic system. The health or the severity of damage to the plasmatic system will be directly reflected in the development of the C/NM system. If the plasmatic system has remained relatively healthy, then the C/NM system has a good foundation upon which to build. If the plasmatic system has been traumatized, any further development will be seriously inhibited.

For example, this is the reason why classic schizoids are so thin. There was no chance for the musculature to develop. The plasmatic system contracted towards the center. Peripheral development, such as muscle tissue does not happen because of the strong contraction around

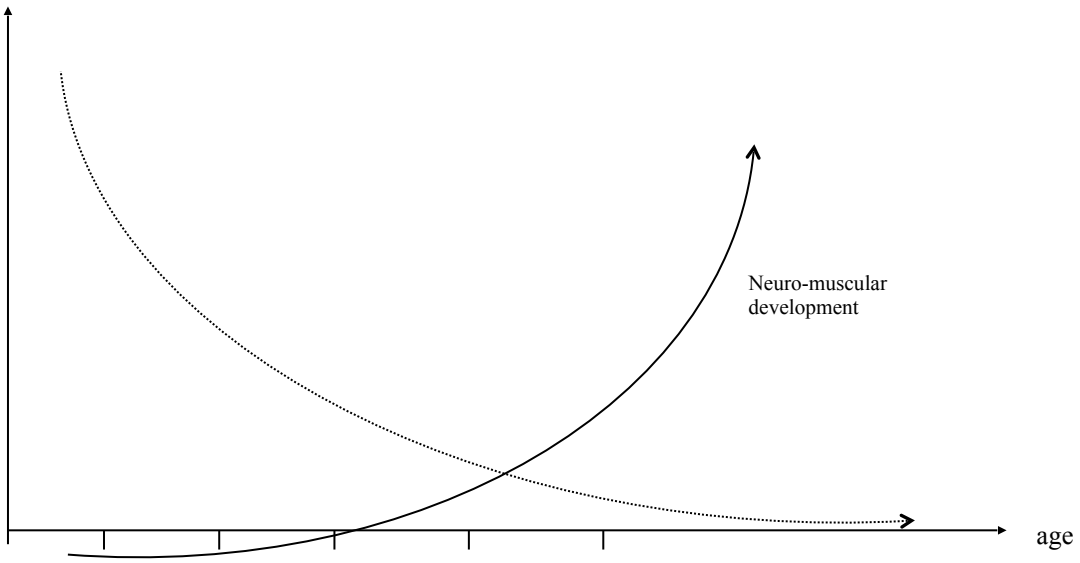
the center. There is no flow outward to support muscular development. The same is true emotionally. There is no sustainable flow outward from the heart to the love object.

As we continue to slide up the continuum, after six years old, the cognitive neuro-muscular system will consistently dominate if the plasmatic system has not been severely disturbed. Once the C/NM system is well established, it becomes the first line of defense for the organism. The child is now able to ward off attacks and process dangerous situations by consistently calling upon this later developed system to defend against intrusions to the deeper, more vulnerable plasma.

The dominance of the C/NM system for defense is the development of the classic Reichian concept of the muscular armor. It is not until this age that it comes into play. From this process develops the other character structures which are progressively more cognitive/neuro-muscular in their functioning.

The following diagram represents the decreasing importance of the plasmatic system as the cognitive/neuro-muscular system begins to dominate. The broken line represents the plasmatic process. The solid line represents the C/NM process. There is a sliding continuum from plasmatic to neuromuscular functioning.

Diagram No.1



This diagram makes the point that the true schizoid process is caused by an early disturbance which is represented biologically in a systematic disturbance in plasmatic functioning. With this scheme, under certain circumstances it is possible to define early disturbance as going all the way up to 6 years old.

Primary and Secondary Schizoid Character - Two plasmatic types

From birth to 5 or 6 years old, the emerging neuro-muscular system is unstable and the plasmatic response is still called upon regularly. When stress comes, the neuro-muscular system is not strong enough to continue to resist all alone, and then, the organism begins to contract plasmaticly. The first line of defense - the C/NM system - has been weakened and the second - the plasmatic system - is called upon to help resist the attack.

Therefore, it is possible that a schizoid type of character will develop during this phase - a plasmatic/CNM mixture. In this case, we would call this character type the secondary schizoid as compared to the primary schizoid who is more dependent on plasmatic contraction with little or no muscular holdings. Depending on how one defines orals, narcissists, borderlines and symbiotics, these characters could be included in the secondary schizoid category.

Typically we would find both systems working together creating a mixture of plasmatic and C/NM functioning with the plasmatic being a bit more dominant - the secondary schizoid. If the organism is sufficiently stressed by an attack, the C/NM system could break down altogether and the plasmatic system would remain contracted. Then we have essentially primary schizoid functioning.

What are some of the differences between the primary schizoid and the secondary schizoid? For the primary schizoid, the disturbance is earlier and more severe and occurs when the plasmatic system is the only defense system. Emotionally, the primary is more on the edge of fear. They live closer to the existential terror that is contained within and there is much more of a possibility that it will rise up with little provocation. They have a more consistent fear response to perceived threat. They are unable to defend themselves through a healthy aggression. There is an impotent quality to any attempts at anger.

The primary is more fragile both physically and psychically. In terms of the physical structure, they are thinner and smaller and less grounded in their body. Mysticism is common, even out of body experiences. This is easily understood. It is not so pleasant living in a body like that.

The secondary schizoid has the deep fear, but it is modulated some by the emotional and physical development that has taken place on the C/NM level. These are schizoids that have more aggression available to them. Like the primary schizoid, they know something terrible has happened to them, but they are angry about it too. This is the developmental history that we see years later. Because the event(s) happen when they were able to project aggression for self protection, they go through the world with an edge, an anger. When they perceive a threat - which is often - they strike out with a cold and sharp anger to protect themselves. Their humor is biting and sarcastic.

Also, because the muscular system has developed more than in the primary schizoid, the secondary schizoid has a more tissue mass available to modulate both the external attack and the internal experience of the rising emotions- specifically the fear but also anger. There is more physical mass to their body which gives them a better sense of strength and safety compared with the underdeveloped primary type. In comparison, they are better grounded in the body.

Sensation is literally slowed down by having to pass through a greater mass of tissue. The attack does not go as directly into the core of the organism because of the mass of muscle tissue. There is a little more space between the periphery and the core.

And, if the fear rises up from within, it is slowed and controlled by this same tissue mass.

Because the primary schizoid is so thin, there is virtually no middle ground. The periphery - the outer limit of who they are physically and psychically - is lying directly on top of the core. There is no mass, no material, no space between the core and the periphery to slow or modulate what is coming in. Therefore, anything that comes from outside will contact the periphery and immediately affect the core. This is the physical basis of their invasion and trust issues. This is how vulnerable they are in the world. In the purely physical sense, with some muscular development, the secondary schizoid has a slightly different experience of what is happening. They can control more what is coming in from outside and what is rising up from within.

The same of course is true for any of the cognitive and psychic structures that have had a chance to begin to develop. If a child can learn and remember what happens when if the father comes home drunk, then she can prepare herself a bit for what is coming. The father will still overwhelm the organism, but it will be a slightly slower, more modulated process and less of a shock. And she could still have the sense that she was "right" even if she loses the fight with the father. Next time it will be different she thinks to herself.

Now we can speak of three possibilities for character development depending on age: a predominantly plasmatic armoring system, a predominantly C/NM armoring system and a mixture of the two.

Diagram No.2

Character Development

Pulsation	Character	
Outstroke Oriented	Phallic	
Independence	Hysteric	
Hard Tissue		Puberty
	Psychopathic	
		Latent
	Passive Feminine	
Alternating In and Outstroke		
Dependence/Independence		
Thick-skinned	Compulsive	
	Masochistic	
		Genital
	Oral	
	Narcissistic	
		Anal
Instroke Oriented		
Dependence	Symbiotic	
Stringy		Oral
	Schizoid	

Later Development of Trauma

What lasting effect does shock have when it comes at a later age? Is it possible to create a schizoid character structure then? Although it is rare, there are some possibilities of how a schizoid state can appear later in life. But just because schizoid *behavior* appears later in life or appears sporadically, it does not necessarily mean that the person is a schizoid character structure or that the schizoid state developed later in life. Schizoid behavior and schizoid character are two different things.

The first and simplest possibility for what seems to be a later occurrence of the schizoid character is that it was already there, but due to compensation and well-adapted other behaviors, it was not seen for what it was. In this situation, when the schizoid state appears later in life, it is simply because it has always been there but was masked well enough. Here is situation when it would be easy to misinterpret a specific event that occurred in adulthood as having traumatized the organism. The mask was removed by the shocking event; the schizoid character has not developed at this point. It is only revealed.

For example, a person could live a specific life style that could avoid or even reward the schizoid characteristics. All the conditions were there including the contracted plasmatic state, but the person was well adapted. But once that life style changes, these behaviors would be seen and experienced in a different light. A model, an athlete, or a movie star could be a well adapted schizoid. Their success is dependent upon youth and they would be greatly stressed once they begin to age. What was overlooked or even encouraged in one period of life, becomes glaringly inappropriate in another.

The second possibility is that the organism is traumatized at a later age and schizoid behavior appears, but it is limited to a certain part of one's life such as work, sexuality, etc. This must be evaluated carefully for what it may be is not essentially schizoid functioning, but schizoid functioning in a behavior specific sense. They act like a schizoid only in specific instances.

We said that the true schizoid response is a generalized whole body contraction. In this case there is not a generalized whole body response, but a localized response that is limited to one segment of the body as well as one "segment" of life such as relationships with the opposite sex. For example, during adolescence the patient could have experienced some shocking event but the whole organism did not contract unilaterally. The C/NM system was functioning and defended the organism in the typical way. But it is still possible that one aspect of the organism was more susceptible at that particular developmental stage, and so that aspect could be shocked but not necessarily the whole organism. The shock is limited to one specific behavior or segment. The organism itself has not been traumatized

An example would be if an otherwise well developing girl was sexually assaulted, it is possible that sexual maturation could be arrested. Most of her body would develop normally but one segment - her breasts - would remain girlish into womanhood. In general, she would seem to be doing well in many parts of her life, but specifically in her contact with men she would react in a schizoid manner.

There would appear to be some schizoid functioning, but on closer examination, it would be limited to a specific behavior - contact with men. And the schizoid activity would remain on the behavioral level and not go to the functional level. If it did affect her on the functional level, we would see the evidence of schizoid behavior in all aspect of her life.

If it remains on the behavioral level, she would at times be able to trust men and enter into deep contact, but it would also occasionally frighten her if she did. Or sometimes it would be possible to get close to a man and at other times not at all. She would have no sense of why or how this would change. In this case, the organism responds only to a specific behavioral situation as if she is a schizoid but it is not a generalized response to all contacts in her life.

These types of schizoid behaviors are usually developmentally related. The person is passing through a specific phase of development at the time of the shock. The girl in our example would have been moving out in her new found sexuality as an adolescent and would have been more vulnerable to an attack at this stage than later when adult sexuality would have been better developed and more secure.

Another example of this type of developmental phase importance would be when a child is developing certain conceptualization skills on a higher order. At this stage of his life, he has a shocking experience that disrupts this chain of development such as the father leaving the home. The result would be he never really gets back to completing the interrupted development after life settles down again. As an adult he simply spaces out once he is called upon to function in a specific conceptual manner such as in learning mathematics or organizing logical conclusions from a series of facts. It is usually seen as a "learning" problem even though the child is intelligent enough. This diagnosis is vague and offers little. But in another sense, it is a learning problem. The child has not yet learned how to learn because of this phase specific disturbance.

A third and rare possibility is that the schizoid state is produced later in life because even as a well-functioning adult, it is possible to overwhelm even a healthy C/NM defense system. A C/NM based armoring system is even easier to overwhelm. Extreme sexual abuse, torture, war, earthquake etc. can expose people to extreme situations and conditions. These experiences could overwhelm the organism and it would resort to a more primary plasmatic functioning - total contraction of the whole system.

There were studies made of American soldiers who had been prisoners during the Korean War. While not physically abusive, the North Koreans were accused of "brainwashing" these prisoners. While imprisoned, some of the soldiers - with enough food, water and warmth available to survive - simply curled up in a corner and died. These were young, strong men who had already survived tremendous stress during the war. Yet, their defense systems were systematically overwhelmed until an autistic-like state was produced and they died.

Treatment

It is clear that the classical techniques of Reichian work - over-exciting the organism, attacking the muscular defenses, bringing about strong emotional releases - are at best limited with schizoids and certain other structures. These approaches are best suited to those with 'strong egos", who can take the force of the work. But with the schizoid, the plasmatic contraction is the ego substitute and to break down this "ego" is too dangerous.

As we have already pointed out, the schizoid has no reserve system to fall back on when the contraction releases. They are thin with no real distinction between core and periphery which of course is why they are so sensitive and easily hurt. The musculature is poorly developed

and all external and internal experiences are directly and strongly perceived. There is no tissue mass to slow the experience. It is all too much, too quick and too often.

For the same reasons, they have no grounding in the body and in the case of mystical schizoids, they often have no clear bodily experiences.

There is no place for them either in their body or in the world. The body is too thin and contracted and even though they are drawn deeply in, there is not real space in there to go to that which can give them comfort and security. Too often when they do 'go in', it is hollow, dark, empty or filled with fear and doubts. They cannot fall back upon their body for strength, comfort, or a place to be.

Additionally, classical Reichian style therapy is expression oriented - outstroke oriented - and so is better suited for C/NM structures. With their greater muscular development and their projective, peripheral orientation, C/NM structures are better able to perform the physical tasks asked of them in expression work.

Because they are more peripherally focused, their orientation is moving out to the world. Schizoids are instroke oriented - unfortunately in a contractive sense. To use cathartic means is to go directly against the schizoid's energetic functioning. The last thing they want to do is to move out towards the world. The very idea behind classical techniques is perceived as a threat to the integrity of the organism, thereby running the risk of duplicating - in the therapeutic settings - the original shock.

In the therapy setting, they do not need threat, but safety. Being safe in the world is the central theme for them. Their major issue is existential - first existing in the world, then feeling safe in the world and then creating a place and a space in the world. For the schizoid, trust issues are a central theme encountered in interpersonal relations, and this theme takes on a special importance in the therapeutic relationship.

Therapeutically, using an outstroke orientation exacerbates the problem not only because of the trust and safety issue, but also because of the problems schizoids have with invasion. With the schizoid, classic techniques are automatically experienced as an invasion. Because of their over-sensitivity due to the closeness of the core and the periphery, contact in general is experienced as an attack. It comes in too fast and too much even when it is well intended. The organism contracts back in fear and anger. Classical Reichian techniques are invasive to instroke oriented people.

To overcome these problems and to work more effectively with the specific contractive biological and psychic processes of the schizoid, we have developed concepts and techniques that work directly on the holding patterns of the connective tissue - the Points&Positions technique - while at the same time mobilizing the instroke of the pulsation. The idea is not to break the muscular block to free the held emotions and movements. Instead, the instroke of the life force - the gathering phase - is re-mobilized. They then begin to experience their strength because the contact with the re-mobilized, flowing energy brings them deeply within. At the same time, a sense of security develops because of their flowing into their long lost and undeveloped core. In this manner, we can work simultaneously with the somatic and psychic structuralization of the schizoid in a safe and controlled fashion.

Before developing our discussion of the instroke and the Points&Positions technique, it is necessary to point out the importance of Reich's functional approach.

A Functional Evaluation

One of the most important aspects of Reich's legacy is his differentiation between behavior and functioning. Behavior is based on functioning. Understanding functioning gives us a deeper, yet simpler picture of how the organism has developed and a clearer picture of what to do about it. We continually evaluate both our work and the patient's response in functional not behavioral terms. For example, a patient has sleeping problems and after our sessions the sleeplessness increases. We then have to ask ourselves if we are overexciting the organism, bringing up too much too fast and they cannot process what is emerging. Is the therapy exacerbation of the problem? This would be a "pathological response" in the sense that the defense system is becoming overwhelmed and if it continues, we will see some counter reaction in the form of increased muscular contraction, projection, false negative transference, etc. Another question would be, "Have we activated the outstroke of the pulsation when in this situation, it would have been better to mobilize the instroke"?

Or, are we awakening the organism, freeing the contraction and he is beginning to flow and pulsate more? And in which direction is the energy flowing inward or outward? Is he staying awake at night because he is able to tolerate a wider and deeper range of pulsation, of excitement? Is he able to tolerate more excitement and as a result, he doesn't have to sleep so much because his depression is lifting? This would be a "functional response".

We are not so focused on the behavior - the symptom itself - which in this case is not sleeping. We are more interested in the organism's experience of itself. This helps us to know from what level the experience is coming from - the behavioral level or the deeper functional level - and whether it is a pathological response or a functional response.

We would question him carefully from a functional view. After not sleeping most of the night, the patient reports that he feels well the next day and is surprised that he is not tired. He reports that while lying awake at night he didn't feel nervous, but relaxed and that because he had been busier than usual, he needed some time to himself to review his day. When he does finally sleep, it is deep and restful.

If he reports this type of experience of sleeplessness we would think that he is having a functional response. On the behavioral level it would first appear that a negative symptom is increasing - sleeplessness. On the functional level it would appear that he is beginning to move again on a deep level and it is neither too much nor too fast.

Another example is a patient who reported that she is becoming "depressive". She stays home all the time, doesn't want to see friends, feels tired and does nothing all evening but watch TV. Yet when asked how she feels about her "depression" she reports that she feels well with herself but she questions if that is ok. What is bothering her is more the idea that she should not be sitting home so much. She *should* be going out more.

She had been having trouble with one of her children because of problems in school. When asked about this, she comments that the contact with the child is very good, better than before and the school problem seems to be clearing up.

And she reports that even though she sees friends less frequently, when she does make contact, it is more satisfying than before.

Depressive people do not increase the quality of their contact. Something else is going on that can explain her "depression". It is the mobilization of the instroke. Functionally speaking, she is a peripherally oriented person who traditionally keeps herself very busy. Now, with the mobilization of the instroke, she begins to flow in more, she is coming "home" to herself. On the deeper level she likes this process and trusts it. On the more superficial level, she is confused because it is different from what she knows and she thinks she should be doing it differently. But this thought process is not connected to the functional level. It has its origins in the behavioral - ego - level.

Looking at her "symptoms", we would hear and think that she is becoming depressive. It might even be coming from the therapy and so we need to change something. Looking at it functionally, we see that she is doing fine. The process is a good one and we will continue to do what we are doing and support her as she redefines the image of herself..

Functional Analysis Body Psychotherapy

Functional Analysis Body Psychotherapy is based on the original understanding of Reichian principles that there is a life force that is the creative process and is the unifying principle of the psyche and soma. Functional Analysis is energetically based, but not limited to emotional expression. We understand that all human behaviors are ultimately energetic processes.

We use the model of pulsation as the bases of our work - be it verbal or physical. There is no difference.

In the physical realm, we use gentle touch on specific points and in specific positions melting the plasmatic holdings which gently lead to a re-mobilization of the basic pulsation.

The Points&Positions touch techniques involve light pressure on specific points throughout the whole body. Touching in this systematic way takes advantage of the network/information system created by the connective tissue. Through this contact the organism can be touched deeply, slowly and safely. In the verbal realm, we model the pulsatory activity of the organism using awareness, focusing and naming.

It makes no difference whether it is the instroke of the pulsation or the outstroke that is re-mobilized. Both are healing in their proper time. When not forced to decide, the organism always knows which the proper movement is, and when is the proper time.

Verbal Techniques

On the verbal level, we work primarily with awareness and focusing in a style that is based on Fritz Perl and Carl Rogers. The verbal work requires that the patient continually be aware of and name sensations, feelings, emotions and thoughts. To paraphrase Joseph Campell, “We are seeking not the meaning of life, but the experience of being alive.”

This allows the patient to participate more consciously in his own healing process and to take responsibility for it. The therapist moves more towards the role of participant observer. Working verbally with awareness and focusing is a border making in the psychic realm. Especially with the schizoid, we include awareness of the body. The schizoid is not in clear, direct contact with his body. There is either a splitting off from it or a misinterpretation of the sensations and experiences due to the severe contraction. Bringing them safely "home" to their

body through constant physical sensation reporting - naming - is important throughout the work. And, getting them to differentiate among sensations, emotions, thoughts and judgments is not as easy as it would seem to be.

Schizoids are often intellectual and intellectualized. The contracted, thin aspects to their body does not allow for a broad deep pulsation. Because of the contraction of the life force back from the periphery, the limited pulsation that is tolerated is a flow up to the head. This overcharges the head and eyes and creates an over development and an over dependency on these two areas.

Because the intellect may be over developed, it is often an armoring process. For this reason, in the therapy setting, the intellect is usually avoided in working with these people or there are attempts to break it down. We look at the overdeveloped intellect as a resource and a lost friend. Through a combination of awareness and focused verbal work it is possible to use this well developed aspect of the person to their advantage.

It is a way of creating safety by going to their strong point - where they are comfortable. We are not threatening them by asking them to do something they do not want to do nor know how to do. Trying to get an intellectualized schizoid out of his head is to leave him defenseless, vulnerable and fearing attack. It is his major psychic grounding system and for some, it is there only grounding. To go "into the lion's den" and make friends with the lion is to help him to learn how to use his intellect for more than just a defense. It is a satisfying experience for both patient and therapist. The patient remains on safe territory and as a result, feels seen and will be more open to experiment to see things in a new light.

Working with the Instroke

Developing a method to systematically mobilize the instroke of the pulsation was a breakthrough in working with all "contractive" character types: schizoid, autistic, oral, depressive, borderline and fear structures. The method provides a secure and controlled way to mobilize the organism's energetic system allowing them to touch themselves deeply and safely without bringing up all their fear, sadness and anger.

These structures are contractive. Originally, they contracted against a real attack to the integrity of their organism. Later in adulthood they are contracting to both real and imagined attacks. There is a great deal of fear, terror, mistrust and sense of lost contained within. All of this hasn’t gone away just because they have pushed it away. It is still living there inside of them and on the organismic level they know it and they fear it.

To simply free the contraction will produce a release of these overwhelming experiences and the danger is the organism will be overwhelmed again. Because these structures do not have "back-up" systems to rely on, - inner ground, a clearly defined body, trusted personal relationships - they are quickly overwhelmed and contract further or breakdown altogether.

Within the organism, both an instroke and a contraction are directed inwards. The instroke of the pulsation differs from a contraction in that it is a continuing movement. A contraction is a stopping of an inward movement which creates a blocking pattern. An instroke is a continuing of a movement inward that produces a condensing, a gathering, and a focusing. It is an open flow towards something while a contraction is a movement away from something. The

contraction - the armoring system - houses all the fear and anger they feel. The instroke houses that too, but also all the power and potential they have.

Mobilizing the instroke allows the organism to move inward slowly and safely without activating the entire inner trauma. The primary pulsation is freed, not the secondary armoring system. Once in, the schizoid feels more solid and safe both within itself and in the world. Then they are in a stronger position to process threatening things should they arise. They reconnect with a sense of a power within that they had lost contact with. There is a force and a source that they feel as themselves and as they should be in the world. They are separated but not isolated, deeply in but not contracted.

Besides the security and power mobilized, the instroke provides a space within. This gives the schizoid a sense of a place to exist, directly reducing their old feelings of having no place in the world. It is a place to go to a safe place to rest, to be nourished, to re-charge. These people spend most of their lives as strangers and strange: as loners, outsiders and different. It is an important experience for them to feel a safe place to exist in the world in order to begin to overcome their existential fear.

The stress of always needing to be "out" in the world is exhausting to contractive structures. As was stated in Part I, they spend so much energy trying not to disappear, it is hard for them to appear! Just the daily routine of going to school or work, shopping, dealing with social relationships all require that the organism has to do what it does not want to do - move out. Unfortunately the same can be true in the therapy setting. It is incredibly satisfying to a contractive structure to move in. We do not mean to contract further but to flow in - and then to be able to rest and re-charge. Once the interrupted instroke is allowed to complete itself, the next moving out they have to do is easier. The movement has more of a sense of a flow outward and not a pushing to make themselves do something. And eventually, they even want to move out.

As a result of this process, the previously frozen instroke - the life-long contraction - is completed and then the patient can flow outward more safely, more consistently, not because he has to but because he wants to. There is a clearer sense of willingly moving outward from within because now the desired movement - the inflow - has been completed.

They learn to trust something within themselves other than their contraction and anger. Before, they were dependent upon their physical and psychic contractive state to provide them with some form of grounding and power. This false, frozen grounding now gives way to something alive and moving and more powerful. One patient reported that there is a " 'sun' inside of me and that for the first time I do not feel that I have to go to Greece to lie in the sun to get warm enough to make it through the winter I can give it to myself."

Working with the instroke provides a sense that movement can be safe because the person is doing what he trusts the most - moving in. What is important here is that he has started moving again after a lifetime of contraction, stiffness, and being frozen. Safety was in the held and frozen qualities. Now he can be both safe and move. This movement inward gives him a clearer and deeper sense of himself that he can trust. It then gives him a place in the world and a clear space that he can go to when he needs to move away from the world to rest, to recharge, or to protect himself.

There is a spontaneous bordering process that develops from the mobilization of the instroke. The condensing process that happens as the person flows to the core allows him to more

clearly define who he is. Earlier, the contraction served the function of providing borders. Now there is a truer sense of self that is both more stable and more flexible than the self that arose from the identification with the contraction. A process of forming and shaping takes place that more clearly defines borders. There is a sense of a greater distance from others - "a satisfying distance" - but not of being out of contact with others. One patient reported that after eleven years of intentionally staying away from his brother's house, he can now go there comfortably because, "I am not a part of that play any more."

Even more so, a special type of bordering develops from the instroke mobilization. The patient's attention focuses more and more on himself and his own process. He becomes interested in defining himself more in terms of his relationship to himself and not in his relationships to others. An intrapsychic model develops that has important implications to both the therapy and the therapeutic relationship. The focus in the therapy becomes the experience of oneself in relation to others. It's strange to say, but the patient develops a curiosity about himself.

A stronger and clearer sense of self develops from all of this. Because of the early disturbance, the self's development had been interfered with by the deep, whole organismic contraction. Now the organism can begin to finish the interrupted development. This is not a split off part that has been re-joined. It is the completion of a developmental process that had never occurred!

You can only split off from something that already exists, as some schizoids do especially in the emotional realm. They will split off from the existential fear or the rage they may have or even their longing. But this implies that the fear and rage have already been developed and the organism has separated from them.

The developmental process we see occurring after the re-mobilization of the instroke does more than putting people back in touch with their split off parts. It allows the arrested development to continue. It allows the organism to learn and experience things that they have never experienced before: trust, love given, love received, security, and a sense of belonging and community; in a word, nourishment.

Pulsation

The techniques of mobilizing the instroke through both the connective tissue and the verbal work are a subtle, slow and safe process. It is possible to work in a manner whereby the patient takes control of his own emerging process and takes the responsibility for it too without controlling the therapy.

As mentioned earlier, it has become clear that there are limits to the classical style of Reichian work because it is difficult and dangerous for some character structures, including the schizoid. One reason is that the energetic movement of these structures is primarily a contractive inward movement. They do not move out to the world, yet most classical Reichian techniques are based on having the patient move out: excessive breathing, voluntary and forced movements and sounds, expansive, explosive discharges of emotions. This goes directly against what the schizoid, the borderlines, the orals, the depressives, and the fear structures want to do. It is experienced directly as an invasion and an attack. At best they are simply unable to do it. Unable, but not necessarily unwilling.

Another reason this approach doesn't work so well is that it doesn't model the way the life force flows. The life force doesn't work linearly, it moves in pulsatory thrusts. The classical model is linear. For example, you lie down, you breathe, and you begin to move and make sounds and then try to get the spontaneous movements to start. The technique goes from point A to point B in one direct line. There is no pulsation built into this model, only pushing. You breathe, and move and shout until hopefully something happens.

The instroke work allows for smaller pulsatory movements to develop as the means to connect with the deeper organismic pulsation. Over time, there is a momentum building. We use pulsation to get pulsation like priming a pump.

Additionally this linear style creates an all or nothing situation which is dangerous for borderlines and schizoids in particular. For this technique to work, it is necessary to let go of all controls. If the patient is in the middle of a release and then discovers that he is not ready for it, it is very difficult to either back out of it or to continue and finish it. The organism begins to shutdown or breakdown. Blocking increases or there is too fast a breakdown of the defensive structure.

The techniques used in Functional Analysis utilize a step by step process that models the pulsatory movement of the natural energy flow. The technique is modeled after Reich's description of the Kreiselwelle. There is a pulsatory thrusting movement out and back. We use this model in our touch work as well as in our verbal work. Both are based on the natural movement out and back.

Working to elicit pulsatory movements - either physically or psychically - is a slower and safer method than the discharge model. It has a developmental quality that the patient can stay aware of, trust and control when necessary. This control, instead of interfering in the therapeutic process actually facilitates it.

Eyes and Pulsation

We work with the eyes in a structured way. The eyes, the hands, and the feet, are the major reality contacts. How grounded the person is - both outer ground and inner ground - is largely dependent upon ocular functioning. Besides physical exercises and touching points in the ocular segment, we use process oriented verbal exercises that are based on pulsation.

Segmentally speaking, breathing and seeing best represent the basic, overall pulsation of the organism. By working through the ocular segment in a pulsatory fashion, we can often contact the deeper more primary pulsation. How one sees is how one lives.

We work verbally with awareness and experience to become clearer what the state of the pulsation is in the eyes and to begin to broaden the range of that pulsation by exploring different possibilities.

For example, one patient felt himself - for the first time - flowing easily and joyfully out the eyes. He then thought that he had to be careful and the flow and the pleasure decreased. And then he realized that this was typical for his life (his overall pulsation as represented in the ocular pulsation.). Even when things are going well, he has to be cautious and this cautiousness then takes over deadening the experience. Despite the fact that there was no "real" reason in the exercise to stop him from flowing out, he automatically did it and decreased his pleasurable feelings.

Interestingly, he said that the cautiousness was not a feeling. It was just there. He wasn't feeling it or doing it, it just happens. This represents the splitting off he does of the controlling part of himself. Its automatic and it is something that happens to him, just as when his parents controlled him. He has no feeling for the fact that he is doing it to himself now. Again, this represents a typical life pattern for him - it happens to me, I had nothing to say about it.

Conclusion

The purpose of this paper was to systematically present the role of plasma and connective tissue functioning as a central element in the development of the organism. One advantage to this is that Reich's concept of the functional identity between psyche and soma can now be grounded in biological understanding.

This biological view helps to deepen our understanding of the effects of early disturbance, shock and trauma. As a result we can better diagnosis, evaluate and treat not only early disturbance issues but all character issues.

♦

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