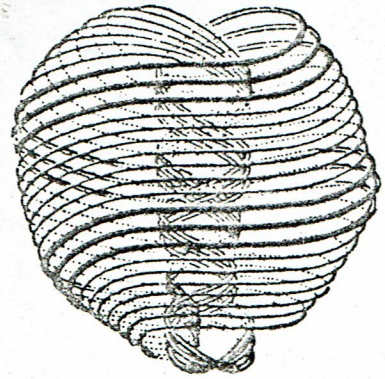

INSTITUTE OF UNITIVE PSYCHOLOGY

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FOUNDATION FOR BIODYNAMIC PSYCHOLOGY. II

CRIES FROM THE GUTS

by Gerda and Mona Lisa Boyesen

Conflict Manifestation.

Let us now try to explain how the neurosis-forming process takes place in the body-depth, as seen from a biodynamic point of view. Once more we must stress that this process was at first observed experientially and brought forth from a purely phenomenological view. Only much later, when support was found in neuro-physiological science, concrete theories were formed.

Conflict-manifestation and emotional and instinctual regulation takes place via the most primitive and second most primitive layer, i.e. via the endoderm, the smooth musculature of the viscera with its autonomic innervations, and via the mesoderm, the striated musculature (like we find in the sceletal muscles) with innervations from the central nervous system. Here we can clearly see the conflict-forming process: at first co-operation between the layers during excitation, then conflict-manifestation when the two layers oppose each other. For if there were no opposing forces, no conflict would arise. Just like there would be no opposing characters in the ego, where there is no id-impulse to be expressed.

Let us consider man's emotional charge. It is centered and aroused from the viscera and conducted via the alimentary canal and connecting plexi and glands, towards throat and face for emotional expression and discharge. If these wave-excitations are purely vegetative and instinctual reactions, then already we count with two different forces operating together: the involuntary impulse of the emotional feeling, and the voluntary reaction system. Hence there is a confrontation between two nervous systems, the vegetative, autonomic nervous system, directing the visceral reaction, and the central nervous system, directing the psychomotoric reactions, i.e. the sceletal musculature and the conscious control. If the impulse is restricted or unwanted, then it is clear that the voluntary muscle control is in charge, holding back the impulse. Thus the sceletal muscle armour (or startle reflex pattern) develops, where feelings remain 'frozen' within the musculature. The control-manifestations in the viscera - the visceral armour - follows a more complicated procedure. But, as we shall see

again it is the same interplay between two nervous systems, though in a much more disguised manner.

At first it was very puzzling how the conflict arises in the alimentary canal, since the opposing impulses had to take place in the smooth musculature, which, however, had no direct controlling counterpart. Until we learnt from the research of Dr. Setekleiv, a Norwegian neuro-physiologist, that the smooth musculature also has two innervation muscle groups: the single-unit muscle group, which is in constant excitation through vegetative impulses, and the multi-unit muscle group, which reacts to nervous stimuli also from the central nervous control (like for example the sphincters)

The multi-unit group contracts mechanically by stimulation of the motoric nerve, and innervations are arranged similar to the innervations of the striated muscles and the sceletal musculature. Henceforth the vegetative spontaneous reactions of the single-unit group can be opposed to or restricted by motoric contractions from the multi-unit group. And it is precisely in the confrontation between these two systems within the same organ that we find the physiological and anatomical possibility of conflict-manifestation in the viscera.

When the organism is forced to repress the emotional impulses back into the body-depth, it must also effect a neutralization of the visceral pressure. In the traumatic and neurosis-forming situation the vegetative surpressing forces become permanent and thus we can speak of a visceral armour. Within this visceral armour the arrested emotional and vegetative content liescaptivated as a dynamic potential in the body-depth, ready to burst out when the defences go. It is this visceral dynamic (cf. Freud's 'id') which lies behind psycho-pathology, for when the defences break down, the pathological forces are activated. When this happens unintentionally, the unconscious invades the organism. Or to put it in Freud's words: when the id impinges on the ego, the neurosis manifests itself. The armouring, the resistance mechanism, is the organism's compromise in order to neutralize the vegetative charge and avoid internal pressure and pain. This resistance is distributed also in other parts of the body, for just like in the musculature and the viscera we have barriers to hold intact repression and prevent spontaneity, so has the tissue an infiltration, a tissue-armour which desensitizes and inflicts upon normal circulation and homeostasis - both physical, mental and spiritual.

Tissue-armour can be seen as the result of undischarged hormonal fluid - in particular adrenaline, sex-hormone and lactic-acid - released in the musculature during excitation and in neutralized form is stored in the connective tissue and the alimentary complex as part of the latent visceral dynamic. In this view, the visceral pressure and impignation (also in the form of psychosis, psycho-somatic symptoms and nervous tension) is only the body's own healing force that tries to penetrate the tissue barriers, secrete the emotional hormonal impregnations, so that the natural libido-energy can circulate.

In this article we are concerned to show how frustrated natural functioning turns into pathology and psycho-neurosis, and how the body's regulating mechanisms can, instead of secreting the toxicant, adapt to its poison by absorbing and incorporating the product.

This inversion of natural functioning manifests itself, even to the extent that the libido-energy with its plasmo-energetic contractive and tonifying quality on muscle tissue (PgP & PfP), when obstructed and in stasis, evokes nervous and psychosomatic tension or pain - even spasm, cramp and tissue destruction.

However we should not consider psycho-dynamic and nervous symptoms as something solely bad;it is onlydetrimental if the process is uncontrolled,and good when it is beneficially directed.

If we acknowledge the libido or plasmo-energy as a neutral energy of life,we see that it has no emotional qualities,and we can only look upon it as a physiological element,like blood plasma,blood corpuscles,tissue-fluids,etc. We can attach no moral value to it,only a medical one in view of its normal functioning,and its malfunctioning. The functioning means health;the malfunctioning leads towards unhealth, pathology and neurosis.

This same consideration can be applied to the interplay of the single- and multi-unit muscle groups.As the multi-unit regulation system has an adaptive value connected to the ego and the neo-brain (the cortex),we must not in our theoretical discussion,look upon the muscular armour system as something bad. All the different systems are of course functional for the organism;otherwise they would not have been developed in the first place.Emotional control is for the human being an adaptation. It is only the disturbance of the natural function that has to be dealt with.

In health the multi-unit muscle group is connected with the moderation of impulses and feelings via the central nervous system and conscious control;in psycho-pathology the multi-units - and striated musculature - are connected with repression of impulses and spontaneity, and feelings against the unconscious - against soma and instinctual pleasures. Thus we get the conditioned reflex pattern in the higher animals,and the 'superego' in the human being - neurosis,pain and defense patterns.

Gratification.

Continuing our thought-experiment,we might say that man's emotion are produced as well as stored in the alimentary complex,and by excitation or re-activation the instinctual energies are milked up the id-canal towards throat and face for discharge through emotional expression.

When the single- and multi-unit system are working reciprocally, and cooperation exists between the endocrine activity and the conscious control,then there is excitement behind the tension,and discharge is accompanied by tremendous pleasure and relief. For building up libidinal or emotional charge is part of life expression,and gives the joy of feeling alive at different levels of vibration.

Let us consider the energy accumulation in the libidinal infant and child,keeping in mind that this is the primitive organismic functioning of all living beings,and can be applied to the healthy adult,though on a slightly different level.

In the oral cycle of the infant we imagine a constant mild flow from the body-depth (the alimentary canal) up towards the mouth, which finds libidinal expression in the soft movement and vibration of the tongue and gums. The movements are of a plasmatic nature and there is no specific muscular activity or action current involved in the plasmogalvanic function. It is still purely a matter of streamings and pulsation. The child lies quiet,yet is not asleep. It is enjoying the rocking feeling within itself (the oceanic wave).

This is the case when the child is gratified and content.When there is need for gratification the energy builds up towards higher concentration,and the plasmogalvanic zone alters from pulsation to contraction. This building up and accumulation of energy will ,according to OR-law I,draw water and body-fluid. Thus with accumulated libido-energy there will be accumulated tissue-fluid as well,which accounts for the distension in the tissue (here,im the walls of the alimentary canal and the oral region).This gives the child a feeling of tension and discomfort around the mouth,where the energy is centralized. This oral tension is unpleasant and gives rise to a searching movement in the newborn's lips and mouth,thus searching for oral gratification - for the nipple.

The condensed energy accumulation increases the plasmogalvanic activity as it produces stronger contractibility of the fibres,thus more urgent need for release through action currents. The searching movements have by now been transformed into sucking movements in order to satisfy the energetic contraction.

The searching mouth will suck even into the empty air and react to any stimuli that come near the oral zone - the little sea monster and the primitive animal will suck anything into its mouth,seawater and little organisms in the ocean and on the sea bottom,anything on the ground and in the air.Likewise the baby will suck skin and clothes,until,by trial and error it finds its hands,fingers,thumb.Then a temporary gratification has been achieved.....the plasmo-energetic gratification,which satisfies the child when there is no acute physical hunger.

How ignorant adults can be,violating the laws of nature by preventing the child to suck and follow its instinctual gratification.For then the psycho-pathological oral fixation arises with its deep plasmatic deprivation. For the sucking reflex as well as the babbling sounds and other life-initiated actions and movements in the infant and the upgrowing child are as important for its mental development as the satisfaction of hunger is important for the body. (Case stories have given clear evidence that severe

oral fixation is brought upon the child when it is prevented from continuous sucking, regardless of a sufficient supply of milk.)

The instinct itself guides the little infant to satisfy the drive of libido circulation by following the energetic process in its light plasmogenic waves of wellbeing, as well as in the myogenic gratification, i.e. sucking.

When the oral tension and displeasure rises above a certain level, whether due to the prevention of the sucking reflex or the feeling of hunger, the organism will not only be in a searching condition, but also in need. In the hungry child the sucking movement with its lactative nutrition no longer gives a comforting pleasure, for only milk can satisfy the craving of the tissue. When the searching movement does not lead to gratification, there will arise in the little organism an emergency situation - a struggle for survival - for life and death.

The whole sympathetic complex is activated to energize the effort for instinctual gratification and food: the child starts crying for its need. The libidinal energy turns into emotional energy, myonic contractions turn into adrenergic contractions, milking the emotional force up the alimentary canal, on its way towards the oral zone. This nervous impact will, by its strong energy output from the sacral and solar plexus, support and produce stronger energy waves, and thus higher energetic fluid concentration in the excitated tissue. The emotional column with its upcoming dynamic will produce further tension and displeasure around the oral zone, the mouth and lips and throat, and the whole alimentary complex. This energy will build up with increasingly high distension pressure, both energetically, physically and psychologically, thus making the tension in the body-mind system intolerable, even totally unbearable. In the organism there is a feeling of bursting - the animal has to roar, the infant has to scream.

The instinctual survival sream has to be of such a strong and loud quality, so that it can reach out and be heard from a distance. To this end the whole energy reservoir from the body-depth (the sacral plexi and bone marrow) is drawn into the emergency system for the oral gratification and call for rescue. The adrenergic fluid functions to give resistance to the natural energy flow of plasma currents, and thus increases the wave contractions of the single-unit. At the same time it energizes the activity of the multi- and motor-units and the organism's effectors, striated and sceletal musculature, in order to create the maximum possibility for the individual to overcome the obstacle. We can imagine that in emotional spontaneity all different systems work in cyncytium, in favor of the emotional expression and discharge.

Then, by gratification, the sreaming and agrivation suddenly stops. The child is content in sucking the milk with greedy pleasure. Yet its is evident that the agressive energy and its adrenergic fluid still has a high level in the organism. And one wonders: where does it all of a sudden go to?

Here we come to the important concept of residuals, residuals of both emotional and biochemical charge. For nature works in processes: nothing is neither consumed nor produced instantaneously. Therefore we must assume (as long as it is not physiologically proved) that residual affects do exist as products for combustion and distribution, also after gratification, in order for the organism to regain its autonomic balance.

Abdominal Discharge.

During the emotional charge and expression the adrenergec fluid is filling the walls of the digestive tube and tissue of respiratory and connected organs. The energy which has been involved in the agressive milking upwards of the emotion,as sympathetic process,is now engaged in the parasympathetic activity,the milking downwards of surplus energy for assimilation and redistribution. This metabolic process continues to take place in the alimentary canal,c.q.the intestinal tractus.

How the intestinal peristalsis discharges the residuals is a complex and mysterious process. But from our experience with psychoperistaltic treatment and from the hteory we are now able to come to some conclusions.

First of all,the psychoperistaltic activity is dependant on the respiration and mental state,and to some extent psychic energy is involved in a manner we cannot discuss here. But from our theory of plasmogalvanic,spontane contractions,we can deduce that a favorable libidinal function is necessary for the beneficial action currents to take place. When there is no conflict,no opposing forces in the organism,the visceral pressure will gradually be dissolved by the orgastic gratification process of the single-unit system - here in the intestinal tractus. These peristaltic waves will be stronger then in the state of general wellbeing,because they are involved in the discharge process of adrenergeic fluid and other stress components,and supposedly they will be similar to the peristalsis involved in the breaking up of food proteins.Here,as confirmed by Dr.Setekleiv,is a certain distension pressure necessary for the single unit spontane contraction,which accounts for the way hormonal stasis in the intestinal walls discharges by its own surplus tension:

> "Various investigations have shown that the membrane potential in smooth musculature alternates according to the organ,the type of animal and the hormone dominance (uterus). It is affected by different external influences like temperature,and most important of all,the degree of stretching"
> "It has been shown that the stretching or distension produces a depolarization of the cell,which in response,fires off an action potential"....."The frequency of the rhythmical contractions seems to be dependant on the distension, while the amplitude depends on the lenght of the muscles". ....."In smooth musculature one can also register potensials similar to those derived from the sinus nodes in the heart - the pacemaker-potentials. These consist of an even depolarising (prepotensial),and when this reaches the level of ignition,it fires off an action potential. Their peak state (depolarisation) is reached slower in the smooth than in the striated musculature"....."From the pacemaker cells the excitation is transmitted to the surrounding cells,which in their turn give rise to a peristaltic wave. Coordinated peristaltic waves in the gastro-intestinal tractus are,however,dependant upon an intact nervous system".

Here we learn the basic function of visceral and intestinal activity, and we would like to introduce in this chapter some information from Dr. Setekleiv's thesis, since it is of instrimental value for the theory of psychoperistaltic 'neuro-digestion', which, in absence of laboratory procedures, might be taken as a phenomenology. His paper offers a detailed description of the qualities and stimuli of the different waves, and provides us with applicable concepts.

It is however based on a strictly neuro-physiological consideration and leaves out the psychosomatic factors. From a medical view, where the concept of residuals has as yet no significance, the peristaltic activity due to distension pressure has still an unknown function, and is therefore subject to further research.

Likewise are the single-unit spontane fluctuations cause for dispute and investigation, as they are registered, but not yet explained. Without the plasmo-energetic and orgonotic principles the mild (i.e. slow) waves and myonic muscle contractions appear like a miracle.....

As we will in the next article go into more detail on the different qualities of the peristaltic waves, we would like to deal here with the inhibiting factors of the psychoperistaltic reflex, and what pathological conditions we have to consider in the treatment and re-activation of the repressed emotional content. For the crucial question is: what happens when the residuals are not discharged through the peristaltic action currents? As we will find out is the zone of firing static, and if there remains tension in the diaphragm and other multi- and motor units, then the corresponding intestinal area is inhibited and the single-unit nervous discharge does not take place:

> "Electrical registrations have confirmed the hypothesis of the forementioned rhythmical contractions in smooth musculature, which changes by stretching, as well as explained the phenomenon."....."It seems that there is a displacement in the membrane potential which the single-unit smooth muscle cell applies in order to regulate the spontaneous activity. Each single cell possesses a limited zone of firing, and is activated when the membrane potential is brought into this zone". "Consequently a smpooth muscle cell can be activated according to the alternating displacement of the membrane potential, whether it is displaced into or away from the zone of firing of the cell.".
>
> (Setekleiv)

From these items one can relate the psychoperistaltic reflex in the 'open system' (the active movements) to the procedure of balancing the level of distension in the intestinal membranes, spontaneously arised or produced during treatment.

If the process is beneficial and the firing zone is lead to function, the hormonal stasis is discharged. The distension in the cell is particulary characterized both by the quality (the ionic flow) and the quantity (of fluid) in relation to the membrane potential - whether it depolarizes below, above or within the zone of firing, whether discharge or accumulation ensues.

What does the body do when, in the process of repression, both the emotional and abdominal discharge are prevented?

To keep energy in a frustrated, upgoing emotional direction - which means constantly a conflict situation- is an energy-consuming

process, because of two opposing forces, bound within the same system: the instinctual and the repressing one. The body then effects a functional withdrawal of emotional energy from the throat and expressive areas, back into the body-depth, trying to achieve an abdominal discharge.

As far as the emotional affects and the residuals (the chemostasis) are concerned: these are dynamic forces, which energy-charge gives, as we have seen, single-unit contractions in the smooth musculature and in the intestinal tractus. These contractions persist as long as the instinctual energies ~~permit~~ need release. Such conflict and antagonism in the autonomic system manifests itself in visceral tension and cramp.

The adrenergic fluid is a wellknown influence, as transmittor substance, on the multi-unit cells. One should think they have the same and perhaps an even stronger affect on the single-unit cells. The single-unit activity is thus subdued to both the instinctual plasmogalvanic contractions, as well as to the adrenergic excitations, an activity we will refer to as id-contraction.

When the intestinal membrane cannot fire the nervous charge through peristaltic waves, the charge builds up in the cell, and cramp and tetanus results as a consequence.

> " A single action potential releases only a slight contraction; action potentials, fired off in irregular bursts result in an intensification of the contraction, and a series of action potentials causes a tetanus".
>
> (Setekleiv)

All sorts of irritations and weaknesses in the intestinal walls and in the whole alimentary tube can be explained by excessive energetic pressure on the membranes and antagonism between the single- and multi-unit musculature.

In case stories of nervous people they often announce that they were troubled by stomach aches in childhood, and colic pain and colitis is one of the many psychosomatic symptoms of the visceral antagonism. Although the connection of the intestinal repression factor is not known amoung the medical profession, medical science is fortunately becoming more aware of stomach troubles as psychosomatic events.

Visceral Hypotonia. (neutralization process)

In the chronic conflict situation, the grip of the multi-unit will not losen before the energetic pressure is withdrawn and the charge neutralizes. This process of neutralization and assimilation of nervous energy is a fascinating one, as it is both a process of encapsulation as well as a process of getting rid of the pressure.

As the neutralization process and the corresponding blood distributive pattern has been described thoroughly in the psychoperistalsis serie (Vol. No.) we will here mainly deal with the alimentary system. But whatever happens in the viscera also happens in the other organs and in the musculature, just like when we talk about sceletal and tissue armour, we must bear in mind that the whole concept of armour and resistance derives from the autonomic

conflict in the viscera, and is, unlike the sceletal muscular tension, an invisible form of pathology.

When the genuine adjustment of getting rid of emotional energies (through emotional or abdominal discharge) is prevented, the second best solution is to absorb it. Like the unicellular animal and all primitive organisms do when they cannot secrete the unwanted object, they have to encapsulate it. So does the intestinal wall absorb the excessive fluid and encapsulate the stress products into the expansive pockets of the tissue.

The procedure is as follows: when the distension pressure becomes too strong, the membrane has to give in, because the pressure on the membrane is more than it can take with its normal resilience. So it stretches a little, and as the energetic pressure persists, the membrane expands further still, to its maximum.

One would imagine that the strong degree of distension pressure automatically leads to an open system of the peristaltic reflex. But on the contrary; although the discharge is badly needed, the membrane is stretched beyond its firing zone. It is one of the major abstacles in the psychoperistaltic process and treatment that this adaptive function, which results in hypotonia, is prevalent during stress and anxiety, blocking release, while maintaining internal pressure.

Psychoperistaltic closure is here related to membrane hyperpolarization, as is further indicated in Dr. Setekleiv's remarks:

> " If an autonomic hollow organ is distended slowly, the smooth musculature will adapt to the expansion in such a way that the intraluminale pressure or the tension decreases in the single muscle cell. The reason for this is that in the musculature, not only elastic elements are being stretched, but there are also viscuous elements. If this stretching takes place in a slow manner, the increase in tension due to the distension of the muscle is reduced by the viscuous elements."....."In case of too much distension, the effectiveness of the muscle contractions will decrease".

However, since every organismic process has a functional purpose - in pathology as well as in health - the visceral hypotonia in some way also serves well the body, both physiologically and psychologically.

First of all, where it was initially a natural membrane resistance which had its adaptive double function - in the nervous charge to build up pressure, and in the nervous discharge to adapt to pressure, it now solely functions to prevent the membrane from bursting.

Secondly, when the membrane is hyperpolarized the electrolytic charge in the membrane potential becomes impotized, and the cell's excitability and capacity for id-contractions decreases. This is the first step in the visceral neutralization process, for by impotizing the single-unit id-contractions, the multi-unit repressive grip can be free: the ego, no longer threatened with outburst, can relax, and the visceral dynamic has presumably ceased. No more antagonism, no more pain.....

Thus we see that the anatomical cause of hypotonia seems to be the last possibility of the membrane defence (resistance) against eruption, and how the hypotonia (which can manifest itself in all internal organs) also serves a physiological and vegetative purpose for the repression and neutralization of unwanted impulses and energies, in order to regain equilibrium - homeostasis. And in this perspective we are right into muscular and membrane hypotonia as an advanced and absorbing mechanism, dealing with the encapsulation of nervous energy in the psycho-pathological process.

Visceral Impregnation. (encapsulation process)

During the hypotonic expansion, part of the active energetic pressure is, as we have seen, reduced. What is left of the visceral dynamic - still boiling of adrenaline - is further impotized by withdrawal of instinctual plasma-energy, back into its reservoir (bone marrow, sacrum and nerve plexi). Only a diluted, latent energy potential is left, which, without the nervous stimuli from the instinctual energy source, is harmless on the contractive fibres of the tissue. So, before the real encapsulation has taken place and changed the personality, the chemostasis in the tissue is of fluid. The character has not been formed yet. The clay is still malleable.

Although this stasis has no further contractive or dynamic affect, and is of no expressive threat or danger to the ego, it is a threat to the organism itself. It is involved in the slow invisible neurosis-forming structure, encapsulated in the connective tissue in its converted form (lactic acid, uric acid, etc.).

When the excessive fluid is gradually withdrawn from the hypotonic tissue, the dry chemostatic products will transude the cells and form pockets in the overstretched tissue. This will reduce the passage for blood supply and libido circulation, making the tissue suspended for further infiltration and inflexibility.

In this respect the visceral transudation pressure differs from what we have called distension pressure, in that the latter is energetically charged with ability for contraction and excitation, while transudation pressure is the resultant tissue pathology of impotized psychodynamic.

In other words: when transudation has happened, the viscera has become impregnated with the neurotic pattern. The clay has hardened. The visceral tissue armour is formed. When this happens there is no longer any need for psychic energy or controll to repress the feeling and impulse. The resistance stands by itself, and has by its tissue infiltration literally become part of the organism - part of the ego and personality.

As the persistent distension pressure with its energetic fluid produces nervous symptoms in the child and (when re-activated) in the adult, thus psychodynamically active - the transudation pressure might cause pathological disturbances without necessaruly nervous symptoms. Thus we find cases of stomach ulcer, gallstone, bladder or kidney infections, etc. Appendicitis and/or tonsilitis in children are among the most common examples of biopathic affect from transudation pressure. (ref. to Dr. Olesen)

Nevertheless, the visceral impregnation might seem harmless, when is is not identified in its encapsulated form. A neurotic, wellcomposed person can live healthy and feel content - though not happy - for a whole lifetime, as long as the visceral armour and defense-mechanism stay stable. For only when the impregnation is activated with its chemaostatic distension pressure, does the energetic fluid cause plasmogalvanic id-contractions, and is the visceral antagonism reproduced.

Visceral Impignation. (decomposition process)

In psychosis and borderline cases, it is evident how the visceral armour has suddenly failed: the multi-unit regulator can no longer hold back the id-energies and its irrational content. The id - in the deepest freudian sense - impignes with a dynamic power from within, and totally overthrows the organism and the consciousness, causing nervous and psychosomatic pains. Here we see clearly that the visceral dynamic is behind the psychopathological process with its id-force for gratification.

The psychosomatic pains and symptoms are so interesting, because they clearly show both muscular cramp in the viscera due to the instinctual fibre contractions, as well as motor-unit cramp in the sceletal musculature, and we have pain manifestations also from the plasmofaradic id-functions as the 'electrical' nerve pain (hysterioform).

The whole chemostatic process might be summarized in the following formula:

$$DOR \supset PfP \leftrightarrow PgP$$ (in harmony) (versus $OR \supset PgfP$)

which means that the same life principles in harmony become destructive opposing forces when in stasis. (DOR : Deadly ORgone)

What we must notice is that each repression has a connecting blood-circulative disturbance (retrogressive pattern) which should be guided for redistribution and vasomotoric fulfillment. Sometimes the memory needs to be dealt with consciously - the emotion needs to be abreacted. All these are psychodynamic factors, involved in the reactivation process.

When we know that each layer has potency for id-contractions and visceral antagonism, then we can imagine that the provoked organism finds itself back into the autonomic conflict it had earlier managed to neutralize. The visceral energetic pressure produces fluid as long as the autonomic conflict and excitation persists. Hence we see that, when many layers are reactivated at once, the chemostasic fluid production is without end.

In such a state the organism and the system feels like exploding. There are enough examples from mental patients describing how they feel as if their body is 'bursting' or that they are 'going off their mind'. Then drug treatment to reduce the energetic fluid seems the only way - though this gives only a temporary relief. It also brings about the transudation and impregnation again, though, when the distension pressure ceases and the nervous symptoms disappear, the general medical view is that the patient is cured.

A healthier way to our mind is to help the body to cope with the visceral impignation through systematic approach on the vegetative and emotional level. Here we see the importance to provide facilities for bringing the intestinal tonus into the firing zone, so that action potentials can take place. By initiating gradually the spontaneous currents of the single-unit system in the intestinal tractus, the multi-unit tension will dissolve, and the original impulse and action currents will manifest themselves. Thus, therapeutically, we appeal to the two system functions: coordination and reciprocity.

Wilhelm Reich, without relating the visceral armour or pressure to the intestinal organs, still gives a most dramatic description of psychoperistaltic closure in "The function of the orgasm":

> "How would a bladder behave if it were blown up with air from inside, and could not burst? Let us assume that its membrane would be tensile, but could not be torn. This picture of the human character as an armour around the living nucleus was highly relevant. The bladder, if it could express itself in its state of insoluble tension, would complain. In its helplessness, it would look for causes of its suffering on the outside, and would be reproachful". (p. 256)
>
> "If one were to compress it over its entire surface, i.e. to make expansion impossible while at the same time its inner production of energy would continue, it would experience constant anxiety, i.e. feeling of opression and constriction" "The bladder might be overtaken by sudden convulsions in which the dammed up energy is discharged; i.e., it might develop hysterical or epileptic seizures. It also might become completely rigid and dried up like a catatonic schizophrenic". "If it could talk, it would implore us to 'deliver' it from this painful state. It would not care what would happen to it, provided one thing; that motion and change would replace its rigid, compressed state. As it could not bring this about itself, somebody else would have to do this for it. This might be done being thrown around in space (gymnastics), by being kneaded (massage), if need be by being pricked open (phantasy of being made to burst), by being injured (masochistic beating phantasy, harakiri), and, if everything fails, by melting, dissolution (nirvana, artificial death)". (p. 272)