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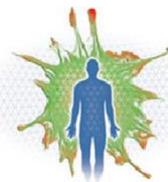
PSYCHOTONIC TOUCH IN DBM FASCIATHERAPY

***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



CONCEPT OF PSYCHOTONUS

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)*
- The notion of Psychotonic Touch (*Bois, 2005, Bourhis, 2006, Courraud, 2007, Quéré, 2010*) :
 - *Tonic dialogue between patient and practitioner*
 - *Tonic dialogue between body and psyche*

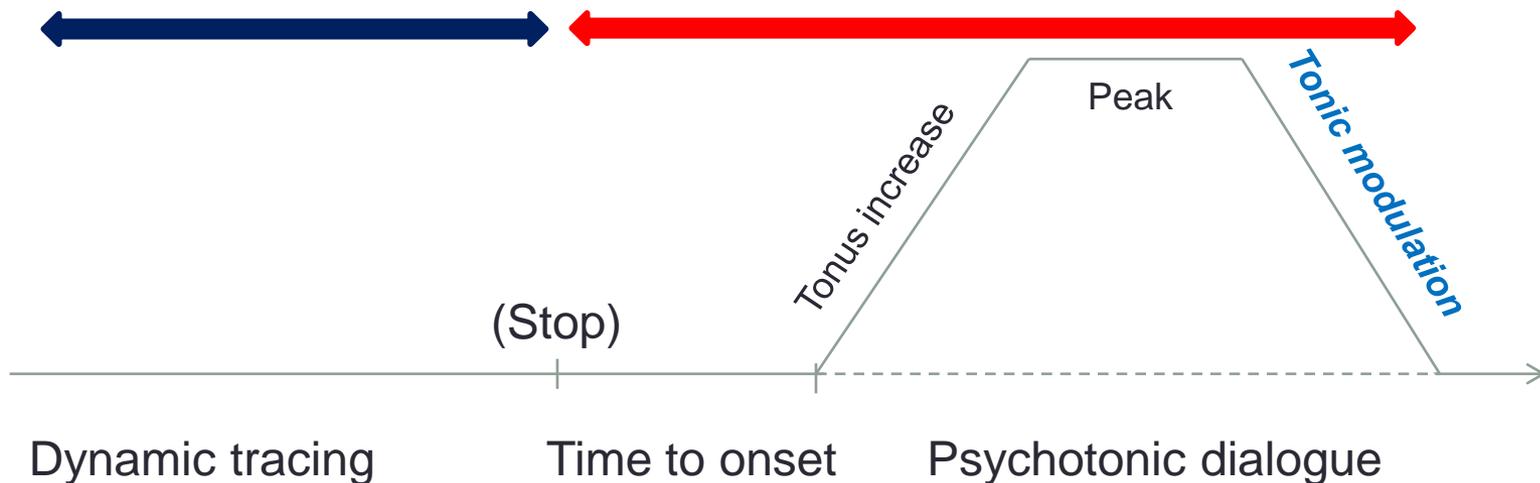


*Integrative
tuning*
- General effect of learning through touch (*Bourhis, 2012, Courraud, 2015*)
 - ***Engages and transforms the practitioner :***
 - *Enrichment of skills (attention, perception)*
 - *Increased awareness of ways of touching (control, local vs. global, reciprocal perception, real-time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



RESEARCH SURVEY

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, $p < 0,001$)

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



Improvements in professional practice

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

Professional areas	Average score	standard dev	% respondts 3-4 score
Therapeutic efficacy	3,74	0,58	94,9%
Relationship with the patient	3,14	0,71	83,7%
Educational skills	3,04	0,77	79,5%

Physiotherapy care areas	Average score	standard dev	% respondts 3-4 score
Physical pain	3,31	0,55	95,8%
Wellbeing and quality of life	3,30	0,65	91,2%
<i>Psychological suffering</i>	3,23	0,73	84%
<u>Chronic pathologies</u>	<u>3,17</u>	<u>0,64</u>	<u>87,8%</u>
<u>Acute pathologies</u>	<u>3,06</u>	<u>0,68</u>	<u>79%</u>

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%)
- Digestive 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**

