



FUNCTIONAL ANALYSIS

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A DEPTH BODY PSYCHOTHERAPY

**Will Davis**



I began developing Functional Analysis in 1984. At first I saw it as a simple technique for mobilizing energetic processes, similar to breathing techniques, voluntary exercises, imaging, etc. It can be used in this fashion by adapting it to standard (Neo-) Reichian oriented bodyworks. But, as the technique developed and the work deepened, I began to realize that this approach was offering more than I originally thought and it lead me to the understanding described below. The technique itself then became secondary to the methodology that developed from it.

This paper is a brief description of the origins and ideas behind Functional Analysis.

Will Davis 1998



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## A DEPTH BODY PSYCHOTHERAPY

### Origins

The technique of the Functional Analysis is a combination of gentle touch and verbal work designed to restore the spontaneous bio-energetic co-ordination of the organism. The work originates from the energetic concepts of Wilhelm Reich and has been influenced by Dr. Lawrence Jones' Positional Release technique, Dr. Ida Rolf's understanding of connective tissue, Charles Kelley's Radix, Fritz Perl's Gestalt therapy and Carl Rogers' Patient Centered Therapy.

Conceptually, Functional Analysis (FA) is based on Reich's descriptions of the workings of the life force and how it transforms into human behaviors, both psychic and somatic... This method utilizes Reich's later understanding of the functioning of the life force - Functional Orgonomy - which moves away from emotional, structural and psychological models for understanding human behavior. As a result, energetic functioning is emphasized but this does not mean merely the over used and misunderstood cathartic model.

Cathartic release is often referred to as the energetic and/or physical part of the therapy and after that is done; it is thought to be necessary to work psychologically, historically etc. This understanding of energetics - of working with one part of the person and then the other - re-enforces the problem of the mind/body split. A functional approach is more than emotional expression and physical release. By necessity, the functional approach includes words, beliefs, emotions, physical structure, psychic constructs, cognition, conscious and unconscious levels and learning. It automatically includes all human endeavors. And what is unique about the functional approach is that it can affect all these human behaviors without necessarily having to contact and work on them directly. They are not irrelevant, but when seen functionally, they are viewed as by-products – signs, symptoms and manifestations - of a deeper process and have no intrinsic worth themselves. Their importance, meaning and value are dependent on their source.

The variety of works that have followed from Reich can be divided into three general areas: body-psychotherapy, a psycho-somatic orientation, and a functional approach.

In the first of these, there is a psyche that has a body, but the primacy remains with the processing of experiences through analysis and understanding. Bioenergetic Analysis is psychoanalytic character work utilizing the body. Hakomi and even Gestalt work can be included in this grouping. It is the work that has come out of Reich's characteranalysis period when he began to pay attention to the qualities of the bodily and verbal expressions while doing psychoanalysis with his patients. His book, Characteranalysis, represents this view. The personal history of the patient plays the major role in understanding behavior.

Psycho-somatic work is a later development for Reich. It is based on an understanding of the relationship between psyche and soma: how one affects the other. Orgonomy of the New York



school is an example of this approach and it can be generalized as Reich's work around his understandings in The Function of the Orgasm. Here we see the strong relationship between what happens in the psychic realm will be directly reflected in the body. It is character work combined with strong emotional expression to free the muscular blocking and release the held energy.

The functional approach represents the last stages of his life. It is an understanding of the energetic functions in all things including humans. Reich comments in 1954 when he was working on bringing moisture to the deserts of the American southwest, that everything that he was doing there, he learned in working with his patients 30 years earlier. To him it was one and the same process. Greening deserts and psychotherapy; energetically speaking there is no difference.

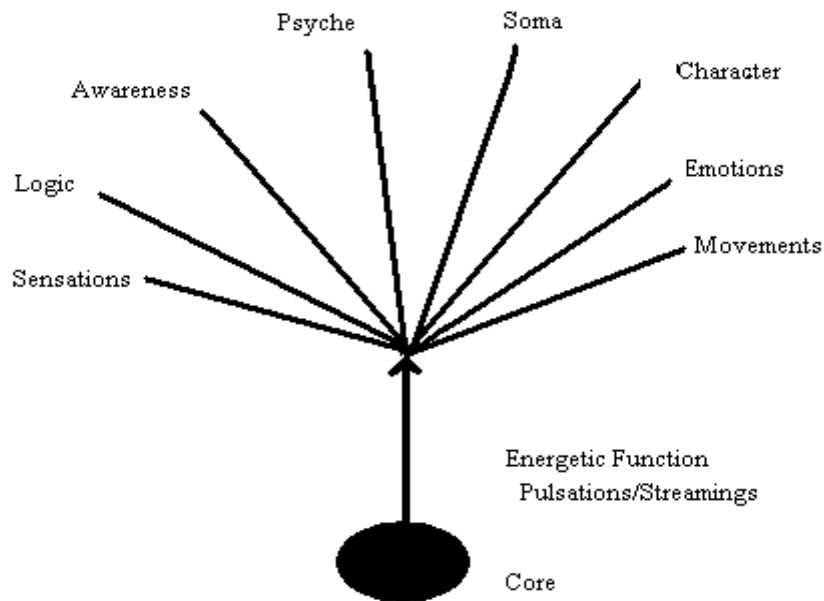
The functional view is not concerned with a stream of consciousness for example, but with the streaming of the energy which may or may not manifest in a stream of consciousness (content). It is irrelevant if it does or not. The classical themes and issues of psychology, psychiatry and psychoanalysis are not now themselves irrelevant, but they have been given a different priority. They are seen as manifestations of a more primary process that must be directly affected in order that these classical issues are changed.

The functional approach is not the same as working psycho-somatically. The psycho-somatic approach is concerned with the psyche's and soma's relationship to each other: how one influences the other. The functional approach is concerned with the psyche and soma's relationship to energetic functioning.

Reich claims that there is nothing outside of natural (energetic) functioning and so all physical and psychic structures as well as all behaviors will be automatically included in a functional approach. If they are not, it is not a functional view. To affect primary energetic functioning is to affect all human themes directly. (See Diagram 1)



Diagram 1



## Energy based

Reich and others have described the functions of the life force giving us a listing of 25-30 different characteristics. FA is primarily interested in two of these. The first is the spontaneous forward flow of the energy which results in among other things, personal development. The second is the pulsation of the life force; both the classically understood flow outward in movement and expression as well as the gathering movement inward mistakenly called the contractive phase

Most Reichian body psychotherapy emphasizes the so-called expansion phase of the pulsation. FA is interested in mobilizing the organism, and when mobilized, some patients will begin to spontaneously flow outward in expression and some will spontaneously begin to flow inward - impression. Both movements are healing. Both need to happen for healing to occur. One is useless without the other. When the blocked stroke, whether in or out, is completed bio-energetic co-ordination - vegetative balancing - is then possible.

The instroke of the pulsation is not always seen as a contraction, just as the outstroke is not necessarily always an expansion. When working with pulsation, the qualitative aspect of both of these movements is what is most important. We must evaluate the quality first to determine if a movement is beneficial or not. A functional evaluation must be made. The quality of the movement determines the experience, not the direction of the movement.

This broader understanding of pulsation is developed further by the listing below showing some possible combinations of qualities which will change the experience significantly.



Expansion	-	Contraction
Expansion	-	Gathering
Expansion	-	Organizing
Expansion	-	Concentration
Explosion	-	Contraction
Explosion	-	Gathering
Dissipation	-	Gathering
Dissipation	-	Organizing

The most descriptive and neutral term for all of these movements is outstroke and instroke, the spontaneous, natural and desirable flow of the energy from core to periphery - outstroke - and back again - instroke.

The word contraction has a negative connotation reflecting the attitude that it is negative or at best not so important. If it is true that the energy expands and contracts, then every night when we fall asleep we would be contracting (which is described as an anxiety state), half of our heart beats would produce anxiety, half of our orgasm would be anxiety ridden. Keleman's term of gathering or even organizing is a more balanced and descriptive term for the inflow of the pulsation. (Davis, 1984)

If we look qualitatively at an "expansion" we could really be seeing an explosion... Explosion is the discharge process of the expansion but is not synonymous with it. Explosion is a qualitative aspect of the outstroke that does not necessarily equate with expansion. An explosion can be contractive if the patient is afraid of the force behind it. It will be held back, partially blocked, interfered with - in a word, contractive.

A so-called expansive movement can also be too open and therefore contactless - for example blind rage. If we look qualitatively at different so-called expansive phases, we could also see dissipation: a dis-organized, unproductive movement outward. It is qualitatively different from an explosion and blind rage as well as from a true expansion. An expansion is a coordinated, *connected*, spontaneous flow from center to periphery and even beyond. An explosion is a push outward, against something in an attempt to overcome it; either an internal blocking process or an external resistance. A dissipation is an attempt at avoidance, a breaking apart to interfere with contact, not a breaking out to make contact. It is non-productive, directionless and not core connected or unified in its flow. Seen qualitatively, these are all an acting out instead of acting on; emotion *as* defense.

Equally, not all instrokes are contractive. Centering, focusing, gathering and concentrating are all movements *towards* something. A contraction is a movement away from something or an attempt to stop something from happening, usually an emotion. It is an avoiding, a systematic and systemic holding to not experience as in Kelley's counter-pulsation and Boadella's interference pattern. Contraction offers the same result on the instroke as dissipation does on the outstroke - an avoidance of deeper contact from without or within.

## **Awareness: past to present**

From Gestalt Therapy, the present moment experience is the main focus of our approach. Functionally, there is no antithesis between past and present; they are functionally identical just as psyche and soma are. It is a gestalt understanding that what is happening in the present



moment is of importance. The past is living in the present and that is why it is important. It is not the past that is having an effect; it is the living experience in the present that makes our past so important. Or the past is absent and therefore unimportant to the healing process. Content in context.

A functional approach includes the historical past, but the idea is not to regress to the past, but rather, to be aware of the past in the present moment functioning. Childhood experiences, memories, dreams are to be experienced in the present as an adult where awareness and consciousness is stressed, and therefore responsibility can be taken for them and they can be acted on. One was helpless and defenseless at four years old when the traumatic event first happened. Re-living it as a four year old puts one back in the same state again; being aware of it as an adult gives the option to do something about it.

This differentiation is further understood by Reich's description of the source of all neurotic defense systems. He states in Characteranalysis that historically the original motive of the defense system was to protect one's self against an attack from outside. But over the years, the defense system takes on another role, what he calls the chief function of the defenses. The chief function is to protect one 'self from one's own feelings about the original historic event: the sadness, the fear, the aloneness etc. The defense system is now functioning to protect the patient from what is intolerable within and not from what is intolerable from without.

There is a shift of emphasis from what was done to the patient in the past by others, to what the patient is actively now doing to himself. (See the Intra-psychic/Inter-psychic section for a further discussion on this point) The idea is not to change the past, a futile task, but to change the patient's relationship to himself in the present. There is little advantage to reliving the past, but great advantage to re-experiencing it in the present moment as a responsible, conscious, concerned adult. These concepts are related to Radix work with the eyes and Boadella's understanding around the communication of the experience.

## **The life model and the discharge model**

Despite its strong emphasis on the energetic, the discharge/cathartic model is not central to Functional Analysis body psychotherapy. As stated earlier, energetic work is not synonymous with discharge or expression. Expression is a small part of energetic functioning. We do look to establish the capacity for vegetative discharge as described by Reich and others, but it is not a representative model because the discharge model is not a model for life; for living day to day.

While there are usually times in everyone's life when strong emotions are called for, life is not a constant crisis. The seasons do not explode into one another; night does not explode into day. The inner biological rhythms of digestion, circulation, brain waves etc are not normally functioning in an explosion/cathartic model. In fact when they do, this is a criterion for imbalance and illness. Normally, they should flow and pulsate in and out openly and freely in a sense of a wave.

By definition, complete discharge requires a loss of consciousness, being overwhelmed, "riding the rapids"; a general narrowing of consciousness and ability to take responsibility. After these overwhelming explosions we need to pick up the pieces and integrate, interpret and try to make sense of it. This is similar to the hysteric life style: exploding, re-loading and exploding again.



Using a life model rather than a discharge model for energetic functioning expands and clarifies what it means to work energetically. We focus on the spontaneous pulsatory wave-like flow in and outward which more closely approximates natural functioning and is the model we want our patients to live. Life is not a storm or a crisis. There are these occasions in life, so one must have the capacity to discharge. But since the discharge model does not approximate either life or essential natural functioning, why should we use it with our patients if we are trying to deepen their connection with their natural energy flow and to pulsate?

After more than 20 years of exploring the instroke, the discharge process is seen in a different light. It is possible that the need for discharge, which is common, is in direct ratio to the amount of blocking and that discharge itself is not necessary for healthy energetic functioning. It is possible that the need for discharge depends on how blocked the energetic system is. When it is not blocked, discharge is not necessary. Pulsation is necessary for healthy functioning and discharge may or may not be essential for this process to occur. This view puts us in direct contradiction to Reich's energetic understanding that the four beat formulation of tension-charge-discharge-relaxation is universal and is essential to energetic balancing.

But it has been shown over the years how a completion of an open instroke process alone produces the same or sometimes more effective change in a person than does the activation of the discharging outstroke. One could argue that there is a discharge on the instroke but I think that there is another explanation. The four beat formulation of Reich is the basic understanding of how all physical energies operate; he took a mechanical model from physics. But since Reich's Orgone energy is not an energy in the physics sense, there is no reason why it has to follow mechanical laws.

Orgone doesn't function directly in the physical, mechanical realm. It exists in the physical world only in transformed states. There it manifests as electrical energy, magnetism, heat as well as emotions, movement and thoughts. Once transformed - orgone to electrical energy or to emotions - electricity and emotions have to follow mechanical laws since they exist in physical reality. Once it is transformed and functioning in the physical world as mechanical energy, the four beat formulation holds and discharge is necessary.

But if one is working with a more primary source, the untransformed flow within each of us, the necessity of discharge no longer applies because on this level these laws do not apply. Mobilizing the pulsation directly is enough.

Because of this, one no longer needs to work to directly free the muscular blocks and psychic resistances. We do not have to free muscular blocks by discharging old emotions or, the psychic equivalent, understanding and interpreting the past. We can contact the person below this level and directly effect the more primary organismic pulsation. This level is before the energy manifests into emotions, thoughts, movements, memories, etc; it is before the psyche/soma split. When successful, the result will be that all psychic and somatic structures will be affected.

## **Non-engagement of defenses**

Defense systems exist and operate in the psycho-somatic realm. As a result, we do not look to work directly against defenses but below them. One of our basic tenets is to do all that is





possible to avoid activating defenses. As a rule, if we activate defensive behaviors in the patient, we must ask ourselves what we have done wrong.

In our sense, defenses would include symptoms, disorders, problems, acting out, secondary manifestations or gains, amour, emotions from the amour, judgments from the amour, transferences, projections, resistances, avoidances etc...

There are three possibilities about working with defenses. The first possibility is that the defenses can be contacted and activated and then worked on directly. A common example would be creating a transferential relationship with the patient in order to bring up their transferential issues and then work on them in the therapeutic setting in order that the patients sees what he is doing. The same is true on the body level. By charging the organism the muscular block is stronger and clearer so that the therapist and the patient can be more aware of how and where he is holding. Then the defense must be broken through. Lowen uses the model of a chrysalis with the butterfly inside. He argues that the therapist must break through this shell to free the butterfly because the organism will not do it for itself.

The second possibility is the defense can be contacted, but not activated. Here the defense comes up, becomes more clear, but is not acted out. The patient may even be aware of the defense, see it for what it is, but does not live it out. The defense does not get to do what it wants to do. Functional Analysis looks to avoid any contact and activation of defenses. The intention instead is to evoke the core before the psyche/soma split and before the formulation of defenses. We do not try to provoke the defenses, but to support the natural healing and growth processes as represented by the spontaneous movement forward of the energy. This is the part of the person who wants to heal himself. We look to work with people, not against their defenses.

We differentiate between unable and unwilling; between defending and defensive.

## **From expression to experience**

An extension of the idea of not activating defenses is that the focus of the therapy changes from expressing what we are to experiencing who we are. Expression is oriented towards: the past, overcoming blocks, interpersonal relationships (in the sense of blaming and what was done to me), discharge, and interpretation.

In contrast, experience is focused on: the present, learning new experiences and not reliving the old ones, developing a different relationship to one's self, awareness, pulsation in and out, and being states. Changing our focus from expression to experience will, as Joseph Campbell writes, change our lives so that..."our life experiences on the purely physical plane will have resonances within our own innermost being ...so that we actually feel the rapture of being alive." Emphasizing self-experience focuses on supporting that "...rapture of being alive." The rapture experience is represented energetically by the part of the life force that spontaneously wants to move forward towards completion. It is this forward movement that is responsible for growth and development. It is what makes change possible.

And the rapture is experienced in the open pulsatory flow of the life force. In expansion there is pleasure and in the gathering phase - not the contractive phase - there is security and safety - also pleasurable.



The ideas behind differentiating between expression and experience are rooted in the Reichian idea mentioned earlier about the original motive and the chief function in the development of defense systems. Expression work is focused on the original reason for the defense - to protect me from an attack from outside, from another. It is past oriented - what happened to me. It is also other oriented - interpersonal - in that it was done to me by someone else.

Experience work is focused on the chief function of the defense system - namely, what I am doing to myself now. What I am doing to myself now is rooted historically in the past. It was done to me then. But now, I have introjected, identified, believed etc. so that "they" no longer need to do it to me. I am doing it to myself.

Experience work is present oriented, self-experience directed. If I learned to do it to myself, maybe I can learn *not* to do it to myself anymore.

## **Learning model**

Functional analysis is patient-centered with a learning model as opposed to a medical or pathological model. A learning model is different from an educational model; we do not teach the patients so much as let them learn for themselves through deep self experience.

The medical or therapeutic model is based on, in Freud's words, "susceptibility to external intervention." The doctor does something to you; an operation, an injection of a drug, a therapeutic intervention. This external event is what is seen as being responsible for the healing process. Therapist's intervention whether he acts as a projection screen or frees the muscular blocks is experienced by the patient as the curative agent.

The healing process in a homeopathic approach is slightly yet significantly different. What you receive from the outside stimulates something already existent within you and the activation of this pre-existent factor is the healing process.

In this sense, FA is closer to homeopathy than medicine or traditional therapy. There is an intervention by the therapist - her very existence in the therapeutic contact is an intervention. The issue is not that there is no intervention whatsoever. It is more an issue of what is the intention of the intervention and the understanding of how the intervention can be effective. Is it to give the patient something that they do not have, yet they need? Or is it to stimulate something that already exists within the patient and they do it to themselves.

There is a great respect for the trial and error method of learning - an imperfect search for perfection. The emphasis is to learn a correct behavior in the functional sense, and not to focus on or try to understand the wrong or inadequate behaviors; a nourishing of strengths and not a highlighting of weaknesses.

## **Humanistically oriented**

Humanistic psychology considers Reich to be one of its earliest pioneer and contributors. If one takes Reich's understandings of energetic functioning and translates them into psychological concepts the result is Humanistic Psychology's basic tenets. For this reason, in the psychological realm, the work is oriented towards a humanistic existential approach.



## Working with existent energies

We take the position that if there is amour, something is being blocked otherwise there would be no need for the armored state. That something may be a thought, a memory, an emotion, and/or a movement. But the one thing all these behaviors have in common is the quality of the too muchness of the blocked experience. That is why it is being blocked. The organism cannot process it properly. There is an underlying fear that the organism will be overwhelmed and unable to handle the situation. The blocked behavior is perceived as dangerous. Because the organism is already at its limits – it's experience of itself is that it has too much energy – in FA we do no charging up either physically or psychically but work with the existent energy level. There is no need to charge. The problem can be defined functionally as too much charge in the emotion, the memory etc. Why add more by charging if there is already too much?

Also, there are no “low energy” people. Everyone has enough for themselves; there is no need to add more. (Exceptions to this rule are the chronically ill with long term life threatening diseases and the dying.) For example, depressed people are depressing something, and it takes a lot of energy to hold it down. What they are depressing is very powerful to them and that is why they are trying to avoid it. If this is the case think about all the energy someone needs to hold such a powerful experience down.

The issue is not too little energy. The issue is that so much energy is occupied with the resistance and defense. The question is how to safely mobilize the existent energy, without charging and without threatening the patient so that she or he re-contracts. Functional analysis emphasizes the possibility of mobilizing directly and safely the existent energy without endangering the patient. We illicit, not induce. The experience comes clearly and slowly from within, from the self-experience. And it is the self that determines how much is enough for to experience at the moment.

One advantage of this method is that the defenses are not activated. If one understands that all defenses, physical and psychic, are energetic process - portions of energy siphoned off - then the disadvantage of charging people becomes obvious. As you add charge to the organism, you add charge proportionately to the defense. The ratio remains the same. You cannot charge only the core. The added energy will be siphoned off to support the defense system.

To work to bring up blocked emotions is to directly awaken the “watch dogs”, the defense system. They are there to see that the blocked experiences stay that way. Once these experiences become activated, begin to move, the “watch dogs” get activated too. Working below the defenses avoids the activation of the defenses so that it is possible to contact the person on a level *before* the problems started.

This is a radical statement. What we are saying is that it may not be necessary to work through historical material in order to help the patient to progress. It is at times possible to not work directly with the usual themes of a therapy process yet change them. In fact, we have seen that major theme problems have simply disappeared without ever having been worked on. The fact that this phenomenon exists is of great interest and needs to be investigated further.



## **Intra-psychic and inter-psychic**

The intra-psychic model takes the position that what we are most interested in the therapeutic setting is the patient's relationship to him or herself and not with the therapist. There is a shift of focus from the interpersonal relationship - patient/therapist - to the patient. As stated earlier, it is not possible to eliminate the therapists influence. We are simply making one more attempt to keep the focus in the direction of the patient and his experience of himself. Functional Analysis does not look to work out major life themes in the field of the patient/therapist relationship, but rather in the way the patient experiences what and how he is doing to himself.

One reason we work intra-psychically is that historically, in terms of development, the first relationship one has is not, as commonly thought, with another, usually the mother. The first relationship is with one's self. In the womb, and during the first few months of life when the organism is in an undifferentiated state, it knows only itself. It is conscious only of its experience of itself. It does not differentiate between itself and the rest of the world; the omnipotent state. From conception on to the first months of life outside the womb, it has spent over one year developing a personality that it will then bring to bear in all further relationships, starting usually with the mother.

Despite all the knowledge gained over the years about the importance of the effect on the child from the intrauterine and birth experience there is no information that contradicts Freud's original understanding that: "...we certainly may not pre-suppose that the fetus has any kind of knowledge that it is in danger of annihilation"; the fetus can only sense "a wholesale disturbance in the economy of its narcissistic libido"

With this in mind, Functional Analysis focuses on the individual and her relationship to herself. We are concerned foremost with the person's experience of herself, and only secondarily her relations with others. As one changes one's relationship to oneself, all other relationships change accordingly. This is an intra -psychic model (intra-personal) as opposed to an inter-psychic model (interpersonal). As a result, the role of the relationship between patient and therapist is de-emphasized, minimalized as far as that is possible. The therapeutic relationship is no longer - to use Freud's expression - the "battlefield" where change is implemented.

Most problems manifested in interpersonal relationships - with friends, lovers, parents, therapists - are in actuality problems the patient has with himself. For example, a sexual problem, except for organic disorders, is in its essence a problem a person has living his own potential. Sexual problems arise when someone cannot open his heart or cannot connect the heart center with the genital center, or cannot trust enough. These are problems he is having fulfilling his own potential. They are not problems with the other person. They only manifest in terms of loss of contact with one's self and with the other person when the incomplete behavior is lived out in the interpersonal relationship. This is where we see them first. But it does not necessarily mean it is the location of the cause of the problem. It is simple where the sign has been posted.

The second reason we emphasis the intra-psychic model is because of Reich's clear understanding of the development and maintenance of the defense systems. As mentioned earlier, he differentiates between the original motive for a defense system and its chief



function. The original motive for developing a defense is for the organism to protect itself from perceived dangers from outside. This is the aspect of the defense rooted in the historical past, what was done to the organism by others. But Reich's insightful contribution is what he calls the chief function of the defense which is what the organism now does to itself to protect itself from what might arise from within.

For example, a patient's father hurt him with his unjustified anger towards him when he tried to assert himself. Originally, he protected himself from the father's anger. The father is gone now so there is no reason to protect himself anymore, yet he continues to do it. The reason is because the original motive - protecting himself from my father's anger - is no longer operative. Upon evaluating the behavior functionally, we see that he is now in the chief functioning mode. He is now protecting himself from his own emotional pain and from his anger towards his father that is rooted in the historical fact that the father punished him in the past. In psychological terms, this can be a form of introjection and/or identification in the sense that he has now taken on his father's role and he is doing to himself what previously the father did to him. In physical terms, it is maintaining the armor not to protect himself from an attack from outside, but from the danger of the emerging, unacceptable feelings from within. By maintaining this position, the patient unfortunately also continues to block his original healthy aggression that his father initially rejected.

There are now two modes operating. The first is he is cutting off his natural impulse to establish himself in the world through a creative, healthy aggression. The second is he is blocking the healthy, adaptive emotions that arise about the thwarting of the original impulse - his pain and anger. He is now holding, blocking himself in the present moment about something that occurred in the historical past. It is no longer something that was in the past by another. It is what he is doing to himself in the present. He is interfering with himself. It is now an intra-personal problem, not inter-personal. In this sense, there is no past.

We can now make a clear distinction between defending and defensive. Defending is the original motive; the desirable, healthy, protection of the integrity of the organism against intrusion and this should be supported. Defensive is the distorted behavior of the chief functioning of the defensive system; out of contact with the present moment reality, chronic, automatic and unconscious.

Defense systems are always necessary. Defensive systems are not.

## **Border development and the instroke**

We see borders as energetic functioning; specifically in terms of pulsation. The flow outward creates the experience and the flow inward acts as a feedback system and organizes the experience. The experience is put into a meaningful form by the instroke of the pulsation and now we can consider the person "informed" and "formed".

It's a rather amazing process to see the spontaneous development of new borders merely by mobilizing the instroke of the pulsation. Without working directly on border issues, these problems are altered and patients report major changes in their relationships.

One of the most obvious is that patients change their relationship to their parents. They stop seeing their parents as objects and start to see them as people - who happen to be their



parents. As one patient reported, a “satisfying distance” has developed between herself and her mother.

Unbounded structures are those with poor instroke functioning. There is no centering process and so no “center” can form. They are left with a weak ego, poor self development and no reality oriented external armor which leaves them susceptible to breaking down all together.

Over bounded structures give an opposite impression, but the functional result is the same. They have overdeveloped, rigid external armoring that gives the illusion of strength. But because they are peripheral, they also have no real center.

We distinguish between armored borders and healthy borders - between preventing and protecting. As mentioned earlier, defenses are necessary but the quality of them determines their functioning. Healthy borders are flexible/plastic/pliable. They protect the integrity of the organism and are both present moment oriented and suspendable. Jantsch’s terms of “optimal, temporal structuralization” and “process structures” represent this view the best. On the other hand, armoring is inflexible/rigid/paralyzing. It is automatic and can be either conscious or unconscious. But in both cases, it is still out of the person’s control. Armoring defines itself by always against something, never for anything.

Paradoxically, true contact - even merging - can only happen with real borders and separation. A person must experience itself as separate from the other before it can contact the other. Without borders, the person does not have self experience. There is no one - no self, no ego - to do the experiencing!

We see better borders developing in all realms through the mobilization of the instroke. Physically the body begins to get a more clear shape. Segments differentiate better without segmentalization. There is an increased unity to the body as the different segments flow into one another.

Emotions are better organized and expressed. There is a clearing process that develops whereby the patients separate his emotions from those of the others and he becomes clearer about his contribution to the problem. There is less blaming of others and less focus on what had happened in the past. The cognition re-organizes too and thinking and speaking become clearer and simpler. More is said with fewer words.

Verbally, we mobilize the instroke by using focusing and awareness techniques. Awareness is used as a containment tool. We verbally ground experiences first in the body by “naming”, helping patients to differentiate between a thought, a feeling and a sensation.

Borders develop simply by the organism organizing its experiences and itself - it defines and delineates shapes and limits.

## **Qualitative over quantitative**

We focus on the quality of the experience, not on the quantity of the expression or the content. A small open, connected flow is more healing than a strained and contracted explosion. We look for movement and avoid agitation; distinguish between defending and defensive as well as unable and unwilling. It cannot be emphasized enough; the quality determines the experience.



## Goals

The short term goal of the work is to slowly and safely mobilize the organism on a deep level; to get true movement in either direction, in or out. Energetically speaking, this is helping the organism to learn to pulsate beyond its normal, truncated, armored limits. How much or how fast is not important. The quality of the movement is what is important.

The result of the movement is what is important.

The long term goal is to help re-establish the lost, natural state of bio-energetic co-ordination. Physically this is represented in free, spontaneous, pro-life movements, open sensation and emotion. Psychically, there is clarity of thought, insight, characterological flexibility intuition and humor

The sole intention of the work is to raise the tolerance levels of the energetic experience. We want to help the person to increase his capacity to accept higher and higher levels of intensity of his experience of himself. Functionally and energetically speaking, the problem is not Mom or Dad, or sexuality, or trust, or blocked anger, or being a phallic structure. These are all symptoms of - adjustments to - a more primary issue. These are manifestations, in the physical realm of the psyche and soma, of a deeper cause as the organism attempts to adapt and thrive.

In actuality, the problem is being bio-physically unable to tolerate the fullness of one's own energetic experience. On the functional level, the problem is the same for all of us: the "too-muchness" of it all. This is the functional approach. How does the organism organize its own energy? Not why, but how.

## The Touch Technique of Points & Positions

The applied form of this methodology takes generally two forms. One is a direct, light touching of the patient's body while they are lying on the mat and the second is specific verbal techniques. What affect this has and how the patient is processing it - his or her functioning during and after the work - will determine how to proceed.

One half of the touch technique - positioning - was developed by Dr. Lawrence Jones as a method of relieving physical strain and pain caused by the body being out of balance. Jones' technique is a purely physical treatment that helped develop "...the concept of somatic dysfunction from that of a mechanical type of structure disorder to that of a reflex neuromuscular dysfunction..." Previous to Jones' innovation, the physical therapies worked simply on the physical musculature trying to loosen it by mechanical force. Through his technique, the neural system became involved, and the therapist's interventions were now affecting the patients on a deep and broader level.

We have taken Jones's understanding and developed it further to a concept of energetic dysfunction/balancing. Previous to Jones, the common understanding for releasing muscular contraction was to physically force the muscle to relax by apply direct pressure to the contracted area. With Jones' technique, the contracted muscle is isolated and painlessly compressed so as to shorten the contracted muscle - in a sense increasing the contraction position. This creates a neuromuscular response that releases the muscular contraction spontaneously.



From a bioenergetic perspective, since the muscle is now artificially held in its contracted – “safe” - state by the practitioner, it can allow for increased energy flow through the muscle. At the same time, the energy that has been siphoned off and utilized in the initial blocking process, is now freed to re-join the main energy flow and is available again to the organism.

The second part of the manipulation technique, the points, was developed independently. There is some overlap with acupuncture and shiatsu but this is co-incidental. These points are historically closer to the myo-fascial trigger points system described primarily by Chapman and Travel. But they are by no means the same points or have the same conceptual understanding. And the goal and result in stimulating trigger points is entirely different than how points are used in functional Analysis.

Anatomically, the points are often at the origin and insertions of muscles and occasionally in the connective tissue build-up in the muscle itself. The emphasis is not on the muscular contractions, but on the connective tissue structuralization.

Voluntary and short term involuntary contractions are muscular. Long term contractions and holdings of the type we see and work with in the armoring process - and their effect on character structure - are not muscular contractions per se, but an increased fascial structuralization. This understanding is the same as the Ida Rolf’s position whereby a chronically stressed muscle will re-enforce itself by developing additional fascial strands throughout its tissue and will re-absorb these fascial strands once the stress is gone. As a result, the work in freeing muscular contractions, as they are generally known, is in fact fascial work and is more effective when worked with in terms of the fascia. The muscles will react accordingly.

## **Verbal Work**

The verbal work draws heavily from Gestalt techniques, Focusing and Client Centered Therapy. In general, it is present moment, process oriented work. We distinguish between these types of verbal interventions: information gathering, focusing, mobilizing, clarification, and model development (integration). With specific focusing and mobilizing verbal techniques, we are able to do energy work. Good verbal techniques are as capable of energetic mobilization as are breathing exercises, expressive voluntary movements, etc.

## **Advantages and disadvantages**

There are some advantages in using this method. One is that it is possible to better control and direct the arising energetic experience avoiding the often overwhelming and contracting aspects of charging/discharging work. Since the patient experiences this work as coming from within, he or she learns for him/herself, over time, how to open and more importantly, to consciously slow down or close the emerging flow. This provides trust, safety and relief. It helps to avoid the fear of what is emerging which is the most common blocking process.

Once the patient gets past the fear of what is emerging, the therapeutic process can drop down to the deeper process level. As long as she or he is involved in this fear of what may emerge, they are operating on the armored level. This type of fear is not fear itself as in existential fear for example. It is emotion from the armour and as long as it is activated, the organism will stay in the armored state and out of contact with the core. There is no point in working with it.





This approach also makes the patient more of a participant in their own healing process as well as being able to take greater responsibility for it. It is not something administered from outside, but something that emerges from within. Although he writes specifically about the discharge formula, this is similar to Levine's position where he argues for a "biological regulatory rhythm" whereby the patient's experience is fuller "than having been manipulated, and therefore dependent wholly upon the teacher-therapist relationship for relaxation."

Another advantage is that with this method, one can facilitate either the in or out stroke of the pulsation. Different character structures are oriented on different directions of the flow of the pulsation. They block different strokes of the pulsation. For example in Radix terms, a Fear structure is blocking the instroke whereas an Anger structure is blocking the outstroke. It is useful and easier to know which stroke has been interrupted and to help the patient to complete that stroke. Usually this is decided by the patient's own response to the work; they spontaneously complete the uncompleted stroke as a beginning to increasing their overall pulsation. Once the contracted stroke has been freed - either out or in - the pulsation begins in the other direction. Thus we get spontaneous energetic and vegetative balancing.

One disadvantage of high (dis-)charge work is that there is usually a decrease in awareness and responsibility taking. As Ron Kurtz points out in The Hakomi Manual, when one is riding the rapids" of strong emotion, there is little time for stock taking and checking things out. This is done in calmer waters. By working with existent charge, and the patient controlling its rising intensity, the patient is more conscious of his experience and can process it as it emerges. He is in a better position to experience the historical past in the present moment as a responsible, consenting adult and is not only reliving the past as a powerless child. With this change of focus, he can do something about that experience compared to when it first happened when all he could do was react.

The patient's experience comes more from within. It is felt as one's self rather than something alien or something that was done to them by another in the historical past, or in the context of the therapist's intervention. As a result, he can participate more in his own healing process.

Because the defenses are not activated so much, there is less transference, projection, interpreting, integration, resistances, diagnosing, dependency on the therapist and the therapeutic relationship.

The patient reports that the experiences from the work are more concrete. Symbols are needed when reality isn't available. This work seems to provide a more clear or grounded experience of who the person is and what to do - or not to do - about that.

The person feels less expectations and demands placed on her; there is more space to explore and less need to please.

But there are some disadvantages too. Taking the work away from the emotional and psychological models sometimes leaves people in a void. For example, their understanding of how the world works may be dependent on understanding interpersonal relationships. How will allowing my left shoulder to shake help my love life? What does going deeply in" have to do with my authority problems or the fact that I have no work? They may also believe that it is essential that they understand their anger toward their father, or that they have to work it through to be freed from it. They cannot make the transition from the psychological to the functional. Understandably, they do not see the connection or the relevancy.



Also, most people think of energy as a metaphor and are not willing to let it arise, and take its own course. They may need to understand it or do something about it. For example, I found it easier to work in Japan with this method compared with traditional Neo-Reichian techniques. The Japanese are more comfortable with an understanding of energetic processes, and they do not have a pathological/ therapeutic model. If they have never been told they have to work out their relationship to their wife by working through their relationship with their mother, they don't mind not doing that. They are more open to the functional level.

## **Conclusion**

This methodology is not so much an attempt to create something new, but rather an attempt to delve deeply into what Reich has already discovered and delineated. It is an attempt to try to fill in behind him as he moved ever deeper. Reich opened so much new territory for us and so quickly too. It is up to those of us who follow to fill in, to clarify and to solidify the knowledge he has already given us.

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