PSYCHOTONIC TOUCH IN DBM FASCIATHERAPY

PRACTICAL METHODOLOGY, PERCEPTUAL AND RELATIONAL OUTCOMES, AND THEIR IMPACT ON CLINICAL PRACTICE

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DBM FASCIATHERAPY

Soft tissue therapy

• A body and mind integrative manual therapy
• Functional principles of the fascia as a connective tissue (Findley, Chaitow, Schleip)

A touch modality which

• encourages body-mind tuning
• bridges relational touch
  + clinical touch
The Existence of Fascial Tonus

- **Biotensegrity structure**
  - *Unifying body architecture* (Levin)
  - *Fascial tensegrity: a system of pre-tension = tonus at rest*
  - *Deformation => dissipation and adaptation*

- **Autonomous contractility of the tissues** (Staubesand et Li, Schleip):
  - *Myofibroblasts: slow and lasting contractility*
  - *Link to the autonomous nervous system (emotions and feelings ?)*

- **Fascial plasticity and sensitivity** (Schleip, Simmonds, etc...)
  - *Contributes to the information system of the body*
  - *Contributes to the sense of embodiment (proprio-, intero-, noci-ception)*
  - *Mechanism of self-regulation and interaction of tonus expressions at play*
CONCEPT OF PSYCHOTONUS

The scientific approach of CERAP-UFP

- CERAP: Research on human and perceptual potentiality
  
  *DBM Fasciatherapy from the perspective of psychoeducation:
    *Study of the perceptual and relational aptitudes of fasciatherapy touch
    *Identification of non-specific effects (self-perception, psyche, pain, skills)

  → Tonic dialogue between patient and practitioner
  → Tonic dialogue between body and psyche

- General effect of learning through touch (Bourhis, 2012, Courraud, 2015)
  → Engages and transforms the practitioner:
    *Enrichment of skills (attention, perception)
    *Increased awareness of ways of touching (control, local vs. global, reciprocal perception, real-time adjustments)
PRACTICAL METHODOLOGY OF PSYCHOTONIC TOUCH

Structure of the therapeutic act

- **Dynamic phase**: dynamic tracing of motion (slow, internalized)
- **Static phase**: fascial Supporting Point (tonus changes)

Dynamic tracing  Time to onset  Psychotonic dialogue

(Stop)
Objective:
To evaluate the effects of practicing Psychotonic Touch on the professional practice of a population of French physiotherapists

Self-administered questionnaire on
- Ease of integration of the practical, perceptual and relational dimensions mobilized by this touch modality
- Improvements identified in their practice (areas of care, patient management, pathologies)

Sample of 446 practitioners trained in DBM Fasciatherapy

Data analysis (231 respondents) : multivariate analyses
### Degree of ease in integrating the specific aspects of DBM Fasciatherapy touch

*(Numerical scale from 1 Very difficult to 10 Very easy, ANOVA, p<0.001)*

<table>
<thead>
<tr>
<th>Dimensions of the touch</th>
<th>Mean</th>
<th>Signif deviation from the mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to connect to the <strong>slowness</strong> of the tissues</td>
<td>7,463</td>
<td>++++</td>
</tr>
<tr>
<td>Ability to trace the <strong>inner movement</strong> in the tissues</td>
<td>7,26</td>
<td>++</td>
</tr>
<tr>
<td>Ability to <strong>internalize</strong> whilst treating</td>
<td>6,918</td>
<td>+</td>
</tr>
<tr>
<td>Perceiving the tissues as a <strong>whole/global</strong>, in its <strong>breadth</strong></td>
<td>6,667</td>
<td>.</td>
</tr>
<tr>
<td>Ability to connect with the <strong>depth</strong> and inner dimension of the body</td>
<td>6,615</td>
<td>.</td>
</tr>
<tr>
<td>Ability to <strong>tune-in</strong> to the <strong>demands</strong> of the body</td>
<td>6,584</td>
<td>.</td>
</tr>
<tr>
<td>Ability <strong>to be moved</strong> by the effects of the touch</td>
<td>6,368</td>
<td>.</td>
</tr>
<tr>
<td>Mastering the manual <strong>supporting point</strong></td>
<td>6,359</td>
<td>.</td>
</tr>
<tr>
<td>Perceiving <strong>tonic modulation</strong></td>
<td>6,1</td>
<td>-</td>
</tr>
<tr>
<td>Perceiving the <strong>reciprocal dimension</strong> of the touch</td>
<td>5,784</td>
<td>--</td>
</tr>
<tr>
<td>Mastering <strong>active neutrality</strong></td>
<td>5,779</td>
<td>--</td>
</tr>
<tr>
<td><strong>Total average score</strong></td>
<td>6,536</td>
<td></td>
</tr>
</tbody>
</table>
Improvements in professional practice

*(paire scale from 1 « no improvement » to 4 « very important improvement »), ANOVA p<0.001*

<table>
<thead>
<tr>
<th>Professional areas</th>
<th>Average score</th>
<th>standard dev</th>
<th>% respondnts 3-4 score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic efficacy</td>
<td>3.74</td>
<td>0.58</td>
<td>94.9%</td>
</tr>
<tr>
<td>Relationship with the patient</td>
<td>3.14</td>
<td>0.71</td>
<td>83.7%</td>
</tr>
<tr>
<td>Educational skills</td>
<td>3.04</td>
<td>0.77</td>
<td>79.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physiotherapy care areas</th>
<th>Average score</th>
<th>standard dev</th>
<th>% respondnts 3-4 score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical pain</td>
<td>3.31</td>
<td>0.55</td>
<td>95.8%</td>
</tr>
<tr>
<td>Wellbeing and quality of life</td>
<td>3.30</td>
<td>0.65</td>
<td>91.2%</td>
</tr>
<tr>
<td>Psychological suffering</td>
<td>3.23</td>
<td>0.73</td>
<td>84%</td>
</tr>
<tr>
<td>Chronic pathologies</td>
<td>3.17</td>
<td>0.64</td>
<td>87.8%</td>
</tr>
<tr>
<td>Acute pathologies</td>
<td>3.06</td>
<td>0.68</td>
<td>79%</td>
</tr>
</tbody>
</table>
Improvements observed

Results:

• 100% had improvements with at least one pathology
• 51.5% cited at least one pathology with which they had no improvement
• 48.5% cited "no pathology with no improvement"
  => they have improvements on all pathologies

Most often cited pathologies showing improvements:

• Headaches (46.2% respondents) and migraines (15.5% respondents):
• Spinal pathologies:
  Cervical pain (34.5%), lumbago (31.9%), lumbar pain (19.7%), spinal pain (15.1%)
• Disgestive disorders (37%),
• Stress (23.5%)
• Sprains (19.3%)
• Fibromyalgia (12.6%) and pain (11.8%).
CONCLUSION

Sense-perception of fascial tonus using Psychotonus Touch from DBM Fasciatherapy

• Enables the conscious exploration of the living fascia
• Gives access to its psycho-physical and relational dimensions
• Requires the learning of a particular touch modality that mobilizes the practitioner’s perceptual and relational skills.
• Easy to learn with likely improvements to clinical practice.

DBM fasciatherapy: a therapy addressing the patient more than disease

Taking into account the somato-sensorial dimension of fascial touch can enlarge the following understandings:

• The connective functions of fascia
• Fascia’s body-mind tuning capacity
Thank you very much for your attention!

For more info and practical understanding of DBM Fasciatherapy, join us in our day-long workshop!
Monday, September 21st - 8am to 5pm