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# Cranial Wave

The Publication of the  
Biodynamic Craniosacral Therapy Association of North America

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## LETTER FROM THE PRESIDENT

Dear Readers,

Welcome to the 2018 edition and our 20th anniversary issue of the *Cranial Wave*. Our theme, “Evolution,” explores the many ways that the BCST field, practice, and practitioners are evolving toward the next level of professionalism. In this edition, you will find a rich variety of articles about our current state of evolution and the myriad of ways our community is progressing. I hope you will be inspired to create your own personal revolution as a BCST ambassador, bringing the magical principles of this work to the world at-large.

We recently held our 20th Anniversary Breath of Life Conference: The Many Voices of BCST, Past, Present, and Future, where we awarded Franklyn Sills the first BCTA/NA Lifetime Achievement Award. At the Conference Board meeting, we voted in a new Business Management Team, as well as approved MemberClicks, a professional membership platform. These new changes are sure to catapult the efficiency and professionalism of our association. Concurrently, we will be launching our Board’s efforts to promote *Outreach, Growth, Recognition, and Community* as the four cornerstones of our 2018 goals.

We hope this issue of the *Cranial Wave* will support and inspire you. Many blessings for the New Year!

Robyn Michele Jones, RCST®  
President, BCTA/NA

“Everything is done on an evolutionary spiral. So how do we flow together?  
How do we become a hologram of lots of things?  
We can pause, and we can care.”

- Kathryn Stewart, RCST®

## THE INVOLUTION AND EVOLUTION OF THE BIODYNAMIC REVOLUTION

*Mimi Ikle-Khalsa, RCST®*

*Mimi Ikle-Khalsa is an approved teacher, has a practice in Takoma Park, MD, and is newly retired from the Presidency of the BCTA/NA. She began her studies in craniosacral therapy in 2001 and began assisting in training programs in 2003. She became an approved teacher in 2012 and opened her school, Heartwaves Healing Institute. She has recently opened the Journey Space, a healing arts studio in Glen Echo, MD. Mimi’s passion is to simplify, clarify and amplify BCST principles in her home, classrooms and Board room.*



**“You say you want a revolution, well you know,  
we all want to change the world.”**

*~The Beatles*

In 2018, the Biodynamic Craniosacral Therapy Association of North America (BCTA/NA) celebrated its 20th anniversary. In any history of an emerging field there are reliable developments in the formation and eventual success of that profession’s existence. The following article is a “herstory” of the past decade of the Biodynamic Craniosacral Therapy movement within the United States.

### Involution

During my tenure on the board of directors of the BCTA/NA, I have witnessed the building of a firm foundation supporting the internal workings of this organization (involution), including: the creation of online membership renewal, online conference registration, developing a new website,

social media launching via Facebook, implementing changes and meeting challenge of membership growth within balanced budgets, budgeting for a professionally supported BOD meeting, professional website support, updating the Standards of Practice, Code of Ethics, and creating the new Core Curriculum and Competencies documents, instituting Teacher Skype calls for those who could not attend the in-person meetings, and holding five consecutive BOL conferences that have been in the black. These have been just a few of the changes put in place over the past ten years that have solidified the infrastructure upon which this professional association can thrive.

### Evolution

Additionally, in the recent years of the association’s development, we have been able to turn our attention to the external world and begin laying the foundation for the evolution of our field. These efforts have included: joining the Federation of Therapeutic Massage, Bodywork and Somatic Practice Organizations, the 2017 Campaign for Connection, creating the new membership brochure and new RCST® and approved teacher logos, videotaping the last three Breath Of Life conferences, employing our new Wave editor, and creating a new teacher biography page on our website so prospective students can learn in-depth information about our wide variety of approved teachers.

### Revolution

Over the past decade, there have been a few changes put in place that are revolutionary and will likely propel our field forward in quantum leaps. These include: hiring our administrator, Pam Hower, to take over membership which has cata-

pulted our quality of member services; hiring Fred Snowden as our treasurer in 2014, which has made our financial forecast strong, stable, well and clearly documented; hosting a meeting at the UK 2016 BOL conference with the world's leading teachers in the CST field (this kicked off the Global calls which still continue); building a fund balance to insure BCTA's future, which is paramount to us not only surviving but thriving in the coming years; winning the right to practice in Oregon by adding in the new grievance procedure and accompanying ethics committee; participating in our first AMTA National Convention and in doing so created a new BCTA/NA brochure, six-foot banner, and table runner; implementing our new business manage-

ment team in 2018 and hiring a professional membership company to launch our new professional platform.

All of these developments layer upon one another to create a launching pad for our field to be poised to expand into more mainstream complementary medicine. As we evolve as a community, we need to focus our efforts on both continuing to keep our internal workings well supported and bolstered as well as making sure to bring an eye outward to the greater community and defining our role within that community. It is my sincere hope that together we can change the world by each of us becoming more articulate and supportive ambassadors for this work. ♦



## A PERSONAL PERSPECTIVE

*Suzanne Hayes, PT, MSW, RCST®*

*Suzanne Hayes is a pediatric physical therapist and a Biodynamic Craniosacral therapist practicing in Raleigh, NC. Her first course in craniosacral therapy in 1996 was the beginning of a grand adventure. She followed the threads to a biodynamic foundation training at Karuna and then to New York where she was a tutor for five years for Stillpoint trainings. Suzanne is filled with gratitude to have found this work which has ignited such a great passion within her!*



I arrived at the Karuna Institute for the first seminar of my foundation training with hopes, dreams, fears, feelings of inadequacy and with my early warning system repeating: "Abort now! Abort now!"

The training was something I was deeply drawn to and terrified of at the same time. My ego was threatened by the transformation that was coming as I dared to begin to uncover my true self.

The first seminar exposed me to a new orientation to the teacher-student relationship and to learning itself. I, who

**One day while feeling lost and inadequate, a simple prayer popped into my head. "Help." I later realized this prayer was an acknowledgement of my powerlessness and a reminder that it was not me doing the work.**

had grown up with critical parents and had internalized a strong inner critic, was encouraged to become aware of my own learning style and to take as much time as needed to grasp the basics of BCST. Much attention and care were taken to provide a safe learning environment. Tutors had daily meetings to discuss students and ways to enhance their learning. In such an environment of unconditional acceptance, my nervous system began to settle as I found myself feeling safe.

During the second year of the training as my excitement about the work grew, I projected myself into the future when I would be a fully qualified practitioner treating clients in my own office. I asked the tutor team how long it would take to become proficient, and the consensus was about five years. That seemed like a lot of time to a 55-year-old who was ready to immerse herself in the work she felt herself uniquely created to offer!

Now at age 70, I'm able to appreciate that answer of five years given by the tutors. While I consider myself proficient as a practitioner, I continue to be humbled by the teachings of my clients and by the Breath of Life. In my first years of practice, I frequently found myself in a quagmire of thoughts such as: "Nothing is happening, I don't know what to do. I'm a failure." One day while feeling lost and inadequate, a simple prayer popped into my head. "Help." I later realized this prayer was an acknowledgement of my

powerlessness and a reminder that it was not me doing the work. Invariably, as soon as I uttered the simple prayer, something happened and that something was always greater than anything I could have imagined. It was humbling, exciting, and enticing to accept that I do not have to do anything except to continue to orient to the potency of the Breath of Life!

When I was a tutor for Stillpoint trainings in New York, I gained a deeper appreciation for the field in which we work. There were many times while I was sitting and helping to hold the space as the students worked on one another that I was aware of fulcrums being attended to in my own body. After a seminar that included heart ignition, my own heart was so open that I sat in the boarding area at the airport and gazed lovingly at every person in my field of vision. This behavior is not at all common for a strong introvert who usually buries her head in a book in such settings. Who knows how many new “best friends” I might have made if the plane had been late!

A number of years ago, an artist friend and I designed a retreat experience to help participants access their creativity. Using principles of BCST to create a safe space and offering guided medita-

tions of embodiment, fluid tide, the Long Tide, and Dynamic Stillness, participants were able to access deep levels of peace, stillness, and creativity without any hands-on work. This was a powerful learning for me of the potential of the Breath of Life!

I feel so fortunate to have been guided to this amazing work. My education included a degree in physical therapy, a degree in social work which I pursued because I wanted to be a psychotherapist, and a strong interest and orientation to spirituality. None of these individually provided the sense of meaning and purpose that I was seeking. Craniosacral Biodynamics allows me to draw on all of my education and training and provides a more holistic and integrative approach to healing. My life has been immensely enriched through my trainings and practice. In the past several years, I have been reflecting that previously I needed to help others in order to feel relevant; now I help others because the deep well in me is overflowing with love and gratitude for all that I have received! ♦

*(It would be wonderful to hear from those reading this about your growth as you practice BCST. My email is sphayes@earthlink.net.)*



## EVOLUTION OF OUR SELF-CARE REQUIREMENTS

*Mimi Ikle-Khalsa, RCST®*

*With thanks to articles originally published in 2008 & 2009 by Linda Kurtz, RCST® and Dave Paxson, RCST®*

As an organization, one of the most common inquiries we receive is about our Self-Awareness/Self-Care requirements and how they can be fulfilled. Prior to 2011, there was a requirement to have signed professional supervision sessions four times per year. This professional development requirement has evolved into our current requirement which is called Self-Awareness/Self-Care. Options for the four sessions now include one-on-one consultation with an individual skilled in shadow and reflection work, seven hours of continuing education, and three hours of group discussion (no more than six participants) with an individual skilled in shadow and reflection work.

At the time that professional supervision was being supplemented with other self-awareness/self-care options, the board of directors wrote clearly about the history and ongoing relevance of the need to be supported as professional therapists. This model was based out of the counseling field.

We trust that the following definitions and context will help illuminate and clarify the history behind why such requirements are in place. At the time these articles were written, professional supervision was the sole option for fulfilling the requirements.

### Definition of Terms

In the counseling field, transference is the term used to describe the client projecting onto the therapist, while countertransference is used when the therapist is projecting onto the client. This is

what has been referred to as “shadow and reflection work” in our current requirements. It is clear that consultation on countertransference and projection deserves top priority.

### What are Projection and Countertransference?

Our ability to project what we know or feel internally onto the outside world—to ascribe thoughts, feelings, and intentions to the words and actions of others—helps us understand and interpret their behavior and possible intentions. Projection is not a fault; it is a valuable survival trait that helps us live as complex social animals. If we understand what someone else might be thinking or feeling, we can better decide how to interact with or react to that person. For instance, if we see an angry face or hear an angry tone, we might decide to withdraw. In this example, we are likely aware of our projection of anger. Often we are not aware of our projections, and usually when people speak of projection they are talking about attributions that are made on a more complex or subtle basis.

When we are not aware of our projections, they become what are called shadows and result in the transference of our issues, thoughts, and emotions onto others. Transference is the term used in the counseling fields to describe the client projecting their issues, thoughts, and emotions onto the therapist. Countertransference is the term used to describe the reverse—the therapist projecting their issues, thoughts, and emotions onto the client. If a therapist is unaware of a countertransference, it becomes a shadow that affects the quality and integrity of the therapeutic work. There will always be things that have occurred or are occurring in the practitioner’s life that have the potential to manifest in countertransference—things such as

relationship dynamics, illness, loss, grief, financial insecurity, a desire to change certain habits, or a desire to lose weight.

### What are Some Examples of Countertransference?

Here is one: A client comes to see you for the first time and you feel mistrustful. You are unaware that their mannerisms remind you of a former co-worker who violated your trust. Obviously, your feelings of mistrust will affect the care you give and will also affect your client's reactions to you.

Another example: You are very interested in nutritional issues and losing weight. You are giving nutritional advice to many of your clients—especially if they are overweight—even though they are not bringing up issues of nutrition and weight loss. Here, you are projecting your own concern about nutrition onto others.

A third example: You really enjoy a particular client and find yourself spending extra time talking to them or giving them extra session time. After a time, you realize that they remind you of someone you used to date.

### Clarifying the Intent of Supervision as Part of Self-Awareness/Self-Care

Entering into a therapeutic relationship with someone, or even simply choosing to give advice, creates fertile ground for projecting. We are inclined to see what we most need to observe, speak what we most need to hear, and teach what we most need to learn. Following these inclinations often leads us to our quickest path to wholeness and healing.

**When there is deep listening and deep resonance, what is being heard can mean as much for the practitioner as for the client.**

These predispositions also affect our relationships with our clients. It is of critical importance that anyone involved in therapeutic efforts keep continued awareness of these dynamics of projection and countertransference and not lose sight of the fact that any therapeutic relationship is as much about the practitioner as the client. This is even more true when the therapeutic mode involves deep listening. When there is deep listening and deep resonance, what is being heard can mean as much for the practitioner as for the client.

A key goal of the supervision policy is to ensure that BCST practitioners are seeking consultation on a regular basis that focuses on countertransference and projection in their therapeutic relationships with their clients.

Therefore, the primary goal of the supervision/professional consultation requirement is that each of us, as RCST's, seek regular counsel addressing how our respective practices are affecting us (both personally and professionally), and specifically how countertransference and projection are involved. Such consultation should improve our practices by helping each of us to better hold a neutral space and be more open to accessing and supporting the inherent treatment plan that already exists in a given client's system. While it is preferred that supervision address the above, it may also be about what is going on in your life, even if it does not seem to directly relate to the work you are doing with clients. The clearer you are in your own life, the clearer and more beneficial your sessions with clients will be. As you address the ongoing issues in your life, the degree of countertransference and projection will diminish and also become more apparent to you.

### Why Require Rather Than Recommend Supervision?

As the saying goes, "Self-diagnosis is a slippery slope." Some might feel that they have done enough self-discovery to have transcended the necessity for outside input. Others decide to keep their own counsel because they ascribe to the belief that the ability to resolve one's own issues is a sign of deep personal or spiritual development or feel that seeking counsel diminishes them as therapists. The reality is, we need reality checks; and those can come only from the outside. This need for outside, neutral facilitation is one of the underlying premises of BCST: by holding a neutral, appreciative space for whatever is in our clients' systems, we support them in moving closer and closer to their authentic-self.

Many practitioners have written to us to say that they are grateful for the supervision requirement because they would not otherwise have taken the time to receive what have been invaluable sessions. Certainly one would hope that, with or without a supervision requirement, each one of us would be working with someone on our personal development, as this is part of the biodynamic process and growing as a practitioner and a human. The board does not want you to be "supervised;" we want you to be counseled and supported in maintaining awareness of how much you are a part of the therapeutic relationship. It is so important that one should never get counseling from someone who does not get such counseling themselves.

### Legal Issues and Professional Standing

As an organization that certifies practitioners and grants a service mark (RCST®) to those

it deems qualified to practice Biodynamic Craniosacral Therapy, the BCTA/NA is legally required to ensure that our registered practitioners meet our standards and that we have ongoing criteria for meeting them. Additionally, in the professional health care world, we join with all other professional organizations in upholding this standard of professional development.

### *How do I benefit from the professional consultation requirement?*

**By holding a neutral, appreciative space for whatever is in our clients' systems, we support them in moving closer and closer to their authentic-self.**

- By having the RCST®, you are letting the public know that you are a professional who takes their work seriously enough to invest the time, energy, and money required to meet Biodynamic Craniosacral Therapy's professional qualifications.

- You are letting the public know that you are actively taking steps to maintain a neutral field and to grow and develop as a person and a therapist.

- By regularly working with the issues that arise for you, including transference, countertransference, and projection, you will gain greater self-awareness and clarity in your professional as well as your personal life.

- The mirroring of your countertransference will enable you to maintain a more neutral field.

- You will learn things that will help you help your clients.

### *Why include both supervision and continuing education requirements?*

Because this work happens in relationship,

professional consultation sessions in which you work with a consultant on issues that the practitioner-client interaction brings up are a fundamental way to ensure that quality care continues. Supervision, in addition to continuing education, allows for a well-rounded support.

#### ***Who can I use for my professional consultation sessions?***

You may use as a professional consultant any person who has at least eight years experience in a field relevant to providing you with a reflective presence and help around issues of countertransference and/or other psychological issues. Such people might include RCST®s, Somatic Experiencing

practitioners, Hakomi practitioners, Polarity practitioners, Vipassana meditation teachers, Bioenergetic practitioners, and psychotherapists. Some of our members have used nuns who are expert counselors, some have used enneagram practitioners.

#### ***What are the most important things to look for in a professional consultant?***

- A knowledge of transference, countertransference, and projection, and how they affect clinical work.
- The ability to hold space for your process.
- The ability to be a neutral mirror.



- The ability to bring the issues into the body and not just approach them from the mind.

- Ideally not a person you have a dual relationship with because they can color or cloud the reflective presence and neutral field.

#### ***When is a relationship dual?***

You would have a dual relationship with a therapist/helper/consultant if, in addition to that relationship, you had another relationship with that person. For example, they were also your spouse, partner, friend, trading partner, business partner, relative, student, boss, employee, or client. These are examples, and there are certainly many other types of dual relationships.

#### ***What if I have a dual relationship with the person I want to use as a consultant?***

If you have a dual relationship with the professional you feel is best-suited to help you with your process at a particular point in time, consider if your other relationships with that person can be clearly differentiated or not. Generally, we discourage dual relationships for professional consultation, and it is usually possible to find a consultant with whom you do not have a dual relationship.

#### ***What if I want to use a teacher or TA as a professional consultant?***

That is permissible, provided there are not additional dual relationships involved. However, you both should discuss it to determine if it feels workable.

#### ***I don't feel like there's anyone in my area to use as a professional consultant.***

If there is no one in your area that you wish to use, you might get in touch with someone you

can do phone or Skype consultations with or do your consultations when you are in an area where there is someone you would like to work with. Perhaps there is someone from a course you have taken who would be a good consultant, or perhaps you would like to use one of your teachers or TAs.

#### ***I still don't really understand what I'm supposed to do in a professional consultation session.***

The primary goal of the professional consultation requirement is that each of us, as RCST's, seek regular counsel addressing how our respective practices are affecting us (both personally and professionally), and specifically how countertransference and projection are involved. Such consultation should improve our practices by helping each of us to better hold a neutral space and be more open to accessing and supporting the inherent treatment plan that already exists in a given client's system.

*Here are some examples of things you might bring to a professional consultation session:*

- What's hanging you up with a particular client?
- Are you having difficulty making contact with all or most of your clients?
- Do you find yourself spacing out in sessions?
- Are you so concerned with making a living that you try to get clients to come more often than they really need to?
- Are you finding yourself romantically or sexually attracted to a client?
- Do you feel resentful of certain clients?
- Do you want your clients to feel that you are really important in their lives? ♦

## WEARING MULTIPLE HATS: REFLECTIONS ON THE DUAL ROLES OF TEACHER AND SCHOOL DIRECTOR

Margaret Rosenau MA, SEP, APP, BCST, RCST®

Margaret Rosenau has over twenty years of experience in holistic health as a somatic bodyworker and educator. In 2016, Margaret became the owner of the School of Inner Health, [www.SchoolOfInnerHealth.org](http://www.SchoolOfInnerHealth.org). There she teaches multiple courses including certification trainings in Biodynamic Craniosacral Therapy. Margaret holds a Master's Degree in Gerontology. She is an approved teacher for the Biodynamic Craniosacral Therapy Association of North America, (CSTA-NA). She is a Registered Craniosacral Therapist (2003), Somatic Experiencing® practitioner (2002), Pre and Perinatal Therapist (2004) and Polarity Therapist (1998). She maintains a private practice in Denver, Colorado. [margaret@schoolofinnerhealth.org](mailto:margaret@schoolofinnerhealth.org)



As someone with over two decades of experience in the field of Biodynamic Craniosacral Therapy, I have gradually taken on more roles. I began as a student, became a practitioner, then a teacher, and most recently in 2016, the school owner of the School of Inner Health in Denver. The only one of these roles I no longer officially have anymore is the student role; yet, rarely a day goes by when the inherent Intelligence of this field does not teach me something profound.

Having multiple roles is not easy; in fact, it is something I have steadfastly avoided professionally until now. Separating my roles has helped me to function effectively as an adult and to differentiate from my childhood when I had multiple

roles that were too big and that I did not want. But owning a school and teaching there have forced my hand—the two roles blend. The difference from my childhood and now is that the roles that I have now are ones I have chosen and am experienced enough to assume.

I now recognize that until these dual roles called me, I had been more “comfortable” off my midline letting others make decisions, because that way I did not have to be responsible. Of course, sidestepping my authority is a false comfort, but the idea of disappointing or hurting someone else has historically immobilized me. The only way to mobilize back then was to manage the hurt or disappointment myself. Looking back, it seems crazy that I structured my life to attend to the needs of others before my own; yet, in challenging moments that default strategy often feels preferable.

But these roles do not allow me the luxury of my preferences, especially if those preferences come from my wounds. The strategy of staying off my midline is not only ineffective as a teacher or as a administrator—it is untenable. These roles require flexibility and humility, steadfastness and confidence in equal measure. This means that I must be able to be uncomfortable and sometimes make unpopular decisions, or decisions whose basis only I understand. By holding me on my leading edges, these roles both request from me—and endlessly teach me—new methods for differentiation and self-regulation.

The ability to move between states is a nervous system skill, as is the ability to shift roles. Having multiple roles is still incredibly challenging for me. But I have found that when I follow the same rules that I give myself in sessions—slowing down, finding my midline, listening to myself first,

then I can make firm decisions and set clear boundaries. When I take a pause and recognize which role I am playing in the moment, I am able to fulfill it more thoroughly. This comes as no surprise on one level as orienting to ourselves first is the primary skill required of all of us as practitioners. It is our orientation to the ground that allows our clients to soar.

To maintain a position of authority in the classroom and school, I have learned to require that students be able to shift roles between client and practitioner appropriately. Too often I have seen the training environment fulcrum around the care of one or two students who struggle to maintain enough self-regulation to participate fully, and I have made a commitment to myself to make the ability to maintain a student role a prerequisite for the full foundation training. I have recognized that for me to hold the whole class well, my attention cannot be over-focused on any one person too often.

Being a teacher and administrator has taught me to trust myself more and to listen more fully to my lack of trust or safety when it arises. Trusting myself when what I sense is not sensed by others is a challenge, but is that not one of the challenges that this work demands of its practitioners repeatedly? We are asked to trust in our own knowing and our experience with the innate Intelligence in the body in every session and to court the deeper presence of well-being in our clients, especially when it is hidden from them.

Like everyone, my ability to fulfill any of my roles well varies. I have had to back up, find my midline and change course. I have had to make repair and acknowledge my blind spots. I have had to trust my bigger vision even when it conflicts with

the requests of the moment. The roles of teacher and director require me to be honest and at the same time learn not to share everything. For example, I must be willing to see my own triggers and not override them while at the same time maintaining my role and not sharing too much of my personal history.

In addition to my work in the BCST field, I have decades of experience in conflict resolution. But that does not mean I never create conflicts or that I can always resolve them. The school administrator role is a lot like being a parent. It is more challenging and rewarding than I ever thought possible. I am constantly confronted with both opportunities to make repair

honestly, which can lead to a better outcome and situations where I must accept different outcomes than the ones I had hoped for. The necessities of my roles have called the health in me forward, even when my wounds seem insurmountable. They have created welcome and healing differentiation from past insecurities and traumas while simultaneously giving me access to the gifts in my ancestral lineage.

While I have only been moving between the teacher and director role for a few years, I know I will be doing this dance for the rest of my professional life. The journey has already grown me into a more substantial and capable human being. The challenges are many, but the blessings are many more. The roles any of us take on that make a difference in the world are neither easy nor comfortable, and they are not supposed to be. For if we are to hold the precious timeless possibility of a better world in our hands, we must stretch endlessly. We cannot rest in the convenient or familiar and expect change. Instead, we must throw our hats into the ring and be willing to wear them all! ♦

**The necessities of my roles have called the health in me forward, even when my wounds seem insurmountable. They have created welcome and healing differentiation from past insecurities.**

## LOOKING AT THE PSOAS, ILIACUS, LUMBOSACRAL JUNCTION, AND HIPS AS ONE...

Kate Klemer, DC, RCST®

*Kate Klemer has been in private practice since 1989. She began studying the Cranial work of Dr. Upledger, Dr. DeJarnet, and Dr. Clyde Ford. She completed her Biodynamic Craniosacral training with Michael Kern, Scott Zamrut, and Katherine Ukleja in 2001. Currently she teaches foundational Biodynamic Craniosacral trainings, and practices in Northampton, MA. She is continually learning the ever changing science of wellness involving Cranial work, Nutritional Applied Kinesiology, and Chiropractic Care. She loves this work and plans on continuing her studies, practicing and teaching the rest of her life.*



The other day I was holding a patient's feet in the early part of giving a craniosacral session. I settled there listening to the expression of Health in their system. What I noticed was a presentation of the diaphragm, spine, psoas, iliacus, sacroiliac joints, pelvic bowl, and hip joints being shown as one continuous unit.

What came into my vision was that it is best to walk from the diaphragm, down through the pelvis, all the way to our feet, rather than truncating by only walking through from the lower spine.

Let me explain further...

Often the lumbosacral junction is highly emphasized clinically because of all the things that can go wrong there. This is what the left brain does: it dissects, separates, and looks with a narrow

perceptual field, but that is not the only important perspective. The lumbosacral junction is between L5 and S1, and as we age, there can be signs of compression, and degenerative changes to the disc. These changes can create joint pain, nerve pain, hip pain, and muscle tightening. This area tolerates a lot of compression when we sit in a chair, 250 pounds per square inch to be exact. Excessive sitting, and not moving much during our life can create inertia here.

The good news is that the spinal cord ends around the first Lumbar Vertebrae, which gives us more space for low back movement. Movement is more in the low back as there are no ribs. A horse-tail-like cluster of nerves hang down from the spinal cord at L1, and exit along the lumbar vertebrae as it descends down into the sacrum. This is called the Cauda Equina. The S1 nerve root exits between the fifth lumbar vertebrae and the first segment of the sacral bone. As little as 10 mm of pressure can activate and inflame a sensory nerve from the dorsal root exiting the spine, causing altered sensation down the back of the leg. If there is more intense compression in the area where the nerve exits the spine from a disc, or stenosis caused by arthritis, it can influence the motor nerve of S1. The motor component of S1 nerve comes off the ventral root of the spinal cord; if this nerve gets really compressed, it can cause your foot to not be able to point down and plantar flex. A motor nerve can tolerate a larger amount of inflammation and pressure before it begins to cause issues with muscle weakness. This is another amazing design in our systems in that our sensory sympathetic system is activated more easily than the motor sympathetic system. This is brilliant as we do not lose motor function first... so we can walk, yet we get the first

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## The Edwin Nothnagel Scholarship Fund

The Edwin Nothnagel Scholarship Fund was created in September, 2010, in tribute to Edwin for his generous contribution that enabled several members to attend the BCTA/NA 2010 BOL Conference as Work/Study attendees. The scholarship fund is still going strong, helping a number of members attend each subsequent conference. Each request for a scholarship is determined on an as-needed basis.

We would like to be able to continue the Edwin Nothnagel Scholarship Fund for future conferences. Of course, we cannot do so without funding. We invite each BCTA/NA member to **contribute the fee collected from one session to the fund each year.**

Please go to <https://www.craniosacraltherapy.org/donation-to-scholarship-fund> to make your donation today. We will accept contributions in any amount.

Thank you for your support ensuring that others may continue to participate in this important community event.



(continued from page 14)

warning sign of imbalance with pain from the sensory nerve first. Sensory nerve alarm signs are: pain, numbness, tingling down the back of the leg. Motor nerve impingement alarm signs are “charlie horses,” weakness of muscles, and spasm.

If we look at the lower spine and lower extremities in a fragmented way, we are missing the true story. Of course we want to be able to zoom in and get a snapshot of what may be the area that is taking much of the strain of the spine as it transitions to the pelvis. L5 sits on top of the sacrum, and in the spine when structures transition is where most of the problems and symptoms arise. The lumbopelvic junction, the cervico thoracic junctions are common areas for pain.

As cranial therapists we orient to the Health. Motility is a huge part of what we do to support the Health and that is unlike most other treatments that attempt to “correct” the spine. Motility is the only way to influence how a bone is breathed by the Breath of Life. There are no other types of treatments that address motility more directly than Biodynamic Craniosacral therapy. Chiropractic only addresses mobility, which is movement between two bones/joint motion.

Typically, patients mostly care about not feeling any more pain, although sometimes what they think should help blocks out what actually does help in terms of treatment types. As Biodynamic Craniosacral therapists, we can address motility and mobility. The spine can get fragmented energetically, especially with so much sitting these days, and we can help that.

One of the other gifts that we offer in our work is to hold a sense of wholeness in a patient’s system. We remind them of this during sessions. This can help integrate other types of work, as well as strengthen the midtide to affect their whole system.

**Now let’s take a look at the diaphragm, psoas, iliocaudis, and psoas minor.**

These muscles support the front of the spine, deep behind all of our visceral organs. These soft tissue muscles are interconnected with the spine and each other. Yes, the diaphragm is a big muscle as well...

The organs sit on top of the spine and are massaged every time we take in a breath, especially a big deep breath. Try taking a deep breath now. Can you feel your kidneys sitting on your psoas being massaged? Can you feel your stomach, liver, spleen, intestines, and pancreas in the front being massaged?

When we are thinking a lot and are “in our heads,” we breathe more shallowly. When we breathe more fully and orient to our breath mindfully, it helps us become more parasympathetic, relaxed, and helps lower our blood pressure.

The psoas is an oblique long muscle that attaches with the back of the spine and diaphragm supporting as a continuous structure. The psoas goes down the front and sides of the spine from the lower thoracics and courses through the front of the ilium attaching into the front of the femur/hip socket. This muscle has been called the parade marching muscle when it contracts. When the psoas is shortened, it puts us in the flexed fetal position. It helps us feel safe and regulates our nervous system. Think of child’s pose in yoga, which shortens this muscle and helps us feel calm and soothed.

The psoas can hold sympathetic nervous system activation quite easily. The kidneys sit right on top of it, and they make stress hormones norepinephrine and epinephrine. There is a relationship here that I have often felt while giving sessions. This muscle can also hold fear, and is a major mover for flight to get us away from a dangerous situation. It is intertwined with our diaphragm and our breathing.

Our diaphragm is sympathetically controlled by the spinal nerves C3, C4, and C5. This is another transition area of the spine. The vertebra change from cervical to thoracics. Think of the implications here. We sit at a computer as I am now...



my psoas is shortened, and my neck is flexed forward looking at the keyboard as I type. My posture in essence is mimicking a self-protection modus operandus.

**Try walking with this orientation as an experiment...**

What if we started walking from a higher place of orientation? Try walking from your diaphragm and top of your psoas all the way down through your spine to your feet. As you do that, take some deep belly breaths. Notice how that feels. Now try just orienting to walking from your hips and L5-S1 area, and breathe shallowly. When you only include the lower psoas, lower spine, and hips, flexion happens and we lose some of our lumbar

lordosis. The lumbar lordosis is the natural curve that protects us against degenerative spinal changes and absorbs shock (not trauma, just gravity shock absorber) as we walk.

Now go back to walking again and include your diaphragm, psoas, iliocaudis, entire spine, hips, and lower legs. Notice the front and back of your body and how they help you improve your posture. This is a good mindful practice for people to do as they walk. The psoas lengthens, the trapezius, and latissimus fire up in our upper back, our gluteus maximus fires up and that is a very powerful muscle: our posture improves. To enhance this, remember your abdominal muscles supporting the front of your trunk, holding your spine up to create a barrel effect of support all around your spine. Then add in the rib cage in your awareness for some more

stability to the upper body/torso. Feel its cylindrical support.

For cranial therapists, hold the feet and look at the spine and its muscular relationships holistically. Supporting titration can help discharge activation, and create more motility, and fluidity in the fluid tissue field, especially when the safety of the relational field is well-established. Bringing awareness in this area supports balancing the flow throughout a person's day between sympathetic and parasympathetics. That can support healthy digestion, menstrual cycle, genitourinary tract function, detoxification, hypothalamus pituitary adrenal axis, immune system, detoxification system, and emotional regulation.

**How can we work with this?**

Start a session with the ritual of contact. As you move to the feet take a peek into their system as you hold a wide perceptual field including their whole body and biosphere. See if you can connect with the legs, pelvis, and spine and look at the lower extremities as continuous extension of the psoas and diaphragm, as a unified field of action. I know this is not the inherent treatment plan, you can do that after you take a peek.

Can you now see the relationships here? How is the mobility and motility on this level of awareness? Now hold the sacrum, do you notice some inertia in the lower spine and extremities? Hold the whole system, while noticing the legs, pelvis, psoas, spine, and diaphragm as one continuous unit, then add in the whole spine, rib cage, heart, lungs, and sternum. Is there some titration happening in any of bones, soft tissue, organs? Let things go deep and settle and orient to the Midline Health,

then all the way out to the biosphere.

What happens? The patient's system becomes more holistic. You may even notice the chakra system coming off of the midline, experienced as spinning funnels. The hip sockets and ilia may titrate, the sacrum becomes more motile, as do the lumbars. The kidneys soften, as does the diaphragm. The heart softens as the pericardium is continuous with the diaphragm. Maybe there is some titration here in the chest cavity. When this releases, the lungs and heart soften as do the mid-back and neck.

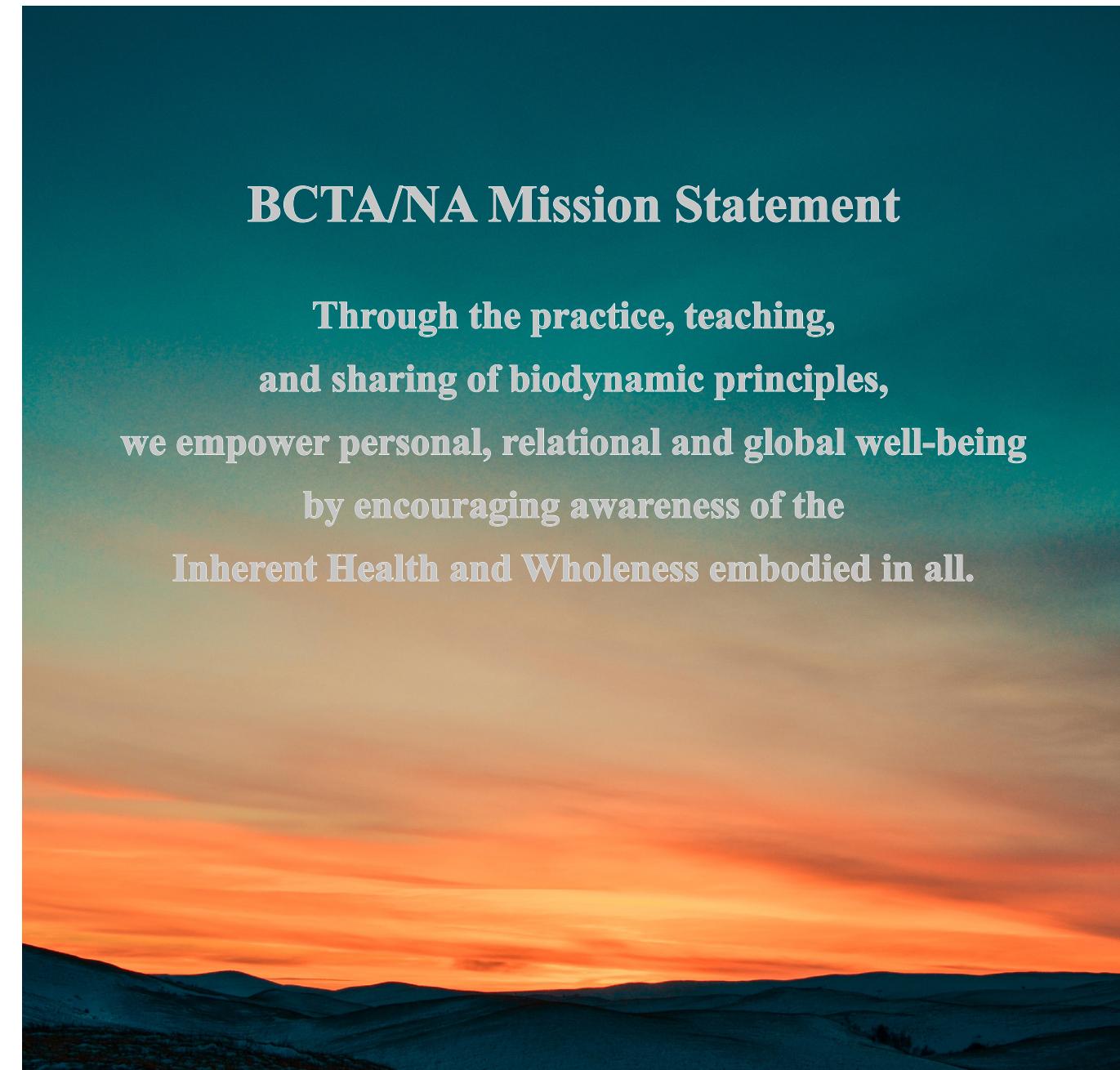
Then the continuous fascia into the neck especially anteriorly that comes up and hangs off the cranial base can release....

Just think of what happens emotionally when a person's system becomes more fluid. The heart opens, and the mind lets go...

The take home here is that our body is one big continuous, connected system. When we start perceiving the body in that way, things can change, and people can heal on many levels. The body

holds all experiences be they emotional, physical, spiritual, or mental. It is helpful to be able to be specific to "hear" what the tissue is presenting, then hold the large field as you work. It is also helpful to orient to what supports good posture while walking, standing, and sitting.

You can then take this understanding into the realm of walking and moving about as a daily practice to prevent and slow down inertial and degenerative changes of your spine and body. ♦



## **BCTA/NA Mission Statement**

**Through the practice, teaching,  
and sharing of biodynamic principles,  
we empower personal, relational and global well-being  
by encouraging awareness of the  
Inherent Health and Wholeness embodied in all.**

## DISTINGUISHING ACTIVATION FROM POTENCY WITHIN THE FLUIDS

Margaret Rosenau, MA, SEP, APP, BCST, RCST®

Fluid dynamics are at the core of Biodynamic Craniosacral Therapy, and they are an essential piece of what distinguishes this work from other types of Craniosacral Therapy. Doctor William Sutherland, from whose work and insights Biodynamic Craniosacral Therapy descends, began to recognize at the end of his brave and storied career subtler rhythms in the cerebrospinal fluids than those he had previously witnessed. He called this subtler expression the Breath of Life and spoke very eloquently of it:

*“Within that cerebrospinal fluid there is an invisible element that I refer to as the ‘Breath of Life.’ I want you to visualize this Breath of Life as a fluid within the fluid, something that does not mix, something that has potency as the thing that makes it move. Is it really necessary to know what makes the fluid move? Visualize a potency, an intelligent potency, that is more intelligent than your own human mentality.”*

— William Sutherland

In the above quote, Sutherland is referencing the relationship between fluid and potency, a core relationship in the Biodynamic Craniosacral Therapy paradigm. During the foundation training, students will learn to palpate both fluid and potency, and to assess the quality of their relationship to each other. The specific fluid focus is on cerebrospinal fluid or CSF, and students will also learn about the fluid body. The fluid body is comprised of more than CSF. It is a concept that speaks to all the fluids in the body and their communication with each other. James Jealous has said that some of William Sutherland’s descriptions of CSF

were likely of the fluid body. When we talk about a general relationship to the fluids, or when as a practitioner you settle into your fluids, the focus is on the fluid body.

What is potency? Put simply, potency is energy within the cerebrospinal fluid that carries life force or “the breath of life” as Sutherland called it. Potency gives tangible access to the blueprint of the body’s inherent health and natural expression. This blueprint resides everywhere in the body, not just in the potency, but potency gives us a way to access it. In practice, potency can be felt as a clear directional force that is in relationship with and within the cerebrospinal fluid and the whole fluid



body.

By module nine of the foundation training, students have the skills to reliably recognize fluids, potency and their relationship. In module two by contrast, they are in the early stages of becoming acquainted with both fluid and potency, and part of what can obscure their perception is the nervous system activation in their own body. In module two, students are more likely to initially perceive nervous system activation than potency, both in themselves and others.

In learning to recognize and distinguish activation from potency, students discover that activation holds specific stories from the person’s life—places in time that have remained unresolved. This is another distinction between activation and potency; activation is time specific whereas potency is timeless. Potency feels smooth, not buzzy, and is often perceived as shimmering like the sun on water or glowing like a hot ember. Activation, on the other hand, may be experienced as a buzzing sensation. It can literally feel or sound buzzy and can make the practitioner’s hands start to tingle or feel like they are falling asleep. As a practitioner, you may sense this buzz in the body and/or the field of the client. This buzz is activation showing itself. For something held to move, it needs a container.

The relational field is one layer of the container, being aware of the fluid body is the next, and tracking specifics in the body is a third layer. In module two, students learn to be aware of the fluid body as a single unit of function. They also begin to listen to and distinguish potency from charge/activation in the fluids. This differentiation supports the possibility of activation diffusing within and/or discharging from the fluids. Fluids are used as shock absorbers in machinery; in fact, that is one of the primary functions of cerebrospinal fluid in the head—to provide a fluid shock absorption layer between the skull and the brain. When the possibility of activation re-establishing its relationship to the present is supported, shock discharges. The body can return to wholeness. Grounding, settling and discharge can occur. To help charge meet and

spread in fluids, you can verbally suggest or non-verbally intend this possibility to the client. Be mindful that each person will do this when they are ready and that the activation often wants to be seen and felt before it releases.

When, as practitioners, we establish contact with both charge and fluid, we can support the discharge process effectively. Our job is to stay in relationship to our midline first, and then deepen and widen our perception to the fluid body, and then witness the activation in the fluids without losing sight of the fluid body or our midline. When we hold all three of these effortlessly, within a wholistic shift, discharge will often occur. From this level of perception, when you attune to the buzz within the fluids, it may begin to rise like steam. The client will often experience a deep and systemic shift.

### PROTOCOL

- Establish Relational Field
- Wait for Wholistic Shift
- Make contact from one side with an arm or leg or hip and shoulder.
- Listen to the whole of the area between or under your hands.
- Invite the Fluid Body to show herself then let your awareness deepen and widen to encompass the fluid body.
- Activation and/or potency may arise. Witness, follow, and meet what is there while staying in your midline.
- Maintain a trifold awareness: midline, fluid body, and potency or activation.
- Wait for a deepening, settling or discharge.
- End session at feet or sacrum and note the differences in the fluid body and the whole body. ♦

## REVIEW OF: CHERIONNA MENZAM-SILLS'S THE BREATH OF LIFE

Reviewed by:  
Kate White, MA, BCBMT, RCST®, CEIM, SEP

Kate White is an award-winning prenatal and perinatal educator and an advanced bodyworker. She is trained in somatic therapies, prenatal and perinatal health, lactation, brain development, infant mental health, and has specialized in mother-baby dyad care using somatic prevention and trauma healing approaches for nearly 20 years. She is the Founding Director of Education for the Association for Prenatal and Perinatal Psychology and Health, runs a private practice, and offers her own seminars through the Center for Prenatal and Perinatal Programs, ppncenter.com.



**The Breath of Life: An Introduction to Craniosacral Biodynamics** by Cherionna Menzam-Sills. Publisher: Berkeley, CA: North Atlantic Books, 2018

Decades have passed since the introduction of Biodynamic Craniosacral Therapy in the United States through the work of Franklyn Sills. Finally in 2018, we see the publication of the first book on the subject written by a woman. Cherionna Menzam-Sills has released *The Breath of Life: An Introduction to Craniosacral Biodynamics*. There are many wonderful parts to this text. Menzam-Sills has woven parts of herself and her life experience into it: Prenatal and perinatal psychology, extensive Biodynamic Craniosacral experience, Buddhist mindfulness meditation, and Continuum. These wonderful subjects make this book unique

and an important contribution to the therapeutic field.

The book begins with a review of William Sutherland's work and a description of Craniosacral Biodynamics. We also see the first of her many illustrations created personally by Menzam-Sills. The illustrations are impressionistic renderings of a woman doing the work she is describing. They match the tone of the book and support a feminine feeling: settling, softening and deepening. The first few chapters include many references to prenatal and perinatal psychology, psychoanalysis, neuroscience, polyvagal theory, and the study of presence, all masterfully interwoven with a firm and fluid voice.

The chapters progress from general descriptions of the work to more detailed descriptions that may inspire the most educated and experienced of practitioners as well as beginners. Entitled "Beginnings," "Practicing Presence," and "The Space Between, Nurturing the Relational Field," the early parts of the book cover basic skills for the practitioners with stories from Menzam-Sills' private practice and the life of well-known leaders in the cranial field. Practical exercises that use the felt-sense and mindfulness meditations evoke and support the skills, and offer an opportunity to integrate the work she describes. For example, she has a section in "The Space Between" (Chapter 3) where she takes the reader on a felt-sense journey of aliveness: "What tells me I am safe now? I can feel my breath. This tells me I am alive. Where there is life, there is hope. I can feel my feet. This tells I have ground under me. There is some support" (p.51). This section ends with a practical application of listing internal and external resources, and several other exercises, including partner exercises for the student to explore the ideas and content she

introduces.

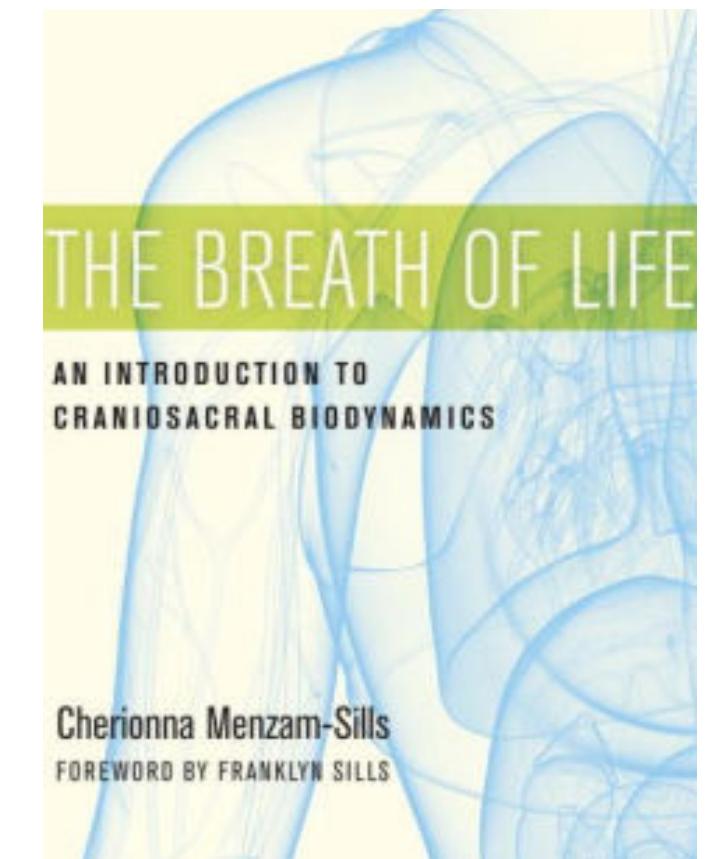
Later chapters describe Craniosacral Biodynamics in depth. Topics include "Honoring Intelligence: The Inherent Treatment Plan," (Chapter 5) which includes detailed descriptions of the holistic shift, the Tides, and Becker's Three Step Process, and "Formative Forces," (Chapter 6) or how we are informed by embryological processes. Chapter 7 describes the impact of trauma and how to work with it as a Biodynamic Craniosacral Therapist. Chapter 6 has captivating images of the energetic torus and the embryo, and Menzam-Sills combines quantum physics with her knowledge of early human development. Her combination of science and mystery in how we are formed awakens the reader to deeper levels of appreciation for who we are. In this chapter we also see exercises that bring in her wealth of experience with Continuum. Menzam-Sills invites you to make the "O" sound from Continuum when exploring the midline. The practical experiences in each chapter support the reader to have a holistic experience, and also show the au-

thor's breadth of knowledge, creativity and level of instruction.

The last part of the book, "Next Steps" (Chapter 8) and "Resources for Learning More" (Chapter 9), help the beginner feel into what Biodynamic Craniosacral sessions feel like, what to expect, and what is involved in training, as well as resources to help a learner in their journey to become a practitioner or practiced consumer of the healing arts. The text revitalizes seasoned practitioners and supports the new learner. The practical exercises allow for further integration, and will be available through Menzam-Sills' website, [www.birthingyourlife.org](http://www.birthingyourlife.org) as MP3 recordings. It is satisfying to read the book and follow along with her as she guides you in explorations of the material. Altogether, *The Breath of Life* represents change in the Biodynamic Craniosacral world, nurturing yet scientific, practical yet mystical, and readily applicable for the curious reader. This book is highly recommended for the new and practiced practitioners or clients alike. ♦



Author, Cherionna Menzam-Sills



Breathing in, I know that I am breathing in.  
Breathing out, I know that I am breathing out.

Breathing in, I see myself as a flower.  
Breathing out, I feel fresh.

Breathing in, I see myself as a mountain.  
Breathing out, I feel solid.

Breathing in, I see myself as still water.  
Breathing out, I reflect things as they are.

Breathing in, I see myself as space.  
Breathing out, I feel free.

-Thich Nhat Hanh



## CRANIOSACRAL THERAPY'S GIFT: THE INTEGRATION OF THE TRIUNE SELF

Robyn Michele Jones, MA, CMT, CHT, RCST®

Robyn Michele Jones is a BCTA/NA approved teacher with a private practice in Santa Cruz, CA. She is currently serving as President on the BCTA/NA Board. Originally certified in Swedish Massage and Polarity in 1984, now focusing on Myofascial Release and BCST since 2004, she is deeply drawn to the fluid interface between the energetic and the physical, and is passionate about working with the body as a web of wholeness.



At the end of his life, Dr. Sutherland lived by the ocean, where he was awash in its tidal rhythms.

During that time he had profound experiences with The Breath of Life and realized that we are all being breathed by the same Breath. It was the culmination of a journey that had started many years before when, as a student in osteopathic college, he was struck by the inspiration that guided



and shaped his personal and professional evolution. As we know, while viewing a disarticulated skull in a school display, the thought came, “bev-eled like the gills of a fish and indicating a primary respiratory mechanism.”<sup>1</sup>

We are being breathed, all by the same Breath. In every session in our work, we are attuning with our clients submersed in Primary Respiration. Each wash of the Tide, whether in our awareness or not, is healing and aligning us and our clients with our essential nature, our original matrix, our blueprint. What a gift! We get to rest in and act from the awareness of Primary Respiration—in being breathed. That Breath is continually returning us to our wholeness and our inherent evolutionary movement in life.

### Beyond the Triune Brain

More than 20 years ago, I heard Joseph Chilton Pearce speak, and one of his statements really stuck with me:

*“The next phase in human evolution is the integration of the triune brain.”<sup>2</sup>*

-Joseph Chilton Pearce

He was speaking about the integrative functions of the pre-frontal cortex, our “fourth brain.” Rather than bouncing between our hindbrain reflexive responses, our midbrain emotional responses, and our forebrain language/thinking responses, we

<sup>1</sup> *Teachings in the Science of Osteopathy*, W. G. Sutherland, D.O., p.3; Sutherland Cranial Teaching Foundation, Inc., 1990.

<sup>2</sup> See *The Biology of Transcendence: A Blueprint of the Human Spirit* by Joseph Chilton Pearce (Park Street Press, 2002) for an in-depth discussion of these ideas.

have the potential to function in an integrated and more coherent way: happier, healthier, more compassionate, and cooperative within ourselves and with others. His hope was that we, as a species, would be able to awaken and access full brain connections with the pre-frontal cortex. He saw this as a huge evolutionary potential for individuals, society, and the planet alike; Peace on Earth exists within each one of us, and it can be realized.

As I lived with this statement, it began to occur to me that we are triune in so many ways beyond our brain.

### Take Some Time with Each of These

With the triads below, feel into your own experience of each element, then remember a time when you experienced the three as integrated:

#### **Three aspects of the brain:**

- \* hind-brain: reactive-reflexive
- \* mid-brain: emotional feeling
- \* fore-brain: logical thinking

#### **Different perceptions from our:**

- \* head center
- \* heart center
- \* belly center

#### **Three layers of the embryo:**

- \* endoderm
- \* meso<sup>3</sup>
- \* ectoderm.

*(In general, these evolve into our lungs, liver, and inner gut tube; our tissues; and our nervous system and skin.)*

#### **Triune Autonomic Nervous System:**

- \* social engagement division

<sup>3</sup> See *Human Embryology from a Biodynamic Perspective*, 6 DVD set, Disc 1, Dr. B Freeman lecturer, 2010, for a discussion on “mesoderm” as a misnomer because “derm” means skin.

- \* sympathetic division
- \* parasympathetic division

*(As understood in interpersonal neurobiology including Porges’ Polyvagal theory.)*

### **Biodynamic Craniosacral Therapy where we work with our bodies and the larger surround as a blend of:**

- \* solid tissue field
- \* watery fluid field
- \* energetic tidal field.

### **Even as we get more esoteric, we are always working to integrate our experience of:**

- \* past
- \* present
- \* future

**and:**

- \* body
- \* soul
- \* spirit

### **And the all-encompassing:**

- \* positive
- \* negative
- \* neutral.

*(Within this world we experience polarities and the meeting in-between. For example, hot and cold and “just right” or expansion, contraction, and the stillness that underlies them.)*

### **Integration of the Triune Self**

Feel how something deeper begins to emerge into your awareness as you drop into a sense of your being as tri-fold. We are so much more than a triune brain; we are a triune self that is continually in the process of evolving through becoming and integrating.

Session by session, with every rise and fall of Primary Respiration, “something happens”<sup>4</sup> “that is greater than our own mentality”<sup>5</sup> in ourselves and

<sup>4</sup> Commonly attributed to Dr. R. Becker.

<sup>5</sup> Commonly attributed to Dr. W.G. Sutherland.

our clients. With our deep listening and each washing of the Tide, an inherent coherency comes more to the foreground, resolving inertial issues, washing away aches and pains, calming the emotions and busy mind.

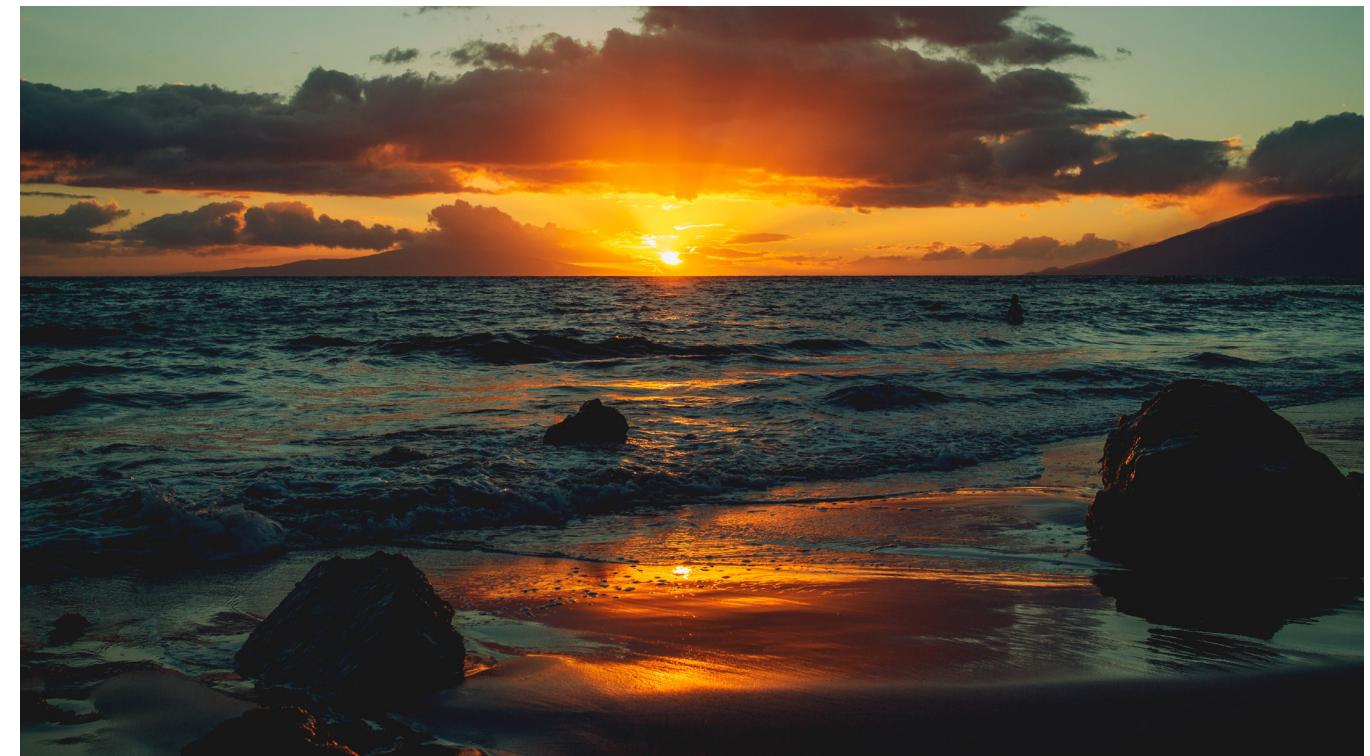
And, something more is happening that is greater than just the resolution of physical and mental-emotional distress. That which has held us back, those issues that have trapped us off our midline begin to resolve. The overall fragmenting effect of trauma begins to lose its grip. Past, present, and future move into a coherent story. We come back to center. Our whole system brings together what was formerly functioning separately. Our whole physical/mental-emotional/spiritual self functions more and more optimally as an integrated whole. As one client described it, “We are returned to our authentic self.”

This authentic self, this blueprint of who we are, is an inherently whole self that is naturally evolving toward our greatest potential. Just as babies know how to move through the incremental steps to roll over, sit up, crawl, then stand, as adults we continue to be led by an inner intelligence toward our highest potential in the mental-emotional

and spiritual realms. When, as happens in Craniosacral Therapy (CST), more and more of the layers that separate us from our true self are cleared, this natural evolution is allowed to happen in our being. We increasingly become our best self: more coherent in our systemic functioning, more compassionate in our expression, and happier and more cooperative in our thinking. We are, at an essential level, greater than the sum of our parts.

The inherent coherency of The Breath of Life informs our systems day and night through the Tide. The amplification that occurs when we witness the Tide in CST sessions serves the healing of fragmentation through integration of our triune nature. The washing of the Tide, its rise and fall, its expansion and contraction, smooths the wrinkles, strengthens the weave, and integrates the fabric of our being.

Whether giving or receiving, CST is much more than a simple hands-on therapy. It is an evolutionary force with potentials that can deeply affect the personal, and by extension the societal and planetary, aspects of our experience. Through the integration of our triune self, CST is serving the greater force of evolution itself. ♦



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Please submit your articles, poems, images, and musings on BCST-related topics  
to *BCTA/NA Board*: [pcpc@craniosacraltherapy.org](mailto:pcpc@craniosacraltherapy.org)

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