

# ELEMENTS OF BUILDING A RELATIONSHIP

**Embodying Relationship** 

# Will Davis

Paper presented at the 2<sup>nd</sup> European Bioenergetics Congress Barcelone, Oct. 1999





# **ELEMENTS OF BUILDING A RELATIONSHIP**

# **Embodying Relationship**

#### Introduction

The theme of the Second European Bioenergetics Congress emphasizes Bioenergetics' interest in the corporal and energetic processes involved in relationships with others. Angelika Schretter, the president of the EFBAP writes "Bioenergtics is an approach which focuses on the way personality functions at the energetic level and at the same time, at the level of relationship." I wish to address these themes by presenting two discussions.

The first discussion is about the development of working with the "instroke" of the energetic pulsation. Reich (1973) writes that the life force pulsates in an alternating flow from center to periphery - the "outstroke" - and back to the center again - the "instroke". Historically, Bioenergtics and other Reichian therapies focused on developing the release of the blocked expression in a movement outward - the outstroke of the pulsation.

It was a major breakthrough in energetic therapy when I discovered how to systematically mobilize the instroke of the pulsation – the open, spontaneous flow from the periphery to the center. The instroke is the spontaneous inward flow of the life force from periphery to center; yet, it differs from a contraction, which is also a movement away from the periphery. A contraction is a blocking movement - an armoring process that prevents further movement while the instroke is a *continuous* flow towards the core supporting movement and resulting in a gathering and focusing of the organism. It differs qualitatively and functionally from a contraction by producing safety and a sense of strength and well being instead of anxiety. The instroke of the pulsation is the energetic foundation for the creation of borders, the development of the self as well as the development of object representations which leads to object relations.

With this energetic and functional understanding, it is possible to view the themes of relationship building from a new perspective. Viewed energetically, the main issues of building relationships: need for contact, the importance of integrating feelings, sensations, and words, the necessity of good borders in the therapy, they can be understood and worked with from the perspective of the functioning of the instroke.

The second discussion is about recent research in biophysics that gives scientific support to the idea, as the congress program states ... "the profound relationship with the patient through the energetic and corporal factors." There is now enough research to support the idea of the therapeutic relationship in terms of an energetic field perspective as well as what happens energetically during touch. Bio-magnetic impulses, geo-magnetic impulses, bioelectric impulses, luminescence, and attunement are all energetic phenomena that are directly affecting the therapeutic relationship. And it is possible to ground these energetic processes in the body by an understanding of the characteristics and functioning of connective tissue. In this way, the energetic and corporal aspects of the therapeutic relationship can be brought together and better modeled resulting in more effective techniques.



# Discussion 1: The Role of the Instroke in Building Relationships

The history of psychotherapy is relationship. With the possible exception of some forms of behavioral therapy, the relationship between the patient and the therapist is at the center of psychotherapy including body psychotherapy. And, body psychotherapy has intensified this theme by adding the touching of the patient's body during the course of the therapy. This addition has always been a sensitive issue and has proven to be a complex mixture of advantages and disadvantages for the psychotherapist as well as for the patient. It alters the relationship in so many ways.

Not only is the patient/therapist relationship central to psychotherapy, but most therapies also model their concepts and techniques based on the history of the patient's relationships. Reviewing historical biographical material is the centerpiece of therapy. The early relationship to the mother, the roles of both parents, the sex identification roles of both the same and the opposite sex parent, early school and religious experiences, the first love/sexual contact are all seen in a relationship context and this context is used consistently throughout the therapeutic process.

In addition, the therapeutic relationship is often viewed as a re-enactment of these previous relationships in terms of transference, counter-transference, projection, projective identification etc. These elements of the therapeutic setting then become therapeutic tools - tools that are based on the interpretation of the *present* relationship in terms of *past* relationships. It is therefore obvious why we take the position that the therapeutic relationship is such a central issue in the healing process and why it is important to understand it as best we can.

Relationship can be reduced to the understanding of the interaction between self and other. Without contradicting the importance of interpersonal relationship, in Functional Analysis we have added the concept of the importance of the instroke in creating true relationship. Put another way, the focus for us has now shifted from the relationship of self to others, to the self to self-relationship and its effects on interpersonal relationships. We look first to alter the patient's relationship to him or herself and then evaluate the changes in terms of how these alterations affects his or her relationships to others. We do this by mobilizing the instroke of the pulsation and observing its effects.

At the last European Association of Body Psychotherapists in September 1999, the physicist Professor Fritz-Alfred Popp spoke about the distribution of energy in matter and its effects on the properties of matter. He pointed out that Reich was one of the first to emphasis that the properties of matter are determined not by the quantity of the energy - "there is always enough energy" he says - but by the *distribution* of the energy. How the energy system - body psychotherapists would say how the *patient* - is organized determines not only what he does, but also both how and why he does it.

Dr. Popp went on to explain that as he studied the organization processes of energy as it developed into systems, he discovered a surprising fact. As the system organizes, as it becomes more "individual"; he had expected communication and "community" to decrease between systems. But in fact they found that as energy organizes into systems ... "it increases in both individuality as well as community." Translated into psychological terms this means that as someone differentiates and develops borders and a clearer sense of self, they are in a much better position to make contact and enter into relationships. They must separate from others



*in order to form relationships*. In object relations theory this is accomplished by the differentiation and separation phases. Energetically, this is the functioning of the instroke.

This increased capability for contact is exactly what we found by mobilizing the instroke of the pulsation. Surprisingly, by supporting the clients "inward" movement, which at first appears to take him away from others and break contact, he is in fact better able to make contact with others. Traditionally we have thought of building relationships as a coming out process whereby the organism learns to form relationship by making contact with another - an outstroke process. In the contact with the other person, we learn relationship. Our whole culture supports the idea of being social, in contact, not alone etc. The functioning of the instroke offers the idea that in order to make good contact with another; we must first have a well developed self-contact. We return to ourselves, organize ourselves, create ourselves, - our energy systems - and as a *result* of this process, we build better relationships. Relationship development is not seen in terms of contact with others, but primarily in terms of self-contact. (In chaos theory they call this "self referential in the first line".)

The mobilization of the instroke is a gathering process. The patient gathers and organizes her resources resulting in a better sense of who she is. As one patient said, "...for them to see what I have and what I do not have." We can tell when the instroke is mobilized because one of the signs is that the patient gets a distance from his or her character armor. She can look at it more objectively, seeing its history, and its negative aspects and how those negative aspects interfere in her life. But surprisingly, she does this without any negative self-judging.

Another sign that the instroke is developing is that the explanatory language of the patient changes. They no longer talk about themselves and their relationships *in terms of others*. Typically when talking about problems at work or in a relationship, they usually talk about how the other person caused this or that problem, or how the response of the other person caused a problem for them. In more intense situations there is a lot of blaming and judging of the other person. When the instroke begins to mobilize, they begin to use "I" and "me" more and drop "he", "she", and "they". They become curious about themselves and their focus of attention shifts from the others to themselves. They become less interested in what the others are doing, and more interested in what they are doing. One patient, talking about some difficult family dynamics said, "I am not a part of that play any more". Again it's important to emphasize that when it is an instroke process, they do not engage in self-judgment and blame.

There are many clinical implications from the instroke. The relationship to the therapist changes significantly. The *place* of change and healing is no longer directly within the patient/therapist relationship. The therapist's role shifts more to supporting the instroke and the self-organizing process and then being receptive for the patient. The therapist becomes not a person for the patient to *act out* his problems on but a person available for the patient to *act on* his new sense of himself and try out his newfound resources.

The resources mentioned above include emotions, sensations and a wide array of psychic structures associated with the self and the ego. As a result of the gathering process, the patient is able to be more clear about who he is. This clarity includes the so-called negative aspects of his structures, for example: blocks, fears, emotions from the armor, and a lack of confidence or sexual potency. Paradoxically, he is able to do this in both a more subjective and objective way and even with humor. He can laugh at his own silliness.



When the instroke functions openly, there is no self-crisis, no de-compensation or fragmentation as these negative aspects become clearer. One reason he is able to keep this balanced view is because he can balance it out with a stronger and clearer sense of his positive aspects. He evaluates his overall situation as not so bad. The instroke acts as an integrator of sensations, feelings, emotions and thoughts bringing together these diverse experiences into a meaningful whole. What previously had been conflicting experiences - feeling one thing yet thinking another - now becomes unified through the gathering and clarifying of the instroke. After a deep discharge of sadness and loneliness, one woman, realizing how alone she was in her life, why she was so sad *and* at the same time how strong she was, stood up, looked out the window and said to no one in particular, "I can live with this."

Besides the balancing that goes on between the clearer sense of the positive and negative aspects of who the person is, there is another interesting phenomena that occurs through the mobilization of the instroke. Not only do people re-discover who they are, but there is also a developmental process happening where-by new psychic structures are developing specifically in terms of self representations. Developmental processes that had been blocked or arrested begin to move again and the patient continues to develop a true self. This supports being better able to develop true relationships.

Another implication for therapy is the changing roles that transference, projection and projective identification play. As the client becomes more curious about his own self-process, he becomes less interested in the therapist as a means where-by he can discover himself. It is less necessary and important to act out unconscious feelings and beliefs on the person of the therapist. There is greater self-awareness and more responsibility taking. And, of course, as a result, there is less counter-transference in the therapeutic relationship.

Another advantage of the instroke process is that patients who have difficulty developing transference - such as the narcissist - can now be worked with more effectively. The therapeutic process is no longer dependent upon this phenomenon.

# **Discussion 2: An Energetic Perspective to Relationship**

#### Reich and the New Sciences

Reich's (1973) energy concepts have always been controversial. His interest in continuing to study Freud's original libido while mainstream psychoanalysis moved towards the ego concept caused a split between his work and the analysts. Later, the energy theme was to split psychology and what became known as body psychotherapy. Even today, the energy theme splits body psychotherapy among those who do believe in a life force, those who don't and those who aren't clear one way or the other: the true believers, the atheists, and the agnostics.

At the same time, research in the disciplines of biology and physics both helps to support the general concept of a universal force at work as described by Reich (1973) and the more specific realities of how the acknowledged energies of electricity, magnetism, light and heat have direct effect on our relationship with patients. I would like first to make some general statements about recent discoveries that give some encouragement to the belief that a more subtle



and primary force is at work in the universe than is generally acknowledged and then to offer specific information and models of how our therapeutic approaches can be effective.

Despite denials to the otherwise, it seems clear that an energy concept is unavoidable in psychotherapy. No matter how hard we try, and I don't mean just body psychotherapists, but physicists, biologists and therapists in general, we cannot seem to do without it.

In the psychotherapy field, we see that an energy concept is necessary. Gestalt therapy uses the term energy without describing it. As Arthur Efron (1985) points out, Kernberg postulates that object relations is dependent upon "affect dispositions" being energized by some force. The early ego psychoanalysts Ferden states that the ego "expands and contracts" and uses this to describe how dreams and psychotic states come about. (Rinsley, 1997) But how does the self develop, or the ego for that matter? How do they develop, differentiate and deteriorate? Something must be "energizing them".

In classical physics there are a number of theoretical concepts that are of interest. One is that there is a "zero point" - an absence of energy and then, an "energy" even lower than zero. In Reichian terms this could be seen as the orgone - a "non"-energy that exists below the accepted energies.

Einstein postulated a "cosmological constant" - an evenly distributed energy that exerts a *negative* pressure to counteract the restraining force of gravity. Reich's organe functions as a pulsatory balancing of forces.

In cosmology they formulate a "coasting expansion" of the universe, whereby the universe is not infinitely expanding. (There is still debate about the "big bang" and the concept of a never-ending expansion of the universe.) This concept postulates that the universe will not collapse or thin out indefinitely but should maintain a gravitational balance between the two alternatives of collapse and infinite expansion. In Reichian terms, this would be pulsation. Along these same lines, recent findings that the universe is accelerating in its expansion are also proof that there is a "missing energy".

To continue along these same theoretical lines, physical matter makes up only 40% of the mass in the universe. The remainder is called various names: cold, dark matter, invisible matter and exotic matter. I would add the name orgone or a transformation of it since orgone is mass free.

Lastly, and something we can apply more directly in our work, is the knowledge coming out of the research in chaos theory. For one, the "attractor" force seen in the universe could be understood as Reich's concept that the orgone gathers itself - in opposition to the 2<sup>nd</sup> law of thermodynamics. This is also what I earlier have referred to as the instroke of the pulsation. This principle implies self-organization and self-regulation. If energy systems are spontaneously capable of self-organizing and self-regulating, how do we view the role of the therapist? What is the proper relationship to the client? What do we have to do *for* the patient and *to* the patient? And what is it exactly that we have to help get started in the patient and then support? In chaos theory they talk about systems being inherently self-starting. If this is true, is therapy self-starting? And by who? The patient or the two of us? Or is it the relationship that is the catalyst for the therapy process?

Chaos theory points out that there is an interesting phenomenon in the universe. Systems and structures - including people - go from an ordered state to a disordered state and then *sponta*-



neously back to order. What surprised and confused the physicist was how in all that disorder could order arise again? It must mean that in all systems - people included - there is a spontaneous, natural "desire" towards order, structure and stability. Again, as a Reichian, I suggest that this is a formulation of orgone, and again, if this is true, there are many clinical implications for therapists.

One technical question that comes from this discussion about the breaking down of order and structure is what is the difference between healthy change, growth and development and instability, de-compensation, panic, crisis and schizoid or psychotic splitting off? We know that if we work too quickly or in other ways inadequately, then the organism becomes unstable and begins to de-compensate deteriorate and dissipate. One problem with the discharge and expression model has always been that some character structures are too threaten by this method. If we break through the armor before the patient has developed new healthy psychic structures to replace the old armored ones, they will go into crisis and panic and we must do a lot of supporting and integration.

On the other hand, if we can differentiate between a breakdown and a period of disorder *as a way to create a new order*, as a giving up of the old armored behaviors because the patient has new structures to rely on, then we can trust and support the process. Then the organism feels itself secure and while it may be a difficult process; it remains a safe and beneficial one.

## **Energetics**

Besides the theme of order and chaos, there are more specific elements of energetics that play a direct role in our relationship with our patients. Research has shown that the body - both of the therapist and the patient - is a generator, amplifier, transmitter and receiver of energies. There are two closely connected aspects to all of these phenomena.

One aspect is the connective tissue, the largest protein mass in the body. The connective tissue is the physical place in the body where and how energy can be generated, amplified, transmitted and received.

The second aspect is the different energies themselves as they move through the body, primarily through the functioning of the connective tissue.

First some information about connective tissue and how it acts as a carrier of the various energies: magnetism, electricity, sound, heat, etc. Connective tissue (CT) is made up of three components: collagen fibers (protein), cells and ground substance. In the 1950's the biophysicist Szent-Gyorgyi - a Nobel Prize winner for discovering vitamin C - predicted that collagen fibers are semi-conductors and are capable of carrying electrons and protons. He proved to be right. He saw that because of their structure and properties, collagen fibers not only carries charge, but also act as an *energy continua* throughout the whole body.

There is a continuous flow of energy and information passing through the whole body by means of the connective tissue. This is possible because all parts of the body from the macro to the micro and from the periphery to the core are connected to each other through the *connective* tissue. There is a direct physical connection - an energetic connection also - between the surfaces of the skin down to the nucleus of every cell! Therefore, any input from the therapist, any information into the system who we call the patient, will be registered throughout



the whole system. As I will explain shortly, this energy input can be activated through direct touch and merely by being in the same room.

Besides the influence from the therapist, simultaneously, there is an *intra-organismic* energy flow that is fully functioning at all times. So the organism is continually experiencing both its own experience of itself and the experience of other(s) simultaneously throughout the whole body.

This is true in an idealized healthy state, but there is misinformation passing into and through and out of the body due to diseased states including stress and muscular and psychic blocking. Information is still being processed, but it is distorted information that results in loss of contact with reality. Imagine how disorder and disease changes the experience of touch from the therapist to patient. A caring touch could be experienced as a seductive touch in dehydrated connective tissue. A gentle touch could be experienced as invasive. A hard, demanding touch by the therapist could be experienced as powerful and knowing and the patient could mistakenly give up too much responsibility to the therapist.

How is this energy transmitted? There are primarily two ways. One is by direct touch which is common in body psychotherapy. The other is merely by people being in the same room together, which is also common is body psychotherapy.

Let's look at the second of the two. Every organ, in fact every activity in the body produces a bio-magnetic field. It is now possible to measure these fields. The heart has the strongest field with the brain a poor second!

All energy fields are made up of vibrating frequencies that radiate out. Studies have shown that two people sitting in the same room will soon have their separate bio-magnetic frequencies resonating. (As referenced in Oschman 1997) Their energetic frequencies get in attunement with each other. They do not have to even be touching, simply being within physical presence will do! Touching increases this relationship. As body psychotherapists, we can add a new dimension to our understanding of transference, counter-transference, resonance, projective identification, somatic resonance, vegetative identification, somatic transference etc. There is a physical reality. It is not merely metaphor.

But we also mustn't forget that resonance and harmony are dependent upon, the transmitter and the receiver and if either is "out of tune" we must ask what information is being passed and processed? If I am unclear as therapist, my transmission will be different from what I think I am transmitting. This "mis" transmission may be received clearly by the patient but it will still cause trouble between us because I am not clear. It is also very likely that this misinformation will be distorted in its reception by the patient further complicating the therapeutic process. The opposite is equally true of course when the patient is sending unclear messages and the therapist may or may not receive these clearly. Many other variations of this theme are also possible.

These studies seem to support the concept of a *field theory* in therapy. It implies that information can be passed through space between two resonating systems without having to speak or touch. We are already in relationship just by the fact of our physical presence. Who we are determines the information we are broadcasting to the patient as well as what we are receiving. As therapists, we are also receiving information, from them. In this sense, we define true relationship as *the full resonating state* between patient and therapist



### **Energetics and Touch in Relationship**

I would like to quickly outline some models for how we create ..."the profound relationship with the patient through the energetic and corporal factors." that was the theme of the  $2^{nd}$  European Bioenergetic Congress in Barcelona.

When we touch our clients we are applying various forms of pressure on the tissue. This creates an electrical phenomenon called the piezoelectric effect whereby an electric current is created. Because of the above-mentioned semi-conductor quality of collagen fibers, this current is carried along throughout the body. It is information to the organism. We cannot overlook the fact that every touch we make puts information into the organism creating an energetic flow throughout the whole body. Equally, we should not forget that the health or disorder of the tissue system would determine *what* information gets into the system. It may not be the same as what we intend.

Studies have shown that all people radiate bio-magnetic waves through the hands. One study has shown that healers - of different disciplines - generate the same wave frequencies when healing (1990) Robert Becker (In Oschman, 1998) has shown that there is a separate "digital" or direct electrical current (DC for direct current) nervous system outside of and parallel to the central nervous system. Surrounding all the nerves in the central nervous systems are the insulating myelin sheaths that are composed of a form of connective tissue. The nerves of the central nervous system inside this sheath carry a different from of electrical current called alternating current or AC. But Becker points out that there is a parallel electrical current - in effect another nervous system - that is carrying electrical current and therefore information throughout the body.

This parallel system is found in the myelin sheaths surrounding the nerves of the central nervous system and is also carrying an electrical current. He calls this a peri-neural system. Peri means to surround. Therefore, we have a neural system surrounding another neural system. In this case the myelin sheaths are surrounding the central nervous system and both are carrying different electrical currents. The brain emits rhythmic electrical impulses of varying frequencies - brain waves - depending on whether the person is deep in thought, deep in sleep, dreaming etc. The myelin sheaths of the central nervous system carry the direct current of the brain waves to all parts of the body. This is why the electrical impulses in the brain can be measured anywhere in the body although they generally measure them on the head. In fact the circulatory system, the lymphatic system, the respiratory system all have DC electrical transmission phenomena of this type.

The brain waves are transmitted throughout the body via this peri-neural system all the way to the hands. It is also known that as we practice a physical movement, that area of the brain that is involved in the movement will generate more electrical impulses. As a consequence, it seems that as touch practitioners, when we practice our physical techniques over and over again, we are generating more and more impulses in the brain that are then directly transmitted to the patient by our touch. We get more powerful the longer we work!

#### Instroke, the Still Point and Brain Waves

When we successfully mobilize an open instroke, the patient goes deeply in and passes through a variety of altered states of consciousness. The strongest instroke is a period of deep



relaxation, calmness and peace and the movement towards order that I discussed earlier. In Functional Analysis we understand this peaceful, open state to be the completion phase of the instroke before it turns around and begins to move out. It is similar to when the tides of the ocean change. There is a noticeable period of gathering, of quiet and of stillness. And the stronger the tides, the stronger this effect is once one movement has stopped and the next is beginning.

This description is similar to what the osteopaths call the "still point". They describe a similar phenomenon in their work and it is probably what we are calling the completion of the instroke of the pulsation.

Oschman (1998), summarizing the research of a number of scientists, reports that there is an interesting physical phenomenon in the brain that I think may account for this still point/instroke, and it may be possible to induce it in our patients by mobilizing the instroke. Brain waves are regulated by the thalamus. Within the thalamus, calcium ions leak into the thalamic neurons and these ions begin to oscillate for 1.5-28 seconds. (Destex, A. Babloyantz, A., Sejnowski, T.J., in Oschman, 1998) The result is that the brain waves are affected by this oscillation and these impulses from the brain begin to resonate with the ionic oscillation. The ions and the brain waves vibrate at the same rate. This is called entrainment. But then, too much calcium leaks into the thalamus and the ionic oscillations stop for 5-25 seconds. At this point, the brain waves run free - they have no control mechanism and are free to "wander" about and are susceptible to other outside influences, other vibrations. This may be the time when it is possible to influence the instroke and it may also be the "still point" of the osteopaths. This is a powerful free run chaotic state that may be in fact a deep opening, a letting go and a gathering in order to *re-organize*. It may be a deep, powerful, possibility for change and healing.

As mentioned earlier, at this point, the brain waves can be influenced by other vibration frequencies and can resonate with them. One possibility would be the fact that brain waves are affected by bio-magnetic waves. What effects would it have if the bio-magnetic waves from the organs entrain the brain waves? And since it is shown that two people sitting together begin to resonate with their bio-magnetic fields, in the therapeutic setting, are we influencing the brain waves of each other and if so in what way? And what is happening through the touch of the therapist? What effects on the brain waves of the patient is the vibrational information the therapist is inducing into the system of the patient by physical touch? All of this is open for speculation and investigation.

One interesting speculation is about the above-mentioned energetic transmission of the therapist brain waves via the perineural system out the hands and into the patient. Can the frequencies coming out of the hands induce a still point - that in Reichian terms we would call the instroke? Can the brain waves of these two reach attunement? When the brain waves of the patient are running free, does the therapist's touch have an increased influence?

In my experience, the answer to the last question is no. During this deep instroke, I can remain in contact with the patient, but the more they move in, the less influence I sense I have although paradoxically the sense of contact increases. They seem in fact to become better bordered and more focused within themselves. In my opinion, the gathering movement of the instroke is a bordering process creating greater stability as the person moves towards a deeper



and clearer sense of self. Yet it does seem possible to induce an instroke but without invading the person. The therapist can act as catalyst, but not creator.

A second formulation is based on the effects of the "Schuman's Resonance". It was Schuman who proved that there is a geo-magnetic field pulsating all around the earth. It is known that there is geo-magnetic and bio-magnetic field attunement established between people and these atmospheric pulsations. In fact, studies have shown that there is an increase in psychiatric admissions during sunbursts, strong earth storms and other space and atmospheric disturbances that effect the pulsation of the geo-magnetic field. And Becker has shown that the perineural current of the brain waves carried on the myelin sheaths is affected by magnetism. Oschman (1998) has formulated a model of how, when the brain waves run free, they may be influenced by such external forces as the therapist's touch and/or the earth's geo-magnetic waves.

# **Summary**

To sum up the first point in our discussion, Functional Analysis takes the position that the preconditions for relationship: a sense of self, well developed borders, clear differentiation etc., are all instroke functions. Therefore, a necessary precondition to develop relationship self to other - is to develop the self to self relationship first. This is best done by mobilizing the gathering and focusing phase of the pulsation, the instroke. When the instroke is mobilized, we see a strong movement towards the center that differs qualitatively from a contraction and we see spontaneous border development. There is a clearer differentiation by the patient who he is and what he needs and between himself and others. As a result, there is an increased contact first with the self and then with others, producing a stronger bonding in the relationship that is based more on the reality principle and less on the acting out of neurotic needs. In addition, new psychic structures are created whose development previously had been arrested, distorted or disturbed.

To summarize our discussion on energetics and touch it is clear that some form of energy concept is important in therapy and that even *classical* physics is still open to the possibility of a discovery of a "new" energy or force. As a Reichian, I like to think that this has something to do with Reich's formulation of orgone.

And, we are creating relationship with our patients through energetic means both by being present with them and especially by touching them. Two people can get into an energetic and personal relationship simply by being together. And as therapists who touch, we can act as a catalyst for the existing energy systems of the patient as well as adding information to that system. Simply by being energetic systems, we create powerful, yet subtle contact and relationship between our patient and ourselves.



# **Bibliography**

Efron, A., (1985) The Journal of Mind and Behavior, Vol.6, Nos. 1&2, Box 522 Village Station, NY, NY 10014.

Oschman, J., (1997) <u>Readings on the Scientific Basis of Bodywork, Energetic and Movement Therapies.</u> Dover, New Hampshire, USA

Oschman, J., (1998) What is "Healing Energy?", The Scientific Basis of Energy Medicine. <u>Journal of Bodywork and Movement Therapies.</u> October 1996-January 1998. (His books are published privately and he can be reached at N.O.R.A., PO Box 5101, Dover, New Hampshire, 03821, USA. Fax: 01 603 742 2595.)

Reich, W., (1973) Ether, God and Devil, Farrar, Strauss and Giroux, New York.

Rinsley, D., (1997) <u>Borderline and Other Self Disorders</u>. Jason Aronson Inc., Northvale, New Jersey.

Zimmerman, J., (1990) Laying-on-of-Hands-Healing and Therapeutic Touch: a testable theory, BEMI Currents, Journal of the Bio-Electro-Magnetics Institute

**♦** 

will davis Mas de La Capelle Route de Saint Côme 30420 Calvisson France +33 (0) 466 81 43 25 willdavis@online.fr