



FUNCTIONAL ANALYSIS

WORKING WITH THE INSTROKE

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The root of all Reichian therapy and its various offshoots is the energy flow. Reich's understanding of the pulsatory nature of this energy, its rhythmic expansion and contraction helped to explain the physical source of emotional disorders, and offered a working model for treatment.

This paper presents an approach emphasizing using the instroke of pulsation. In my view, the outstroke, or the expansive phase, has taken on too great an importance. The outstroke, with all its dramatic power, at first appears to be the more "important" phase of pulsation, and the instroke, the contraction, merely a reactive, balancing measure. Too often, little distinction is made between contraction, a blocking and holding that is anti-life, and a naturally occurring, gathering inward stroke. The inward stroke flows when open, just as the expansive phase does. Contraction can occur, but simply because the flow is moving inward it does not necessarily mean that there is a blocking of holding.

Contraction carries too negative a connotation, and at best is tolerated as a necessary part of pulsation. A more balanced view of this is represented when Stanley Keleman writes, "Breathing ... (is) a rhythmical self generating process that involves the entire organism. It is more than the movement of the diaphragm. It is the total elongation and circumferential expansion of the organism - like a cylinder - that opens itself around and elongated itself. It expands and gathers itself. It doesn't contract, it gathers itself. It extends its boundaries, and then it gathers itself. "

The technique presented here is most useful with particular character structures, especially during the early phases of the therapy, as well as being applicable at times to all others. It presents both a model of differentiating between varying types of pulsations, through a discussion of structure, character, and pulsation, as well as offering techniques and exercises that are based on this information.

I will be using the categories of soft and hard body types as a generalization to make differentiation. It is not intended to be an all inclusive approach, but one that can be used individually with a great deal of flexibility. The model will apply more often to oral structures in the Bioenergetic literature, and fear structures in the Radix. It will also be useful with people with a strong passive/aggressive tendency, as well as when "fear of" is the emotion encountered.

Soft body types are generally thin with pale, cold skin that is lifeless and toneless. There is often an overall flaccidity about the body that is surprising when one considers how little excess flesh there is. If they are heavy they have a rounded, soft body, again in a toneless, flaccid way. There is also a definite immaturity about the body, especially along lines of sexual development, and it gives the impression of a "baby fat", chubbiness. There is a differentiation here between this type of excess weight and someone who has developed into adulthood and is overweight. Both are using the weight as a defence, but the origins and qualitative aspects differ considerably around sexuality. The former structure has not passed through puberty in their sexual development, and they relate to the opposite sex in a preteen or early



teenage manner. The latter's sexuality has developed, but is not very active. Usually the soft structure's eyes are pale and washed out, with a soft, distant, contact less appearance. When expressive, the eyes will show fear or sadness and often a neediness. This neediness is also reflected in an appearance of being undernourished, especially in the thoracic region where a bony rib cage is capped with a depressed upper chest, this being accentuated by rounded, high shoulders.

Moving down the body, they are collapsed in the solar plexus area, as if they had been punched in the stomach, and have never recovered. The buttocks are thin and underdeveloped, with a pulled in or tucked quality around the anus, giving the impression of a dog with its tail between its legs. The legs may be thin, but at times they are well developed, and when this is the case, it is in sharp contrast to the under-developed upper body.

There can be an overall sense of rigidity about these people that belies the descriptive term soft body type. I see these bodies as frozen screams, an inner holding that is taking place on a very deep level. This is more evident with thinner people, but I believe it is present for the most of this type. This muscular armouring process is somewhat different and therefore a new model is useful in describing who these people are and how they function.

The general understanding of armouring is the unconscious tightening of the muscles that then blocks the energy flow. I think that what I call the hard body types generally represent this model. In Bioenergetic terms, these are the phallic and masochistic structures and in Radix terms, the anger structure. These structures block by using the larger superficial muscles: pectorals: latissimus dorsa, glutei, rectus abdominus, in general the extrinsic musculature. This is similar to the exoskeleton of the insect, hard on the outside, but once you get through it, it is soft and mushy on the inside. This serves as a characterological description of these types. They are brusque and hard, and generally protecting themselves from the softness inside. The goal with these people is to get in, even break in and once in, the contact with deep feelings is experienced.

These people are more in the exterior, the superficial musculature, and this is where they live. Their orientation is "out there" and they are not as in touch with themselves as a soft body type. They are farsighted, more sociable, seeking contact, and at times, more superficial and impersonal.

Their movements are less graceful, often appearing bulky and chunky. They are more hyperactive, with grosser movements, again matching the focus on the extrinsic musculature. These muscles are the ones that develop first as an infant and child. They are involved in all early movements of rolling, thrashing about and reaching out. These muscles are also more readily available to consciousness, theirs and others, as well as to contact and direct manipulation. Because the muscles used in blocking the energy flow are more superficial any armouring that takes place will be more obvious. For example, it is easy to see a tight Pectoralis because these muscles are on the surface. They are more available to direct manipulation when working with these people. In turn, the resistance is both seen and felt on a more obvious level.

With a softer body type we find the opposite. We have an internal holding and blocking that aligns itself more with the deeper skeletal system (support system) than with the external musculature (movement system). The muscles involved are more closely aligned with the



bones, especially the spine. The Spinalis muscles which function as major erectors, the deep neck muscles running down into the back, the Quadratus Lumborum used in deep inspiration, the Psoas, another major support muscle, and the pelvic floor, also involved in deep breath are the major muscles used by this structure to resist the energy flow.

Because these muscles are so deep, they are not so readily available to contact, manipulation or consciousness. Likewise, these people are not readily available on the personal level. The understanding of this deep holding gives us insight into the rigidity that these people have even though they seem soft and pliable, both in structure and in character. This seeming softness gives the impression that they are co-operative, even pushovers, and they often complain of being in the victim role. In fact, this is usually the opposite. Closer investigations reveal a deep stubbornness, rooted in a passive-aggressive streak. Often their "co-operation" is just a half-hearted attempt that always seems to bog down, or gets derailed due to a myriad of excuses.

Soft structures are more in touch with themselves, less sociable, and therefore less socially determined in their behaviour. Their deep, internal rigidity is their strength; it is where their power lies. They are quite stubborn and inflexible and do not have the obvious explosive power/anger of the hard body type. But their inner hardness provides them with the strength they need to get through. There's often a strong passive-aggressive element here, never coming out and attacking, but rarely giving in and allowing themselves to be pushed too far. As mentioned, these people are less social, more introverted and internalised. They live in there, in contrast to the hard body types who are more on the surface. What needs to be done with these people is to get them to come out; not to break in, as with harder structure, but to help get them to the point where they can come out and stay out.

Characterologically, these people are seen as having low energy, although this may be a deception. They are usually fearful with a strong passive-aggressive component showing both resentment and disgust (both strong judgmental characteristics associated with intellectualised anger). They give the impression of being needy and dependent, playing helpless whenever possible. Soft spoken, very verbal, often quite intelligent and well educated, they are over intellectualised, especially around dealing with anger. Along with the disgust and resentment, there is a lot of sarcasm and biting, sardonic humour.

Living an "inner" life, they are more in touch with themselves, more centered and sensitive than hard body types. They can be more patient and show a good understanding of social contacts and interactions, although they are too afraid to act on most of what they know. They have an intellectual understanding, but that's often as far as it goes.

Because of their inability to act on what they know, they are withdrawn. There is a tendency to be alone, and spend most of their time in activities that don't involve contact with others: reading, working alone, or watching T.V. They have a few strong social contacts which they rely heavily upon, but most of their commitments are based on need and guilt rather than on actual choice. They prefer to let things happen, stay in a reactive position, often playing the victim role. Their life "sorta happens" to them, and they spend a lot of their time and energy blaming and complaining and trying to make do. Their poor self-concept prevents them doing much to change this.



A main characteristic of this structure (and a principle this technique is based on,) is that new experiences are not exciting to them, but rather anxiety producing. They are not risk takers. They do not dive in and see what happens. Due to their intellectualized nature, their low energy, the fear component and their contracted flow, they are characteristically slow to move into new experiences. They want to know what will happen before it happens. They want to go slow, always keeping an escape route available in case it doesn't work out, again not willing to directly and intentionally commit. Their whole life style, character and structure are built upon these principles. It is quite in contrast to the hard body types. For that reason I think a new or broadened pulsatory model is useful in both understanding these people and in developing effective ways to work with them.

For purposes of illustration and contrast, I will first present the traditional type of pulsation: the orgasm formula as adapted by Kelley from the original formulation of Reich.

Charge---Tension---Discharge---Relaxation

Typically, this formulation generally serves as a model for everyone. It may be a realistic model for energetic functioning in a healthy organism and it may be the ideal to strive towards in long-term therapy. But I have found that this model does not fit for certain character types, at least not for how they are capable of functioning at the onset of the therapy. It is a good model for working with what I've referred to as hard body types. Their functioning, with the structures that they have, closely approximates this formula.

Using Kelley's formulation and interchanging that with the functioning of a hard body type, we see a good approximation of the basic functioning of the orgasm formula. The hard body is charged and tensed, and structurally they are capable of increasing the charge as they move toward discharge. Structurally and characterologically, they can move outward, become more expansive. That is the direction of their pulsatory flow, their orientation. They can at least mimic, in style and form, a classical discharge model and therefore they are already in a better position to discharge than softer structures. They are by the nature of their structure closer to the standard discharge formula than soft body types. Soft types are low energy; they need to learn to reverse the flow of their energy and to move outward with it. Anger blockers already know how to express, although they need to learn to make it a more contactful expression. They are already moving outward. Soft body types, by their nature, do none of this. They are structurally, characterologically and energetically unable to do what is being asked to them: to pulsate, expand, and flow outward.

They withdraw, moving inward, not outward. Because they are pulling back, they experience any attempt to contact them as an intrusion, at times, an attack. It brings up their fearfulness, helplessness and poor self-concept. Too often, the traditional method is too forced and direct an approach for them. There may be an occasional breakthrough where this approach will be effective. But as a routine technique, it greatly lacks an understanding of the energetic function and capabilities of these structures.

In using what the soft structure experiences as a very confrontive approach, the resistances are activated which in and off itself is not a problem. But there is a big difference between work-



ing with the resistances and working against them. The difference is to learn to use the energy flow as it moves, in this case the instroke. To allow it to happen and to help develop it into a deep and powerful outstroke is more economical energetically, than to try to reverse the cyclic nature of the pulsation before it has completed itself. To learn to trust this process and to know that a strong instroke will naturally turn and flow outward is a satisfying experience for therapist and client alike. This represents the modified pulsation model useful in therapy with soft structures.

Generally these people are, at least on the surface, cooperative. They will often do what is asked but the results are not always what are desired. They will go through the motions, the hitting, the kicking, the yelling, but it is usually short lived and lifeless. The volume may be there, but the sound is hollow. The legs will kick, or the fists will hit, but the movements are powerless. There is no charge behind it, no pulsation connected to it. Also they are unable to maintain it. They are structurally unable to charge. This structural functioning is a physical reality that has developed over the years. They are unable to do what is being asked of them. Again as Keleman points out: "The actual breathing pattern is individualistic." Look at how this person is breathing and how their structure is related to their breathing pattern. You cannot use an endomorphic breathing pattern with an ectomorphic structure. A short-necked person does not breathe as a long-necked person breathes."

When being required to do what they cannot do, even if they wanted to, their defenses are activated. They feel overwhelmed, helpless and/or attacked. They begin to withdraw. They experience the world/therapist coming at them. Once again they are being asked to do what they feel they cannot do, and they retreat resentfully.

They play helpless, and this is where their strength lies, as Perls so clearly points out in his top dog/underdog dynamic. They are back in their castle, safely enclosed with the drawbridge pulled up they are prepared for a siege. They feel safe because they have engaged the power stroke of the pulsation that is available to them, the inward stroke. Just as the anger blocker uses the outward, explosive stroke when threatened, the seemingly more passive character of the soft body type knows his strength lies with the instroke. And unless handled properly, it can become a contraction.

The key to therapy with these people is to understand that the instroke of the pulsation can be a gathering, a self-organizing that can be used to move outward, rather than staying stuck "in". It is a working with what is mistakenly called a resistance, rather than working against it.

Fighting with this flow will guarantee that it will become a resistance. It is using the existing energy flow to move towards a desired result rather than trying to go against the flow and make something happen. The most important lesson to learn is to surrender, to let it happen. To me, this means to let the instroke happen too; and to trust that it will reverse itself and become an expansive phase.

Soft structures are generally viewed as low energy people, unable to either build or maintain a charge. In the initial phase of therapy, they need to learn to develop a charge and tolerate it. The best way to accomplish this is to view the charging process as a gathering or momentum building. Then, they have an opportunity to learn to charge and to tolerate a higher and higher level of charge over time.



The basic orgasm formula is in effect, but the charging process needs to develop differently than for the hard body types. In fact, it is a slightly exaggerated representation of the orgasm formula Reich presented in *The Function of the Orgasm*. The emphasis is placed on exaggerating the stepping stone quality of the charging process.

As a softer structure begins to charge, resistances may develop. Any number of responses results: hyperventilation, dizziness, spaced out, random movements, talking and intellectualizing. If this charging process is allowed to fall off, the person given an opportunity to stretch and move a little, and then followed by a second charging process, the charge often can be increased and tolerated at a higher level.

I think a mistake is made to always view the above-mentioned resistances as merely resistances. For one, structurally, the body cannot breathe deeply or tolerate a charge.

A definite learning process on a body level must occur before these people are able to build and sustain a charge. And all the random movements, the yawning, itching and stretching, may be an attempt by the body to start moving outward. They are not always distractions and avoidances.

It is also helpful to understand that to let the charging process fall off briefly does not necessarily mean that the charge is lost. Rather the above mentioned stepping stone attitude is a better understanding of what can happen when the breathing is allowed to fall off, and then repeated. My experience is that by using this approach, you get a "rocking" momentum that builds and can be built to discharge. It is very similar to pushing a car out of the snow or mud: you accelerate (breathe), and then come off the gas (relax, stretch). You roll backwards and as your momentum moves you forward again, you accelerate. Here you are using the motion that naturally develops, rather than fighting against it. You can try to keep the car from rolling backwards, and struggle against that, or you can learn to use that motion to your own advantage.

The same situation exists with the pulsation. You allow the self-gathering, the instroke, then use the momentum and power gained in the gathering to move outward again, adding breath and amplification to it as the cycle reverses. This is a good working model for the charging process as it develops, and can be effectively applied during a session.

The understanding here is that it is a developmental process, both in each individual session, and over time. Let the charge build, then fall off. Let it build again, and then fall off. To use Keleman's phrase, it is "...building of amplitude..." that develops. In between charging phases, there may be a great deal of itching, yawning and stretching. This need not be considered counterpulsation. All of these activities are loosening and expanding the structure.

Working in this manner deals directly with a number of characterological issues. As mentioned, there is a strong fear component in these people. A slow "building of amplitude" gives them a sense of control so that they learn to build a charge higher without having to go into a state of being overwhelmed. This increases their sense of grounding and gives them stronger footing once the fear or other overwhelming emotions arise and create willingness to surrender.

It also provides a sense of the results of the therapy as coming from within. They are the ones that are "doing" it. They don't feel it as being done to them. Here the neediness and helplessness are directly confronted as well as avoiding the sense of attack and intrusion that these



structures experience as coming from the outside world (therapist). The responsibility is more directly placed on the client. They can experience that responsibility more and are therefore in a better position to make decisions: by charging and relaxing, charging and relaxing, a learning process occurs whereby they repeatedly contact their personal limits (resistances) and again they have a better understanding that it is them that are getting in the way. With this awareness they can then choose to confront those issues or not. They learn more about how they block and avoid, and again, the responsibility for change is now up to them.

Another important aspect of this approach is that using this model gives them a better opportunity to experience some success. They are not being asked to do it all. They are being asked to go to their personal limit, know what it is, and decide to push past it or not. With this, there is a much greater sense of validation and acceptance for them as they are, and it avoids a great deal of the destructive resistances that come up between therapist and client over not being "seen" or understood or accepted.

The therapy must move slowly and consistently, especially early on, using, in the behavioristic training sense, successive approximations until the structure loosens and is able to charge and the character adjusts enough to allow an increased intensity of energetic flow. An attitude of support and encouragement is necessary with a very real sense of patience and acceptance. Carl Roger's concept of unconditional positive regard is this type of acceptance.

Use the momentum of the gathering stroke and understand that its flow and rhythm are generally different than an open or even a counter pulsating energy flow. There is a slower, deeper sense of this flow. The hitting and other expressive movements that come from this, is often slower, seeming to be coming from far away (and it is, from deep within). Yet, there is a power to it, as yet unexpressed, still not flowing outward but not truly contracted. Present, but as yet unavailable, give the movement time to develop. Don't rush it. Its not contractive, merely confused.

Working with the ocular segment is very important. I've found that starting with them closed, and keeping them closed longer than usual in Radix terms, gives the time needed to go all the way in to make good contact with the emergent energetic process before starting to come out. If the eyes open too soon, the flow starts outward before it has gone all the way in. The stroke is interrupted, and the discharge becomes weakened and/or scattered, or incomplete. It is important that the instroke be allowed to move to completion. There will then be a natural and automatic turn around as the expansion starts with much greater power available. The flow will be direct and clearly outward. There may be some concern that to encourage an inward flow in someone who is already contracted, will encourage their being "stuck" inside. If this were true, then we would never encourage anger structures to move outward because they are already "out there" and they may get "stuck" there too!

Initial discharges will not seem "complete", and in a sense they are not. They may seem contractive and slower with a definite sense of "reaching" which is, to me, a reaching inward, a trying to get a hold on to something and then a pulling or dragging it up and out. The reaching is the movement inward, the pulling and dragging is the attempt at the expansive phase, the moving out. Rarely does voluntarily hitting faster or shouting louder accelerate or facilitate this discharge. In fact, it usually short circuits it and breaks the connection with the slower moving, struggling outstroke. The power is lost. The discharge becomes hollow with little or no vegetative process. Again, opening the eyes too soon created this same short circuit.



Possibly viewing this process as a slow motion discharge is helpful. The usual timing is slowed, giving the discharge time to develop, giving the structure time to go all the way in to where they live, to where their power is, to get hold of this energy and to use it to move outward. It is very important not to get ahead of the rhythmically developing pulsation. Just as a hysteric will often explode ahead of the pulsation to avoid it, to direct these structures to move outward too soon, will get them ahead of and away from the developing vegetative process.

Keep the sound coming, but not forcing it. The sound is useful as it helps the flow to move up creating a connected flow from the lower parts of the body upward. But with the sound there is more a sense of allowing the sound to flow rather than making it happen. Again, as with opening the eyes too soon, pounding too fast, etc. making and forcing a sound will pull the person up and away from what is developing within the body, creating a split and either losing the connection or creating an incomplete discharge.

I use mostly a lower charge. I use bioenergetic exercises, not to charge up, fatigue or exhaust, but as a loosening process. The breathing is a low level, deep breath in the belly with a slight bit of weight on the feet on the exhale creating a gentle tilting of the pelvis, but not a lifting up of the lower back. The stomach and lower back act as a "hinge" so that a gentle rocking motion develops with the inhale and the exhale. Occasionally a small pillow can be inserted under the coccyx bones to create this "hinge" effect.

I believe that this motion done with a low charge does not engage any pelvic activity, prematurely, but rather, during the course of the instroke and outstroke, creates a whole body unity that greatly facilitates the discharge. With the weight on the feet on the exhale, the body remains straighter, there is less sideward motion in the lower segments, and the energy has a more open and direct path through which to flow (I find it difficult to get a good flow up through the upper segments when the lower segments, the source of the flow, are counter pulsing or disorganized. The discharge is more scattered and incomplete when a whole body unity doesn't exist).

Very often, in this approach, there will appear a "contractive" holding together in the mid-section with the head and shoulders rising up off the mat and later the feet coming up with the knees coming to the chest. I see this is a very powerful movement inward and I encourage it, physically supporting the motion that want to develop. Sometimes I have the person roll over on his side. The organism is moving on a very strong inward stroke and when this is allowed to complete itself, there is a gentle and powerful unfolding that flows with a tremendous expansion and openness. The expansion is usually slower than most discharges and softer, but at times it can come rushing up and out with all the force and power usually associated with the discharge process. When it is slower, there is merely a sense of opening and softening. When it rushes out, there may be a strong emotional outburst.

There has been very little mention of specific emotions involved in this process. I find this therapeutic approach to be very physical and energetic. Emotions do come, but they are less frequent in this style of therapy, almost tagging along and not being the central issue. Most often there is a little content and, as mentioned, fewer emotions per se experienced. There is a very strong sense of pulsation and energetic flow. My impression at this time is that the emotions are the end product of this process and not the overriding important issue. Working with emotions can get us in contact with the energy flow for that is their source. I see this ap-



proach focusing more directly on the flow itself and the specific emotions, although of value, are one of the end products of a vegetative process.

There are some specific exercises that are useful in helping to develop pulsation in these structures and mobilize the instroke. The basic concept underlying these exercises is the sense of approximating the pulsation in a gradually increasing and deepening manner using a concept of momentum building as the central theme.

One exercise is a backhanded towel pounding with a rolled up towel. Have the person take a wide stance, and with a stroking motion about waist high they swing the towel outward - one hand - away from the body, out and back to hit a projecting corner, a pole or any appropriate object other than a flat plane. They make a sound as they hit and, if desired, move the other arm outward in the opposite direction to create an expansion of the upper chest. They also step sideways into the direction of the hitting leaning into it. There seems to be an element about the "backhanded" motion of the hitting that fits in well with these types of structures as opposed to the more direct racquet work of towel pounding.

Another exercise is to have the person push against a wall in a slow powerful manner. He puts one foot behind the other, bends the forward knee and puts his hands on the wall. Then slowly, with a forward and upward pushing motion, he leans into and pushes against the wall and then pulls back keeping the hands on the wall, and then repeating again and again. The breath should regulate itself. Let the sound be a somewhat shut of, struggling sound in the beginning. As he leans into it more and more, using a pulsing push and pull back motion, the back and the rear leg develop a straight line at approximately 45 to the perpendicular. The pace of the exercise may pick up but mostly it should be slow with a sense of building surging power on each push.

A variation of the palming and sunning exercise, called shutters, is also useful. The person palms until the eyes have somewhat adjusted to the light, then slowly they open the palms, as shutters on a window are pulled back, and the light comes in. Once the eyes have adjusted to the light the palms close and the whole process is repeated. The basic principles of palming and sunning from the Bates eye method apply as usual.

There is also a Gestalt exercise that can be used for loosening the eyes in this same pulsatory manner. It can be done in groups, in pairs, or in individual sessions. There is a naturally occurring flow in the eyes, a pulsatory sense of moving outward and moving back that occurs. The person merely stays in a non-staring eye contact with a little breathing and continually reports to the partner, using the two phrases "I'm moving out", or "I'm moving in" to announce what is happening with this pulsation. In this manner they become more aware of it and can get a sense of moving out and back and how each feels. The reporting of the experience is continuous, even if it is repetitious.

Other experiences can easily be developed using the basic principles of pulsation and increasing amplitude on the outstroke. Visualizations of surfing waves, or even playing on a trampoline are good examples of the pulsing and expanding qualities so useful in this approach.

Whenever working with this model, the basic principle to keep in mind is to emphasize the energy flow, whatever direction it may be moving. Understand that certain structures can be best mobilized energetically when they are allowed to move inward first, for this is their pri-



mary stroke of the pulsation and to know that this instroke, when properly utilized, can successfully and powerfully be redirected to an open expansive phase.



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