Relational Pulsation: Shape, Countershape, and the Somatic Organization of Experience

By Dirk Marivoet

Abstract

Somatic psychotherapy traditions have long emphasized the relationship between emotional life and bodily organization. Early body-oriented approaches proposed that disturbances in energetic pulsation contribute to defensive muscular patterns and restricted emotional expression (Reich, 1942/1972; Lowen, 1958). More recent developments in developmental neuroscience, interoception research, and fascia science support the view that relational experience plays a fundamental role in shaping how the body regulates itself and organizes structurally (Craig, 2009; Porges, 2011; Schleip et al., 2012; Schore, 2012; Stecco, 2015). Yet the processes through which relational interaction becomes embodied in breathing, connective tissue, and posture remain insufficiently described within somatic psychotherapy theory.

This article introduces the concept of relational pulsation as a developmental account of how relational experience becomes embodied. Building on Wilhelm Reich's concept of biological pulsation, movements toward relationship (shape), responses from the relational environment (countershape), and defensive adaptations to relational disruption (contrashape) are proposed to influence breathing, autonomic regulation, and connective tissue organization over time. When relational movement is met with attuned response, the organism can complete a cycle of relational pulsation, supporting regulation, vitality, and engagement. When such completion repeatedly fails, defensive patterns may stabilize in breathing, tissue organization, and posture, contributing to enduring characterological adaptations.

To strengthen the biological plausibility of this account, relational pulsation is described as emerging from interacting processes of autonomic regulation, interoception, predictive processing, and tissue adaptation. Rather than proposing a linear link between relational events and bodily structure, the article presents an integrative, clinically grounded account through which repeated relational conditions may gradually shape bodily organization. In doing so, it offers a conceptual bridge between classical body psychotherapy, contemporary neuroscience, and fascia research.

Introduction

Somatic psychotherapy traditions have long recognized that emotional experience and bodily organization are deeply intertwined. Early body-oriented psychotherapists observed that posture, breathing, and muscular tension often reflect an individual's relational history. Wilhelm Reich (1942/1972) proposed that disruptions in biological pulsation may become stabilized as muscular "armor," limiting emotional expression and vitality. Subsequent approaches further elaborated how such embodied patterns influence emotional regulation, character formation, and relational behavior (Johnson, 1994; Keleman, 1985; Lowen, 1958).

More recent developments in developmental neuroscience, attachment theory, interoception research, and fascia science reinforce the view that relational experience plays a central role in shaping how the body regulates itself and organizes structurally. Contemporary neurobiological models demonstrate how early relationships influence autonomic regulation, emotional processing, and bodily states (Porges, 2011; Schore, 2012). Interoceptive research shows that subjective feeling arises through the ongoing integration of signals from within the body (Craig, 2009; Damasio, 2010). At the same time, fascia research has established that connective tissue is not merely structural, but a dynamic sensory system responsive to movement, autonomic activity, and mechanical loading (Schleip et al., 2012; Stecco, 2015).

Despite these advances, it remains insufficiently clear how relational experience becomes organized across breathing, connective tissue, and posture. Many contemporary models focus on energetic processes, nervous system regulation, or attachment dynamics in relative isolation. As a result, the links between social engagement, autonomic shifts, respiratory patterns, and connective tissue organization remain conceptually fragmented.

This article introduces the concept of *relational pulsation* as a way of understanding how relational experience becomes embodied over time. Building on Reich's description of biological pulsation, the organism is understood as continuously moving within a relational field through cycles of reaching, response, and adaptation. These movements are described through the dynamics of *shape*, *countershape*, and *contrashape*.

These terms originate in Pesso Boyden System Psychomotor Therapy (PBSP), developed by Albert Pesso and Diane Boyden -Pesso (Pesso, 1973; Pesso & Crandell, 1991). In that context, *shape* refers to the organism's expression of need and movement toward contact, *countershape* to the relational response that meets and regulates that movement, and *contrashape* to defensive configurations that arise when relational needs are unmet, mismatched, or violated. In the present account, these concepts are extended to describe how relational pulsation unfolds across interacting physiological and structural processes.

Relational pulsation may be understood as emerging through several interrelated processes. Social engagement influences autonomic state; changes in autonomic state shape breathing, muscle tone, and orientation; repeated patterns of activation and release influence how forces move through connective tissue; and these forces, in turn, contribute to tissue organization over time. At the same time, predictive processes shape how the organism anticipates and prepares for relational contact, based on prior experience (Barrett, 2017; Friston, 2010).

From this perspective, bodily organization develops through repeated cycles of relational movement. The organism moves toward the environment through gestures of reaching, orienting, and contacting. The environment responds—either supporting or interrupting this movement. When relational responses are attuned, pulsation can complete itself, and regulation remains flexible. When responses are inconsistent or intrusive, defensive patterns—contrashapes—begin to form and may gradually stabilize in breathing, connective tissue, and posture.

In this way, relational experience becomes embodied not only as expectation or memory, but as a pattern of physiological organization. Over time, repeated cycles of relational completion or interruption may contribute to the development of stable relational patterns commonly described as character structures (Johnson, 1994). Relational pulsation provides a bridge between energetic pulsation, relational regulation, interoception, and connective tissue adaptation. By integrating Reich's model with contemporary neuroscience and fascia research, it offers a developmental account of how relational experience becomes embodied. At stake is not only how experience is regulated, but how it takes form within the body over time.

Relational pulsation may therefore be understood as an emergent property of the organism–environment system, arising through the interaction of autonomic regulation, interoception, predictive processes, and biomechanical adaptation.

With this perspective in place, Reich's formulation of biological pulsation can be reconsidered within a relational context.

Relational Pulsation and the Orgastic Formula

Wilhelm Reich proposed that biological life expresses itself through rhythmic cycles of energetic pulsation. In his formulation of the orgastic formula, the organism moves through a sequence of tension, charge, discharge, and relaxation (Reich, 1942/1972). He understood this process as a fundamental biological rhythm through which excitation builds, is expressed, and returns to equilibrium.

In his early work, disturbances in pulsation were primarily described in terms of muscular armoring. When expression was inhibited, tension accumulated in the musculature, limiting vitality, emotional expression, and relational openness. Although Reich recognized the importance of development and relationship, the relational dynamics through which pulsation unfolds remained largely implicit.

Contemporary perspectives suggest that pulsation cannot be understood solely as an internal process. Physiological regulation develops within repeated cycles of interaction between infant and caregiver, in which arousal, expression, and calming are co-regulated through relational attunement (Porges, 2011; Schore, 2012). Pulsation can therefore be understood not only as a biological rhythm, but also as a relational process.

The orgastic formula can be reread in light of contemporary regulation models. Tension may be understood as preparatory organization for engagement; charge as the buildup of arousal, orientation, and affective intensity; discharge as coordinated expression through movement, voice, tears, anger, reaching, or other forms of emotional communication; and relaxation as the restoration of physiological settling and integrative parasympathetic recovery. This interpretation does not reduce Reich's model to autonomic language alone, but suggests that his observations were tracking real psychophysiological sequences that can now be described in more differentiated terms.

In this account, the dynamics of *shape*, *countershape*, and *contrashape* describe how relational pulsation unfolds within the organism–environment system. *Shape* refers to the organism's movement toward relational contact. These movements may appear as reaching gestures, orienting responses, emotional expression, or shifts in breathing and posture that signal openness toward interaction.

Countershape describes the response provided by the relational field. In early development, this response is typically embodied by caregivers who mirror emotional states, provide physical holding, regulate intensity, and support transitions between activation and settling. Attuned countershape allows the organism's reaching movement to be received and integrated. Through repeated cycles of shape and countershape, the organism gradually develops the capacity to regulate intensity, sustain relational engagement, and return to states of equilibrium.

When relational movements are met with consistent and attuned response, the pulsatory sequence described by Reich can unfold more fully. The organism mobilizes tension, energetic charge builds, expression occurs, and relaxation follows. In this sense, relational countershape forms part of the conditions that allow biological pulsation to complete itself.

When relational responses are inconsistent, intrusive, or absent, however, the organism may reorganize its movement toward contact. Instead of shaping toward the environment, it develops *contrashape*—a defensive configuration in which the body organizes itself in anticipation of relational disruption.

Contrashape may appear as bracing, rigid self-sufficiency, withdrawal, collapse, appeasing compliance, or other postural and respiratory strategies that reduce exposure to overwhelming stimulation or relational disappointment.

From this perspective, contrashape reflects an interruption of relational pulsation. The organism mobilizes tension and charge but cannot safely complete the cycle through expression and reception. As a result, excitation may remain partially held within breathing patterns, muscular coordination, and connective tissue tone. Over time, repeated interruptions of pulsation may stabilize as chronic patterns of respiratory restriction, fascial tensioning, and postural organization.

This suggests that the disturbances in pulsation described by Reich can be understood not only as physiological disruptions, but also as relational phenomena. Pulsation completes itself not solely through internal discharge, but through processes in which the organism's expressive movement is sufficiently received within an attuned relational field.

Seen in this light, Reich's orgastic formula can be understood as the physiological expression of a deeper relational dynamic. Pulsation is not only a biological rhythm of excitation and release, but also a relational process through which the organism seeks contact, response, and integration.

Mechanisms of Embodiment in Relational Pulsation

If relational pulsation describes how the organism moves within the relational field, an important question follows: through which processes does this dynamic become embodied in physiological organization?

Rather than assuming a direct or linear translation from relational experience to bodily structure, relational pulsation may be understood as emerging through the interaction of multiple regulatory and adaptive processes. These include autonomic regulation, interoceptive processing, predictive adaptation, and biomechanical organization.

Relational interaction continuously modulates autonomic state. Experiences of safety, attunement, or threat influence shifts between activation, mobilization, and settling (Porges, 2011; Schore, 2012). These shifts are closely linked to respiration, muscle tone, orienting behavior, and readiness for action. In this way, relational conditions directly shape the organism's physiological organization in the moment.

Interoceptive processes integrate these physiological changes into lived experience. Signals arising from respiration, cardiovascular activity, and tissue state are continuously processed, contributing to felt experiences such as openness, contraction, agitation, or calm (Craig, 2009). Through interoception, relationally modulated physiological states become subjectively experienced.

At the same time, predictive processes shape how the organism anticipates and prepares for relational contact. Based on prior experience, the organism develops expectations about whether relational movement will be met with attunement, intrusion, or absence. These expectations influence attention, autonomic readiness, movement preparation, and affective interpretation (Barrett, 2017; Friston, 2010). In this sense, bodily organization reflects not only past relational experience, but also ongoing anticipatory regulation.

Repeated patterns of autonomic activation, respiratory modulation, and movement organization influence the mechanical loading of connective tissue networks. Through mechanotransductive processes, these forces are translated into cellular signaling that

contributes to tissue remodeling over time (Schleip et al., 2012; Stecco, 2015). In this way, recurrent patterns of relationally organized movement may gradually influence the structural and functional properties of connective tissue.

Taken together, these processes suggest that relational pulsation may be understood as an emergent process arising through the continuous coupling of relational interaction, autonomic regulation, interoceptive awareness, predictive adaptation, and biomechanical organization.

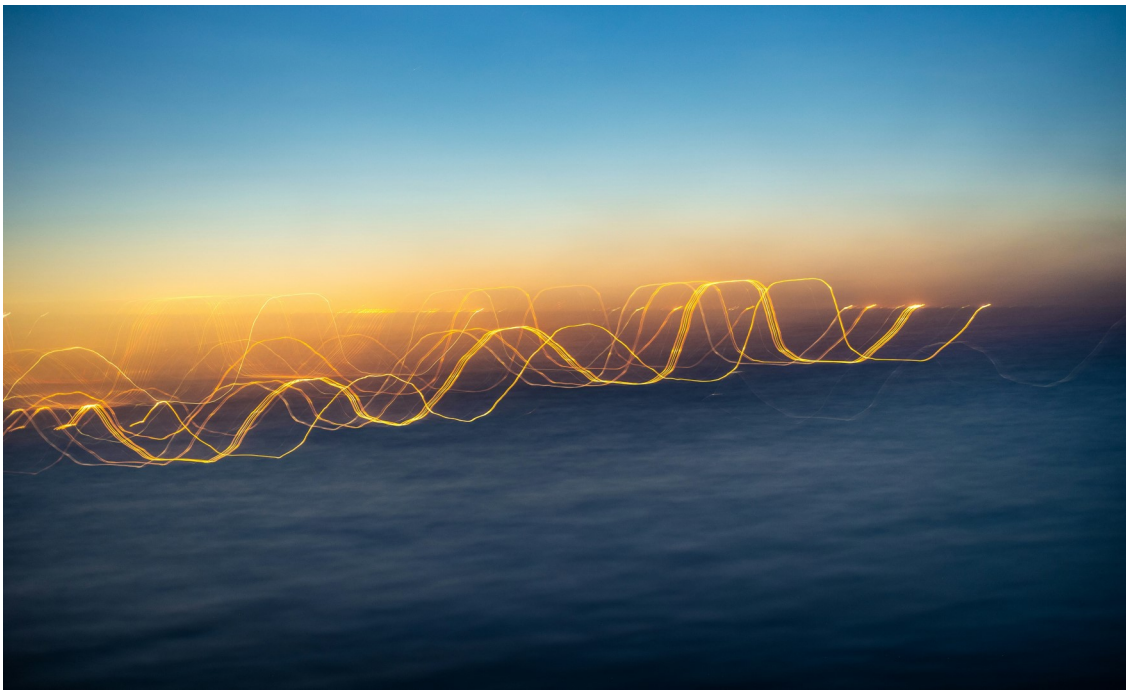
This perspective does not propose a simple causal pathway from relational experience to tissue state. Rather, it suggests that repeated relational conditions influence bodily organization through multi-level processes that unfold across time.
Within this perspective, these processes of stabilization can be understood as the organization of experience across autonomic regulation, interoceptive processing, predictive models, and connective tissue dynamics. From this perspective, relational pulsation refers to the dynamic unfolding of experience in real time, whereas these processes describe how such patterns gradually become stabilized within the organism over time.

If these mechanisms describe how relational pulsation becomes embodied, the question remains how this embodiment becomes directly observable in the organization of breathing and connective tissue.

Embodiment of Relational Pulsation in Breath and Fascia

The embodiment of relational pulsation becomes most directly observable in breathing and in the organization of connective tissue. If relational pulsation describes the ongoing exchange between organism and environment, breathing and fascia constitute primary pathways through which this exchange is physically expressed.

Within somatic psychotherapy, breathing and muscular organization have long been understood as central to emotional expression and defense (Lowen, 1958; Reich, 1942/1972). More recent research suggests that breathing, autonomic regulation, and connective tissue function together as an integrated system through which relational experience becomes embodied.



Breathing occupies a unique position within this system. Unlike most autonomic processes, it operates at the interface between voluntary and involuntary control. Changes in emotional state, orientation, and social engagement are rapidly reflected in respiratory patterns, making breathing a key interface between affective experience and physiological regulation. Early in life, respiratory rhythms develop within cycles of arousal and soothing that unfold in interaction with caregivers, shaping foundational patterns of regulation (Porges, 2011; Schore, 2012).

Within this perspective, breathing may be understood as a direct expression of relational pulsation. Inhalation and exhalation reflect a rhythmic movement between outward orientation and inward return. These oscillations resonate with Reich's description of biological pulsation while also expressing the organism's ongoing movement into and out of relational contact.

When relational contact is experienced as safe and attuned, breathing tends to remain fluid and continuous. The organism can tolerate increasing levels of activation while maintaining regulatory coherence. Under these conditions, breathing supports the gradual buildup and release of energetic charge, allowing expression and contact to unfold without significant interruption.

When relational contact is experienced as inconsistent, intrusive, or overwhelming, breathing often reorganizes. The organism may restrict inhalation, hold the breath, flatten the respiratory wave, or shorten exhalation. These adjustments reduce intensity and limit exposure to relational stimulation. In this sense, defensive breathing patterns may be understood as physiological expressions of *contrashape*.

Interoceptive processes link these respiratory changes to lived experience. Signals arising from respiration, viscera, and tissue contribute to how the organism senses itself—open or closed, settled or agitated (Craig, 2009). Through this integration, relational experience is not only enacted in the body but also felt as a shift in internal state.

Fascia plays a complementary role in this process. It forms a continuous network connecting muscles, organs, and skeletal structures, and is richly innervated, contributing to both proprioception and interoception (Suarez-Rodriguez et al., 2022). Rather than functioning solely as passive support, fascia actively participates in how the body senses, organizes, and regulates itself.

Over time, patterns of movement and tension influence this tissue. Repeated bracing, collapse, or restricted movement alter how forces are distributed throughout the body. Through mechanotransduction, these mechanical patterns are translated into cellular signaling processes that contribute to tissue remodeling over time (Schleip et al., 2012; Stecco, 2015). In this way, recurrent patterns of relationally organized movement may gradually influence the structural and functional properties of connective tissue.

From this perspective, fascia may be understood as one medium through which relational experience becomes embodied. Repeated gestures of reaching, holding back, withdrawing, or bracing shape the distribution of tension throughout the body. Over time, these patterns may stabilize as recognizable differences in elasticity, density, and responsiveness.

Within this perspective, such differences may be described through models that link qualities of tissue organization to patterns of regulation and development. Defensive patterns associated with *contrashape* may correspond to more rigid, fragmented, or less responsive tissue states, whereas supportive relational environments may foster more elastic and adaptable organization.

Understanding fascia in this way extends the classical concept of muscular armoring. Defensive adaptation is not limited to musculature but involves broader changes in breathing, autonomic tone, movement coordination, and connective tissue responsiveness. These changes contribute to the stabilization of relational patterns over time.

Breathing, interoceptive experience, autonomic shifts, and connective tissue adaptation thus function as an integrated system. Relational pulsation shapes how the organism breathes and regulates itself; these changes influence how forces are distributed through tissue; and repeated cycles gradually shape posture and responsiveness. In this way, relational experience becomes embodied not only as memory or expectation, but as an ongoing organization of the body.

Over time, repeated cycles of relational pulsation and its interruption may stabilize into enduring patterns of organization.

Relational Pulsation and the Development of Character Organization

Body psychotherapy traditions have long described how early relational experience contributes to the emergence of relatively stable patterns of emotional regulation, bodily organization, and relational behavior. Wilhelm Reich (1942/1972) introduced the concept of character armor to describe how repeated emotional conflicts and relational frustrations become stabilized as muscular tension and defensive attitudes. Later approaches elaborated distinct character structures reflecting developmental adaptations to relational environments (Lowen, 1958; Johnson, 1994; Keleman, 1985).

While these traditions offer detailed descriptions of character patterns, the relational processes through which such patterns emerge have often remained implicit. Character structures are typically understood as defensive organizations, yet the mechanisms through which these patterns become embodied across multiple physiological systems are not always clearly articulated.

The concept of relational pulsation offers a developmental perspective that clarifies how character organization emerges. From this viewpoint, character patterns arise through repeated cycles of relational movement and interruption, unfolding across autonomic regulation, interoceptive experience, movement organization, and connective tissue dynamics.

The organism moves toward relational contact through gestures of orientation, expression, and emotional communication—processes described as *shape*. When these movements are met with attuned and regulating responses, *countershape* allows the cycle to complete itself. Emotional activation can build, expression can unfold, and the organism can return to a state of relative integration. Through repeated experiences of such completion, the organism gradually develops greater capacity for regulation, relational engagement, and adaptive flexibility.

When relational movement is not met in this way, a different pattern emerges. If responses are inconsistent, intrusive, unavailable, or dysregulating, the organism reorganizes its approach to contact. Instead of freely shaping toward the environment , it develops a *contrashape*—a protective configuration that anticipates and guards against relational disruption. In this sense, *contrashape* is not merely defensive but adaptive, allowing the organism to regulate intensity when the environment cannot reliably support the completion of relational pulsation.

Over time, these patterns stabilize across multiple levels of bodily organization. Posture, breathing, autonomic tone, movement, and connective tissue gradually organize around

learned expectations of relational contact. These embodied adaptations form the basis of what are described as character patterns, ways of organizing experience that shape how the individual feels, relates, and regulates.

From a predictive perspective, the organism does not simply react to present conditions but anticipates them. Based on prior experience, it develops expectations about whether relational movement will be met with attunement, intrusion, or absence. These expectations shape attention, prepare the body for action, and influence how experience is interpreted (Barrett, 2017; Friston, 2010).

Character patterns may therefore be understood as embodied strategies for regulating relational pulsation. Each reflects a particular way of managing the tension between the impulse toward contact and the need for protection in the face of unreliable or overwhelming relational conditions.

For example, withdrawal may protect against disappointment but limit expansion and expression. Rigid self-sufficiency may guard against dependency while restricting the capacity to receive support. Persistent reaching may reflect attempts to complete interrupted cycles of relational pulsation, even when the environment cannot reliably respond.

These patterns are not only cognitive or behavioral but involve coordinated changes in breathing, autonomic state, movement, and connective tissue organization.

Clinical Implications for Somatic Psychotherapy

Understanding relational pulsation as a developmental organizing principle has important implications for somatic psychotherapy. If bodily organization reflects repeated cycles of relational pulsation and its interruption, therapeutic work must engage not only intrapsychic processes but also the relational and physiological conditions through which pulsation may be restored. Clinical work begins with perceiving relational pulsation as it unfolds in the present moment. Movements of *shape* may appear as subtle gestures of reaching, orienting, leaning forward, vocalizing, or increasing energetic activation, often accompanied by changes in breathing, eye contact, and muscular tone. At the same time, *contrashape* may emerge as breath restriction, postural bracing, collapse, withdrawal, appeasing compliance, or fragmentation—often occurring as relational intensity increases.

Within this perspective, the therapist's presence functions as a form of *countershape*. Through timing, tone, pacing, and, where appropriate, touch, the therapist provides relational responses that allow the client's movement toward contact to be received and regulated. Rather than encouraging immediate expression or discharge, the therapeutic task is to support the gradual completion of relational cycles within a tolerable range of activation.

The therapist's own bodily experience becomes an important source of information within this process. Somatic countertransference may be understood as an embodied and relational phenomenon through which the therapist's bodily experience participates in and reflects the client's internal and relational dynamics (Soth, 2005). From this perspective, the therapist becomes part of the relational system through which experience is enacted and potentially reorganized.

Shifts in the therapist's breathing, tension, posture, or impulse may reflect emerging dynamics of *shape*, *countershape*, or *contrashape* within the therapeutic field. Understanding fascia in this way extends the classical concept of muscular armoring. Defensive adaptation is not limited to musculature but involves broader changes in breathing, autonomic tone, movement coordination, and connective tissue

responsiveness. These changes contribute to the stabilization of relational patterns over time.

Moments of resonance—where therapist and client share a sense of rhythm, ease, or attunement—may indicate that relational pulsation is proceeding with relative continuity. Conversely, experiences of contraction, confusion, or disconnection may reflect interruptions or defensive reorganizations within the relational field.

Breathing remains a central clinical indicator throughout this process. Changes in respiratory rhythm often signal shifts in the organism's capacity to remain present in relational contact. Sudden breath-holding, flattening of the inhalation, or forced exhalation may indicate that relational intensity exceeds regulatory capacity. Conversely, fuller and more continuous breathing may signal increasing tolerance for activation and engagement.

Changes in connective tissue responsiveness also provide clinically relevant information. Shifts such as softening, increased elasticity, or densification may reflect changes in how the organism organizes relational contact.

When applied with care and consent, therapeutic touch may function as a somatic form of *countershape*, offering support, containment, or boundary that was previously unavailable.

A brief illustration may clarify this process. A client presents with chronic thoracic rigidity and shallow breathing, speaking in a controlled and detached manner. As the therapist maintains a steady, nonintrusive presence and invites awareness of breathing, subtle impulses begin to emerge: a slight forward movement, a deeper inhalation, followed by contraction. Rather than encouraging immediate expression, the therapist supports the client in remaining present with both the impulse to reach and the simultaneous contraction.

Over time, small shifts occur. Breathing becomes fuller, the chest softens, and emotional tone becomes more differentiated. These micro-movements allow previously interrupted cycles of relational pulsation to complete more fully. Change is marked not by dramatic release, but by increasing continuity of breathing, variability of movement, and capacity to remain present in contact.

From this perspective, the aim of therapy is not simply the release of tension or emotional discharge. While such processes may occur, the central task is the restoration of flexible relational pulsation. As defensive *contrashapes* soften, the organism regains the capacity to move fluidly between activation and settling, engagement and withdrawal, expression and rest.

Embodied relational attunement: movement toward contact is met and modulated within a shared field, allowing experience to unfold as a continuous process of orientation, response, and reorganization.

Conclusion

Relational pulsation provides a developmental account of how relational experience becomes organized within the body. Movements toward relationship evoke responses that either support the completion of pulsatory cycles or lead to defensive adaptation. Over time, these patterns become embodied in breathing, autonomic organization, connective tissue responsiveness, and posture.

Understanding pulsation as a relational process offers a conceptual bridge between classical body psychotherapy and contemporary developments in neuroscience, interoception, predictive processing, and fascia research. It describes how relational experience becomes embodied through interacting physiological processes rather than linear causation.

From this perspective, therapeutic work involves the gradual restoration of relational pulsation. Through attuned relational contact and embodied awareness, defensive patterns may soften, allowing the organism to rediscover more flexible and integrated modes of engagement.

Relational pulsation may thus be understood as an emergent property of the organism–environment system—one through which emotional life, relational experience, and bodily organization continuously coevolve.

In this sense, relational pulsation not only describes how experience becomes embodied, but also how it may be reorganized through relational contact over time.

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