The contribution of Calatonia as an auxiliary technique in the treatment of fibromyalgia: possibilities and reflections

Abstract
The aim of the present article was to provoke reflections on the contribution of Calatonia to the treatment of Fibromyalgia. From the psychosomatic perspective both pain and other symptoms of Fibromyalgia are symbolic expressions reflected in the body, derived from immaturity or psychic defenses. Without the resources to properly integrate and communicate disturbing emotions, the body remains as a way of expressing this burden of suffering. The calatonic technique enables the patient to be physically relaxed, mentally balanced and self-aware, through the emergence of still unknown images / emotions. From this revealing and reorganizing process the dialogue between conscious and unconscious is promoted, through the contact with its body and with its internal contents. It is believed that these procedures have great significance in the process of maintaining human health. Calatonia, in addition to presenting itself as an auxiliary resource for the remission of Fibromyalgia symptoms, may also act prophylactically, through the emotional regulation of the individual.

Keywords: psychosomatic, analytical psychology, calatonia, fibromyalgia, unconscious, symptoms, chronic exposure, illness,

Introduction
Due to the great need of adaptation by the organism to the constant changes in the ways of living, especially in the great urban centers, modern man surpasses his limits almost daily. The dangerous association between consumption and quality of life causes many individuals to increasingly commit their time and energy to work and to activities linked to it. This can generate satisfaction for some, but they also cause negative emotions, putting them in a constant state of stress. Chronic exposure to this type of routine can promote, among other phenomena, psychological damage, in the physiological and immunological system, as well as in cognitive processes. In this way, instead of improvement in the quality of life, it is observed the increase in the number of people who are ill, physically and emotionally. Many of them have to move away from their work routine and sometimes also from social and leisure activities. The specialties of modern Western medicine have their relevance and contribute to important advances in the field of physical health, seeking knowledge and techniques for the treatment of organs affected by pathologies or for the remission of symptoms. However, the process of specialization also throws a mechanistic and reductionist view on the human being. Moreover, as in a veiled agreement, some (im) patients and their experts rely on micro-formulas that ensure quick, easy, and efficient response to the resumption of the ‘time is money’ game. However, for the promotion of human health as it is complex and indivisible, it is essential to interpret and care for it fully, including at the level of prophylaxis, since the recurrence of physical pathology can lead to emotional disturbances, and vice versa.

In the case of Fibromyalgia (FM), it is necessary the remission of symptoms, since they prevent the preservation of the quality of life of the patient. It is also essential to understand and treat the origin of your emotions so that the body and psyche move together toward an improvement of the individual as a whole. In our clinical practice with patients with this syndrome, there are an increasing number of patients arriving at the psychological offices that are already very emotionally ill. Many of them report their long-standing pains and some seem to be accustomed to the pathological condition. They are generally knowledgeable about the disease, the fruit of their clinical and outpatient pilgrimages, prescriptions and self-medication. For the most part, they do not know or do not accept what body psychotherapeutic resources can aid in the remission of symptoms. Relaxation is a form of psychophysiological conditioning, presented through innumerable modalities and applied in several areas. It is known that the constant muscular tension is very exhausting for the organism, consuming or accumulating great amount of its energy in specific points of its structure. But, it is also known that the body reflects processes that occur in our psychic world. Therefore it is necessary that both be recognized and treated. The use of the calatonic technique can be a way of releasing retained or unused energies, thus promoting the relaxation of muscles and the expansion of consciousness. It facilitates the integration of unconscious contents and unknown aspects of the personality of the individual, connecting the body and soul into a single system. When it is impossible to slow down the rhythm and tension of an individual’s daily activities, it is still possible to manage the flow of psychic energy, calator, a provider of a meaningful encounter with himself. So, since Calatonia is a relaxation technique that promotes reorganizations of the psychic energies, would it facilitate remission and prevention of FM symptoms by the regulation of muscle tone?

The hypothesis raised here is that Calatonia promotes the remission of FM symptoms, such as analgesic, anti-inflammatory and myo-relaxing medications, but also its prevention, by the regulation of emotional and physical tonus. Our clinical experiences point out that
yes, but they do not represent numerically significant data for some
generalization. In this way, the objective of this article is, from the
compensating for emotional repression/denial. Psychosomatics in Ana-
lithic Psychology, Calatonia and its clinical scope, the diagnosis and
therapeutics of FM and to provoke reflections on possible contributions
of the calatonic technique to the treatment of this syndrome.

Psychosomatics in the analytical model

In common sense the word psychosomatic is widely associated
with ‘emotional background’ diseases, whose symptoms are often
considered untrue, even by those closest to the patient. As much
as the genesis of some illness is related to emotional factors,
psyche and body get sick together, completely and completely. The
symptoms are as real as the patient’s physical and mental suffering.
The Psychosomatic approach seeks to understand the individual in
a unique and integral way, concentrating his attention on the patient
and not only on the disease. It also suggests that body and soul act
in constant interdependence, that is, there is no way a diseased body
does not affect the psychic sphere and vice versa, just as there is no
way to care for a psyche without reflecting an improvement in the
body. From birth, the human being has his physical and mental health
governed according to the form that relates to the world. Depending
on their psychic maturity, some people fall ill because they cannot
properly relate to the demands of the environment, while others are
more adapted and therefore suffer less. According to, pathological
psychosomatic processes should be considered as types of emotional
responses resulting from how we evaluate, confront and adapt (or
not!) To the reality that presents itself. In this way, physiological
manifestations called summarizations can be understood as a non-
verbal form of expression. The less developed and efficient the mental
or cognitive mechanisms of feeling, speaking, and acting, the more
intense are the somatic phenomena necessary to express emotions
and thoughts. Analytical Psychology aims to understand the human being
in its totality. Those who undergo therapeutic work in this theoretical
line are encouraged to know themselves deeply, in their fragilities and
capacities, being able to develop self-acceptance by the union and
balance between conscious and unconscious.

At this point, a brief presentation of the concept of complex is
important. It can be described as an idea or image patterned and
impregnated with affection, symbolizing the perception and action of
the individual in the world. There are many complexes that can
distort the understanding of reality. For “complexes are responsible
for our dreams and also for our symptoms.” They have as core the
archetypes, which are typical patterns / forms that define being
human being, being shared by all mankind. While it often seems
that we are acting autonomously in the world, we are always being
led by some complex. They are autonomous and, when constellated
(activated), automatically activate body and psyche, acting freely and
without our control. According to Jung postulated that the neuroses
and the psychoses presented symptoms of somatic or psychic
nature, originating in the complexes. And the greater the intensity
and autonomy of the complex, the greater the symptoms. He further
states that when a complex is constellated, not only a physiological
alteration occurs, but a total transformation in the body, conscious or
not. The disease thus represents a reaction of the organism, reacting, or
compensating for emotional repression/denial. This still unconscious
content is retained in the plexus producing the symptoms, in order to
integrate and reconnect the ego with the Self. The latter represents the
totality of being, the organizing organ of the psyche, encompassing
the unconscious and conscious. Thus, if there are no conditions for
verbally symbolizing an emotional pain, it will be manifested in the
body through the symptom/illness. Therefore, for the analytically
based psychosomatics, the symptom/disease is the representation of
a complex, that is, an attempt by the Self to reveal itself, in order to
unite and integrate repressed, or even unknown, unconscious contents
into consciousness. Finding the meaning of what is represented
symbolically in the symptom/illness can help the patient in remission
of their physical and emotional sufferings.

The calatonia and its scope

The Calatonic Technique was developed by the Hungarian doctor,
before and during World War II, based on the observations made in
the cases of injured and frozen reassortment. It was found that, in
addition to medication and routine care, bi-personal contact, together
with stimulation via soft touches at the extremities of the body, feet
and head, produced muscular relaxation, vasomotor changes and
reconditioning of the mood of the operatives; on an unexpected
scale. Initially this procedure was aimed at reducing physical pain
and, later, emotional pain. After the end of the war, studies and works
with Calatonia continued to be applied not only in surgical clinics,
but also in patients in the areas of Psychology and Neuropsychiatry.
Thus, Sandor associated body work through subtle tactile stimulation
to Analytic Psychology, naming his method as ‘Psychophysical
Integration’. The work has expanded and over the course of more
than 40 years has solidified, especially in Brazil. The term ‘Calatonia’
means a relaxed, loose tomos, but not only from the muscular point of
view. It originates from the Greek verb Khlaaio and means ‘relaxation’;
but it also means ‘feeding’, ‘withdrawing from the state of anger, fury,
violece’, ‘opening a door’, ‘untying the moorings of a wineskin’,
‘letting go’, ‘forgiving parents’ remove all the veils from the eyes’, etc.
Subtle touches result in a significant adequacy of tone at the physical,
emotional and mental levels. At the physical level, in addition to
muscle relaxation, there is regulation of breathing, heart rate, body
temperature, blood and lymphatic circulation. At the emotional level,
there is an appro- Approach large-scale extrarracionais field of the
psyche, both conscious and unconscious, the support areas and core
transpersonal psychic entirety. At the mental level, it allows a relief of
the stressors caused by external stimuli of everyday life.

The skin is the largest organ of the human body, possessing the same
embryonic origin of the nervous system, that is, both develop from the
ectoderm, the outermost of the three embryonic layers. Recent studies
indicate that skin contact techniques significantly alter the biochemical
conditions of the brain mentions that these studies show benefits
of touch and massage for a variety of purposes, such as reducing
levels of cortisol, assisting the immune system and memory, as well
as increasing serotonin- na, dopamine and other neurotransmitters
responsible for the sensations of pleasure and well-being. As the
most external and extensive organ of contact with the environment,
for, skin is the first means of communication of the human being and
acts as continuous and flexible clothing, involving and protecting
the man by complete. The communications we transmit through the
touch are the most powerful means of creating human relationships
as the foundation of experience, and perhaps after the brain, the skin
is the most important of all organ systems. The sense most closely
associated with the skin, the touch, is the first to develop in the human
embryo. For better understanding of the clinical scope of Calatonia
it is deemed necessary to Presentation of some concepts related to
Developmental Psychology. According to p.10), “interactions with
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The environment, especially relationships with other people, directly shape the development of brain structure and function. This process starts with implicit memory, which is based on brain structures that are intact from birth and accessible throughout life. It does not require conscious processing during encoding or retrieval.

IT is in the first year of life the baby develops implicitly part of his emotional memory and traits of his personality. This memory occurs through genetic factors and the first relationships with their caregivers, thus determining the perception they will have of themselves and the world. Implicit memory leads the baby to generalize and condition early affective experiences, both positive and negative. Therefore, an individual may have facilitated or hindered the development of his psyche, the formation of his identity and his relationship with the other, according to this initial learning, since future reactions can be determined by this memory in a non-existent way conscious Implicit memory will direct choices and attitudes. "Simply, we enter these rooted states and experience them as the reality of our present experience." Although early relationships determine mental and emotional development, the mind is open to new forms of lifelong interaction. It is thus possible to transform or re-signify negative experiences, implicitly printed, through positive interpersonal relationships. It point out that implicit memory involves functional brain structures from birth, being always present in the first year of life learning and participating in what we call ‘I’ and also our ‘worldview’. Thus, the early relationships of a baby with his / her caregivers, genetic factors, and personality traits will determine the perception of oneself and the world, their preferences, judgments, and so on. If the image that forms is of a benevolent world, even if there are predictable frustrations, the baby will be less exposed to anxiety, which will facilitate the development of his psyche. However, if experiences of insecure or unstable attachment are recorded, the perception of the world will be distorted negatively, developing patterns of distant or frightened interaction. In the latter case, implicit memory leads him to generalize the experiences he has lived and conditions him to an anxious and defensive emotional state. In addition, it can lead to impairments in cognitive learning and development, as well as inability to experience the new and establish interpersonal relationships. Implicit memory is related to the Jungian concept of complex, which is defined as a set of images with a certain affective charge, which distorts in the unconscious action the individual’s perception of the world, the attribution of meanings, and the subsequent organization of their response add that Calatonia, the individual’s perception of the world, their preferences, judgments, and so on. If the image that forms is of a benevolent world, even if there are predictable frustrations, the baby will be less exposed to anxiety, which will facilitate the development of his psyche. However, if experiences of insecure or unstable attachment are recorded, the perception of the world will be distorted negatively, developing patterns of distant or frightened interaction. In the latter case, implicit memory leads him to generalize the experiences he has lived and conditions him to an anxious and defensive emotional state. In addition, it can lead to impairments in cognitive learning and development, as well as inability to experience the new and establish interpersonal relationships. Implicit memory is related to the Jungian concept of complex, which is defined as a set of images with a certain affective charge, which distorts in the unconscious action the individual’s perception of the world, the attribution of meanings, and the subsequent organization of their response add that Calatonia, when inserted in the psychotherapeutic process, can reach precisely that layer of the unconscious in which the complexes were formed (in phase before the structuring of the ego) and therefore not accessible to the conscience by the verbal dialogue. The process presents a safe reception, making it clear that the psyche and body will be considered and contained, thus enabling a conscious delivery of the patient to the necessary transformations. As the implicit patterns occur throughout life, they can be rewritten, opening gran-des possibilities for affective reorganization.

As well as the implicit memory, procedural memory (or physical memory) records preverbal and nonverbal experiences throughout life. According to, it is a “corporal and interactional” memory. It also describes that in the early years of life, this memory systematizes the emotional experiences and motor procedures developed by the baby, as well as any experience that implies bodily, motor and interactional procedures throughout life. It also allows access to the formation of the self and the way of relating to the other. These initial perceptions are coded in procedural memory and implied memory unconsciously and nonverbally, for example, by their sensory apparatus a baby is able to identify emotional states of its mother. This process of ‘remembering’ requires that the practice is also corporal and / or interactional. Consequently, the matrix of the unconscious is formed by these emotional and bodily perceptions, developed and marked in the body, making it its own and singular. These memories are able to delineate the body, its shape, tone, gesture and also, model interpersonal relationships, physical posture, sensuality, sexuality, etc. In a therapeutic situation, the reactivation of these memories occurs, when the present communication is analogously close to the initial communication that produced its encoding in body memory, that is, non-verbal interaction, visual contact, voice tone and physical contact are required. In response to this interaction, the individual can create new affective, sensory and motor forms and procedures for the construction of a safe Self. Therefore, the subtle touch applied to the skin and bipersonal contact is the main characteristics of the calatonic technique. This physical contact between patient and therapist is important because both are equally touched by each other in their physical and symbolic bodies. Calatonia, in addition to physical relaxation and mental balance, still allows a lowering of consciousness, thus allowing unconscious contents to arise spontaneously in the form of autonomous images, memories, sensations or emotions and enable an integration of the same to the psyche. Such content has somehow links with the problems or disorders presented as a complaint and constellate the potentialities for the movement of new directions when they are welcomed and integrated into the history of the individual.

FM diagnosis and therapeutical possibilities

The medical literature points out controversies among rheumatologists about the fact that FM exists as a distinct clinical entity. According to, this is due to the absence of specific abnormalities and the difficulty in evaluating patients’ complaints, since pain, fatigue and cognitive dysfunction can occur in depression and also as re-posed inadequate to stress. As an example of the complexity in determining this condition, the same authors report that associations of their symptoms with thyroid diseases have been observed in people infected with the HIV virus and women with hyperprolactinemia, who are 15 times more likely to develop FM. On the other hand, the factors that would characterize it as a specific disease are the changes in the sleep pattern and the alterations in the neuromendocrine transmitters, suggesting a poor regulation of the autonomic and neuroendocrine system. This clinical picture is included in ICD-10 under code F45.4 (persistent somatoform pain disorder) as a persistent, intense and distressing pain that cannot be explained entirely by a physiological process or a physical disorder. It occurs in a context of emotional conflicts and psychosocial problems, important aspects to the understanding of this disorder.

FM affects 2% of the population and accounts for 25% of outpatient consultations cites that in half the cases the symptoms begin after a specific event, while in the other 50% it is not possible to detect any triggers for their onset. Thus, the possible causes of this syndrome are still unknown. However, it is known that there are brain dysfunctions at the chemical and synaptic transmission levels that increase sensitivity in the affected regions. One of the most important complaints is muscle pain (generalized or at specific points in the body), but there is also body stiffness and articulation with the feeling that the ‘joints’ are swollen and sore. The same author also reports that biopsies performed on muscles, tendons and ligaments reveal nothing.
about inflammatory processes, lesions or structural alterations, and that individuals with a positive family history present eight times more chances of having FM than the rest of the population, which reinforces the hypothesis of genetic influence. According to the guidance of the American College of Rheumatology, there are two basic criteria for diagnosing a patient with FM: chronic generalized pain lasting more than six months and the presence of a physical examination of pain on at least 11 of 18 bodies, as shown in Figure 1. As seen so far, the complexity of the diagnosis and the diversity of symptoms also make FM therapeutic procedures fertile ground for expert discussions. It is important to highlight the fundamental role of the patient. It is necessary to remember that the responses to the application of the calatonic technique present themselves in a very particular way in each organism and psyche. In the specific case of FM, we understand that pain and its other symptoms are also a symbolic expression of complex emotional states that, reflected in specific points of the body, cause intense suffering. An immature mind, finding no way to deal with disturbing emotions, is more likely to transfer to the musculature a whole load of psychic suffering. As for psychological interventions, the psychotherapeutic treatments that include corporal participation with exercises or relaxation, since patients feel more relief in manual treatments, relaxation, herbs, prayers, because they find people more willing to hear about their complaints. In addition, a good deal of patience from all involved in the process is critical to therapeutic success. In these cases, after welcoming him into the therapeutic setting, we seek together to deconstruct this fantasy of healing and to make the patient aware of the complexity/lack of information about the origins of this syndrome. Thus, we can work real possibilities of improvement or even the remission of some symptoms, since there are variations of intensity of these that reflect in the quality of life of each individual

Still in the clinic it is possible to observe that the application with minimum weekly frequency of Ca-latonia, that the patients demonstrate relative improvements, not only in the pains in the body, but also greater stability in the humor and feeling of well-being. But it is always important to remember that the responses to the application of the calatonic technique present themselves in a very particular way in each organism and psyche. In the specific case of FM, we understand that pain and its other symptoms are also a symbolic expression of complex emotional states that, reflected in specific points of the body, cause intense suffering. An immature mind, finding no way to deal with disturbing emotions, is more likely to transfer to the musculature a whole load of psychic suffering. As a consequence, there is a chronic state of tension causing muscular engorgement, low tolerance to pain, fatigue, difficulty sleeping and even, in some cases, more severe, physical and emotional paralysis of the patient. IT IS IT is important to highlight the fundamental role.

Final considerations

From the information and reflections presented so far, we seek to discuss the contribution of the calatonic technique in the multidisciplinary treatment of this complex syndrome. Throughout the work of bibliographical research we are faced with a scarce scenario of empirical studies that relate directly to Calatonia to the treatment of FM. This fact reinforces the relevance of our clinical observations, in which fibromyalgia patients, who seek psychological help, in the majority of times, are those that do not present positive responses to conventional treatments. Although medication is always present in your routine, there are no results in relieving pain and other dysfunctions, such as depressive mood and its consequences. For these patients, psychological treatment seems to be associated with a “last chance for cure” fantasy. In these cases, after welcoming him into the therapeutic setting, we seek together to deconstruct this fantasy of healing and to make the patient aware of the complexity/lack of information about the origins of this syndrome. Thus, we can work real possibilities of improvement or even the remission of some symptoms, since there are variations of intensity of these that reflect in the quality of life of each individual.

of the various therapeutic methods presented in this article and to highlight the need for a more welcoming and educative attitude among family members, friends, psychologists, physiotherapists, physical educators, among others. In this way we can take care that the understanding of the pathological phenomena does not happen only through the perspective of a corollary of pre-cataloged signs and symptoms, but also by the global human development. From the reflections articulated in this text, we hope to provoke the emergence of new hypotheses and to arouse interest in the professionals and researchers working in these areas for the development of new clinical researches with fibromyalgic patients.\textsuperscript{18,19}

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**Conflict of interest**

The author declares there is no conflict of interest.

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