



FUNCTIONAL ANALYSIS

**ENERGETICS**

and

**THERAPEUTIC TOUCH**

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# ENERGETICS AND THERAPEUTIC TOUCH

## Key-words

Reich, chaos, instroke, connective tissue, ground substance, self-organizing, field theory, bio-magnetism, still point.

## Abstract

The energy concepts of Wilhelm Reich continue to be controversial. Recent research in the physical sciences, while not confirming Reich's view can be understood to give some support to his position. At the same time, research in the acknowledged energies of magnetism, electricity, etc. has produced findings that have direct application to the practice of body psychotherapy. Drawing from recent research, I offer some models to understand the energetic relationship between therapist and patient with special emphasis on the energetic processes involved in touch.

## Introduction

Reich's 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 psychotherapists among those who do believe that there is a creative force at work, those who don't and those who aren't clear one way or the other (believers, atheists, and agnostics).

At the same time, research in the disciplines of biology and physics helps to support the general concept of an unacknowledged universal force at work as described by Reich, and 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. Then, drawing from research in the acknowledged energies, I offer specific information and models of how our therapeutic approaches can be effective from an energetic perspective.

## Therapy and the New Sciences

It seems clear that a primary energy concept is unavoidable. 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 therapy field, we see that an energy concept is necessary. Gestalt therapy uses the term energy without describing it. Kernberg postulates that object relations is dependent upon



“affect dispositions” being energized by some force. (Efron) The early ego psychoanalysts Federn states that the ego “expands and contracts” and uses this to describe how dreams and psychotic states come about. (Rinsley) How does the self develop, or the ego for that matter? How do they develop, differentiate and deteriorate? Something must be energizing them in some form or another.

In classical physics there is 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. This could be seen as Reich’s pulsatory function - a balancing out of opposing energetic forces. In cosmology they formulate a “coasting expansion” of the universe, whereby the universe is not infinitely expanding<sup>1</sup>. A coasting expansion 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. Again, in Reichian terms, this could be seen as further support for the concept of pulsation. In addition, recent findings that the universe is accelerating in its expansion are proof - “the smoking gun” - 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 more exactly, a variation of it since orgone is mass free.

## Chaos Theory and Body Psychotherapy

Lastly, and something we can apply more directly in body psychology, 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 principle implies self-organization and self-regulation are more than humanistic concepts and these two phenomena can be understood in terms of the functioning of the instroke of the pulsation. If energy systems - patients - 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 patient? 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 and then support so that the patient can and will self-organize and self regulate? And how do we do that? In chaos theory they talk about systems being inherently self-starting, auto-poetic. If this is true, is therapy self-starting? And by whom: the patient, the therapist, or both? Is it the relationship that acts as the catalyst for the self-starting system in the patient?

Chaos theory has shown that systems and structures - including people - go from an ordered state to a disordered state and then *spontaneously back to order*. This is Reich’s formulation of orgone, and again, if this is true, there are a lot of clinical implications for therapists. Carl Rogers also postulated a self-organizing principle in people in the 1950’s and based his client-centered therapy on it. 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

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<sup>1</sup> There is still a lot of debate about the “big bang” and the concept of a never-ending expansion of the universe.



spontaneous, natural movement towards order, structure and stability with periods of disorder necessary for a new ordering process to develop and complete itself. With this formulation, it implies that in our patients there is a self-regulating system so that the patient knows what it needs, and how to get it. And, one thing that is necessary in order to get it, is that the patient has to go through what Jantsch calls an “instability threshold” whereby the old structure disintegrates so that a new structure develops. In chaos theory they call this “the edge”, the border between stability and instability. This is also called growth. In nature we see this phenomena. The normally well-defended crab has a hard shell that protects it from dangers as well as having the ability to both fight and run away. But periodically, the crab naturally secretes a chemical that softens the shell. At this point, it is defenseless. It cannot run or fight and its usual hard, protective shell is more like rubber. At the same time, this softening allows the crab to expand, to grow. After this period of disorder, the crab re-organizes itself and its shell becomes hard again and the crab has grown bigger and stronger.

One therapeutic question arising from this discussion about the breaking down of order and structure is what is the difference between healthy change - crossing over the instability threshold and the resultant growth and development - and de-compensation, fragmentation 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. Yet we know that the “old” systems must be altered somehow. One problem with the discharge and expression model in Reichian work has always been that early-disturbed character structures are too threatened 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 fragment and go into existential crisis. On the other hand, if we can develop functional criteria, we can differentiate between a true breakdown and a period of disorder *as a way to create a new order...* Only then does the organism feel secure and while it may be a difficult process, it remains a safe and beneficial one we may trust and support.

In my therapeutic experience with this process, I would not use the word chaos. From a traditional science and mechanistic point of view, structure and order have the highest value. When this order begins to dissolve, it is easy to conclude that the system is breaking down and something good will come again only when the organism is re-structured. But the question must be asked, “What is breaking down?” From a therapeutic point of view, what is usually beginning to break down is the neurotic structure or the armor. This type of order in the system, while useful in its limited way, is not the true order Reich, Rogers and others talk about. The neurotic structure is a sign of *disorder* in the system and its successful dissolution is not chaos, but a moving towards order. I see this clearly in my work when I mobilize the instroke of the pulsation. The organism moves back to its self and leaves the old neurotic order behind. What is being pointed out here is that when the instroke is successfully mobilized, what may on the surface appear to be chaos in the negative sense of decompensation, is in reality an organizing process. If we can keep this in our focus during the therapy, we do not see chaos but an attempt to move towards a new order. On a superficial level, it may look like chaos and the patient is beginning to disintegrate. And, if we stay with this superficial focus in our therapy, we will only support the patient in re-organizing its neurotic material and stifle any true growth. If we support the spontaneous re-organizing process then the patient will feel secure in the changing of the order because he/she can sense the underlying movement towards order. In working with patients, there are very specific



criteria for distinguishing between a dangerous de-compensation and a healthy giving up of the old neurotic order as the organism moves towards order. The first is experienced only as a loss and fear and panic arise. The second is experienced as moving *towards* something and this gives a sense of security within a state of tolerable confusion. Bo Ahrenfelt in a presentation At the European Body Psychotherapy Congress in 1999 considers this as a movement from drive theory - with its inherent conflicts - to a theory of self-organization.

As an example, one patient came in and said he was “lost in the universe.” This was a highly structured man who over identified himself with high standards of performance, was other oriented and now felt that he was falling apart because he could no longer work on the same over focused level he had known his whole life. He was beginning to feel he was on the edge of a crisis. But when questioned further, he reported some interesting experiences. He took responsibility for his history of treating his younger brother very badly and wanted to stop doing that. Interestingly enough, although he took the responsibility for this, it was clear to him that this was not an attempt to overcome any guilt. He was simply beginning to realize that he in fact liked his younger brother and saw no reason to continue to treat him badly. He also came to terms with the fact that despite what his older brother said to the contrary, he now confirmed a lifelong suspicion that the older brother did not care for him nearly as much as he professed to. And, besides getting in touch again with his estranged father after 10 years, he said “I realize that my mother is not as bad as I thought she was because otherwise, I would be even crazier than I am!”

It is clear from this reportage that he was not de-compensating or fragmenting. Somebody losing his/her central grounding does not achieve this type of clarity of mind around primary relationships taking adult, reality oriented, guilt free responsibility for his/her own actions. It is clear that the patient’s initial sense of panic was the sense of loss when moving away from the rigid ego structure of his over performing. He over identified with it and when he began to separate from it, he felt the so-called disorder and became nervous. But once he could refocus and identify with the instoke movement, he felt the movement towards a new ordering of his life and was secure enough to let go of the “old order”.

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

## Connective Tissue

First some information about connective tissue and how it acts as a carrier of the various energies: magnetism, electricity, sound, and heat. Connective tissue (CT) is made up of three components: fibers (protein), cells and ground substance. The type of connective tissue will vary depending on the different combinations of these three components. Its various forms make up a bewildering array of possibilities and this incomplete listing immediately shows this tissue’s versatility and importance: fascia, cartilage, bone, blood plasma, tendons,



ligaments, the cornea of the eye, myelin sheaths, fascia and fat cells. In terms of its functions, CT is directly involved with the following bodily activities: metabolism, growth, healing of wounds, immune system activation, disease prevention by isolating infections and walling in tumors, integration, protection of the body against intrusions and injury, support and creating erectness in the body through hydrostatic pressure and the creation of space for all organs and tissues. It produces or activates heparin, glandular secretions and phagocytes. Lastly, it connects all parts of the body producing unity, wholeness and a network system for energy transfer.

As we have already seen, CT is an amazingly plastic medium. One reason for this is its astounding ability to change form by changing its viscosity. CT has the unique ability to transform itself from a liquid state (blood plasma), to a gelatin (cartilage), to a solid (bone) to a crystalline state (dehydrated collagen fibers)... *and then back again!* These transformations can be activated by electricity, heat, pressure, magnetism, and sound. By any one of these energetic processes, we can transform the tissue state and therefore its energetic functioning. In body psychotherapy, pressure is the most common form used. Any physical movement, any exercise or stretching, will produce internal pressure affecting the state of the tissue. Also, direct touch will do the same. Functional Analysis uses the gentle touch method of Points & Positions (Davis, 1990) to directly effect the condition of the CT. Understanding CT functioning has helped to realize that the muscular blockings described by Reich are in fact not in the muscles per se, but in the surrounding and intervening CT. Release of contraction can only come once the CT has re-ordered itself and returned to its more hydrated, gelatinous state from its contracted, dehydrated, holding state. It is worthwhile to point out that in the physical realm; the CT's ability to re-order itself is the same as the self organizing phenomenon mentioned earlier in the chaos theory discussion.

The state of the viscosity is best represented by the condition of the ground substance and is determined by the hydration level. The hydration level will in turn directly effect energy transmission. (More on this later) Ground substance is an inclusive term for a number of other terms: interstitial tissue, cytoplasm, extra cellular matrix, plasma, inter cellular matrix etc. It is similar to egg white in its consistency, its amorphous quality and in its chemical make-up. It is a viscous, translucent mixture of sugar, protein and carbohydrates that is "surprisingly uniform throughout all vertebrates and possibly all invertebrates."

The health of the ground substance (GS) is essential for health in general and also for energetic transmissions and information flow. The GS penetrates and surrounds all tissues, organs and cells in the body. It is the "soup" within which all body cells, tissues and organs exist in and function in. It is even possible that GS has a direct effect on the cell's nuclear activity. Energetic transmissions pass either directly through the GS or through another medium, such as the collagen fibers, which are themselves embedded in the GS. The most important factor in this type of energetic transmission in the GS is hydration. As the CT is stressed it begins to dehydrate reducing the water content. It is known that electrons and protons are carried throughout the body by the water molecules in the GS. As the tissue dehydrates, its ability to carry electrons and protons decreases significantly. For example, a decrease in water content of 10%-20% slows proton flow by 5000 fold. This means that energy, and therefore information, is not being transmitted through the organism. The unity of the organism is decreased. The results will be a decreased sense of self experience and self awareness. As Oschman write (1997): "The flow of energy/information through a system



tends to organize that system and thereby enhance the further flow of energy.” The opposite is also true.

## The Network System

As mentioned earlier, the CT forms a network or to use Alfred Szent-Györgyi’s (Oschman, 1997) expression, an energy continua, throughout the whole body. For example, through the CT, we have within us an interconnected system that extends from the superficial fascia under the skin to the deep fascia surrounding all organs and internal structures. The deep fascia is connected to the interstitial tissue (the webbing between cells) which in turn connects to all cell walls via collagen fibers. The connecting collagen fibers to the cell walls pass information through the wall to the inside of the cell through the activity of glycol-proteins and calcium ions on either side of the wall. From there, the information passes through the cell cytoplasm via a cellular “skeleton” of contractile tubules that are in turn connected to the nuclear wall. This transmission system continues on through the nuclear plasma to the DNA.

Although this continuum is described in a linear fashion, it is important to keep in mind that this all works in “3-D”. Because the CT provides a physical structure whereby all parts of the body are interconnected, the energy/information is being passed around the body in all directions at the same time.

## Bio-magnetism

Besides the direct transmission of electrons and protons throughout the body, there is another energetic system at work. The whole of physical existence is vibrations, frequencies and cycles. All physical matter vibrates and within the body, these vibrations begin to interact, they begin to resonate with each other. As a result this entrainment – whereby the different frequencies harmonize with each other - of vibrations produces information and communication. The various organs and functions are communicating with each other and their surrounding tissues by this system. As an example of this type of energetic transmission, James Oschman (1997) points out that each organ has its own bio-magnetic field. These fields begin to resonate, to “listen” to each other, informing each other as to what is going on in other areas of the body. Jantsch calls this non-linear functioning “unfolding” as a flower does when blossoming. It opens in all directions at once, the “3-D” effect mentioned earlier. This helps to explain some of the unexpected and, until now, unexplainable physical responses we get in body psychotherapy as well as the surprising responses in the emotional, psychic and mental realm. Memories suddenly appear, seemingly unrelated physical sensations and movements come; realizations, connections and understandings suddenly coalesce for no apparent reason.

For example, in a workshop I had a young man with a strong schizoid character. He was thin, undernourished physically and emotionally, distant from others and basically without any emotional expression. Life was processed through his intellect. I had done a series of Points & Positions sessions on his back and after each session he reported no specific effects or experience. Suddenly in the ninth session, he began to sob deeply and openly. He later reported that in the session he had suddenly realized that his stepmother loved him. He totally re-organized his view of who she was and her relationship to him. He said “Now I see that she tried to love me in her own way. I always thought she treated me that way because she didn’t





love me.” We had never discussed his relationship to his stepmother; in fact, I didn’t even know he had lost his mother although it was clear from his functioning that there had been some early disturbance. It is my contention that this type of spontaneous, integrated reorganization can only take place due to such factors as the functioning of the CT and the existence of bio-magnetic fields

As Reich understood and as Dr. Fritz Popp<sup>2</sup> recently reiterated at the European Association of Body Psychotherapists Congress in Travemünde, the properties of matter are determined by how the energy distributes itself over matter. The physical body functions according to its energetic distribution and further onto its organization. As Reich states, *form follows function*. Information and misinformation flowing through the energy continuum determines who and what we are. How this energy is organized or disorganized, how the information or misinformation flows is the energetic reality of character structures. Information flow in the hysteric is quite different than in the schizoid. How this information is received and interpreted produces the behaviors - both psychic and physical - of each structure. For example, because electrons and protons are carried by the water in the ground substance, the “watery” quality of the hysteric’s body could produce a flooding quality overwhelming him or her with emotions that quickly pass through like a summer storm. In contrast, the contracted, dehydrated tissue of the schizoid limits his emotional response to an over focused, laser-like quality that could freeze a relationship forever if something goes wrong for him in the contact.

## Collagen fibers and Energetics

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. (Oschman, 1997) He postulated that molecules do not have to be in touch with each other in order to communicate. He proved to be right. When we put this information together with the fact that the structuring of collagen fibers creates an interconnected network throughout the whole body, we then understand why Szent-Gyorgyi used the term *energy continua*.

It has been known for a long time that when stressed, the body will develop additional collagen fibers along the lines of the stress. This is known as Wolff’s law and it specifically refers to physical stress. But there has also been at least one study that indicates that emotional stress also causes build-up of collagen fibers. (Pickup A.J., in Oschman 1997) Since it has been shown that collagen fibers are capable of carrying charge throughout the whole body, and stress develops more collagen fibers, some interesting possibilities arise. For example, although it is not proven, it can be assumed that if additional collagen fibers are built up, there will be a change in the energy flow and thus the information received/ experienced by the organism. One scenario is that more information will pass through this area because of the increase in the *quantity* of the collagen fibers. But the opposite might also be true. Because the area is stressed, even though there are more collagen fibers, there may be an accompanying dehydration process caused by the stress and a decrease in the quantity of the information flow may occur. In addition, we must ask what would be the *quality* of the information/experience if it is passing through relaxed collagen fibers, stressed collagen fibers or dehydrated collagen fibers? What does the organism experience with these different states

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<sup>2</sup> See this volume.



and how does it organize this energy/information? And, as we know from Reich and Popp, how the energy is organized determines the experience.

The research of Herbert Fröhlich (in Oschman 1997) on collagen fibers is also of interest. I stated earlier that the body acts as an amplifier of energy. Fröhlich's studies show that the organization of the collagen fibers acts as an amplifier of the energy input. The energy released from the tissue when it is pressed on is greater than the original input! What then are the implications for touch therapy? Are we simply adding energy to the system through our touch or merely using our input as a catalyst to free the existing energy? Is it our energy input that the patient is experiencing, or our activation of their energy that they experience? Or both? This is another formulation of the auto-poetic or self-starting ability of energetic systems mentioned earlier. It also brings up the issue of self-organization. More specifically, in light of this new information, is the Reichian concept of "charging" the organism through breathing and exercises still a valid one? The concept holds that through breathing and exercises the organism is "charging up" by taking in more energy and this additional energy allows for the patient to "break through" his armor. But in terms of the findings of Fröhlich, it is more likely that the breathing and exercises are not significantly raising the energetic charge level. If anything, the additional energy added by breathing and exercises is merely acting as a catalyst for the existent organismic energy. These techniques are not so much adding more energy to the system - which is what charging means - but rather are amplifying - freeing - the existent organic energy.

This second formulation is what I have been developing for over twenty years with techniques for working with the existent energy within the patient. I have yet to see anyone who doesn't have enough energy. As Dr. Popp pointed out in Travemünde, the problem is not the quantity of energy. "There is always enough energy" he said. The issue is how the energy is organized. Charging the organism isn't necessary. In fact, the problem is "too much" energy. The energy flow is being blocked because the organism cannot tolerate it in a creative way. It will bring emotions, movements and insights that cannot be integrated. What is necessary is not to add to this overcharge, but to help the patient release his *existent* energies in a safe and controlled way so that he can re-organize them in a formulation that is both open and integrated.

The last piece of research that I want to present before bringing all this information together in some working models is that of Robert Becker (in Oschman 1997). His research has shown that there are two nervous systems within the central nervous system. The one is the well-known system of nerve fibers and synapses that carry electrical impulses in an alternating current. These nerves are surrounded by an insulating sheath of connective tissue - the myelin sheaths. This sheathing is called the perineurium and it carries a direct electrical current throughout the whole body! What makes it even more interesting is that this current is the same as the brain waves. (In fact all the major systems have this same CT structuring that carries current. The perivascular system, the perilymphatic system, the periosteum, and the myofascial system are all examples of current carrying systems throughout the body.) Oschman(1998, p.41) writes:

"...Becker describes the properties of the connective tissue layer surrounding the nervous system, called the perineurium. Every nerve fiber in the body, down to its finest terminations, is completely encased in perineural cells of one type or another. Becker recognized a 'dual nervous system' composed of the classical digital (all or none, alternating current: AC) nerve



network, the focus of modern neuro-physiology, and the evolutionarily more ancient perineural system which operates on direct current (DC). The perineural system is a distinct system. It sets up a low voltage current, called the current of injury, that controls injury repair. Oscillations of the direct current field, called brain waves, direct the overall operation of the nervous system, and may regulate consciousness. ...The perineural system is sensitive to magnetic fields...which indicate that semi-conduction is taking place. This discovery simultaneously confirmed Szent-Györgyi's suggestion of semi-conduction in the living matrix."

## A Summary

To summarize, there is a continuous flow of energy - which is information, instructions and experience to the organism - passing through the whole body largely, but not exclusively, 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, as well as an energetic continuum, between the surfaces of the skin down to the nucleus of every cell. This information flows in an "unfolding" pattern throughout the whole body in all different directions. 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. Simultaneously, there is an *intra-organic* 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; self to self as well as self to others. Jantsch calls this "co-evolution" whereby both systems are interacting *and* independent at the same time. This is true in the healthy state as well as in the disordered state. But, due to diseased states, including stress and muscular and psychic blocking, there is *misinformation* passing into, through and out of the body. Information is still being processed, but it is distorted information that results in loss of contact with reality. Imagine how disorder in this energetic system 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.

## Energetic Models for the Therapy Setting

### The Field Perspective

How is all of this energetic research important in body psychotherapy? 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 two people being in the same room together, which is also common in body psychotherapy.

Lets first look at the second of the two. As mentioned, every organ, in fact every activity in the body produces a bio-magnetic field. Of all the organs, the heart has the strongest field. (The brain is a distant second!) All energy fields are made up of vibrating frequencies which



irradiate. Studies have shown that two people sitting in the same room will soon have their separate bio-magnetic field frequencies resonating. They do not even have to be touching, being within physical proximity suffices! With this information body psychotherapists can add a new dimension to such concepts as transference, counter-transference, resonance, projective identification, somatic resonance, vegetative identification and somatic transference. There is a physical, energetic reality to these concepts. It is not merely metaphor. As in any good research, this information brings out as many questions as answers. For example, is resonance the same as transference? Probably not.

If resonance is the attunement of the two bio-magnetic fields, then what, energetically speaking, is being transferred? Resonance is a meeting of energies, not a transferring of energies. Is another energetic form being transmitted - transferred - and carried over to the other person *by means* of the resonating bio-magnetic field? Or in fact is transference a specific form of energetic resonance whereby the therapist's bio-magnetic field is tuning into the vibrating field of the patient and thus "receiving" information? The possibilities are intriguing. But in any formulation, we also mustn't forget that resonance and harmony are dependent upon both the transmitter and the receiver, and if either one is "out of tune", we may question what *quality* of information is being passed and processed? If the therapist is unclear in his/her "transmission", the information sent will be different from what he/she thinks he/she is transmitting. This "miss" transmission may be received clearly by the patient but it will still cause trouble between them because of the discrepancy between what the therapist thinks he/she is doing and what is actually happening. It is also very likely that this miss-information 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.

The position taken supports the concept of a *field theory* in therapy. It implies that information can be passed through space between two systems without speaking or touching being necessary. At least one of these fields is originally bio-magnetic. It is also possible that other fields exist or that other energetic transmissions are being carried by means of the bio-magnetic field. One conclusion which may be reached from this discussion, is that we are in relationship with the patient just through our physical presence. This fact brings up the Heisenberg uncertainty principle, which states that simply by observing, you change the observed object. 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, open resonating state* between patient and therapist.

## Models of Energetic Touch in the Therapeutic Relationship

### The Piezoelectric Effect and Amplification

When we physically touch our patients we are applying various forms of pressure on the tissue. This pressure creates the piezoelectric effect whereby an electric current is created from pressure on the tissue. (The same principle was used in the old style phonograph needle when it rested on the record.) 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 in some fashion. Add to this the findings of Fröhlich, and we are left with the conclusion that therapeutic touch is not only adding some type of energy/information to the patient's system, but also releasing the patient's existent energy due to the amplification properties of the collagen fibers. Touching the patient now takes on new dimensions. The touched body is now not only receiving additional information, but it is also experiencing an increase in self sensation. The research refers specifically to the physical body, but it is clear to any body psychotherapist that the effects of touch are not limited to the physical realm. As the earlier example of the young man who started crying after the nine sessions indicates, the energetic effects touch all characteristic issues at once: body structure, emotions and beliefs. Equally, we should not forget that the health or disorder of the tissue system will determine *what* information is transmitted, how it is received and what the patient does with this information or misinformation. The results may not be the same as intended when we initially touched our patient.

Bio-magnetism and the Perineural System studies prove that all people radiate bio-magnetic waves through the hands. Will Wilson points out that the hands have the strongest wave frequencies in the body. One study has indicated that all healers who work with their hands - of all different disciplines - generate the same wave frequencies when in the healing mode. Robert Becker (in Oschman, 1997) has shown that there is a "digital" or direct current (DC) nervous system outside of the central nervous system by way of the myelin sheath which is a form of connective tissue. The sheaths surrounding the nerves carry a direct current that comes from the brain waves to all parts of the body.

The brain waves are transmitted throughout the body via this perineural 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. It might be said that the more we work, the more powerful we become, and the stronger our influence becomes.

### Instroke, Still Point, and Brain Waves

Reich has described the pulsation of the life force as a rhythmic expansion and contraction from core to periphery and back. We expand towards the world in pleasure and contract back from the world in anxiety. As I have described elsewhere (Davis, 1999), this formulation is inadequate for a number of reasons. For example, when the energy withdraws to the center in sleep, this would have to be called a contraction. Therefore all night long we are in a contracted, anxiety state. In his four beat orgasm formula - tension, charge, discharge, relaxation - Reich writes that the first two beats are in the expansion phase, and the second two in the contraction phase. Taken literally, this means that relaxation is in the contracted, anxiety phase. Obviously this is not what Reich meant. In Functional Analysis, we know that all flows to the periphery are not necessarily expansions. During an incomplete discharge of anger, the eyes, the throat and the diaphragm will all be contracted. Equally, all flows to the



center are not contractions. Therefore, when describing basic pulsation, we use the terminology outstroke and instroke to describe the *direction* of the flow without assigning any qualities or value to the flow such as expansive or contracting.

It is then possible to talk about both the direction of the flow *and* the quality. In fact, the quality of the pulsation determines the experience not the direction. As a result, a flow in either direction can be contracting. Passive aggression is simply blocked anger - a contracted outstroke. Any natural, open flow towards the center is a gathering and condensing process. When the inward flow is interrupted, that is a contraction too. The person never gets to its center or core. When we successfully mobilize an open instroke, the patient goes into a deep centered or meditative state and passes through a variety of altered states of consciousness. The deepest of these may be what the osteopaths call the “still point”. It is a period of deep relaxation, calmness and peace and the movement towards order that I discussed earlier. Now we understand this 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 stillness. And the stronger the tides, the stronger this effect is once one movement has stopped and the next is beginning to begin.

Oschman (1998) reports that there is a physical phenomena in the brain that I think may account for this still point, 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 begin to oscillate for 1.5-28 seconds and entrainment follows in the brain waves. They vibrate at the same rate. But then, too much calcium leaks into the thalamus and the oscillations stop for 5-25 seconds and when this happens, *the brain waves run free*. This may be the still point of the osteopaths. There is a powerful so-called “chaotic state” that may be in fact a letting go and a gathering in order to re-organize. In addition, at this point, the brain waves can resonate with other vibrating frequencies. An example would be the fact that brain waves are affected by bio-magnetic waves. What are the implications for this in terms of bodywork?

One speculation concerns the above-mentioned energetic transmission of the therapist’s 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 - which in Reichian terms would be called the instroke? Can the brain waves of these two reach entrainment /resonance? When the patient’s brain waves 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 he/she moves in - even to the still point - the less influence I sense I have. The patient seems in fact to become better bordered and more focused within him/herself. 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 as 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. (Oschman, 1998) 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 which 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.

## A Summary

To summarize, it is clear that some form of energy concept is important in psychotherapy 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 "new energy" has something to do with Reich's formulation of orgone.

It becomes clear that we are creating a relationship with our patients through energetic means both by being present and especially by touching them. There is simultaneously an energetic field and a network system at work in body psychotherapy. 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 ourselves and our patient. Exactly how and to what extent this is happening is still an open discussion.

With this text I am looking to explore the relationship between findings in physics and biology and their possible application to body psychotherapy. A great deal of this paper is speculation. It is a first attempt to see if we can model basic energetic and biological phenomena into a meaningful whole that we can use in our practice of body psychotherapy to deepen our understanding and our therapeutic interventions.

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