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LETTER FROM THE PRESIDENT

Dear Reader,

Welcome to the 2015 *Cranial Wave*!

This year has brought about some amazing growth in the Association. This edition of the *Wave* has its foundations in the current growth process of clarifying our field. We facilitate a vision of health and wellbeing for all through the principles of BCST. We are also committed to the clear and coherent articulation of these principles, written in language that speaks to the present trends of health care in North America.

That being said, this *Wave* issue dives into the exploration of some phenomenology of these BCST principles. Deep appreciation is extended to all those who contributed to this year's edition.

Warmly,
Joyce Harader, RCST®
Board President



“There is a distinct but important fine line between the proverbial onion and the lotus flower.
If you see yourself and life as the onion, then if you keep going deeper...
it's easy to get trapped in the layers and stuck in the dark.
If you see yourself and life as the lotus...
you recognize the mud, muck and mire as a beautiful beginning for growing, strengthening,
rising and blossoming as you continually move toward the Light.”

~ Simran Singh

THE EMBODIMENT TIDE

Scott Zamurut, RCST® and Roger Gilchrist, MA, RCST®

During the preparation of the first draft of the revised Standards of Practitioner Competencies (SOPC), the SOPC Committee chose to include information regarding an expression of Primary Respiration that is recognized but not widely discussed within our professional community. We believe it is important to present a complete picture of Biodynamic Craniosacral Therapy (BCST) to ground the knowledge base and experiential capacities of practitioners, especially through the educational process. We also recognize that acknowledging “what is” reify perceptual experiences that many practitioners have had over years of Biodynamic practice. Some of these specific perceptions have been noticed and discussed by many practitioners, yet for the most part they remain undocumented in our field. Finally, we recognize that new findings in related fields of therapeutics garner a great deal of attention within our community; however nothing is more essential to our practice than recognizing a subtle and profound expression of Primary Respiration.

The practice of BCST gives great attention in theory and practice to the expressions of Primary Respiration, the bi-phasic reciprocal pulsation of bioenergy, which is observable in the bi-field, fluid dynamics, and tissue motility. William Sutherland, D.O., originally named this the Breath of Life. Dr. Sutherland also used the metaphor of the ocean's tides to convey his perceptual recognition that he was feeling the whole of the human body breathing as an undifferentiated whole. In time the word “Tide” became synonymous with the “Breath of Life.”

Over time a number of specific rhythms of Primary Respiration have been recognized, and the qualities and healing properties of each of these expressions have been well-articulated. The Tides that are well-known in the field of BCST are the Long Tide, the mid-tide (sometimes called the “fluid tide”), and the Cranial Rhythmic Impulse. The latter is commonly seen as a result of facilitation within the nervous system generating an interference pattern in conjunction with the mid-tide. We also recognize the

presence of the Breath of Life in Stillness.

The purpose of this article is to introduce the qualities and healing properties of another, longer Tide, which some BCST practitioners are now calling the Embodiment Tide. It is possible to perceive a Tidal expansion and contraction that is far longer in duration than the Long Tide. Most often this very long breath emerges once a client's system has entered a State of Balance. Within a short period of time a subtle expansion begins within the system, emerging from the inertial fulcrum or from the midline proper. With careful observation, it is clear that this inhalation is of a long duration, lasting as much as 20 minutes. The inhalation is followed by an exhalation of similar duration, sometimes with a pause between the two.

Here, Cynthia Eyster, RCST®, describes her recent experience with the Embodiment Tide during an Advanced Training in the Biodynamics of Shock Resolution workshop with Scott Zamurut in which she was the client in a class demonstration:

Scott sat at my side, and demonstrated a hold, with one hand under my back at the level of my diaphragm. In time, he placed

Nothing is more essential to our practice than recognizing a subtle and profound expression of Primary Respiration.

another hand gently on top of my body, at the area of my diaphragm and lower ribs, where they meet the sternum. Fairly quickly, I experienced a nervous system discharge traveling

down my body, accompanied by minor spasms originating in my belly. This was followed by a lot of heat emanating out my back.

I felt quite relaxed and safe in Scott's presence throughout the session. He identified a “blob” of shock more to the left and above the area of his top hand. I noted that I had just been diagnosed with apical hypertrophy, a thickening of the apex of the heart. While he stayed in this hold, more heat dissipated from me, accompanied by spasms in my belly.

At some point, Scott placed his hand under my cervical vertebrae, I believe to address my brain stem and associated nuclei. I felt a lot of prickly discharge descending down my body and recalled having been hit on the top of my head by a metal fire escape, which had been improperly secured.

I was dreamily relaxed, though entirely present throughout most of the session, and

aware that I was immersed in a much larger field than I had been aware of at first. I have no idea how much time passed. Throughout the session, I felt great trust in Scott's presence.

Gradually, I became aware of a wide, slow, gentle and enveloping wave that filled me with immense sweetness. I started laughing, perhaps because of the depth of release in the session, but also because it felt so lovely. When I commented on it, Scott said, "That sweetness is you. Allow it to work its way into and through you." His comment reinforced the intimacy of the experience.

The wave I am describing was deeper, wider and much slower than what I have experienced with the Long Tide. Interestingly, prior to being in the demonstration for this class, I had been talking to a small group of practitioners about the experience we all shared of feeling a tide that goes out and out and seems to continue beyond how Long Tide is traditionally described. Scott calls this the Embodiment Tide.

An early reference to this phenomenon in the Biodynamic CST literature is found in this beautiful statement: "The

Original bioelectric matrix may be directly perceived as an ordering and organizing field . . .

the action of the Long Tide within space will be expressed in cycles of 50 second inhalations and exhalations (100 seconds

for both). **The practitioner may also sense very slow, wavelike cycles of expansion around the body.** This has the quality of a pebble being dropped into a pond **every 20 minutes.** . . . Here, the practitioner is sensing the Long Tide as a wider field of action. This is the organizing wind of life."¹

Another comment discusses further the action of this deeper tidal phenomenon: "The Long Tide can be perceived within the biosphere to generate deep, airy, powerful tidal motions in 100 second cycles. **Its intention may be experienced in a wider field in very slow cycles of expansion (15--20 minute cycles*).** The Long Tide generates the most fundamental ordering matrix, a bioelectric form, as a field phenomenon. The Original Matrix of a human being is laid down."² This latter statement points to why some refer to this phenomenon as the Embodiment Tide.

Around the same time these comments were published, the authors were working as teaching assistants on the foundation

course taught by Franklyn Sills in Boulder, Colorado. We remember discussions of this phenomenon in teaching team meetings and between Franklyn and the class.

In the statements in the literature, the movement that we are calling the Embodiment Tide was linked with discussions of the Long Tide. In our observation, it is different from that. Admittedly, the practice of Biodynamic CST has grown a great deal since this early writing, and the professional community now has a much more developed experiential base, leading to corroboration among practitioners and a high degree of consistency in their descriptions.

The Embodiment Tide is a respiratory cycle that presents itself as a facet of the inherent treatment plan. During the total cycle of the Embodiment Tide, it is possible to perceive the resolution of inertial forces that organize a variety of unresolved shocks and insults. This Tide demonstrates a particular efficacy in the resolution of the inertial fulcrums which organize embodiment shock, a shock state which arises when the subtle body is early in the process of encountering and entering a new physiological body.

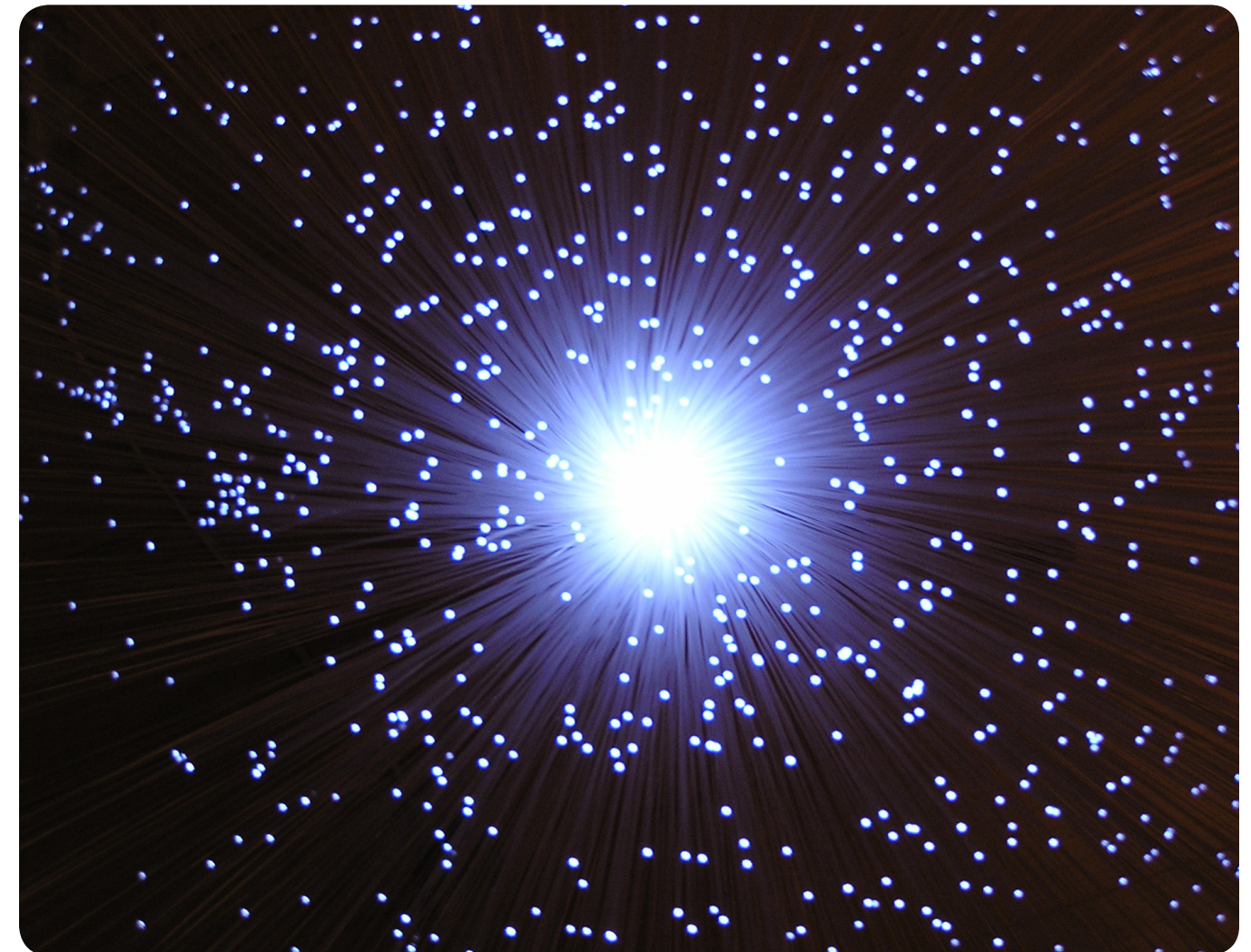
The varied and powerful dynamics that are inherent to the process of embodiment can be experienced as profoundly overwhelming, resulting in a shock state with inertial fulcrums commonly found in the bioenergy field.

During both the inhalation and exhalation

cycles, and more so during exhalation, the breath will pause at subtle inertial fulcrums within the field. Once the inertial forces are resolved the movement of the Embodiment Tide resumes in the same cycle of expression that was present before the pause. As with any of the subtle phenomena of healing we see in BCST, it is not possible to make the Embodiment Tide appear; yet through the cultivation of our perceptual clarity, it can reveal itself.

It is our hope that presenting this description of the Embodiment Tide adds to the general knowledge base of BCST, generates new conversations within our community, clarifies perceptual experiences that practitioners regularly encounter, and brings forward new potentials for healing embodiment shock—one of the deepest sources of human suffering. ♦

The Embodiment Tide is a respiratory cycle that presents itself as a facet of the inherent treatment plan.



Inside each raindrop swims the sun.
Inside each flower breathes the moon.
Inside me dwell ten million stars,

One for each of my
ancestors:
The elk, the raven, the mouse, the man,
The flower, the coyote, the lion, the fish.

Ten million different stars am I,
But only one spirit,
connecting all.

~Nancy Wood, "Many Winters"

¹ Sills, Franklyn. (2001). *Craniosacral Biodynamics*, (vol 1). North Atlantic Books, p. 400.

² *ibid.*, p. 418.

INTERVIEW WITH STEPHANIE AMBRAMSON: THE EMBODIMENT TIDE

Interview by Mimi Ikle-Khalsa, RCST®

Background information:

This is a summary of the interview regarding the Embodiment Tide with Stephanie Abramson, conducted by Mimi Ikle-Khalsa, RCST® on May 26, 2015. Stephanie and Mimi have been working with Roger Gilchrist as their mentor for the past decade or two. They both work for the Wellness Institute and live in the Washington, DC area. Both ladies were participants in a biodynamic advanced training on shock resolution, taught by Scott Zamurut, RCST in the Washington, D.C. area in March of 2015. Mimi noted that this was the first time she had witnessed the Embodiment Tide as it emerged as a part of the inherent treatment plan.



Ikle-Khalsa: What was the intention of the demonstration that you were the participant for?

Abramson: After Scott named and discussed the different types of shock in class, the demo was an open session with the possibility of working with one of these types of shock being held as inertia in my system. I was very excited to be chosen for the demo session, and had no expectations.

Ikle-Khalsa: It is common practice for the practitioner to ask if there is anything particular that that person would like addressed during the session. Did you have any particular complaints or physical issues that you were aware of that you were hoping would be addressed in the session?

Abramson: I had recently babysat my grandchildren's young, large, untrained, strong and feisty puppy, and had pulled my back out. I have a small build and weigh about 112 pounds. The puppy is pretty big. As I was trying to walk him, he turned around and jumped up on me, trying to bite me with very sharp puppy teeth. A lot of fear came up for me, and I really did go into a bit of shock. When I walked him, he would pull very hard and yank my arm. I was concerned about him pulling every time

I took him outside, as I had two more days to care for him until my family returned. So my walking was really being impinged, and I was having trouble physically sitting through the lectures. I also now remember having a little trouble getting up on the table.

Ikle-Khalsa: Anything else that you noted about how you felt as the session began?

Abramson: I felt very comforted by Scott's presence and his physical location. He was on my right side, between my shoulder and my hips, so I could see him. I didn't feel crowded. I felt very much like there was a good special dynamic in where he positioned himself. I felt like he was holding me from the very beginning. And I really felt seen.

Ikle-Khalsa: So in terms of your experience of the session, what did you notice?

Abramson: I don't remember feeling any discomfort in my body as we started. I very much relaxed. Scott's voice and presence created a very exquisite and safe container. I do remember being able to feel the mid-tide at the beginning of the session. Then there was a sense of very slowly moving out to a very wide field. I had never felt this before, so I just assumed that the Long Tide was present. There was a little bit of verbal dialogue. I felt like I went out very far into another dimension. I totally lost a sense of time and space at this point. Often I'm self-conscious if I'm in the limelight too long. I had no self-consciousness at all. It felt like my body was dissolving piece by piece, and it felt very airy, ether-like.

Ikle-Khalsa: And that's ether in the context of the polarity element, not ether as in the context of the medication that used to be given in the past.

Abramson: Correct, a polarity therapy context. And this is interesting. I did feel like there was a bridge. I didn't feel ungrounded at all with this. I was very, very spacious, but not ungrounded. It had the sense that I was a kite flying and Scott was holding on to the string. I felt held without being contained. There was a sense of freedom in that. No one was holding tight as my body, piece by piece, seemed to just dissolve.

Ikle-Khalsa: So it sounds like you began with

a sense of the room, a sense of your body on the table and a sense of Scott creating a clear and neutral relational field. As the session went along, you noticed what felt like a mid-tide shifting into the Long Tide, then another shift/morph into a greater, wider and vaster container in which you could expand into something else.

Abramson: Right. It was almost as if I was an inter-dimensional being.

Ikle-Khalsa: And would you say that that feeling was a hallmark for you about sensing the difference between the Long Tide and the Embodiment Tide that was remarked upon during your session?

Abramson: Yes, and there seemed to be a threshold I had to go through to get into a larger field. There was no fear with it.

Ikle-Khalsa: Could you say anything more about what that threshold felt like to you, what it looked like or how you sensed that?

Abramson: It's kind of hard to recap but it was like I was letting go of everything, my history, everything I know about myself. I would imagine that's very much like when you are dying.

Ikle-Khalsa: What you are explaining sounds like all the imprints that have come into you in this incarnation lift away.

Abramson: Yes, they lifted away. That's one of the things that I've been thinking about in preparing for this interview. I've been pondering what is different. It feels like my blueprint has changed. It's hard to say exactly how, but I feel it when thinking about my parents, who are both deceased, and even family members. It's very curious because I feel a bit of something that feels like detachment. There is definitely a difference in the way I perceive, particularly regarding my parents. I just feel freer. I feel more positive.

Ikle-Khalsa: Like a relationship shifted?

Abramson: Yeah, really shifted. Particularly with my father, which is a big deal. A huge deal.

Ikle-Khalsa: So what I'm hearing is that after receiving this session there was a

sense of improved relational fields between yourself and the primary relationships in your life. Did you notice anything else after this session? It has been about two months after that session. Were there other physiological, emotional or psychological shifts that you have noticed?

Abramson: Yeah. Let's go back a little bit to the session before I go into that. It felt like I turned around and was gradually coming back in. Scott seemed to stay in the same position, and it felt like my body then started to open, bit by bit. When I was out in the larger wave, I don't think I was aware of Scott. I felt like I was there pretty much alone, not connected to this reality. As I came back, it felt like pieces of matter coming coalescing to get to a place where I was met by Scott, which really helped integrate that process. Again, his presence made a big difference in slowing that process down for me so that it was well-paced. Then I got to a place where I was able to talk with

Scott. He said there was still work going on, which was very reassuring. Then I realized I was in the room with other people. My body felt totally comfortable. I wasn't thinking of the discomfort I had before I got on the table. There was a sense of a joyousness, like a new beginning when you are with a newborn

baby. This process felt very slow. I also became a little self-conscious. I had lost all sense of time and space for a while. Then that sense of, "Wow, I've been here a long time."

Ikle-Khalsa: Do you remember what you said to him at that point?

Abramson: I don't. You might remember.

Ikle-Khalsa: I believe you asked, "Is it too much? Am I too much? Is this okay?"

There was a sense of looking for a welcome and approval that your process was not too much or too big.

Abramson: Right. That rings true to me. It was a bit dreamlike and I felt grounded. That continued when I got off the table.

Ikle-Khalsa: Also I heard you say that you noticed a shift from the Long Tide to something bigger, longer, wider. You were also able to feel the transition from expansion to that tide coming back in. Being met by

Scott's voice and presence created a very exquisite and safe container. I do remember being able to feel the mid-tide at the beginning of the session. Then there was a sense of very slowly moving out to a very wide field.

Scott’s presence allowed that re-introduction or that negotiation back into self to happen in a gentle, easy and digestible way. For me, visually, when I was sitting past your head, I was looking at you from above, head down to your toes, and I saw you going out to what I visualize as a star and then turning around and coming back. As the essence of you came back, there was a swell, like the swelling of a wave coming in. I could see parts of what I would consider soul contracts or relational fields transmuting, shifting, changing. It seemed to be coming off your left foot back towards you. I definitely felt a relational field with your parents. When you voiced an awareness to Scott, wanting to make sure the session wasn’t too big or too much, your voice (and we’ve worked together for fifteen years) came from a different part of you, a very young part, even in tone and timbre. Any sense on how you felt after getting off the table? I noticed that you were walking and moving quite remarkably differently.

Abramson: I felt very different. I did feel younger, and I’m 72 years old. I felt very different in vitality.

Ikle - Khalsa: Did you feel the boundaries of your own biofield got stronger, healthier, and lot more clear?

Abramson. Yes, much clearer. I feel like maybe it would be possible to have a healthy relationship. Since my last intimate relationship, it was not in my field of awareness, nor did I think it was possible to be in another one. I really view that differently now.

Surprisingly, it took the healing from the incident with the puppy as the doorway into a bigger shift in the mental and the emotional. And then, what’s interesting, Tom Kenyan, a wonderful and amazing person, came out with a note from the Hathors about moving into the fifth dimension. When I read that just recently I thought, golly, I feel like that’s what this experience was. I moved into another dimension and came back, and what a passageway it was for me. The other thing that I noticed is that a lot of my work will be certainly going into the

possibility of aging with more presence and health. So, I feel clearer that that is going to be that next journey for me, as I’m doing it for myself and to others.

I’m also excited about the possibility of working more with some of my old fears. I feel like I have a clearer sense of them and now have more of an ability to not get stuck in the same ways that I have been stuck before.

Ikle-Khalsa: So was this your first experience with an Embodiment Tide?

Abramson: Yes. I don’t think I had ever even heard about that before.

Ikle-Khalsa: And since you’ve had that experience, have you ever noticed that ever occurring in your own clinical practice? Have you seen this again during sessions since your experience?

Abramson: Not yet.

Ikle-Khalsa: I did give a session where, because I knew what it was, I could see and relate to an Embodiment Tide that came into play during the session. It was interesting because I also had that experience of seeing different layers of beingness shift around that. There were both affect layers, physiological layers, and psychological layers. I’ve only seen it once in the past

two months, but it was interesting to have witnessed your session, and now have sign posts around the Embodiment Tide, so that now I can identify those sign posts when I enter that territory. Thanks so much for doing the interview, Stephanie.

Abramson: You are welcome. Thanks, Mimi. ♦



Stephanie Abramson sharing an embrace with a fellow practitioner.

I Sit
Still enough to see
the stir
of leaf and sun
Plain enough to go
unnoticed by the world
Quiet, hear
the acorns landing
Free enough to mirror back
the child’s smile
Whole enough to lose the time
and stay awhile
Still

Stacy A. Teicher

DISCOVERING TRUST

Michelle Quigley, RSCT®, LMT

Michelle Quigley is a massage & biodynamic craniosacral therapist who completed the foundation training with Franklyn Sills in 2014. She is also a practitioner and teacher of Sheng Zhen Gong (Qigong of Unconditional Love). It has not surprised Michelle to find herself being led to BCST as the teachings of Sheng Zhen mirror the teachings of Biodynamic Craniosacral Therapy on every level. Michelle practices out of her home in Westport, CT.



“And the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom.”
~ Anaïs Nin

I am a year into my practice, a whole year since graduation, and I find myself constantly struggling with doubts. Am I an effective biodynamic practitioner? And there is always that feeling that I am not as good as everyone else! That was until I discovered the power of the word “trust.”

It is difficult to express how my relationship to the field opened simply by noticing the postcard that Clara put in our graduation packages with the words “Trust the Tide.” As I was sitting in a session recently, I happened to glance at the card propped on my desk and something just clicked—I pushed away the “I can’t” and simply accepted “I do.” There was nothing more for me to do that day than feel

the joy and open heart space when I allowed the sensation of trust to permeate every cell in my body. It changed everything.

I was a good student, listening to every word, absorbing all the information, using my imagination to feel. But when I was alone with my clients, the doubts poured in. Now, however, I understand the relevance of the wonderful teaching we received in the constant reminders to take all that we learned and put it behind the curtain; to trust that what we are feeling is just that—exactly what we are feeling!

From the moment I accepted “I do,” I let go of my wants and needs to be a good therapist and I truly experienced the relational field. And instantly I felt the potency say, “Finally—now I can get to work!”

Since this revelation, I can feel my client and where she is in that moment. I am able to simply be with what I am meeting, with no intention to fix or change. When I embody the “trust” the “allow” naturally follows, I feel the space open and the potency doing its work.

I have learned that sometimes a session evolves in a way that does not even touch on any aspect of the foundation training. And,

more importantly, I realize that this is OK! We are all different in how we sense and feel and interpret. However much I wanted to be like my teachers, I can accept finally that I am me, I am unique, and I can do this.

My most beautiful insight is experiencing the absolute uniqueness of every moment in every session and really feeling the fluidity of the relational field as two beings settle together. I will endeavor to hold this trust as I receive each and every being into the field.

With love and gratitude to my wonderful teachers. ♦



Postcard from Clara Favale, given to recent graduates.

BIODYNAMIC CRANIOSACRAL THERAPY AND CANCER TREATMENT

Marty Noss Wilder, RCST®, LMT

Marty Noss Wilder is a registered biodynamic craniosacral therapist, polarity therapy practitioner and licensed massaged therapist in Santa Fe, NM. She studied oncology massage through the Peregrine Institute of Oncology Massage Training including at the Oregon Health and Science University Hospital in Portland. She has assisted in BCST trainings and has tutored students of BCST through the Santa Fe School of Massage. Marty also holds a BA in music from Stanford University, and is fluent in Spanish. In private practice, Marty specializes in working with cancer patients, and also works with those seeking relief from injury or illness, and all who want to optimize and maintain health.



As a massage therapist trained in oncology massage, I joined the Santa Fe, New Mexico, Christus St. Vincent Regional Cancer Center in 2008 to treat their chemotherapy infusion clinic patients. In this capacity, I am available to offer support, compassionate human touch, and mitigation of cancer treatment side effects through foot reflexology. I also offer sound healing. As a registered biodynamic craniosacral therapist, I sometimes call on this modality to meet the needs of a patient’s compromised system. This article explores some of the ways in which this modality can be of use in the field of cancer treatment, as well as some of the questions that become important when working with this very special group of people.

To begin, let me share my experience with a then 21-year-old patient I will call Ray. In 2013, Ray had been diagnosed with an atypical teratoid/rhabdoid tumor, a rare cancerous tumor usually diagnosed in childhood. Although this tumor occurs most often in the brain, it can grow anywhere in the central nervous system, including the spinal cord. Slightly more than half of these tumors are found in the posterior cranial fossa, particularly in the cerebellum. Approximately 39 percent occur in the supratentorial region above the tentorium cerebelli, the location of Ray’s tumor. The remainder are pineal, spinal, or multi-focal.

Ray’s tumor had been removed 10 months prior to my working with him on this particular day in September 2014. By then, he had received more than 20 intravenous chemotherapy treatments, some oral, as well as bimonthly injections directly into the cerebrospinal fluid from a port near the surgery site on the right side of his head.

Regularly, when he came to the infusion room, Ray asked for the massage therapist so that he could get his “foot rub” before his chemotherapy treatment. He loved foot reflexology, having experienced peripheral neuropathy, a sometimes painful condition induced by the drugs that can impact nerves in feet and hands. Some chemo drugs target fast-growing cells, but do not differentiate between cancer cells and the normally fast-growing nerve cells and those that grow hair and fingernails. Ray’s neuropathy caused him to experience tingling, numbness, and sometimes pain in his feet that led to clumsiness as he walked. Gently massaging his feet helped restore circulation, moved lymph stagnation, and stimulated and soothed nerve pathways, providing him with relief. Ray was keen to receive this treatment every time he came for an infusion. During the course of his 25 chemotherapy treatments spread over the course of a year, I had the opportunity to work with him in this way many times.

Every two weeks, Ray received intrathecal injections at the site of the surgery where the tumor was removed. An oncologist injected a chemotherapy drug directly into the subarachnoid space—directly into the cerebrospinal fluid. For as long as three hours following these injections, Ray would experience a number of acute side effects, including headaches, nausea, vomiting, dizziness, pain along the spine, and difficulty walking. His vision was adversely affected, and he had light sensitivity. On one occasion, I provided craniosacral therapy moments after his oncologist completed the injection. Expecting to experience hours of nausea and headache, as well as the other acute side effects he had suffered in the past, Ray had a different outcome.

On this occasion, I provided massage and foot reflexology until the doctor arrived to administer the injection. Following the injection, however, I did a 30-minute Biodynamic Craniosacral Therapy session, listening to Ray’s system from his ankles because I felt that any other kind of modality would have completely overwhelmed his system after the injection. I briefly explained to Ray

what I was going to do and then listened with my hands as I gently held his ankles. Immediately, I felt confusion and turbulence in the fluid body, a chaotic disorganization that I acknowledged and then asked silently, “Where is the health?” I waited.

I had no idea what would happen. I had acknowledged the turbulence and chaos, then asked silently, “What else is there here?” I waited and listened some more. After several long minutes of this turbulence, there emerged a subtle, long, very slow feeling of retraction as Ray’s whole body seemed to fold inward toward his core in the direction of his navel. This motion revealed itself to be a very slow, weak exhalation of the tide, which continued for perhaps 10 to 15 minutes, with stumbling pauses along the way as though the inherent force got “hung up,” stopped, regrouped, and then continued, only to stop or get hung up yet again for several moments.

After 10 to 15 minutes, as Ray relaxed with his eyes closed in one of the large recliners provided for infusion room patients, the exhalation paused again. This time, however, the opposite motion became apparent after a few minutes—an inhalation, very slow and, again, weak and stumbling. Again, I felt multiple pauses as the force seemed to get hung up, pause, organize, and then start again. This sensation of “filling up,” of expansion and outward rotation from the navel outward continued until I felt a sort of shiver through the whole body. Ray opened his eyes for a moment, then closed them.

After several minutes of stillness and general fullness throughout his system, I noticed an expression of the mid-tide that was not particularly robust but also contained no sense of confusion or disorganization. I followed the mid-tide expression for several cycles, noting that Ray’s midline had clarified itself. I then negotiated the end of the session, taking my hands away and finishing with just a few minutes of gentle, slow, light foot massage to help the changes of the past 20 to 30 minutes become truly embodied at every level. I quietly left the darkened room so that Ray could rest, his Mom by his side.

When I saw Ray the following week, he reported:

When the doctor would perform this (intrathecal injection), it would make me feel extremely nauseated and I would either throw up or be close to throwing up. I also got other side effects like head pain, being jittery and my body would feel completely drained. After the first few times we figured out that I needed three different kinds of nausea medicines before I had this treatment.

Even so, after the treatment, I would still have to close my eyes and sit very still so my stomach would settle. This would take anywhere from one to three hours. One of the times I had this treatment, Marty was able to see me before and after the treatment. She first gave me a foot rub, which would always relax me and put me at ease. She also performed a different technique to try and settle my stomach by simply holding my feet. I was a little skeptical but was shocked at the result. I wasn’t worried about the treatment like I was before and my nervousness seemed to be totally gone. For once, I didn’t get sick to my stomach or feel like my energy was gone. I got up and went to the bathroom by myself with no problems . . . not needing any time to recover like before.

What is there to be learned from this experience? It seems clear that the debilitating side effects Ray usually experienced were mitigated significantly by this treatment, especially since all other factors that might have influenced his treatment outcome occurred as they had in the past. Something changed to diminish the side effects of this particular treatment.

If we look at the underlying principles of Biodynamic Craniosacral Therapy (BCST)—such as the self-optimizing activity of the Breath of Life through the inherent treatment plan, the principle of holism, the idea that energy organizes form and function, the concept that healing occurs in the present moment, and that all inertia is shock—we can see these principles in action, and we can start to understand what might have happened here.

The inherent treatment plan is how the Breath of Life operates during a session. It generally reveals to the practitioner the current organization of a person’s system as shown in an initial mid-tide expression. Through that, the revelation of inertia (shock) in the system can be observed, and a state of balance around the inertia can be accessed. Then the Breath of Life directs a period of unwinding for these inertial energies and reorganization of energies toward a more optimal state of health before the system returns to the mid-tide expression, where the newfound organization of the system is embodied. By following the Breath of Life, the practitioner often observes many different phenomena. Finally, when the mid-tide returns, the practitioner can note the changes that have taken place in the patient’s system.

In Ray’s case, I did not perceive a mid-tide expression at the beginning of the session, only turbulence and confusion, a

chaotic sense within the fluid and energy fields. I sensed that Ray’s system, at that moment, could not organize itself enough to express the mid-tide due to the shock caused by the injection. I initially felt only the shock within the fluid. So, I acknowledged that shock and inquired into its quality and expression, but did not otherwise establish a relationship to it. Rather, I asked the health of Ray’s system to reveal itself. I wanted to establish a relationship with the inherent health of his body, not the inertia or shock, although I didn’t want to ignore the shock or resist it either. I knew that, in some way, the health of Ray’s system was working with the substance injected into the fluid to help Ray continue to live as optimally as possible.

By acknowledging the shock and by asking the health to reveal itself, I felt the turbulence and chaos eventually diminish.

What came forth was a very slow expression of health, a tide known as the Embodiment Tide. It surprised me that this expressed itself initially as an outbreath, an exhalation, giving the sense that Ray’s whole body was folding in toward the umbilicus as the tide receded. The stops and starts along the way that the tide expressed suggested that it was working with inertias so various and abundant that I could not track them all. I maintained a wide perspective and let the Breath of Life do the work (what a relief!). Where our attention goes, energy follows.

By keeping my attention on the tide as the expression of the Breath of Life, my perception of the tide clarified, and the turbulence in Ray’s fluid system calmed as the session continued.

Eventually, an inhalation of the Embodiment Tide presented itself. I continued holding space and witnessing where resolving inertia caused this tide to hiccup or pause. The reorganization seemed to be almost simultaneous, and coalesced in the

shudder I felt Ray’s body make at the end of the inhalation phase. This was followed by stillness and then a return of the mid-tide that enabled me to assess the new organization his body had achieved and to note the absence of any chaos or turbulence.

Following the inherent treatment plan of the Breath of Life in Ray’s system resulted in a clearer level of organization around the midline, which facilitated greater ease and physical function after the injection. Healing happened in that present moment, and each tiny, minute change affected the whole of his system.

As a related issue, when working with cancer patients, practitioners can discern the qualities and interactions between chemotherapy and palliative drugs in a client’s system. I once worked biodynamically with a patient to try to ease his severe pain, when a nurse came and administered morphine through his IV. As I listened

to his system from his feet, I could actually feel the drug spread through his body like molasses, slowing everything down until the perception through my hands felt as though I was listening to his system through oven mitts. With Ray’s system, I had acknowledged the presence of the drugs, but then worked with the health, keeping that in focus.

Coming into relationship with the patient’s underlying health is one of the most powerful resources to use as a practitioner, especially since our current medical system generally orients to pathology and disease. To help cancer patients feel the health in their bodies as it expresses through the tide is a unique, empowering, and healing experience for them.

Some may wonder if using BCST with cancer patients has contraindications. Yes, but very few. Most contraindications for craniosacral therapy have to do with stroke risks, embolism, and traumatic brain injury to the head. In Ray’s case, I knew that he had a head surgery and a port in the same gen-



As I listened to his system from his feet, I could actually feel the drug spread through his body like molasses, slowing everything down until the perception through my hands felt as though I was listening to his system through oven mitts.

eral area, so physically contacting the head could have been traumatic, if not uncomfortable or activating. Practitioners also need to be aware of cancer patients' chemo-induced lowered immunity, making it best to avoid a port or surgery site to prevent possible infection. Many also would recommend avoiding a current tumor site. I believe, however, that if you work with the inherent forces of health, no harm occurs, even if a tumor is present. As a general rule, however, if you as a practitioner are uncomfortable for any reason, then listen to that inner guidance and do not proceed.

My work with Ray represents only one session with one patient that had a very positive result. This story is only anecdotal. I know of no studies using this type of work with cancer patients, although some studies show that massage and cranial work have mitigated pain in some cancer patients. I do hope that this work will expand to complement cancer treatment and help to alleviate its symptoms. The same biodynamic principles that help the general population apply when working with cancer patients also, even though the considerations associated with using it may be more complex, as well as the adjustments the practitioner needs to make due to surgeries, drugs being administered, tissue damage from radiation therapy, and other issues.

Ray exhibited a very positive spirit, an infectious laugh, and a terrific sense of humor throughout his healing journey. His youth, his caring spirit, and his willingness to be open to new experiences greatly

helped him in his recovery process, as did his family's support. Ray finished his chemotherapy treatments in September 2014 and is now free of cancer. He is living the life of a full-time student, enrolled at the local community college where he is studying for business degree. He reports feeling well, gaining weight and strength, enjoying his family and friends, playing basketball, and rooting for his favorite football team, the Dallas Cowboys. He says, "I take nothing for granted. I now have only good days or great days." ♦

For Further Reading:

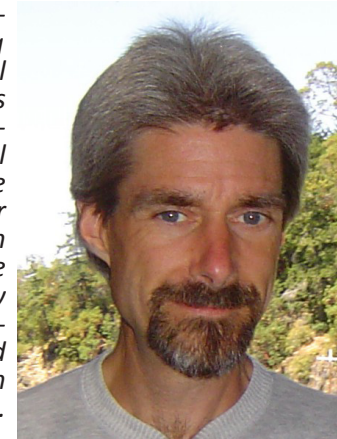
MacDonald, Gayle, *Medicine Hands: Massage Therapy for People with Cancer and Massage for the Hospital Patient and Medically Frail Client*: Though not specifically about craniosacral therapy and cancer treatment, these texts introduce the issues a cancer patient faces and ways that bodyworkers can help them.

Mukherjee, Siddhartha, *The Emperor of All Maladies, A Biography of Cancer*: A comprehensive, readable summary of the history of cancer treatment, including methods for different cancer types and impact of treatment modalities.

NERVOUS SYSTEM RESILIENCY

Roger Gilchrist, MA, RPE, RCST®

Roger Gilchrist is a psychotherapist emphasizing transpersonal/spiritual dynamics, as well as practicing energy medicine and Craniosacral Biodynamics. He is the founder and lead teacher of Wellness Institute in New York City, NY. He teaches internationally BCST foundation trainings and an advanced training series focused on nervous system resiliency.



A series of advanced trainings that I have been teaching to BCST graduates in several countries has led to dynamic interaction among many accomplished professionals in different allied health professions who share in common the practice of craniosacral biodynamics as part of their clinical work. Particularly in Eastern Europe, my seminars are regularly attended by neurologists, psychologists, medical doctors, osteopaths, and physiotherapists who are readily applying what they learn in their practices.

The interaction of these different professionals with their specialties, all of whom understand principles of Biodynamic Craniosacral Therapy, cultivated an awareness of energetic, physiological, and behavioral harmonics that can be recognized in therapeutic practice. What I learned with the osteopaths in Russia was a deeper appreciation of Dr. Sutherland's emphasis: "Think osteopathically." Hopefully, what they got from me is the ability to think biodynamically! What I learned from the neurologists and psychiatrists in Prague is how they are using our work with various mental and emotional conditions. The neurophysiotherapists in Australia demonstrated the effectiveness of their work using biodynamic principles with significantly compromised patients.

In many cases, the work of these diverse professionals, each within the context of his or her own specialty, often pointed to the nervous system as the link between any bioenergetically-oriented work (including biodynamic CST) and measurable changes in the physiology or structure of the body. In some cases, specific work with the nervous system was essential for clearing facilitated

pathways or other inertial patterns before therapeutic progress could be made more globally. The fact that therapeutic progress frequently hinged upon dynamics in the nervous system definitely piqued my interest.

Echoes of some professors from my graduate studies in psychology started reverberating. At the time, biological psychology was the furthest thing from my mind. I was studying to become a psychotherapist; I really didn't care what happened in a person's physiology!

And yet, I had been working with clients' neurophysiology for a long time without yet understanding it in those terms. I would do well to bear in mind three years I spent running a sensory isolation tank cooperative, the early awareness groups I led, the meditation halls I visited, the professors who had been Leary and Alpert's graduate students, and the early experiments in human potential.

Of course, in the therapeutic arts now it is often recognized that the body is the final frontier. Things that may have been dealt with earlier using a different form of therapy often resurface to be processed at the level of the body. Sooner or later, receiving some form of bodywork therapy is likely to be good for almost everyone. It is nearly axiomatic that only when the embodied patterns of stress, trauma, injury, or neglect are dealt with at a physical level are they able to fully heal.

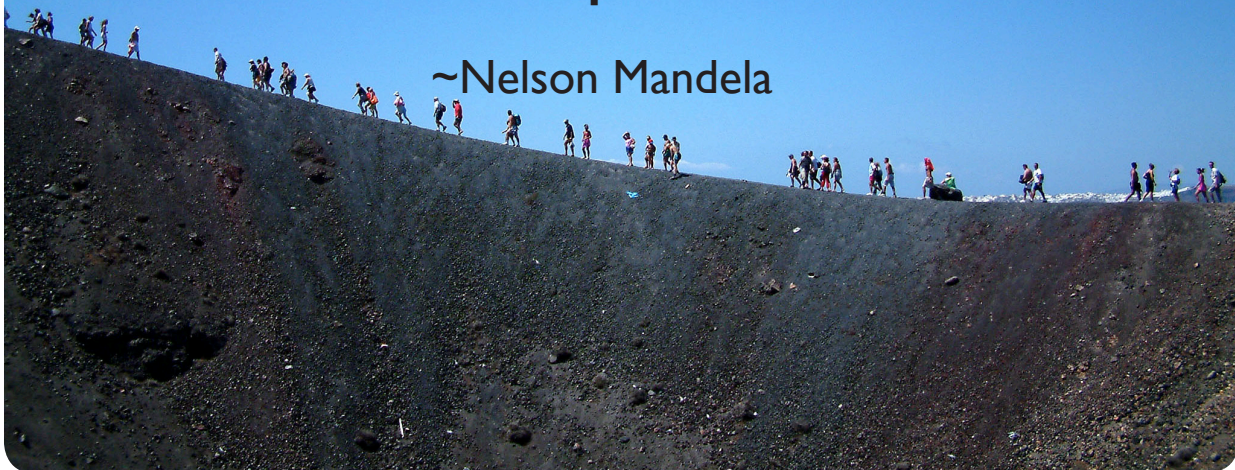
Craniosacral biodynamics has a simple and clear way of understanding these embodied stress patterns. A living system must find ways of dealing with added energies; what cannot be processed and integrated shocks the system. The first choice of an organism is to dissipate added energy back to the environment, or to process it and integrate it. An example of dissipating energy is when the force of an injury is pushed back out to the environment. When an experiential force cannot be dissipated or integrated, it remains active in the organism's biofield, thus likely active in its physiology as well. This leads to, as Dr. Becker put it, *potency centering the disturbance*.¹

The living system will do everything possible to maintain the greatest overall balance and functional expression of health. A functional balance is achieved in relation to the conditions that affect the organism.

¹ Becker, R. E. (1997). *Life in Motion*. Portland, OR: Rudra Press.

"There is no easy walk to freedom anywhere, and many of us will have to pass through the valley of the shadow of death again and again before we reach the mountaintop of our desires."

~Nelson Mandela



This relative balance is expressed or held in all levels of function, including the physical body, the emotional realm, the psyche, and the bioenergetic field. Any added energy not intrinsic to the organism's biodynamics will be stabilized as much as possible within the broader dynamics of the biofield. Dr. Becker referred to the added energy as *biokinetic force*, the presence of which affects biodynamic potency.² I would extend Becker's definition to also include the "force" of strong emotions, thoughts and attitudes, and even belief systems.

Anything that challenges the living system can become an embodied stress pattern. The challenge is either met successfully, i.e., processed and integrated, or the disturbance is centered in some way so as to limit the aberrant effects of the challenge.

Essentially, the overwhelm of systemic resources at the time the added energy or challenge is experienced creates a state of shock. In this discussion, we can define shock as an overwhelm of systemic resources. The response to this shock or overwhelm is that potency expresses a protective function.³ This is evident in Dr. Becker's statement about potency centering the disturbance.

Potency becomes inertial in order to express a protective function. This process is necessary in order to center the disturbance created by the added energy encountered by the living system. Because the added energy experienced by the organism was overwhelming to some degree, inertial fulcrums have a relationship to shock and the protective function of potency.

Let us return to the idea that once the disturbance is centered, the inertial pattern is expressed or held in all levels of function, including the physical body, the emotional realm, the psyche, and the bioenergy field. Because of the action of the inertial fulcrum and the effects of the pattern around it, conditions are created that affect the biofield, limiting the free movement of energy through it. This limits the organizing func-

tion of potency. The relationship of the organism to the energetic matrix that supports it becomes disturbed. Associated with the inertial pattern may be thoughts, emotions, and structural embodiment of the stress pattern.

The effect of shock is global, never limited. Understanding shock only through the lens of its effects on the nervous system is too narrow a view.⁴ Acknowledging that the genesis of an inertial pattern begins with the overwhelm of systemic resources, at this level the entire biofield is affected by the challenge. Thus, everything that participates in the biofield—that is to say, every-

thing that is affected by the biophysics of the organism—is affected by the inertial fulcrum established in the field to center the disturbance. The nervous system is only one dimension of this more comprehensive view of how the effects of shock permeate the living system.

Nonetheless, the nervous system will always have its relationships to inertial patterns held in the biofield. The nervous system holds the critical position of translating the field dynamics to the physical organism and, paradoxically, the unenviable position of communicating the stress and strains and

growing pains of the organism to the larger field. Sometimes it gets caught in the middle. We would do well to remember the Taoist aphorism that human life takes place between heaven and earth. Our existence is equipoised between the pressure of larger field forces being concentrated into physical form and the pressure of conditional forces obscuring the essence of that larger field.

The nervous system, as the primary resonator between the two domains of experience, is especially sensitive to both field dynamics and conditional patterns. Perhaps this accounts for the historic attributions of shock to the nervous system. Even as it participates in the wider phenomenon of an inertial pattern, it is valuable to understand the specific relationship of the nervous system to the inertial pattern overall.

One application of this awareness is

⁴ Zamurut, S.K. (2015). Defining Shock within the Biodynamic Paradigm. *Newsletter of the Biodynamic Craniosacral Therapy Association*.

² Ibid.

³ Sills, F. (2015). *The three functions of potency: Organizing, protective, healing*. Breath of Life seminar. Boulder, CO.

the osteopathic understanding of facilitated pathways in the nervous system. This can happen at many levels of process (classically called orders of facilitation), but it is not the purpose of this article to explain the physiology of nerve facilitation, which is sufficiently discussed elsewhere.⁵⁶ It is important, however, to recognize the widespread phenomenon of facilitated nerve pathways that are commonly associated with most inertial fulcrums.

Ideally, a craniosacral therapist has skills for recognizing and attending to nerve facilitation. My clinical experience suggests that nerve facilitation typically shows its activity through one of three dynamics that are recognizable through practitioner palpation: activation (inability to settle, chronic stimulation), lack of motility (essentially, a freeze response), or a sense of thickness or density (as if that area of the nervous system is holding a lot). Stillpoint processes directed toward the nervous system in its entirety or specific regions or areas of the nervous system can help to reset the neurophysiology. **This possibility for modulating the neurophysiology—and thus changing the neuroendocrine regulation of the entire organism—is what I will focus on in the rest of this article.**

Dr. Mikhail Kogan gave insights to this in a speech to the graduating class for Craniosacral Biodynamics in Washington, DC, last May. Some background for his comments includes his position as director of Integrative Medicine at George Washington University. Dr. Kogan is also a graduate of a craniosacral biodynamics foundation training. In addition to his regular clinical practice and responsibilities as a medical professor, Dr. Kogan carves out half a day in most weeks' schedules for the practice of Biodynamic CST. In the graduation address, he said about Biodynamic Craniosacral Therapy, "We don't know how it works. But we know that it works." Sometimes it's the only thing that works." His comments prompted me to remember Sutherland's message, "Is it really necessary to know what moves the cer-

⁵ Gilchrist, R. (2008). The psychospiritual implications of nerve facilitation. *Conference presentation for BCTA*. Republished on www.WellnessInstitute.net

⁶ Sills, F. (2012). *Foundations in Craniosacral Biodynamics*, (vol 2). Berkeley, CA: North Atlantic Books.

ebrospinal fluid? I want you to visualize a potency..."

"Most of the serious health conditions are in some way related to autonomic dysregulation," Dr. Kogan continued. "We know we can help with that! In fact, craniosacral therapy may be one of the best ways to help rebalance the autonomic nervous system." Listening to this point made me recall that Stephen Porges, MD, PhD, said essentially the same thing at the Spanish Biodynamic CST conference in 2014, where he and I were both presenting. Porges' polyvagal theory makes straightforward sense when you hear it from him directly. The evolution of the nervous system and the nuanced physiology that regulates autonomic functions helps us understand the nervous system's potential and its pitfalls.

The nervous system's potential for self-healing, transformation, and personal growth is studied by a new science focused on nervous system resiliency. The physiological aspect of this science is called

neuroplasticity. Research on neuroplasticity demonstrates how the nervous system makes changes to its own physiology, for better or worse, depending on the conditions. The study of neuroplasticity reveals that the nervous system is much more changeable than previously believed.⁸

It has only been slightly more than a decade that we have had combinations of imaging and processing systems capable

of watching neurophysiology in real time. The results of these studies are surprising. An extraordinary number of the neural connections made in any given process are temporary. The neurons literally modify their expression according to the processes in which they are involved. This modified expression is both morphological and physiological. Within the cells themselves there are metabolic changes responsive to the conditions at play. Even more surprising is the behavior among large networks of neurons participating in a given process within the neural landscape.

What neurophysiologists are observing more and more is that temporary synap-

⁷ Sutherland, W.G. (1990). *Teachings in the Science of Osteopathy*. Sutherland Cranial Teaching Foundation.

⁸ Doidge, N. (2007). *The Brain that Changes Itself*. New York, NY: Penguin Books.

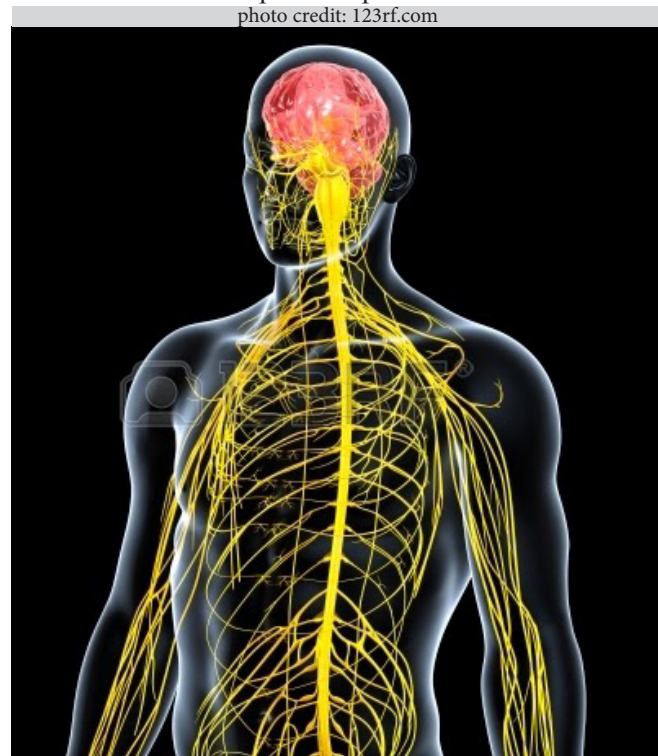


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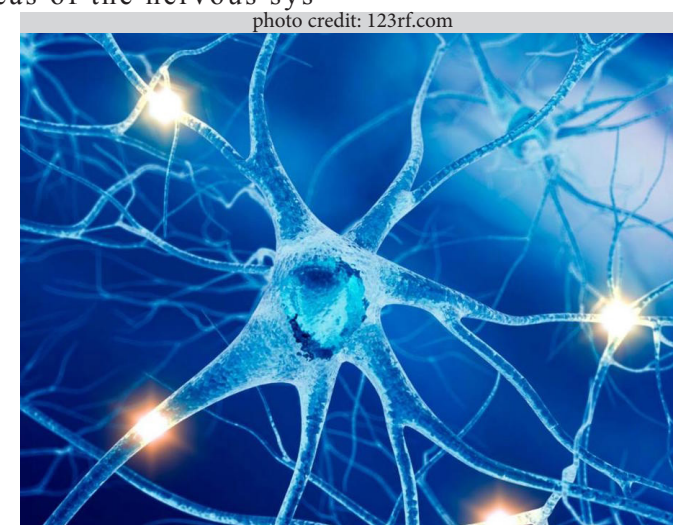


photo credit: 123rf.com

Some synapses are temporary agreements

tic connections are commonly made among neurons involved in a given process. These new synapses among neurons arise at the beginning of a neurological event, are maintained for the duration of the event in the neurophysiology, and later the synapses dissolve when the event is no longer held in active memory.⁹ It is the dissolution of these synapses that is especially interesting. These observations are so new in neuroscience, no one has yet fully considered their potential implications.

First of all, we must recognize these neurological patterns are temporary. In many cases, synapses are temporary agreements among neurons. Every action in our experience creates a pattern in the nervous system. Our perceptions, our feelings, our thoughts, our mood, and our activation level or baseline rest are all events in the nervous system. Direct perception is the most honest of these, and commonly runs in pathways that are hardwired in the nervous system. Thinking about your perception is a different story. The limbic system generates affect, seemingly to add weight to perceptions. The brainstem's intricate balancing act for the autonomic physiology is both a moment-to-moment experience and a generator of longer wave cycles involved in the maintenance of the organism. All of these processes create patterns in the neurophysiology. (I think it is interesting that the neurophysiologists are using the word pattern to describe processes they observe.) The news is that many of these processes are held in temporary neurological connections—synapses that will dissolve when their function is no longer a neurological event.

The duration, magnitude, and apparent significance of any event is modulated by other variables. How enduring an experience is depends on how much it gets reinforced by other neural activity. How important an experience feels gets amplified by specific pathways of neural activity.

Thinking about your experience is very different from simply perceiving the experience as it is. Thinking about experience creates elaborate structures in the neurophysiology, even if many of them are temporary. Many of these thoughts (your

⁹ Hanson, R. & Mendius, R. *Buddha's Brain: the practical neuroscience of happiness, love, and wisdom*. Oakland, CA: New Harbinger Publications.

conscious awareness) run in dopamine driven circuits that radiate throughout the cortex, with the thalamus as their central hub. Importantly, the neurotransmitter dopamine is the primary neurotransmitter involved in reinforcement of behaviors. Recognizing that the prefrontal cortex (the area immediately anterior to the third ventricle) is involved in present-time orientation and also forward planning/executive functioning may be valuable. Also, just anterior to the thalamus and third ventricle is the beginning of the cingulate gyrus. This structure follows the inner curve of the lateral ventricles and has important connections among the thalamus, cortex, hippocampus, and limbic system.

Feeling experience, emotion, affect and mood are patterns that run primarily in the limbic system. Different from the neocortex and the thinking parts of the brain, the limbic system is a loose collection of mainly midbrain structures that are highly interactive. Two of these structures that are often cited are the hippocampus and the amygdala. Given the evolutionary history of when these structures were added to primitive nervous systems, and supported by real time observations of neurophysiology, the purpose of the limbic system is interpreted as adding significance to certain perceptions. The common associations of the limbic system to a sense of meaning, affect (feeling tones and emotions), mood, and nociception seem to occur in the physiology as an amplifier to experience. By increasing the impact of an experience there is a stronger, and sometimes quicker, response or reaction.

For example, I was hiking last summer and, not seeing it, stepped on a green aspen branch that was flexible and soft. As I stepped I felt it twist into a semi-coiled shape under foot—I immediately jumped high in the air with a 60 pound pack on, expecting to see a snake slithering away from where I had trod! This reaction was hardwired into my nervous system by the experiences of my prehistoric ancestors. Those who survived (my forebearers) had quick reaction times and significant responses to serpents and other dangers.

This is both a blessing and a curse for modern humans. In order to keep our ancestors safe, the nervous system put greater emphasis on the perception of threats compared

to other activities. This leads to a negative bias potential in the modern nervous system. It is easier to give more attention to signs of danger than to symptoms of joy and well-being. This is the very root of depression, anxiety, IBS, autoimmune diseases, and so many other conditions in terms of the neurophysiology.

An especially reactive part of the limbic system is the amygdala. In strongly charged emotional states the amygdala is highly active. This is true for most emotions, but it is especially true with the emotion of fear. In nociceptive states—whether the threat is external, like the sabertooth tiger, or the threat is internal, like the body sensing a repetitive strain pattern—the amygdala is operating. The purpose of fear, at the level of neurophysiology, seems to be to amplify nociception. When the organism is threatened, you want to really know it is threatened!

The amygdala and the hippocampus are strongly interactive. Each reacts to the other's input, and they can create reinforcement loops between themselves. One problem is that the hippocampus is constantly reconstructing memories and the amygdala doesn't know what time it is. As a signal amplifier, the amygdala responds as if an experience is happening now. This is equally true whether the amygdala is responding to sensory perceptions or it is responding to memories. The amygdala doesn't know the difference. This is why cathartic therapies work for some people and not for others. The difference is that relatively resourced people can take advantage of the catharsis and integrate change using higher parts of the nervous system. For people who have significant trauma history, abreactive therapies are often not a useful approach. Abreaction means to call up the memory and to work with it. We can see how the hippocampus and the amygdala could get into trouble here!

The hippocampus is the structure involved in short-term memory. When an experience is actively running in the nervous system, patterns related to this experience are generated in the hippocampus. The hippocampus, through its relationships with other brain areas, creates a representation of the experience in the neural landscape. It is important to note that this is not the ex-

perience itself—direct perception—but is an edifice that represents the experience. This is true in the moment when the experience actually occurs, and it is true later when and experience is recalled, that is, brought back into the short-term memory of the hippocampus. Temporary connections are created among neurons to generate the pattern of the memory.

Neural mapping has shown us that when a memory is stored, or transferred to long term memory, only bits and pieces of the experience—the salient details—are stored. If every detail of every experience were stored, it would simply take up too much neural real estate. So highlights of the experience are tucked away, and when there is a recollection of the memory (note the literal aspect of the word recollection), it is literally created out of thin air, assembled via temporary neural connections in the hippocampus. This can lead us to important questions about things like false memory syndrome and eyewitnesses to crimes.

We must recognize that this was very adaptive for our evolutionary ancestors who had to become particularly vigilant for signs of threat. It was more important and fundamental to keep the body and the tribe safe than to think about building libraries or pondering the possibility of conscious evolution. It is because

of this priority that we are here today. At the same time, we live with the curse of our ancestors' vigilance.

The real question, then, is: How can we transcend this inherited need for safety, while acknowledging that it is fundamental to the survival equation? How can we transform ourselves and manifest human potential? The secret is twofold. One aspect is the fact that higher centers in the neurophysiology super-regulate lower centers in common functions. The other aspect is neuroplasticity.

Higher centers in the nervous system refer to more recently evolved additions to the nervous system. Let us remember the upward growth of the neural tube in the embryo. The cerebral cortex is the newest (most recently evolved) of the three vesicles, or broad functional neurological areas created by the early folding of the upper end of the neural tube. The prefrontal cortex is the first level of neocortex immediately rostral to the thalamus, third ventricle, and

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lamina terminalis. This area of the brain is involved in present-time awareness (be here now) and forward planning. At the other end of “the ram’s horn” is the temporal lobe. This is the area of the cortex associated most strongly with memory. Interestingly, the temporal lobes are associated with spiritual experiences and meditative states as well.

There is good evidence that the pre-frontal cortex and the cingulate gyrus can super-regulate the limbic system. This process starts with a decision. Staying centered in the present moment is a supportive practice that helps the prefrontal cortex express this function.

Recognizing that the limbic system function seems to be to add emphasis to things, and also that it can become patterned into memory loops associated with emotional charges, can help us to more consciously navigate the personal melodrama. A sense of self is a culprit in maintaining this drama because we identify with the effects of our experience. Challenging this sense of self helps us to not take everything so personally! When we uncouple identification with experience and self-referential patterns, the meaning of Buddhism’s discussion of impermanence is revealed.

A next step, then, is appreciating that many of the neural connections supporting this whole process of what we think and how we feel are temporary connections among neurons, ephemeral agreements that may dissolve as simply as they arose. There might be work involved to accomplish the goal, but time honored practices have proven their benefits here. The rest of this discussion will focus on what we can do for ourselves to promote resiliency in the nervous system. Nervous system resiliency, in turn, leads us to develop functional efficiency and higher levels of personal growth.

We have already discussed what has emerged from recent advances in neurophysiology. At the same time, there have been parallel developments in psychology that lead to practices for health, well-being, personal growth, and even happiness. These practices allow us to harness the inherent potential of neuroplasticity, allowing self-improvement by fine-tuning the nervous system. A new specialty called Positive Psychology has recently developed, largely based on the lifetime work of Martin Seligman, PhD.¹⁰ The validity of the principles of positive psychology has been repeatedly demonstrated in rigorous studies with very large sample sizes. The practices are taught in elite private schools, corporate boardrooms, wilderness therapy programs, and other settings.

Interestingly, many of the practices

¹⁰ Seligman, M.E.P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York: Simon and Schuster.

validated by modern research are similar to practices described in the oldest traditions for personal development.

William L. Mikulas, PhD, is a behavioral and transpersonal psychologist. In an eminently practical way, he describes how spiritual practices, once disrobed of their religious context, are essentially the same cross-culturally.¹¹ When viewed at the level of the practices themselves, their essential features are relatively universal. These practices create a recipe for self-improvement. The practices can be useful for ourselves and our own personal growth, as well as incorporated into our work with clients.

The practices occur in four domains: Concentration, Mindfulness, Opening the Heart, and Reducing Attachments. To these broad arenas, I would add the importance of recognizing when we are safe enough to trust our experience. On this foundation of trust, we can begin to concentrate the mind, start letting go of attachments, cultivate awareness, and open the heart.

Keep a wide perceptual field. Relax your awareness, rather than narrowing your attention. Be able to perceive the specific within the context of the whole. Keep an open awareness. Simply notice. Resonate with good will. Receive the other being with an open heart. It is for all these reasons that I love the practice of craniosacral biodynamics as a meditation in action. ♦

¹¹ Mikulas, W. L. (1984). *The Way Beyond: An overview of spiritual practices*. Wheaton, IL: Quest Books.

Basic Practices for Nervous System Resiliency

by Roger Gilchrist, MA, RPE, RCST®

• Make a decision •

The first step is to decide to do something about your situation.

• Use positive thoughts to infuse your nervous system with hope and an orientation to what’s going right. It turns out that the power of positive thinking is one of the best things we can do to support our overall physiology.

• Express loving kindness •

Doing something kind for someone or receiving kindness activates certain neural circuits that improve health and open our hearts. Even simply thinking kind thoughts or wishing someone well is nearly as powerful as doing the action.

• Plant seeds and pull weeds •

Like tending a garden, the weeds or invasive species must be pulled, the less vital growth pruned back, and new seeds full of potential planted. Literally taking responsibility for how much attention we give to certain areas of our lives, things we think about, feelings we hold, etc., can completely change our neuro-affective landscape.

• Weighing in •

It’s a proportion thing: how much energy do you give to the positive stuff compared to the negative or challenging stuff?

• Taking in the good •

Similar to connecting with resources, internal and external, spend some time giving attention to the good things in your life. Start with appreciating just being alive and breathing! Then continue by appreciating more that is going right. This practice actually tunes your neurophysiology to resonate more with good experiences.

• Mindfulness •

Take time to be aware of your experience. This includes the thoughts that arise, the feelings that are generated, and the sensations in the body. With enough practice, you can be aware of the root of experience itself.

• Compassionate communication •

Something happens in the neurophysiology when you communicate kindly. Mirror neurons and other structures enter deep states of coherence during compassionate communication. This deep coherence corresponds with improvements in physical health, emotional balance and self-awareness.

• Equanimity •

Equanimity is balance in all things. This is the profound practice of non-attachment. Events take place. Experiences occur and perception takes place. Is it possible to simply perceive without interpreting the perception? Without judgment, without analysis, without adding any emphasis whatsoever, can we simply perceive? Equanimity is a very special neurophysiological state; as measured on an EEG, high levels of gamma waves occur. Gamma waves are indicative of deep entrainment throughout vast regions of the nervous system. Entrainment, like coherence, has beneficial effects on health and well-being.

As I view it, many of these practices are analogous to those we utilize in Biodynamic CST: Become present. Negotiate contact. Orient to the Health. Perceive directly. Keep an open and relaxed awareness or wide perceptual field. Notice what is breathing and what is not. Allow the inherent treatment plan to reach a state of balance. And in that equanimity, the world is transformed.

Therapeutic Applications for Nervous System Resiliency

by Roger Gilchrist, MA, RPE, RCST®

Keeping in mind that BCST practitioners neither diagnose nor treat, but instead we support the better expression of inherent health, consider the possibilities of improvements in nervous system resiliency in relation to these conditions:

PTSD

Post-traumatic stress disorder is documented to improve with craniosacral therapy. Beginning with a clinic established at Upledger Institute for this purpose, and currently used by Biodynamic practitioners working with veterans at the Walter Reed Medical Hospital, craniosacral therapy commonly reduces symptoms of PTSD. This likely occurs through reducing inertial patterns in the nervous system, reinforcing beneficial ones, and increasing nervous system resiliency.

Depression

The pharmacology of antidepressants uses one of three pathways to increase serotonin levels. Most serotonergic pathways in the CNS have the brainstem as their core. We should consider therefore that there may be positive effects related to stillpoints in the brainstem and possible neurophysiological reorganization here. Also, unburdening the limbic system from cycling patterns (as above) may be helpful. Many of the practices in “Best Practices for Nervous System Resiliency” on the previous page will yield benefits for depression, as well.

Fibromyalgia

The research shows that physical pain and emotional pain run in many of the same neural circuits. Imagine the potential of spinal cord de-facilitation or the value of helping a feedback pattern in the limbic system become suspended in the state of balance. In many cases, fibromyalgia responds to CST.

Anxiety

Like depression, anxiety is likely rooted in the brainstem. However, anxiety runs in completely different circuits. We would do well to learn about the reticular activating system, other parts of sympathetic arousal patterns, and their translation into the HPA Axis, affecting whole body physiology. Biodynamic work involving the connection between the brainstem and the adrenal glands can be useful.

Irritable Bowel Syndrome

IBS is one of many conditions related to autonomic nervous system imbalances. Learning specific bodywork contacts for the two branches of the ANS can be beneficial in any therapeutic practice. In particular, there are parasympathetic contacts for supporting vagus nerve function and other contacts that deepen parasympathetic function systemically, like holding the sacrum in relation to the occiput, back of the neck, or vagus nerve.

Certainly, there is a wide array of conditions in physical health and psycho-emotional well-being that can improve with nervous system resiliency. The above are samples to point out the many possibilities.

“There is suffering, and it must be understood.”
the Buddha

How Do We Access Inherent Health?

Robyn-Michele Jones, MA, RCST®

Robyn-Michele Jones is a BCTA/ NA approved teacher with a private practice in Santa Cruz, CA. Originally certified in Swedish Massage and Polarity in 1984, now focusing on myofascial release and BCST, she is deeply drawn to the fluid interface between the energetic and the physical, and passionate about working with the body as a web of wholeness. Robyn Michele studied with Maura and Franklyn Sills at the Karuna Institute, receiving her Masters in Core Process Psychotherapy. This article is a follow-up to her previous article in the 2014 Cranial Wave entitled, “What is Inherent Health?”



*Breathing with the Earth
becomes the Earth breathing me,
creating me anew in each moment,
filled, fulfilled, rooted as one.*

*Deeper than connection we are
One Heart, One Mind, One Being
Until
We Are One.*

*And I look at the hills and know them
to be
an extension of myself.
The trees are rooted in my heart,
The wind is my breath riding the waves
of grass.*

*We are Whole
And We are One!¹*

~ Robyn Michele Jones

I have no doubt that there are as many ways to access inherent health as there are individuals wishing to access it. In my own life, I have found many ways, ways that varied with my age, my health, my state of mind, and my depth of experience. In the beginning, inherent health only made itself known when I was quiet and alone, usually in nature. Later, as I began to trust it more,

it became more available in my daily life and bodywork practice. It certainly has been present in the many therapeutic relationships I have had over the years. When I am tight and upset, it is farther away from my awareness. When I am sick, it usually feels closer, perhaps because I tend to pull in, become quiet, and surrender control when I am not feeling well—and also perhaps because I need it more at that time.

It is the middle of the night. For several months now, ever since I had a bad cold, I have struggled with deep fatigue. I am awoken by a warm presence. Like a baby in a just right bath, I am washed over and caressed. My body and mind relax and the warmth fills my insides as well. With no inclination other than just to breathe and be in the moment, I lay there being bathed and soothed for more than two hours. Eventually the sensations gently subside and I drift off into a deep sleep. When I wake in the morning, I feel better than I have for months.

For the next eight years following that night, I fell into and out of chronic fatigue. This syndrome became a stringent training ground where I learned the workings of inherent health and learned to trust that it is always there. Like a parent helping me to learn how to ride a bike, inherent health first held me up and showed me how it worked. Over the years, I continue to learn how to be a partner on this ride. Currently, the most direct way I make contact is through the breath. I quiet myself with the intention to rest in Presence, centered and grounded. I follow my breath until I am settled enough to feel the One Breath breathing me.

Though there are many different methods through which to become aware of our inherent health or wholeness, I find some basic elements common to all of them. Being present is essential. When we are caught up in the past or thinking of the future, inherent health may be moving right along beside us but we are not engaged with it, perhaps don't even notice it. “The idea of presentness is key. The present moment that I am after is the moment of subjective experience as it is occurring...”² Frank Lake, Clinical Theology Association founder and primal therapy psychiatrist, would say that we must approach “an issue in the present

¹ (Jones, 1996, #7)

² (Stern, 2004, p.xiii)

situation.”³ We need to slow down enough to be aware of what is going on in the moment. To me, this means providing space to rest in “what is.” An important part of being present is being in our bodies. Different than watching what is happening in our bodies or thinking about our bodies, it calls us to live in the experience of our bodies; without presence we are distanced from life and its workings. “The body is all about being present with everything that is here.”⁴

In order to be present, we also need to be centered. Even if we are feeling out of sorts, we can be centered by including and welcoming all of our experience. There

are the many, many techniques that help return our awareness to our center, to a sense of coherence. For instance, we can bring our awareness into alignment with our vertical flow, gently vacillating our awareness between our lower body and our upper body in rhythm with our own mid-tide movement. Being centered allows for some degree of knowing that we can witness the events of our life while living them. Being centered allows for space, which then lets us know we are more than our circumstances. In truth, being present, centered, and grounded co-create and inform each other. Each leads to and is part of the others.

We can access awareness of inherent health through any of these doors, allowing two basic questions which can guide us (with thanks to Maura Sills): “What is happening now?” and “How is that?” The exquisite beauty and wise simplicity of these questions provide us with the choice to bring our attention to the present moment. In attending to the sensations in our body, to our feelings and thoughts, and to the sights and sounds and vibrations

³(Maret, 2007)

⁴(I. Rees, personal communication, June 25 2007)

around us, as well as to how they affect us, we are guided into witnessing our experience directly. We are drawn into the awareness of “what is” through embodied presence. From my session work, here is an example of how this might look:

G. arrives for her session reporting that she is excited about her upcoming trip. She is glad that she has been more relaxed as she prepared for this trip than she has been when packing in the past. She has been consciously working with being less tense in her life and listening to her body for cues when she is “tightening up.” She also reports that the chronic place in her upper right back is tight and hurting again; she feels she spent too long bent over her suitcase as she was organizing her things.

As we settle in together, we begin with the resourced place of feeling herself “being breathed.” This resource is one that has evolved over time in our sessions together. She is now able to come into a place of relaxation and warmth fairly quickly. Reminding her about observing from within her experience of resource, I ask what she is aware of. She says that her upper back has already relaxed quite a bit and that she is aware of how it seems related to her lower back. She says that she would like to explore these sensations. I remain holding her feet and briefly speak to her, as we have before,

about using her curious and loving attention to touch what she is aware of in the moment, to not crowd what she is observing, but to attend to it in just the right way so that it feels seen yet has space to move.

She shares that this is so different than how she usually treats her achy back. “Usually I try real hard to make it let go. I squirm and press hard and basically [am] quite rough with it.” She reports that her low back is relaxing with feeling attended to this way. There is warmth there as well.

**This being human is a guest house.
Every morning a new arrival.**

**A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.**

**Welcome and entertain them all!
Even if they’re a crowd of sorrows, who
violently sweep your house
empty of its furniture,**

**still, treat each guest honorably.
He may be clearing you out
for some new delight.**

**The dark thought, the shame,
the malice,
meet them at the door laughing,
and invite them in.
Be grateful for whatever comes,
because each has been sent
as a guide from beyond.**

**~ Rumi,
from *The Essential Rumi*,
translated by Barks, 1995, p. 109**



Intuitively, I pick up that there is not only a softening but also a shifting of energy in her low back area. She confirms that this is her experience as well. I suggest she attend to how it is for her to rest in these sensations that she is aware of.

After a period of time exploring this deepening relaxation, I sense a deeper place within her being touched. G. shares that she feels like she is letting go “deeper than the muscles.” At this point, her attention shifts to the area in her right upper back. She notes that this area feels much more dense. Reminding her to touch in with her resource, I suggest that she take the same “curious and loving” approach with this area. She notices that the edges of the dense area are softer than the middle. I offer that often the center of something that is so well known may seem pretty solid and that the unfocused edges can, surprisingly, hold the information needed for healing and movement. I invite her to focus on those “softer edges.”

As she does this, she feels the center come into more focus and feel like a “sharp edge.” As she continues to follow these sensations, she notes that it feels “bone deep.” I sense that she has touched an important core. She settles into a deeper state of relaxation and attunement, a quiet stillness. After some time, I sense a shift and ask her what she is aware of now. G. says that she feels “electric shocks.” These are coming out of the center of the painful area and radiating out. As we continue to be with this

process the electric shocks diminish. She feels an overall softening of her upper back and senses the core of the sore area moving toward the surface until it rests just under the skin.

When I next ask what she is experiencing right then, she says that she was noticing her really warm feet, which are usually cold. In fact, she feels warm all over and she is acutely aware that everything in her body feels connected with the “core under the skin surface” in her upper back. Suddenly she feels “something big is happening in my stomach.” She rests her hand on her abdomen. (She has had chronic digestive problems.) I ask, “how is that?” She replies that she doesn’t know how to describe it, yet, she is deeply aware that everything going on in her body is all connected.

As we come to the end of the session and I ask her what she is left with, she says that she feels deeply relaxed, that her back feels much better, and that she is glad to have this awareness tool to use on her long airplane trip. She is quietly thoughtful as she reflects on how different this is from how she has treated herself all of her life.

In Biodynamic Craniosacral Therapy (BCST), embodied awareness of the present moment is where we begin. In Buddhism this is called “mindfulness.” Buddha taught us to be in spaciousness, in the present, with a non-grasping mind. Mindfulness is a state of knowing that we enter in an embodied way. “The mind-body is what wisely discerns...

Mindfulness is the intention to know.”⁵ He also imparted that mindfulness is a field experience rather than a subject/object experience. The practice of mindfulness is field awareness, allowing us to notice how the happenings in the field arise and pass.⁶ “Right Mindfulness (samyak smriti) is at the heart of the Buddha’s teachings... Right Mindfulness is the energy that brings us back to the present moment. To cultivate mindfulness in ourselves is to cultivate the Buddha within, to cultivate the Holy Spirit.”⁷

Buddhist teacher Jack Kornfield teaches that mindfulness has four essential elements. He uses the acronym RAIN for recognition, acceptance, investigation, and non-identification. “Recognition is the first principle of transformation,” he says. “There is a powerful opening that comes whenever we truly recognize what is so.”⁸

In my notes concerning the session with G, we put our focus on what was happening in the present moment. With this came movement and transformation of the pain in G’s back. Acceptance is “an inclusive rather than an exclusive awareness.”⁹ Resting in the present moment allowed G to pay attention in a spacious way because she was not caught up in rejecting her experience.

Maura Sills says, “What stops things from completing is that they haven’t been received.”¹⁰

For G., an inclusive approach to observing allowed space for her insight into her past behavior and gave her new tools. Also, her ability to witness her experience from a place of non-identification—knowing that the pain was not who she was—provided her process the attention and space it needed to move and transform. Essentially, “seeing what is true, the heart becomes free.”¹¹

These teachings on the practice of mindfulness resonate with the western psychotherapeutic observations of Frank Lake

and Donald Winnicott. Lake described our “basic needs of being” as archetypal principles that are there from our earliest moments, naming them as acknowledgement, recognition, and total acceptance. Winnicott spoke to our need for attunement, resonance, and appropriate response.¹² In BCST, all of this is woven into an overall understanding of what constitutes a safe holding field. Here we see that mindfulness through embodied awareness allows us to create a safe space for inquiry into our process, both for ourselves and our clients. In that safe space, inherent health reveals itself.

In the four foundations of mindfulness based on the *Satipatthana Sutta*, mindfulness is understood by breaking our experience down into four areas for inquiry. The significance in these teachings is that they call us to be in the experience and relate from

it, rather than observing it from a distance and from our concepts about it.

“The first establishment is ‘mindfulness of the body in the body’.”¹³ Through various practices “we renew our acquaintance with our body and make peace with it.”¹⁴ Franklyn Sills sees it as “a call to find our way back to embodiment.”¹⁵ “... we can choose to turn to the breath, the body, the senses – for they help us to relax and open to wider currents of knowing and feeling.”¹⁶ When we are open to and come

from being in our body, we are connected. We are connected with the fullness of our experience, with others, with the world we live in, with inherent health.

In our Kum Nye practice at Karuna, we were taught that to be grounded and embodied included consciousness of, not only our own bodies, but also of the world all around us, including the energy field we all exist in. I can remember the moment, in early morning Kum Nye practice, when I felt myself spontaneously settle into this state. The air felt thick as if it were filled with the countless strands of an energetic web connecting

all the particles of existence. I could feel the effect of my every movement as it was responded to within this web. There was a lightness too. I felt buoyed and supported. I was known and I was connected. “Heart cognition moves us from a rational orientation in a dead, mechanized universe to one in which the unique perceptions and emotions are noticed and strengthened. It allows us to deeply experience the living soulfulness of the world, constantly reweaving us back into the fabric of life.”¹⁷

The second area of investigation for mindfulness is “of the feelings in the feelings.”¹⁸ We rest in a state of inclusive non-identification with our feelings and observe our experience. Just like all aspects of life, we come to see that they are part of the whole and that they come and they go. “Feelings are what connect us to life and to one another. To be able to feel is one of the extraordinary gifts of humanity. To neither suppress our feelings nor be caught by them, but to understand them—that is the art.”¹⁹

The third foundation of mindfulness is exploration “of the mind in the mind.” “If you want to know your own mind, there is only one way: to observe and recognize everything about it.”²⁰ What we are instructed to observe are our “mental formations” or “samskaras”. These are the constructs of our personality, our self, that have formed in reaction to life. Some of these are wholesome and some are not healthy. “In the light of awareness, the constricted self of our identification relaxes. And what is seen is just the process of life, not self nor other, but life unfolding as part of the whole.”²¹

The fourth foundation “is mindfulness of phenomena (dharmas) in phenomena. ‘Phenomena’ means ‘the objects of our mind’.”²² “The Buddha taught that all our anxieties and difficulties come from our inability to see the true face, or true sign of things, which means that although we see their appearance, we fail to recognize their impermanent and interbeing nature.”²³ What the Buddha was aware of was that what we perceive is not simply the object (persons, things, or experiences) that we are perceiving. Through our life experiences we have added meaning and concepts to what we perceive. This influences how we perceive, how we react, and how the environment reacts to us. We are in a web of relationship. “There

is no abstract knower of an experience that is separate from the experience itself.”²⁴ The difficulty is that, “We keep seeing each other through the lens of our already made decisions, history, and beliefs. It is hard to see reality.”²⁵

The benefit of this practice is that it allows us to begin to see things as they are—always changing and interconnected in a whole. “He (Bergson) invites us to step into the rich flowing stream of our consciousness to recover the authentic experience of reality...”²⁶ “This manner of knowing – with one’s entire being, rather than just the isolated intellect...is the only authentic way of knowing.”²⁷ My personal short-cut to the four Foundations of Mindfulness is to remind myself to be in my direct experience, “in the experience in the experience.”

Embracing the whole of our experience allows us to access wholeness. “When we truly rest in awareness, our experience is spacious and intimate, without defenses. With it arises compassion; we feel our heart’s natural connection with life.”²⁸

How do we access inherent health? Mindfulness through present-time embodied awareness allows inherent health, wholeness, to reveal and express itself.♦

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²⁴ (Varela, 1993, p.26)

²⁵ (F. Sills, personal communication, March 13, 2008)

²⁶ (Ho, 1993, p.171)

²⁷ (Ho, 1993, p.168)

²⁸ (Kornfield, 2008, p.45)

⁵ (F. Sills, personal communication, November 2, 2006)

⁶ (F. Sills, personal communication, May 19, 2008)

⁷ (Hanh, 1999, p.64)

⁸ (Kornfield, 2008, p. 102)

⁹ (Tulku, 1977, p.44)

¹⁰ (F. Sills, personal communication, October 31, 2006)

¹¹ (Kornfield, 2008, p.98-99)

¹² (F. Sills, personal communication, October 31, 2006)

¹³ (Hanh, 1999, p.68)

¹⁴ (Hanh, 1999, p.68)

¹⁵ (F. Sills, personal communication, November 2, 2006)

¹⁶ (Macy, 2007, p.76)

¹⁷ (Buhner, 2006, p. 42)

¹⁸ (Hanh, 1999, p.71)

¹⁹ (Kornfield, 2000, p.195)

²⁰ (Hanh, 1975, p.37)

²¹ (Kornfield, 2008, p.75)

²² (Hanh, 1999, p.76)

²³ (Hanh, 1999, p.77)

DEFINING SHOCK WITHIN THE BIODYNAMIC PARADIGM

Scott Zamurut, RCST®

Scott Zamurut is one of the longest tenured Biodynamic teachers in North America. He offers foundation & advanced trainings in BCST, along with specialized trainings in Pre- and Perinatal Education and shock resolution. He served as a founding board member of BCTA/NA.



“In my lifetime I have become intimately acquainted with shock. I can perceive its presence in a wide range of circumstances and in the most subtle dynamics of human behavior. It is omnipresent, an artifact of the present age and a monolith of modern civilization. It pervades the human psyche and body and is a constant companion on life’s journey. It is a state of consciousness, a way of living and a crucible of unspoken discontent.”
-William Emerson, Ph.D.¹

In the quote above, Dr. Emerson speaks of shock from his years of experience as a clinician and teacher of Pre- and Perinatal Psychology. A large part of his professional work has involved identifying the nature of shock, and developing effective clinical methods for safely resolving shock. Emerson defines shock in a holistic way, seeing it as an underlying factor that organizes the personality, physiological states, and interpersonal behaviors. He recognizes shock as an ontological phenomenon, as a state of being within people, and as a phenomenon that can originate long before the first cell divides to develop the complexities of the various biological systems.

Having worked within Dr. Emerson’s paradigm of shock for the past 16+ years in my own journey of personal healing, as a practitioner, and as a teacher, I realize that his holistic and far reaching understanding of shock has afforded me an important perspective on the root teachings of Biodynamic Craniosacral Therapy (BCST). By

articulating a clear definition of shock that is in congruence with the principles of our work, I hope to offer an understanding of how biodynamic work heals the roots of shock directly.

The word *shock* has a common medical meaning in our culture, as well as a more specialized meaning within therapeutic circles. It is useful to understand these meanings, so that we can make a clear distinction between them and the holistic perspective introduced above.

In medical language “shock” is short for “circulatory shock,” in which the organs and tissues of the body are not receiving an adequate supply of blood, thus putting the organism in a state of grave danger. This definition of shock has a clear biological reference point, and describes the state of the organism. Circulatory shock originates from traumatic experiences and events that directly harm the human organism (this applies to other living beings, too, but we’ll focus on people for now). This definition of shock differs greatly from how the term is used in biodynamic practice.

A second, newer usage of the term shock has become common in the therapeutic world, both in psychology/counseling circles and in the field of somatic practice. This usage of the term is in large part oriented to the human nervous system and a perceived set of hierarchical responses in neurological function during and after shocking events. Shock is said to reside within the nervous system, and the state changes within the autonomic nervous system are identified as the expression of shock within the human system. The prevalence of this perspective results in much of the current research and inquiry into shock, and shock affect, being focused on neurology, with a nod to endocrine activity, and the manner in which these factors interface with the immune system.

This view, in turn, has shaped the application of therapeutic interventions along specific lines of action that focus primarily on the nervous system, including both the central and autonomic domains. Unfortunately, this definition of shock fails us as biodynamic practitioners by reducing a holistic experience to one defined as belonging to specific biological systems, often described as a linear cascade of consequences which is almost mechanical in nature, and with no consideration given to the bioenergy system in which our work unfolds. Additionally, it fails to account for the broader

ontological nature of shock identified by Dr. Emerson.

I assert that a clear and more complete understanding of shock is not only possible within the biodynamic paradigm, but that it is an inherent facet in Dr. Rollin Becker’s original definition of the work. I further assert that when we as clinicians, students, and teachers orient to a biodynamic definition of shock, our clinical work is rendered more efficacious and direct. To support these claims, I will describe shock in common language, rather than in “biodynamic speak,” which will help us get to the core meaning hidden behind technical terms.

In common language, shock is defined as the response to an event or situation that is overwhelming to the human system. Human beings live in a constant state of physical and energetic interchange with the total environment. One of the essential capacities of the human system is its ability to receive energetic input of all types from its environment, assimilate that input, utilize what is of value and support, and discharge what does not serve the whole being. When the system is subjected to an energetic input or series of inputs that overwhelm its capacity to assimilate and discharge the energy, the system must find a way to manage this excess energy while minimizing its negative impact on the whole system.

It is this very process of managing the energy of overwhelm that Dr. Rollin Becker described in his pioneering writings on *biodynamics*. He presented his thoughts on biodynamics in a series of articles published by The Academy of Applied Osteopathy between 1963 and 1965. The last of these articles was entitled “Diagnostic Touch: Its Principles and Applications; Part IV: Trauma and Stress.”² In this fourth article, Dr. Becker offers a then-current summation of his work, defines his use of the term biodynamics, and offers an elegant description of the energetic transformations that occur within the human system during the experience of shock (Becker uses the terms shock and trauma interchangeably in his writings).

“It takes force from without to create trauma within body physiology, and some of this force is left as part of every traumatic experience. The body absorbs

² This series of articles was reprinted, in edited form, in the book, *Life In Motion*.

some of these added force factors, which I will call biokinetic energy, and this force becomes part of the physiology within the traumatic area and, in part, throughout the total body. These added force factors can be admitted to the body from injuries that begin before or during birth as well as from trauma in childhood through adulthood to old age. After a trauma is released through treatment or in a case where a trauma leaves no residual, the biokinetic energies totally dissipate back to the external environment, and only the bioenergy of wellness remains.”³

- Rollin Becker, DO

Dr. Becker describes shock as an intrusion of energy into our system from our environment, energy that our system is unable to either assimilate or utilize. He indicates that the overwhelming intrusive energy, the source of shock, becomes part of the system within the area of trauma and throughout the whole of the system. It is important to note that Dr. Becker does not limit the location of the held energy to specific biological systems; his clinical experience demonstrated that this energy can organize anywhere

within the body and biosphere. Finally, Dr. Becker indicates that the energy that has overwhelmed the system can potentially be resolved through biodynamic session work.

In addition, Dr. Becker elsewhere identifies an inertial fulcrum as the manner in which intrusive energy is held in “stasis,” or “centered,” by the Breath of Life (BOL). Inertial fulcrums, in turn, act to organize every level of being—physical, emotional, cognitive, and spiritual—in response to the overwhelming experiences of life. The most significant example of this dynamic for understanding shock from a biodynamic perspective, and more specifically to differentiate the biodynamic view from reductionistic perspectives, can be seen in the way inertial fulcrums organize the autonomic nervous system. Inertial fulcrums act to move the system away from balanced function and toward non-optimal states of function. In the same way, emotional responses, cognitive processes, and other effects of shock are organized into non-optimal states by inertial fulcrums.

The neurological consequences of

³ Becker, R. (1997). *Life in motion*, pp. 204-205.

overwhelm that have been a primary focus of shock work, can now be more clearly understood within the biodynamic paradigm as a secondary expression of overwhelm. The energetic overwhelm, and the action of the Breath of Life to contain that energy in stasis, precedes the neurological compensations that have been seen as the primary factor of shock within the human system. Therefore, if we remain true to the principles of biodynamics in session work by orienting to the resolution of inertial forces rather than wrestling with the effects of inertia, we are healing shock directly.

We know that the consequences of unresolved inertia within the human system are expressed as a multitude of detrimental signs and symptoms. We can also recognize that the combined effect of all these detrimental expressions within an individual will be expressed through all levels of being. Now it becomes clear to us that the effects of inertia within the system manifest as those same holistic characteristics that Dr. Emerson identifies as shock. Unresolved inertia forces within the system are held in stasis by the BOL, and produce negative influences within the life of an individual whose total pattern of expression is called shock.

Unresolved inertial forces within the system organize shock, they are held in stasis by the BOL, and they produce a negative influence within the life of an individual. We can now recognize that the resolution of inertial energies by the BOL, which is the essential activity of the inherent treatment plan, is in essence the resolution of shock.

An analogy from gardening may serve to illustrate this point. When performing the ongoing task of weeding, a wise gardener works by pulling the weeds out by the roots. While it is easy to see the parts of the weed that grow above the ground—flowers, leaves, and stems—it is the root of the plant that supports its life. In removing the roots from the earth, the gardener ensures that the weed has no ground from which to regrow. In the same way, resolving inertia is the healing of shock at its root, leaving the symptoms and manifestations of shock bereft of their foundation. As a system reorganizes around the midline and other natural fulcra in the last phase of the inherent treatment plan, the manifestations of shock (shock affect, “cycling,” hyper-activation, dissociative states, and so forth) dissolve, and health is restored through all levels of the system.

As inertial energies are resolved in biodynamic session work, the practitioner

can guide and educate the client to support an orientation to a new experience of living. It does take time for an individual to become accustomed to life without shock, to live in the clarity of health and in his/her inherent wholeness. When we as biodynamic practitioners go through this process in our own healing journey, we cultivate the capacity to offer the gentle guidance necessary to help our clients embody the full potential of themselves, freed to some degree from the previously unconscious limitations that shock/inertia had placed in their path.

Recognizing the fact that BCST is essentially oriented to resolving shock/inertia, we as practitioners must be diligent to ensure that our practice is congruent with the deep potential first described by Dr. Becker.

What does this mean? A simple answer is that we as practitioners cultivate our perceptual skills to recognize the presence and intensity of inertial patterns and their fulcra within the larger field of the Breath of Life.

We deepen into our capacity to catalyze the inherent treatment plan through appropriate presence and right listening. And we learn to recognize within our own perception the discharge and resolution of inertial forces, and the all-important phenomenon of reorganization that restores the system to an optimal state of order and health. Refining our perceptual skills brings us to the experience of the *Long Tide*, the *Embodiment Tide*, and *Dynamic Stillness*, where the resolution of inertial forces becomes increasingly subtle and quick. It is there that we may perceive inertia vanishing from one moment to the next.

My hope is that this exploration of shock within the biodynamic paradigm offers you new insights into the nature of shock and inertia, and most importantly, a new orientation to shock resolution within your biodynamic practice. My experience of working and teaching from this perspective over many years has proven to me the value of recognizing the relationship between inertial energies and shock. I sincerely hope this perspective enhances your appreciation for the depth of healing BCST can bring, the value of interpreting other healing wisdom within the biodynamic paradigm, and the simplicity of practice that can be attained. ♦

“If you understand the mechanism, the technique is simple.”⁴

- William G. Sutherland, D.O.

⁴ as quoted by Rollin Becker, D.O., in *The Stillness of Life*, p. 240.

~ Calling All BCTA/NA Teachers, Practitioners, and Students ~
Write for the *Wave*!

We are seeking submissions for the next issue of the *Cranial Wave*.
What you are learning, teaching, and discovering in your BCST work?

Please submit your articles, poems, images, and musings on BCST-related topics
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