Functional Analysis Body Psychotherapy: The Evolution of a Reichian Therapy

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Speaking of the therapies that developed in the wake of Reich, his biographer, Myron Sharaf, describes Reich's legacy as a large mansion. Dotted around the landscape are small sheds and cabins -– he was much too gentle a man to call them shacks. Reich's discoveries, developments, theories and techniques are what built that mansion. All that followed are those small outbuildings separate from, yet dependent on that great house.

I do not know where to place my own work in relation to Reich. At best, it's another shack. But I know that, when I am in my delusional "states of adequacy", that I would like to think I was allowed to sneak into that great house — back door, service entrance — to do some touching up, slight renovations. Like every old, classic edifice — a national treasure — one doesn't alter the structure during renovations. One only adapts or updates it with significant developments that have emerged since its construction without taking anything away or out of it.

In the evolution of my own therapy method the most important theme has always been to ground my work on the foundations of Reich's mansion. As my style of therapy developed over the years, this has not always been an easy task. While I was learning more about Reich's work, I was also exploring and experimenting with what I had learned from him and at times it worried me that I was losing this most essential ground. However, each time I had tricked myself into thinking that I had developed or discovered something new in my clinical practice, I would look carefully at that so-called new territory I was treading and see Reich's tracks. The orgonomist and former president of the College of Orgonomy, Richard Blasband, said to me: "We have done so little with what Reich has

given us." I know that is true, but I still want to think that the development of Functional Analysis has made that "little", a little less. The reader will be the final judge of that.

In my studies I was influenced by Carl Rogers' Client Centered Therapy. But I was too young and I thought I knew too much to let the patient decide what was best for him or her. I needed to tell people who they were and what to do! I then learned Encounter Group methods and following that I studied Gestalt Therapy with three different therapists each with a slightly different take on Fritz Perls' pioneering work. I found a home in directing people to do this or that.

In his psychoanalytic training, Perls was analyzed and strongly influenced by Reich who was developing his Character-analytic technique at that time. I like to think that I have kept that historical connection by moving "forward" even though I was going "backwards" in time, from Gestalt to training in the neo-Reichian method Radix, following Reich from his Character-analytic period on into Vegetotherapy and Orgonomy.

Radix was developed by Charles Kelley (2004) out of his therapy in Orgonomy and his interest in Reich's scientific work. It was a powerful and efficient technique to bring about emotional and physical discharge. While it certainly had its shortcomings — some of which I was later to discover was what attracted me to it — what I learned from Kelley remains the most effective and coherent system for eliciting vegetative discharge that I know of.

But even as a neophyte in his training, I occasionally "saw" in workshops a difference between most discharge sessions and others. It was only years later that I came to understand *how* they were different. It was not a quantitative factor that made a difference — more power, more anger, greater sadness — but a qualita-

tive one that produced a more powerful effect on the patient and even on members in the training group.

Years after that realization I discovered that Reich had already delineated that important difference. The quantitative discharges were impressive, but Reich understood that they were mechanical bioenergetic discharges, what a colleague Bosse Ahrenfelt calls the “mesoderm trap”. The occasional, impressive few were what Reich called “convulsive vegetative discharges” involving not only the bio-energies, but also the orgone, life energy itself. The quantitative ones offered release, relief and relaxation, yet had to be repeated. The deeper, whole body vegetative discharges offered change and healing and the possibility to move on in life.

I used the Radix method for 7-8 years and while on one level I felt I was advancing as a therapist, there was always a background sense that I would eventually be moving in another direction. Then an important change came on the personal level in my own therapy sessions. Afterwards, that change was converted into my therapeutic practice with my patients: the understanding of the instroke process.

Reich had described the elementary process of the expansive and contractive pulsation in orgone functioning and declared it his most important discovery. Expansion was the expressive movement of the life force within the organism from the core to the periphery and beyond. This was equated with pleasure. Contraction was the protective, anxiety movement back to the core. My teacher Kelley used the terms outstroke and instroke and I found these words more precise. They describe direction in and out but without the qualitative, even judgmental, quality of expansion and contraction. The “expansive” movement outward was evaluated as positive and the “contractive” movement inward as negative. But it is evident that not all outward movements are expressive, expansive

and pleasurable. If they were, the patient would not have to be in therapy! People come to therapy partly because they cannot express openly; their expressions are contracted, non-pleasurable and not representative of how they feel. Equally, not all inward movements are contractive, anxiety related states. Falling asleep, meditative states, reflecting, the contractions of the heart beat are not equated with anxiety. For example, research on the brain's Default Mode Network (Raichle, 2010) has since proven that the inward movement of daydreaming is in fact an organizing process that then informs cognition about relationships, the past and the future.

In my own therapy, I was fortunate to do a series of sessions with a therapist who was creative enough to help me work *with* my character defenses and not against them. She allowed me to go into my defenses and not try to overcome or break through them. (Perls used a technique whereby the patient would play with and exaggerate his or her defenses to explore them). I then realized that when I did all the typical movements and exercises used in Reichian oriented therapy to provoke an expressive outward discharge, I would become more and more defensive, contracted and then split off from the exercise. I was only *performing* it, but not being in it. An image of a castle under siege would emerge: they could do what they wanted "out" there, but I was safe in my castle. They couldn't get to me. I knew at the time that this was an activation of my character defense, but I also had the sense that there was something more to it. And most importantly: it wasn't only bad. There was something "good" in what I was doing, but I was doing it in the wrong way.

Reich has taught us that character armor is based on the character, on who we are. We build our defenses on a characteristic we have. It makes no sense to defend ourselves with something we do not possess. I think this important insight is overlooked in therapy in general. Defenses are seen as adaptions, compensations for what we don't have or can't do. On one level this might be correct. But

Reich saw that on a deeper level we call on our resources to protect ourselves. To be passive aggressive is to have aggression, even if it is not immediately evident. This aggression is anger and even rage. There is a lot of power in rage.

In the above-mentioned therapy sessions, as my self-induced isolation theme came into focus through increasing it, so did a profound sense of personal power and inner security. How could I pull back so strongly and feel so safe if I didn't have the power to match that? I saw it was — as are all neurotic defenses — a limited defense, but the root of it was clear and now felt to be positive. This was realization of the power of the inward movement of the pulsation — the instroke. (See: An Introduction to the Instroke). Just as the pull backward of a crested wave can be powerful, so too was the gathering force of the pulsatory instroke. Years later I was to call that profound self-security found in the instroke the Endo Self state. (Davis, 2014, The Endo Self: A Self Model for Body-Oriented Psychotherapy and Affective Core Consciousness and the Instroke).

I then began developing the instroke technique with my patients to help them go more deeply into self-contact. At this point, I was still interested in bringing out "expressive" discharge and I found that using these techniques with so-called "low energy" or contractive character structures was immediately useful. Schizoids, depressives, orals, passive aggressives are often still referred to as "low energy". But as I worked with the instroke, I discovered two things. One was that there are no "low energy" patients. The second was the creative, gathering, self-organizing, self-regulating characteristics of the instroke. Reich was right. We naturally self-regulate, move towards order and stability.

At a body psychotherapy congress, the German physicist Fritz Popp (1999) pointed out that there is "always enough energy." and that Reich's insight was that it is not the quantity of the energy that is important, but the quality; "How the energy is organized". In helping patients to mobilize their instroke, we both

discovered that there was always “enough energy.” I then realized that the problem was that, in a sense, there was *too much energy.* Patients created resistances and blocks because they were unable to process — metabolize and integrate — their own anger, fear, power, love, tenderness, desires etc. Profound pain and pleasure states were equally avoided because of their depth and power. On the functional level, it wasn't the content of an emotion or memory per se that was being defended against, but the intensity of the lived experience. As a result, I learned to help patients to expand the “tolerance levels” of their own energy safely rather than “breaking down” the resistances” to it. (See: An Introduction to the Instroke).

The second point, the creative force of the instroke process, is still being elaborated after 45 years of exploration. Initially, while I was still interested in staying with Reich's tension-charge-discharge-relaxation model, I was using the instroke as a deepening process to help “contracted” or “low energy” patients to safely gather more of their existent energetic charge before moving out into discharge and expression. This was an effective technique to help these types of patients achieve a satisfactory discharge. But a new phenomenon appeared. Patients went “in” and stayed “in”! They had no need to move outward again in expression. They remained quiet, calm, sometimes turning on their sides and curling up in the so-called “fetal position.” But this movement had a totally different quality and meaning than the typical interpretation of the fetal position as a protective, fearful, regressive state. This curling inward was not a closing down, a contraction. It was in fact an *opening* to a deeper biopsychic level. (Davis, 1988, Working Energetically: Meaning and Expression). While in this position, patients reported states of security, well-being, wholeness, tenderness and self-caring. When asked, the typical response to how do you feel was, “Wonderful”. I later realized this spontaneous gathering was a safe, “slow-motion”, non-sexual version of Reich's original orgasm reflex , that he later called the “life reflex.” Patient’s were coming alive.

In these sessions nothing seemed to happen, but everything changed for the patient. This was heresy: no analyzing the past, no working to free blocked muscles, no spontaneous movements, no emotional expressions. But for the patient, emotions became safer and more differentiated. They reported: “I now know what is his and what is mine.” More responsibility: “Yes I was victimized by them, but I now see how I contributed to my own victim role.” Better bordering: “I now have a contactful distance with my mother.” “Now that my sadness is clear, I don’t have to cry about it.” Self-esteem: “I love myself beyond the good and the bad.” “I don't need a man, I need myself.”

As well, the therapeutic relationship was altered. Earlier, while instructing patients how to breath, move etc. I was the catalyst for change and a co-participant in the therapeutic process. Patients would thank me for my therapy with them. Working with the instroke, I became a witness, a “guest participant” in a profoundly personal journey. Patients expressed gratitude but it was not directed towards me. They were grateful to be alive and to be themselves with all their “imperfections”. I was along for the ride.

But what troubled me in this method was the question: “Where was the energy”? Had I built my shack on another ground? I hadn't. Going back to read Reich with this “new” understanding, I discovered he had already explained what I had “discovered”. His explanation about the differences between waves and peaks kept me close to the mansion. I hadn't been evicted. (Davis, 2016) Affective Core Consciousness and the Instroke).

As the instroke concept and techniques began to gel, I looked to help the patient to avoid so-called spontaneous movements and expressions. As I pointed out earlier, most of these were superficial, neuromuscular releases, as it was shown later even avoidances, giving temporary relief; the “mesoderm trap” which gave the same results as a tennis match or jogging: temporary relaxation and an illu-

sion of change. It is often said in body-oriented psychotherapy, but it is a fallacy, that “the body does not lie”. Reich pointed out that all armoring is a spontaneous, vegetative reaction. In fact, that is the problem. The reaction is so quick, so definitive and so common that patients, and sometimes therapists, take it to be natural. The patient identifies with these dysfunctions and that is why it is so hard to give them up. But *statistically common* is not the same as *natural*. Normal dysfunction is not natural despite how often it may appear. Reich knew that the body, as well as emotions and thoughts, “lied”. He wrote it is the *mode* of expression that does not lie. It is the quality of the experience that reveals its true nature.

What changed everything in my therapeutic approach was when, as “spontaneous” movements and emotions began emerging, I suggested to patients: “See what happens if you *don't* do that.” This revealed the defensive “safety valve” quality of most “spontaneous” movements, thoughts and expressions that were actually coming from the defenses. Patients were using these seemingly natural behaviors not to contact themselves more deeply, but in fact to avoid a deepening. They were "letting off steam”, dissipating energy to avoid a continuing, coherent concentration of the intensity of the experience. As explained earlier, there was too much energy and they were looking to diffuse it. For example, when sadness or tenderness began to emerge, male patients would “spontaneously” interrupt this with expressions of aggression or explosive rage. Instead of letting the tenderness or the sadness engulf them and be “weak”, they would become hard and “strong”, then shout and hit the mat. My personal favorite avoidance mechanism was to drop into deep crying, which was familiar and therefore safe to me, when fear began to emerge. Again, this was a verification of Reich's differentiation between mechanical bioenergetic discharge — the mesoderm trap — and the deeper, healing vegetative discharge.

As my understanding of the instroke process was developing, I had a treatment for lower back pain whereby I experienced a physical release technique developed by the American Osteopath Lawrence Jones (1983) called Positional Release. This method was revolutionary. Most physical manipulation techniques had the same principle; it was the action of the practitioner that brought about the change in the structure of the patient. Jones' method was more "client-centered". Instead of manipulating a painful, contracted tissue or instructing the patient to perform specific exercise movements to get the muscle to de-contract, Positional Release works *with* — not against — the contraction.

I saw immediately how this could be applied to body-oriented psychotherapy and how it fit conceptually and practically with the instroke process. Contracted muscles are painful, both physically and, in terms of body psychotherapy, emotionally. The resistance is there for a reason and it is difficult to work on such sensitive issues or tissues. Additionally, trying to break through defenses can be dangerous for early disturbed, abused, borderline and traumatized patients.

Spontaneously then, the patient's defense becomes stronger to resist this attack. Instead of trying to force the muscle to open and relax by manipulation, Jones's technique supported and, by light compression even increased, the "contraction" as a way of releasing it. (This is the physical equivalent of techniques already in use in psychotherapy. In the encounter groups of the 1960's this was called "taking over" whereby the therapist or members of the group would physically hold and support the patient. In discussing how to work with projective identification, it is understood that the therapist has to "hold" the projected, unacceptable content of the patient for them.)

Jones developed this general idea into a specific methodology for all muscles in the body. He described Positional Release as going from working with the muscular system to affecting the nervous system in order to get release. And he em-

phasized that with treatment, there should be “no surprises” for the central nervous system. When this technique was adapted to a body-oriented psychotherapy model — what became Functional Analysis — the effects went even deeper: from the muscular to the nervous to the biopsychic, (bio)energetic level. Patients could spontaneously move deeper inward below the usual psychosomatic level, below the defenses, even below/before traumatic historic events to a recognizable, secure state of wellbeing, where, as Rogers described, all the facts are friendly. (Davis, 2018 & 2019/20) Working with Trauma without the Drama.) Patients reported: “I had an appointment with myself.” “I feel an extreme presence in the absence of myself.”

This adaption of Jones' technique to body-oriented psychotherapy became half of the “Points&Positions” gentle touch technique used in Functional Analysis. It employs a gentle compression and light touch whereby a deep, slow, permanent release can be achieved without working on or against the contraction/defense from the outside. It works *with* the defense from the inside. In Functional Analysis if we see the defense is being activated we consider we are doing something wrong. When effective, this method releases both physical as well as psychic defenses simultaneously.

I now understand this to be the difference between the “original motive” and “chief function” as described by Reich. The original motive of defense is to protect the organism from actions and events from outside: aggressive father, invasive mother, abuse etc. This original intention then evolves into the chief function of a defense: an attempt by the patient to protect himself from his own painful, emotional turmoil roiling about inside as a result of the original negative actions, behaviors and events from others.

I was confused as to how a simple, light touch could bring about such deep changes, sometimes effortlessly. Normally, the greater the input, the greater the

output: you get out what you put in. I am now indebted to the later writings of the therapist Margarita Tosi and the physicist Emilio Del Giudice (2013) from the Eva Reich Centro in Milano for a quantum physics explanation of their minimal stimulus concept. But before that, on the biological level, I was relieved to be reminded by a colleague of the plasticity of connective tissue as utilized in Osteopathy and Rolfing. Connective tissue is one half of the myofascial system And, while they are integrated and entwined, muscle fibers and connective tissue fibers operate co-dependently and independently within the same anatomical and functional systems.

Reich showed us that the muscular system was the physical manifestations of the psychic resistances. This explanation is all very well except for one problem. It is not possible to continually contract the diaphragm or any other muscle for that matter. The model offered so far, contends that typically someone who is anxious would be holding up their diaphragm and their shoulders for years in a startle reflex position. But we know, it is not possible to hold one's shoulders up for even 20 minutes! The nerves desensitize, the muscles tire, and the shoulders fall back down. And, to complicate this even further, manual and dance and movement therapists as well as body-oriented psychotherapists know, that certain patients do in fact hold their shoulders high for many years and we do in fact help them to release that tension. If, as maintained in a BP model, our personal history was "frozen" in our musculature, all that would be necessary would be some injections of muscle relaxants and a good cry about Mama or Papa or our first broken heart and we would be free to move on in our lives. But we know that this is not the case! Yet, interestingly, when tissue is manipulated in massage, Rolfing, osteopathic treatments as well as in Movement Therapy and BP sessions, emotions, memories and repressed spontaneous movements emerge.

How can all of these seemingly contradictory statements be true? The answer

lies in the CT aspect of the myofascial system.

If muscles cannot maintain contraction for more than a few minutes how does "muscular armor" function? The long-term chronic contraction of muscles as seen in Reich's concept of armoring, is a result of a build-up of supporting connective tissue fibers within and around the tensed muscles thus allowing for long-term holdings. Connective tissue allows the structure to hold back for a lifetime. (Davis, 1997/98, The Biological Foundations of the Schizoid Process and the Role of Connective Tissue in Body Psychotherapy). Understanding connective tissue structure and functioning explained why classical Reichian exercises, movements and respiration techniques were effective in provoking release of repressed memories, emotions and movements.

Amazingly, it also explained the effects of the opposite concept of minimal stimulus. Both models were based on connective tissue's plasticity. Connective tissue supports tensed, stressed muscles by developing additional fibers within and around the muscle. It adapts to local conditions and will revert to its previous state if those local conditions are altered. Both strong exercises and a minimal stimulus will soften and restructure connective tissue. Reich was correct in his understanding of how the myofascial system is involved in resistance and blocking. The understanding of the role of connective tissue makes this idea more specific and offers the possibility to work more safely and more deeply with these physical manifestations. (Is this clarification of the myofascial system's role in defense an example of a slight renovation *within* the mansion? I hope so.)

Reich understood that sensation was created by orgone flowing through plasma, the base component of connective tissue, now called ground substance. Connective tissue, at first thought to be an inert mass of protein, is now known to be the transportation system for all the bio-energies – electro-magnetism, light, heat,

sound, electricity — as well as nervous impulses and hormonal secretions. All biological processes — which include mentation – take place within some form of connective tissue. As Schleip (2003a, 2003b, 2012) has pointed out, connective tissue can now be considered the largest sensory organ in the body.

Two characteristics of connective tissue are important to body psychotherapy. The first is that connective tissue forms a matrix throughout the whole body whereby all parts of the body are connected to each other from the macro to the micro and from exterior to interior. No sensation, no experience is isolated from another and there is instantaneous, non-neural communication throughout the whole body simultaneously faster even than the nervous systems. The second is it's plasticity; connective tissue will restructure itself and return to its unstressed state under certain conditions once the tension is released. (Davis, 2016, The Role of Connective Tissue in Development and Defense) Reichian exercises and movements and Points&Positions are both based on the ability for connective tissue to reorganize when pressure is applied. Movements create pressure on the tissue. So does gentle touch, a minimal stimulus such as Points&Positions

The combination of the instroke, the bio-energies passing through the connective tissue and the reorganizing ability of connective tissue led to a deepening of the instroke process which revealed states described by patients as: “I feel fluid, a unit. It creates a nostalgia in me. A beauty, I want to be more and more. To go back to who I used to be – *who I am.* I am a unit.”

This deepening resulted in the formulation of the Endo Self (ES): an early, self-organizing, unified, embodied, coherent sense of self whose unique quality is that it exists *a priori* to contact with the “other”. The ES is based within the phenomenological and organismic theories of self: self as subject/knower. It is what initially comes into relationship with objects/others and is the basis of all relationships. Neurology has shown us that we have no direct contact with ex-

ternal “reality” — all environmental input is interpretive. **(Kandel)** The Endo Self is the interpreter**.** (Davis, 2014, The Endo Self: A Self Model for Body-Oriented Psychotherapy and Affective Core Consciousness and the Instroke). It is an elaboration of Maslow's (1968) “being states”, Reich’s (1967) “core” and Solms and Panksepp’s (2012) brain stem based “unified subjective body”, Schore’s implicit self (2006**)** that is contrasted with the classical object representation of the self, as described by the corticocentric model of subjectivity. It appears that Reich’s emphasis on the vegetative level is vindicated.

Elaboration of the experience of the Endo Self state led to the development of the idea that the relationship to one’s self is the earliest and remains the most primary relationship. (Davis, 2015, The Return to the Self: A Self Oriented Theory of Development and Psychotherapy) The self is the organizing agent of experience, not the other. As a result, the self-to-self-relationship is understood to be the basis of all other relationships. The role of the other is not denied, but redefined.

In *Reich Speaks of Freud,* he says that from his point of view he never left Freud. Rather he took Freud’s basic concepts and continued to develop them while psychoanalysis went in other directions. I have no illusions that I have done anything “new” and I am most content to be, as someone once said of me, “A missionary for Reich”, although it did confuse me that he said it as a negative! That’s what Functional Analysis is.

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