

# The Role of Connective Tissue in Early Disturbances

## *A Functional Analysis Model*

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### ABSTRACT

Will Davis developed Functional Analysis, which combines delicate touch – *Points and Positions* – with verbal work. Unlike other methods, it is oriented towards connective tissue rather than muscle tissue.

According to Davis, emotional and physical development in early character styles, such as the schizoid, is based on plasma (connective tissue) dysfunctions. In the first months, a fetus has only plasma to protect itself from harm. Plasma contraction is, therefore, an organism's first response to stress. Early deficiencies, such as poor nutrition or inadequate care, are registered in the connective tissue. Early structures cannot incorporate what they need and want because the plasma contraction that prevents nourishment from penetrating is already in place. This bio-emotional-nutritional-existential dysfunction can be defined as trauma. This article clarifies the distinction between shock and trauma, according to Davis. Shock entails an acute external attack that involves defense, while trauma – which is equivalent to a wound – concerns the constitution of the armor.

For trauma to occur, stress must accumulate over time, weakening the entire system so that even minor events are experienced as all-encompassing. In therapy, what is observed in the body often mirrors emotional patterns. Behaviorally, fibrous and dehydrated tissues are associated with a paucity and coldness of emotion and rigid, schematic thoughts – manifesting predominantly along the body's central line, on the belly and back. Psychologically, individuals with schizoid character traits, due to early contraction, often feel a lack of space between self and other and perceive any external stimulus as an attack on the Self. It is, therefore, important that the therapist be warm and welcoming while simultaneously maintaining appropriate boundaries.

**Keywords:** connective tissue, prenatal, schizoid, trauma, therapy

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In 1984, Will Davis, inspired by Wilhelm Reich's energy theories, the work of Lawrence Jones on Positional Release, Ida Rolf's theory on connective tissue, Charles Kelley's Radox work, and Fritz Perls' Gestalt therapy, began to develop a method called Points and Positions, which is a combination of delicate touch and verbal work aimed at re-establishing the spontaneous, energetic balance and coordination of the organism (Davis, 2012). Points and Positions is an aspect of Functional Analysis (FA), which puts the connective tissue that structures and maintains the defense system as its central focus (Davis, 2018b). Considering character armor as defined by Davis (2018b)<sup>1</sup>, we can infer that connective tissue plays a fundamental role in the body's defense system.

## From Muscular to Connective Tissue

A simple muscular contraction cannot be maintained for an extended period and, therefore, cannot cause character armor. Psychologically, chronic muscular contraction cannot be explained simply as localized muscular tension. The great turning point for Davis was moving the focus from muscular tissue to connective tissue.<sup>2</sup> If we consider the development of the fetus during its first months of life, we see that plasma is the only source of defense available to an organism suffering an attack. When the threat is perceived as existential, the organism's only resource is to retreat by uniformly contracting at the plasma level. Therefore, an organism's first response to stress or threat is a centralized plasma contraction. For Davis, this explains how primary plasma contractions constitute character armor (Davis, 1997–98).<sup>3</sup> Over time, the plasma response decreases, and neuromuscular and cognitive functioning mature, resulting in the development of character structures (Davis, 1988). Considering the evolutionary process through which defense mechanisms are constituted and

the phase of pulsation in which the block occurs, character structures can be understood in terms of plasma or neuromuscular responses. Early traumas manifest as plasma contraction in character development on both biological and psychological levels (Davis, 2018b). This helps us understand not only the physical malfunction of the body, but also the emotional and cognitive disorders resulting from stress and trauma.

Since plasma contraction occurs at a primordial level, we can locate the schizoid character style at the prenatal level. Unlike Reich, Davis emphasizes that plasma contractions occur long before the organism can create defensive segments in the body (Davis, 2018b). The schizoid type responds to shock with the entire body, so no body segmentation exists. The response to the original stress and trauma is uniformly distributed throughout the body.

In the first part of the article *Biological Foundations of the Schizoid*, Davis (1997–98) shows that schizoid emotional and physical development is based on plasma dysfunctions. Reich showed that life energy flows through body fluids. When, due to trauma, the connective tissue begins to dehydrate, energy flow is hindered, thus leading to a decrease in sensations, awareness, emotions, and mental activity, and later to the development of specific physical pathologies. Therefore, the schizoid style is characterized by an interdependence between plasma tissue and psychological function; from a functional point of view, the schizoid cannot have one without the other. Its character dysfunction is equivalent to its connective tissue dysfunction (Davis, 1997–98).

## Character Style and Poor Nutrition

Plasma takes nourishment from the outside and uses it to preserve itself. Gray's *Anatomy* textbook highlights the correlation between plasma and the schizoid character. It states verbatim that one of the plasma's fundamental characteristics is its spontaneous attraction of the material necessary for its

1. Davis conceives of armor in terms of areas in the body subjected to chronic stress, which thicken to resist danger at an emotional, psychological, and physical level.
2. If a stressful situation persists, the body reacts at the connective tissue level by developing more fibers to support the muscles, thus thickening them. The same effect is present at the bone level, which in turn becomes thicker on the edge to create a greater surface for the muscle to attach to, thus making it stronger and increasing its resistance to stress.

growth, development, and maintenance. Plasma is capable, under normal conditions, of nourishing itself (Davis, 2018). All forms of nourishment that come in contact with plasma are incorporated.

We can also state that there is a correlation between early character styles and poor nutrition. In psychological terms, we refer to “the lack of” (Davis, 2018). Lack can take the form of poor eye contact between mother and child, irregular or inadequate physical contact, or even inadequate nutrition. In the worst-case scenario, the mother may have suffered abuse, violence, drug addiction, or be seriously disturbed. When this lack occurs early, it registers in the connective tissue. The earlier the attack, the more primitive the defense, taking us back to the ultimate plasma contraction.

The contraction that forms around the organism’s nucleus is a ring of tension around the organs: diaphragm, psoas, bladder, and intestinal tract – the organism’s center. The organism does everything in its power to preserve and protect this core area through discharge or constriction. Developmentally, this mode of functioning seeks to preserve the organism’s psychological capacity and evolutionary blueprint, which is already entirely present in the organism. When threatened, the organism tries to survive to maintain this life plan (Davis, 2015). It somehow suspends its growth in order to resume at a later stage, under more adequate conditions. This is important: individuals suspend functions to protect their evolutionary program, which creates symptoms. Inner vitality is still present, and it is this aliveness that leads to healing, not externally applied techniques (Davis, 2015).

According to Davis (1988), defense protects, armor prevents (1988). This is the trap in which schizoids find themselves: “I contract to protect myself because I am not receiving enough, and this is my defense mechanism to stay alive.” The problem is that this defense mechanism does not allow individuals to come out of their shells and get what they need.

Schizoids have not received sufficient nourishment, which is precisely what they still need and want. The problem is that they cannot incorporate nourishment since they cannot take in foreign substances. Plasma is a critical component of this early disorder. The schizoid finds it challenging to attract nourishment; he is a loner and lives in isolation, cultivating a bizarre independence. The

characteristics of the schizoid are extreme intellectualization, isolation, feeling special, a sense of superiority, mysticism, and the feeling of being a martyr. All this becomes his nourishment (Davis, 1997–98). He remains at a minimum survival level precisely because his profound theme is existential anguish.

This brings us back to the definition of plasma, which usually incorporates what it needs, but not foreign substances. In the schizoid, this process of plasma incorporation is not possible because the base of the schizoid structure carries a profound plasmatic contraction, which prevents nourishment from being attracted or offered (Davis, 1997–98). Not having received nourishment, schizoids cannot give it and obtain anything for themselves; they live in a cold world. They do not have space for themselves to receive warmth. Therapy aims to help them create this space, a warm and safe place.

We can observe a similar mechanism in the oral character, for whom what is received is never enough. We also find it in the precocious narcissist, who incorporates what is received only superficially. In early structures, the organism cannot incorporate what it needs because, structurally, contraction prevents the nourishment from penetrating inside. For this reason, Davis (1988) suggests that armor prevents and impedes action.

When we see a schizoid body, we feel that something is missing, which is different from what we notice in a simply thin body. According to the principle of functional identity, what we find in the body is also present at the emotional, cognitive, and behavioral levels. The fibrousness of the tissue is replicated in the behavioral characteristics – a paucity and coldness of emotion and rigid, schematic thoughts.

Schizoid individuals often perceive touch as an emotional invasion or attack. Functionally, the fact that they are always cold and/or do not want to be touched, even though they desire it, relates to their plasma contraction. They are unable to gain weight, no matter how much they eat. Similarly, no matter how much they are seen and acknowledged, they do not feel sufficiently nourished, and continuously feel misunderstood. From a psychological point of view, this bio-emotional-nutritional-existential dysfunction can be defined as trauma (Davis, 2018).

## Defining Shock and Trauma

It is necessary to distinguish between shock and trauma; not all shocks are traumatizing. Shock is derived from the French word *choqué*, which can mean *to launch a sudden and violent attack*, while trauma is of Greek derivation and can be traced back to the word *wound* (Davis, 2017).

Trauma originally referred to *damage caused by an external event*. Shock can also connote an external event. The difference is that shock is generally traced to an external attack – something that happened to me – while trauma is considered the result of what remains of the attack (Davis, 2017).

A sudden, violent blow produces internal oscillations that disturb an organism's stability and subsistence. When an organism loses stability, it contracts to restore balance. Shock protects the organism, whereas trauma involves the construction of armor. According to Davis, trauma is an acute shock that has not been discharged, while shock is a chronic result.

When dealing with shock and trauma, it is important to know that, although they are both related to external events, at the psychological level, trauma involves a process of internalization (Davis, 2018).

In Functional Analysis, contraction is like paralysis – a mode of defense, a form of self-protection. In healthy function, an organism releases tension once the danger has ceased. Thus, shock is not inherently traumatizing, but in the schizoid structure, what was initially protected becomes chronic, preventing the organism from functioning adequately (Davis, 2018).

To summarize, if a healthy organism experiences an external shock, its system will release the tension connected to the experience. If the tension is not released, it becomes chronic and bears the quality of a wound trauma. This is why we refer to hypersensitivity to wound trauma in early disorders. Hence, people who have suffered early trauma need to be treated with great sensitivity.

A patient may describe a traumatic event that seemingly explains their problems. According to Davis (2018), a single event rarely causes all

their problems. A particular quality and quantity of stress must accumulate over time to weaken the whole system. The fundamental difference is whether an event is perceived as unpleasant or traumatizing. In a system already weakened and vulnerable, a shock that would otherwise not be significant is experienced as traumatizing. For example, separation complications between mother and child at birth can trigger shock that, if experienced by an already contracted structure, triggers traumatization.

According to Davis, trauma is an undischarged, chronic shock and wound trauma is a contraction response of the plasma tissue. Schizoid structures experience trauma as all-encompassing. They live in a minimal, paralyzing way, forced into unnatural immobility by the fear of falling apart. Very often, schizoid patients describe themselves in fragmented terms, focusing on each part of their body without perceiving themselves as a totality.

## Healing Wound Trauma

For Davis, once the trauma is resolved, the real therapy begins, and the patient who had previously remained trapped in the character structure is ready to begin their personal evolution. Once the trauma is resolved, we need to help patients focus on themselves and not on what happened to them. If we focus too much on the patient's trauma narrative, we will fail to see what is transformative for them. In Functional Analysis, the relationship one has with oneself is fundamental and primary, and the therapeutic work is based on going beneath any narrative. The sole purpose of the therapy is to activate the instroke process, which is when the organism regenerates by restructuring itself.

Thanks to functional work based on the instroke process<sup>3</sup>, the connective tissue profoundly changes when trauma dissolves. Since the schizoid response to trauma is a primary plasmatic contraction that leads to dehydration, when we touch a schizoid structure, we would expect to perceive an extremely dehydrated connective tissue devoid of water. The quantity of water perceived through touch indicates the level of contraction. If the practitioner senses significantly contracted fibers that

3. Just as stress is transmitted from one part of the body to another in a systemic way through the connective tissue, by touching this tissue, we can affect the entire organism.

form a plaque that feels inanimate and cold, we can hypothesize that a very profound defense has been established. The stronger the fibrotization, the greater the dehydration and, consequently, the earlier the primary contraction. We can infer that the connective tissue's quality and characteristics indicate where the person stands in relation to themselves.

Another indication we can detect through touch is how tissues and their qualities are distributed throughout the body. If the body presents a generalized prevalence of fibrotic tissue, we can hypothesize an early character style closer to schizoid. Contracted and fibrotic dehydrated tissues will be perceived predominantly on the central line of the body: the belly and the back. The body will appear lifeless, and in extreme cases, limbs will be cold to the touch because they are deprived of vital energy.

The schizoid experience fundamentally implies failure. The initial phase of expansion toward the other led to an existential refusal. The attachment process has not occurred, and an adherence to oneself with minimal life movement remains. The primary contraction does not allow sufficient space between the schizoid's sensation of self and

the perception of the other, causing a premature contraction.

Schizoids desire, yet fear, contact. Given that every organism naturally moves toward the outside world, schizoids would love to be touched, yet they renounce and fear contact while simultaneously desiring and yearning for it. Any stimulus introduced into a schizoid structure can be perceived as an attack on the self. The defense, which occurs in the plasma as a general contraction of the organism, is primal. Schizoids have such a rigid and fixed perception of themselves that, on a cognitive level, they can mistake it for strength. They feel this strength mainly mentally, so they will do everything to protect themselves from any external movement.

Considering that survival is the fundamental theme of schizoids, and that they intensely feel the terror and anger related to the threat to their existence, therapists need to be warm and welcoming, yet at the same time, set appropriate boundaries. This must be reflected in the quality of the Points & Positions technique and accompanying verbal interventions.



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