

Note: Since this is a selection from the book, some references are to material explained earlier so it is necessary to clarify them here.

Research has shown that connective tissue is not the inert “packing” material usually described in anatomical and medical texts. For example, recent research has shown that fascia can now be considered our “richest sensory organ” and there is interoception in this tissue. More importantly for touch therapists there is individual *interpretation* of that interoception.

### **Touch, Interoception and Interpretation**

Returning to the issue of transmission and reception a therapist can touch different patients in the same manner, but each patient will experience their version of the *quality* of that touch. In discussing interoception with Myers, Schleip (2019) emphasized that interoception is not direct input from the body but interpretive. Social context, lived experiences and expectations influences interoception; what a psychotherapist would understand as the “filtering” done by the character defenses and resistances. Because of this, these are not “real body” sensations being processed. Additionally, input from the interoceptive receptors travel not directly to the somato/motor cortex but rather to the insular which is always involved with emotional evaluation — basically approach/avoidance. As a result, the insular “fishes” for what it needs. “We create our own movie. We construct reality.” (Schleip, 2019) Myers called this phenomenon “interoceptive illusions”. (Myers, 2019)

This is difficult ground to cover. As Kandel (2012) pointed out, all sensory input is interpretive, in that sense all sensations are as real as anything else. My position is that if the patient is experiencing an emotion, then it is “real” enough, which is in line with Reich’s position that, “Everyone is right in some way”. But how? ...Certainly not in the way they say.” (Reich, 1967, p. 48) A patient of mine was talking about an abuse theme she suffered when she was 8 years old. She was describing the situation to me and then she suddenly looked intently at me and said: “I don’t know if I was abused, but I *felt* abused.” And this is what we worked on; her subjective experience of an abuse, and not the

possible historical past event and the man involved. She was right in her own way, even if the actual event might have never happened. Its all true (to the patient) whether it happened or not. Another example of this theme is anticipatory pain discussed in the "Energetics and Therapeutic Touch" chapter.

Schleip is describing that internal experiences of our own internal world are interpretive. What is interesting is that these recent findings on the interpretive nature of interception, echos all our sensory input from the external world, both negative and positive. As will be described shortly, neurology and pupillometry have shown that we have no direct contact with the external world either!

As a result of the condition of the CT, one patient could feel the therapist's touch as reassuring or caring, another as seductive and a third as invasive. This is anisotropy in action; different patients responding to the same external stimuli in different ways. Neurology now takes the position that 100% of sensory input is interpretive. We have no direct contact with the external environment. (Kandel, 2012) If one then adds the personal emotional resistances and blockages that a patient develops over the years, as body oriented therapists do, then this interpretative quality is individualized, "filtered" and interfered with, reducing even further the clear contact with the external world. In body psychotherapy, the personal relationship is stressed and so the information exchange between two people takes on another context. I repeat myself: to touch another is to be touched. And I stress again that due to the condition of the tissue and the energies passing through them, what is transmitted through touch is not necessarily what is received by the patient!

For example, I was treating a patient who had had 12 years of psychoanalysis. Although psychoanalysis has changed since this session, it still focusses on a transference orientation towards therapy and therapists; the therapist takes on the role of what the other, the father/mother, had done to the patient in the past. In this case, my patient had a nationally known, moralistic, dominating father. With the patient lying on his back on a

mat, I was touching his abdomen and as I gently increased my pressure to move deeper towards his psoas, he opened his eyes, looked at me and said: "It feels like you are putting a knife in my belly." I withdrew my hand, and told him to stay in eye contact with me, take my hand in his, and slowly make the same movement I had done. He began doing it and when I asked how it felt now, he said: "I feel like I am putting a knife in my own belly!"

There are a number of interesting themes in this interaction, but the most important one for this discussion is, that the physical touch was irrelevant to him. What I was intending to transmit and to offer to him, had nothing to do with his experience of himself or my actions. His experience of my touch sent him back to his dominant, invasive father and he needed to protect himself from that. As Reich has shown, and what since has been supported by neurological findings, there is no past, memories are alive in the body, they are in the present; what is now called somatic recall or soft tissue memory. All of this is possible because of CT's role in energetics: its health and dysfunction. Because of this, the patient's "illusions" are real and are coming from their own "real bodies".

Healthy CT receives, transmits, transports and even amplifies energetic impulses spontaneously, instantaneously, throughout all parts of the body down to and into the nucleus of every cell. It is non-linear; an un-folding quality in all three dimensions at the same time.

The CT system connects with itself and everything else. It has the capacity to conduct protons and electrons, and other quanta of energies which gives a flow of energy, an energy continua, that provides information that controls form and tissue properties. It is a semi-conducting communication network that conveys bio-energetic signals among all the parts of the body. Bio-electric, bio-magnetic, bio-luminescent, bio-acoustic and heat signals move through collagen fibres, GS and water molecules. All bodily functions happen within and through this matrix. A 10-20% decrease in hydration of collagen due to stress, either physical or psychic, slows the flow of protons by 5000 fold. Szent-Györgyi resolved that a photon moves along a protein in a series of "hops" each involving a certain distances i.e. 20 Å. (Å is one-billionth of a meter, a measurement used for atoms, molecules and microbiology). Wet, a photon moves at the speed of 1 tenth of a millionth of a second over this minute distance. When dry the movement slows to 1 million seconds. (Oschman, 1981, p. 23)

Dehydration within the stressed CT system, disorganizes, slows, and distorts the energy information flow; Schleip's "differences in interoception" quoted earlier. The better the organization of the system, the better the energy flow. The better the energy flow, the better the organization within that system. For example, studies demonstrated that mechanical strain can change the extra cellular matrix's (ECM) "... storage behavior... leading to different rates of growth factor release with direct effects on adjacent cells." (Dudas, et al., 2008, p. 506) "Structural integrity and vibratory or energetic or informational integrity go hand in hand. One cannot influence the structural system without influencing the energetic system and vice versa." (Oschman, 1997, Section U, p. 9)

As pointed out, CT is a major influence on the organization and transportation of the energies. A good flow results in clear information. A poor flow results in dis-information and dysfunction. The physicist Popp said, "The problem is not the quantity of the energy. There is always enough energy. Reich showed us, that the issue is *how* the energy is organized." (Popp, 1997) The condition of the CT is the organizer of the energy/information flow determining the "what" and "how" of the subjective experience.

Popp's research on bioluminescence has also shown, contrary to expectations, that when "free energy" becomes organized and structuralized into a system, communication within that system — coherent energy flow — *increases*. The intuitive understanding was that as organization and then structure evolved this would slow down and interfere with energy movement. Recalling Rolf's earlier statement that structure determines behavior, we see that CT structure determines energetic transmission and the resultant organization. These structuralizing processes determine the quantity and the quality of the communication within the organism resulting in physical and character behavior simultaneously. It is a unified and unifying process.

**Excerpt from the coming book - Chapter 8 Touch, Interoception and Interpretation- WILL DAVIS -**

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