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Cranial Wave

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Biodynamic Craniosacral Therapy Association of North America

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LETTER FROM BCTA/NA

Dear Readers,

Welcome to the 2019 winter edition of the *Cranial Wave*. Our theme this year is Polyvagal Theory : Play, Pause and Presence. This edition explores the many ways that BCST integrates the work of Stephen Porges and his contemporaries. You will find a variety of articles about the utilization of the polyvagal theory in this edition. We hope you will be inspired by how you can deepen your connections to the polyvagal system through this work.

We are also including a special commemorative edition of the *Cranial Wave* to pay tribute to Mike Boxhall and John Chitty, two of the leaders in our field who passed away this year and who are a very beloved part of our community. They will be sorely missed by us all.

Over the past year, our Association has given two Lifetime Achievement Awards, one to Franklyn Sills and the other to John and Anna Chitty, for their life's work and dedication to advancements in the field of biodynamics. We participated in our second AMTA National Convention, attended our fifth European Conference dialoguing internationally with our sister associations, and continued our participation in defending the rights to practice of our members in every state in the US.

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

The BCTA/NA Publications Committee

“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

APPARENTLY, WE NEED EACH OTHER

Daven Lee, RCST®

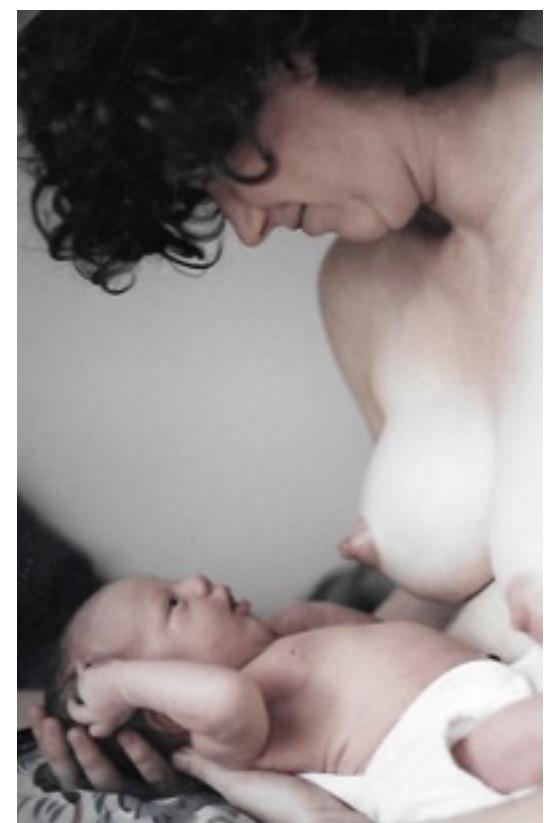
Daven Lee, RCST®, is an integrative therapist, teacher and writer practicing in Santa Fe, New Mexico. Daven practices from an embodied spiritual orientation rooted in Daoism and in relationship with the Divine Feminine; the innate understanding of the wholeness, naturalness and sacredness of our sexual and creative souls; and the transparency of her own experience. She uses refined skills in biodynamic craniosacral therapy, the ancient shamanic arts of qigong, subtle movement, trauma resolution, and polarity therapy principles to support health, transformation and blossoming. Visit DavenLee.com to learn more.



I am so excited by the research and discoveries of Dr. Stephen Porges, about which he himself says, “but didn’t you already know this?”

Dr. Porges is the author of the polyvagal theory. This theory describes the vagus nerve, a key component of our autonomic nervous system (the ANS), a large nerve pathway that extends from our lower viscera to the brain (and back again). This nerve bundle contains nerves from our evolutionary reptilian past, as well as our current mammalian existence. In the face of danger, we hierarchically move backwards in evolutionary states as governed by the vagus. The first autonomic response is fight or flight; if these can't be accessed because the danger is too great, we move another step back to the reptilian reaction of “freeze.” The freeze state is one of dissociation, inability to act, and can be ultimately quite dangerous.

Our mammalian response to danger is unique from the reptilian response, Porges says, because unlike in the freeze state of the nervous system, the fight or flight state can be down-regulated through contact with another mammal who is in a calm state themselves (thereby preventing further descent into the high-risk state of freeze). Examples of this: a mother calming an upset infant through touch, rocking and cooing sounds; the nonjudgmental companionship and physical contact of a cat or dog; a friend who listens and understands; an intimate partner who is present



An example of co-regulation of the nervous system between mother and newborn. (Yep, that's me and my daughter). Breastfeeding is also part of the elegant system of co-regulation, calming and fostering the feeling of safety for both.

with your deepest vulnerabilities; the compassionate and skillful witnessing of a therapist.

Porges concludes: "mammals need other mammals." He says, "the major role of an interaction is to co-regulate a bio-behavioral state." The key qualities of healthy mammalian interaction are nurturance and reciprocity.

And the worst, most feared states for mammals, due to how our nervous systems are literally wired? Isolation and restraint.

I love this research-based, intuitively-true understanding of our mammalian humanity: Babies are not meant to cry it out alone, we are not meant to be isolated (although we may relish alone time), and we need each other in order to feel safe and fully ourselves. And this experience is not one-directional: a mother feels better when her baby is

calm, and vice versa (ad infinitum!).

This speaks to the very message of the season, doesn't it? Gathering with friends and loved ones to share beautiful food, reciprocating a feeling of safety, warmth and love. This is what we can do for each other in this season of giving.

It is also why biodynamic craniosacral therapy is such a powerful modality. There is a deep listening and presence formed between two people, with the BCST practitioner holding compassionate and attentive space for her client. This impacts the client on a psychological and emotional level for sure, but also on the neurological level as well, allowing the client's system to move into the healthy state of the parasympathetic nervous system of calm, recover, and return to inherent health.♦

The Edwin Nothnagel Scholarship Fund

The Edwin Nothnagel Scholarship Fund was created in September of 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 click on the donation button on the BCTA/NA website home page 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.

POLYVAGAL AND BODY SECURITY SYSTEMS IN PRACTICE

Brigit Viksnins, MAT, SEP, RCST®, BCTMB

Brigit Viksnins works with blueprints of health and held traumatic imprints, with awareness-oriented, interactive bodywork. Brigit has created her own version of bodywork, Alchemical Alignment, based on various healing modalities: mainly Somatic Experiencing, Full Spectrum and biodynamic craniosacral therapy, polarity principles, and myofascial work. Learn more at: AlchemicalAlignment.com, MaintainAlignment.com



Please find your practitioner fulcrums/ground and center yourself before reading this. I write from a place of being used to intensity, but for you right now, some may feel like it's coming out of left field.

The *undifferentiated, implicit somatic dynamics* of injury, violence or death within interpersonal intimacy (vs. more mechanical causes, like car accidents) are the ones that fascinate me. Specifically, the fact that we can reach somaticized dysregulation within the social engagement areas and deeper being, and witness

them melt or reregulate with BCST fluid work, is miraculous. I created the interactive, awareness-oriented Alchemical Alignment program to fill what felt like a great need of BCST practitioners

and other healers to recognize and work with dysregulation efficiently and effectively, by cultivating a capacity for interacting with sympathetic (fight and flight) and parasympathetic (freeze) activation. Consequently, the miracles of BCST become available to a population with more significant trauma histories. Reregulation and expanding the range of regulation, and power, are subsequently more easily accessible.

"My mother was kicked in the face by a horse on her wedding day soon after waves of Nazis, then Soviets, took over the country." "My grandmother was beaten until she even had a hole through her skull." "I was deported to Siberia as a small girl." "When I was six, I was the one who found my mother who had hung herself." "My father escaped barefoot in the snow. They tracked his bloody footprints." "I watched the line of soldiers come through the snow, search for and shoot people, even horses." Those story details matched somatic imprints in the adult bodies I worked with this weekend while doing some service work in my family's homeland.

Each body has its level of the latent, undigested activation of its story. Every one of the people that I know in my community has similar stories. Every family, every household has them, whether they grew up outside of the country in exile, having escaped (under bombs, in refugee camps) because of war, or stayed

Each body has its level of the latent, undigested activation of its story.

in the country for 50 years of Soviet rule following the war.

Of course people in my family and community would develop alcoholism and other -isms,

and many other signs of dysregulation, which point to the unmet developmental needs and unfinished life-saving energies within. Of course I would grow up and become a trauma-centered healing professional, with that background! Because of decades of trauma trainings and practical experience, I have developed simple yet thorough body security system maps which incorporate the polyvagal theory, as well as an ability to recognize which part of the maps might be hyper-focused or hypo/blind spots—for clients, students and colleagues.

I am so grateful for having studied BCST first, so that a wide range of parasympathetic health (regulated social engagement, and somatic immobility within the safe intimacy of a regulated relational field) can be on the map. Similarly, because of studying Aikido, where the whole point is to meet danger with self-regulation, while creating a field for co-regulation, a wide range of sympathetic regulation can be on the map. It was in contact with those who teach PPN that I developed double bind skills: for those life/love + pain, life/love + escape, life/love + violence, life/love + death, etcetera, over-couplings. It's been through personal

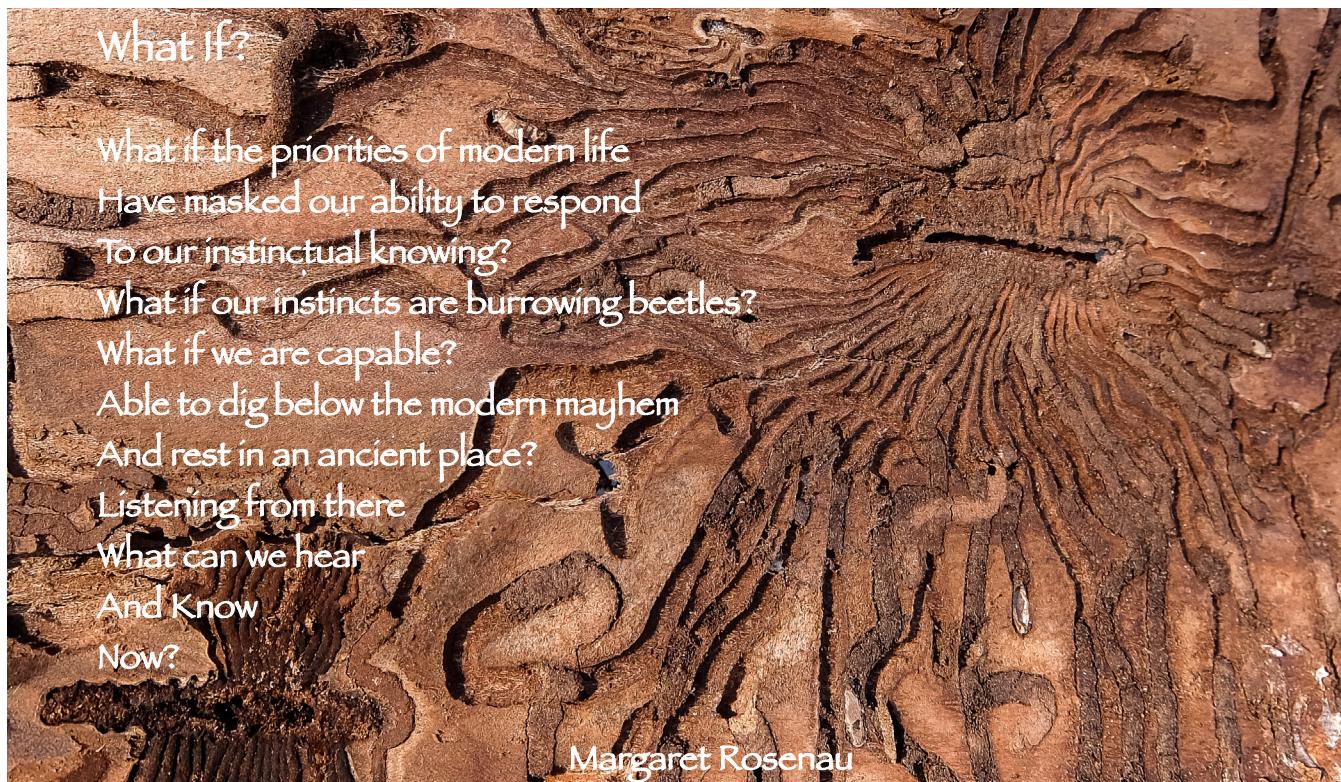
SE, BCST, PPN, Family Constellations and other work that I have an embodied understanding of each of these states, including five distinct depths of freeze.

While I would describe myself as mostly frozen on any level of the being you could imagine at the beginning of my training (non-verbal, stuck stillness in BCST sessions would more often than not leave me in a frozen limbo or quite disorganized within), I am now in a place where I cultivate a more fluid personal and interpersonal regulation and embodiment of spirit!

The articles that follow are the result of asking some colleagues to share a few paragraphs about some part of the body security system map from their viewpoint. The foundational theoretical information reads differently in each piece, and though repetitive, varies enough that you may gain something new from each.

Tele Darden, LMT, RCST®:

Tele Darden practices in Baltimore, MD. She sees



clients in her bodywork practice and offers workshops for soul-centered professionals. Tele loves supporting the change makers of hearts, minds, bodies, spirits and communities as they become more embodied powerful forces for change and healing in the world.

I remember an exchange as a student in my advanced level training where we were given the direction to “sit with nothing until something arises.” Back then, as a practitioner only a few

years into my study of BCST, this guidance felt nearly impossible. Little did I know how vital those words would be to my current practice. Now, with a few more years of experience and a more detailed understanding of the body’s security system, I often name the ‘nothing’ as the deeper protective state of parasympathetic activation. Knowing how and why this nervous system dynamic shows up in sessions and its role in polyvagal theory has greatly expanded my capacity to meet clients with a wider breadth of lived experiences.

The truth of my experience as a practitioner is that often, the ‘nothing’ shows up first, even before the tide. As I settle into the relational field and orient to health, what often presents is what has been hidden, camouflaged, disappeared and fiercely protected. Learning how to differentiate between these various states of parasympathetic activation has been just as profound as learning how to discern the many depths of stillness that can arise in a session. While I often meet stillness with more allowing and spaciousness, I’ve learned

that meeting what is held in freeze benefits from more time, stability, carefully negotiated attention and attuned relationship.

I often sit with curiosity and wonder as I witness as frozen places begin to thaw with the breath of life, clear the activation of sympathetic nervous system imprints, and finally return to resource, blueprint and even greater tidal expressions of health. As I hear clients share their experiences of having limbs feel more connected and present, as they notice their organs feeling more alive and they begin to feel more balanced and embodied, I am coming to understand how beautiful and powerful it is to be able to witness the intelligence in the order of things, which begins with ‘sitting with nothing’ over and over again.

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Carol Austin, CMT, C(UE) MLD, BCST:

Carol Austin graduated from massage training at PMTI in 1998; since then she has added biodynamic craniosacral and Alchemical Alignment trainings.

I established a full-time private practice focusing on restoring mobility post surgery and/or illness. My focus is changing to trauma resolution bodywork, as my awareness of the polyvagal theory develops and my skills grow. I love this work, and have noticed that I’m attracting more people who are experiencing big T trauma. Parents are bringing me their infants who are having a hard time with regulation; both of them benefit from my knowl-

edge of this theory.

As discussed in Dan Siegel's book, *Mindsight*, the term "implicit memory" helps me language this theory with my clients. Implicit memory enables us to ride a bike; our ability to recall the day we were taught to ride is explicit memory. My training in biodynamic craniosacral therapy allows me to circumvent explicit memory—the memories of abuse or trauma that can trigger fight, flight or freeze—by being the regulated system in the room, by being available for co-regulation. The explicit memories can be uncoupled from the trauma reaction. Eventually, this allows the person to view events with their rational brain.

I had a person come in for a session, active duty military between deployments. She came to me because of severe neck and back pain. Her first words were, "I need help with the pain but I don't want you to touch me." Because of my knowledge of details of polyvagal theory, I knew how not to override this double bind created by her body security system. Monitoring her tides and level of activation then using titration (slowing everything down, working with small doable pieces) and pendulation (switching attention from something uncomfortable or painful to health, meaning to an area that felt good enough) enabled me to sit quietly with her, until her system felt held, safe enough to self-regulate. I recognized that she was in fight/flight, close to the reptilian reaction of freeze. My patience, my knowledge and self-regulation allowed her to leave pain free and she reported going home and sleeping through the night.

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or primitive reptilian defense system, when being immobile was our only source of defense under threat. As mammals, we evolved and developed the SNS that allowed us to mobilize. This helped us to fight or run away, aiding us in escaping our predators. Today, when we are unable to fight or flee, our old primitive "reptilian" brain kicks in to immobilize us to be safe in the presence of danger.

The dorsal vagus nerve is often described as having two states. "Low tone," which is dorsal vagus **without fear or threat**, supports deep sleep, meditative states, normal digestion and proper immunity. The second state is "high tone" dorsal vagus. This is the dorsal vagal system (DVS) in the **presence of fear** or in the **presence of "life**

Karen W. Henderson, MPH, LMT, RCST®, SEP, RH(AHG):

I lived in the high tone dorsal freeze state most of my adult life. It is very possible that I lived there in childhood, but it became more obvious after major traumas in my adult life.

The dorsal branch of the vagus nerve has an important life supporting function in the absence of threat. Along with the sympathetic nervous system (SNS), it maintains homeostasis in the body, balancing a natural rhythm of arousal and settling, contraction and expansion. It supports healthy digestion, slows heart rate and respiration to decrease sympathetic arousal, and supports a healthy immune system. This branch of the vagus nerve is unmyelinated and originates from the part of the brain stem called the dorsal motor nucleus. It is a carryover from our ancient

threat." In this state, the autonomic nervous system (ANS) is conserving energy and sends the body into immobilization or shut down. Metabolism slows down. It can cause some mammals to appear dead to predators in the wild, and many humans to experience depression, dissociation or shut down. This state was created to exist short-term to get us out of immediate danger. It is usually the body's last resort for survival, after the body has called on two other parts of our survival systems which have failed to bring safety and protection. The first system to respond to threat is the ventral vagus system (VVS). When that fails to protect us, the SNS steps in to mobilize us to fight or flee. When we are not able to fight or flee, or the SNS becomes exhausted, the DVS is activated to immobilize us.

The high tone dorsal vagal system was not designed to be active and protect us on a long-term basis, which is what was happening for me. All of the charged energy from my attempts to flee and fight during my traumas became trapped under the high tone dorsal freeze state. When I became stuck in this frozen state, it began to take a toll on my system. I experienced chronic digestive issues. I was always struggling with depression coupled with an underlying anxiety that never went away. There was a chronic lack of energy. I had difficulty concentrating and remembering details. I would overreact to situations without knowing why and then feel remorse and shame for my reactions. Then I would try to blend into life and be invisible for fear of overreacting again. Deep, restorative sleep was difficult to impossible, and often I felt as though coping with life was not within my reach. This affected the quality of my relationships and my ability to show up in my family and community in a regulated way. All of these symptoms were a result of unresolved charged SNS energies from my traumas being overlaid with a high dorsal vagal freeze state.

Craniosacral therapy and somatic experiencing with a practitioner who I felt safe

with, and who was able to be fully present in my sessions without an agenda, allowed my system to begin the thaw or shift out of the freeze state. This took time. Sometimes when I would come out of the freeze state too fast, the SNS would become over-reactive and I would experience acute anxiety and hypervigilance and experience shame and remorse again. I learned that my system had to take it slow. Eventually, I was able to experience life from a lens of safety, and slowly release much of the trapped energies that had held me hostage in my own body. I could feel life again. My digestion improved; responses to life challenges improved; moods improved; and my relationships became a positive support for me again. I was now walking through life with all three ANS levels controlling threat and safety working in harmony; the VVS, the SNS, and the low tone component of the DVS. I came to experience balance and wholeness again.

Gisele Silva, LMT, BCST:

Gisele Silva is a licensed massage therapist, biodynamic craniosacral therapist, and lymphatic drainage practitioner for more than 25 years. She graduated from Lancaster School of Massage and works at her private office and the Lancaster General Health, in Lancaster, PA.

One of my regular clients was comfortable receiving massages and was able to fully relax while receiving it. When I introduced BCST to the treatment, every time that her body reached a deep relaxation her autonomic nervous system would activate, and her body would start to twitch. In one of the sessions, while working with one of her legs, it felt like it was a child's leg, not fully grown to the size of her actual leg. As I continued the session with a gentle and compassionate touch, it felt as if her leg started to grow to match her actual leg size. At the end of the session, when I shared what

I witnessed with her, she explained that when she was a child her mom was diagnosed with cancer and it was a very traumatic experience for her.

That led us to go to another phase in her healing process: to let her know every time that I would change my hand position during her treatment. “The sensation of not knowing what was going to happen next,” in her words, made her body unconsciously feel unsafe, activating her autonomic nervous system.

Learning about the polyvagal theory helped me to identify that what happened with her leg was an involuntary freeze of her nervous system due to her young age and her mother’s illness. And through social engagement, a safe environment and communication, we were able to find a new pathway to

help her regulate her nervous system.

What I learned from that experience was that “freeze” can stay in the body, organs, bones, soft tissue, cells, etc., for years after the trauma occurred, without the person being aware that it is still there.

Dr. Stephen Porges says that trauma happens when a life-threatening situation occurs and our ANS (autonomic nervous system) involuntarily send us back to the reptilian mechanism of freeze. “The polyvagal theory basically emphasizes that our nervous system has more than one defense strategy and the selection of whether we use a mobilized fight/flight, or an immobilization shutdown defense strategy is not a voluntary decision. Outside the realm of our conscious awareness, our



nervous system is continuously evaluating risk in the environment, making judgments, and setting up priorities for behaviors that are adaptive, but are not cognitive,” explains Porges.

Polyvagal theory also introduces the concept of a third type of nervous system response that Porges calls the social engagement system, that in mammals/humans opens the way to create safety, trust, and a more balanced emotional and rational, conscious and unconscious connections in our relationships.

“The agenda in creating a healthy world or life is to enable your ANS to support health, growth and restoration and not to recruit it for defense,” says Porges. Being fully present, establishing a trusted and respectful relationship, feeling safe and connected are the main conditions for a body to start its healing process...in small, doable pieces at a time.

Wayne O. Sickels, M.T.S., M.Div., LMT, BCST:

Mr. Sickels has had 34 years in clinical practice and teaching in the field of professional bodywork & massage therapy. He has specializations in orthopedic assessment skills and medical massage for injury treatment and recovery, and bodywork for trauma recovery.

He has for years studied trauma and trauma treatment, and learned to carefully ‘host’ the shifting activation of the body’s ‘security system,’ to gently shift the body from fight-flight-freeze reaction towards increased responsiveness.

Lastly, Mr. Sickels has been a long-term

meditation practitioner; studying with two Tibetan Buddhist teachers, and has spent a total of about 160 days in silent retreat doing intensive practice. This has profoundly shifted the fulcrums of his own body and mind and has been an invaluable resource in his professional work with clients.

The sensations I was experiencing over 30 years later were unforgettable, and I knew that the practitioner was “doing nothing” to cause what was arising. I also knew that “this was now, and that was then,” so I was not threatened or being injured now.

Each time it occurred, my back would arch and my breath would briefly stop. Each time it occurred, the pain was very intense and short lived, and it came in waves.

My practitioner was quite anxious about what was happening, but I told them to just stay put, that I was fine. I knew I was OK because I quickly recognized the sensations I was experiencing were precisely what I experienced in a high school swim team pool accident. I had gone off the high starting block head first, in the shallow end, with my arms at my sides, striking the bottom of the pool with the crown of my head (about a 7’ fall) and creating intense compression from my head to my tail bone.

I did not lose consciousness, but when I came up and tried to stand up, the moment I was beginning to support my own weight out of the water, I had exactly those intense flashing pains in my legs and spine, and so lowered myself back into the water so it was supporting my weight, not my

spine. I don't remember anything else, but I was told I was taken out of the pool on a backboard and had a serious concussion.

The sensations I was experiencing over 30 years later were unforgettable, and I knew that the practitioner was "doing nothing" to cause what was arising. I also knew that "this was now, and that was then," so I was not threatened or being injured now. Something else was happening. Somehow I felt I could trust what my body security system was doing with the container of support combined with plenty of space. The intense waves became less frequent and less intense, and eventually stopped.

Later, after the exchange was over and the class reconvened, the instructor said my experience was an excellent teaching example. Despite the intensity of the "affect" from that earlier trauma, I was not re-traumatized, for I did not get caught up in "the story," but instead, remained clearly in present time and resourced. A simple and profound teaching from the intelligence of the body!

Camilla Alexander, BCST, LMT:

Camilla Alexander BCST, LMT has been a practicing biodynamic craniosacral therapist for nearly a decade and a massage therapist for over 15 years. She specializes in nervous system regulation for a variety of life's trials as well as soft tissue repair and postural alignment support. She lives and works in Mid Coast, Maine, where she is still totally in awe of the body and whole being's ability for repair and increased capacity for presence, joy and connection!

It's hard to imagine my practice before Dr. Porges' polyvagal theory and his insights into this three-part nervous system. As many of you know, this is a view of the nervous system that includes our human need for attunement through eye con-

tact, soft sounds, and caring touch, which work together to nourish the social branch of our nervous system. It's an understanding that can widen and deepen our capacity for resource and connection with others.

It's harder still to imagine doing any of this work without the practical understanding of tracking the triune nervous system generously bestowed upon me by my teachers, Anna and John Chitty. Over the past year, my teacher Brigit Viksnins has also given me a still deeper insight into the nuances of our range of nervous system regulation.

The range of regulation can be so vastly different from one client to the next: sometimes needing to be met in its immobility (freeze) and in other moments in activation (fight or flight) and, most often, in some combination of both.

Just this past winter, I worked with a new client every other week who is discovering new possibility in her range of regulation and gaining capacity in whole new areas of her life. When I met her last fall, I noticed her head was often lowered when she walked, well, lumbered along, at a surprisingly fast clip for a lumber. It seemed to me to be a mix of nervous system signals both revving up and shutting down all at once, and still the health in her system was so resilient as it skillfully managed this internal tug of war.

Many of her sessions were focused around building foundational support at her feet and lower body while meeting her nervous system in the arch of immobility/activation that was expressing moment-to-moment.

As our work progressed over the months, she arose from her sessions with eyes more present and soft, even watery with renewed life and more color in her face. Now, she smiles more. Her movements through space are changing too. Her gait is more at ease and her head is held upright. Her eyes are able to meet mine...and her humor -oh my! She surprises me with how funny and witty she can be. Her social nervous system is gradually coming on line and connecting with the world around her.



I am in awe at the (subtle and not so subtle) difference this work can make in an individual's life. Sometimes I get glimpses of how this work at large, happening in so many small pockets across the globe, gradually ripples out, person by person, in sync with a larger expression of health-building on Earth.

Kathy Shipley, MS, LMT:

Kathy Shipley practices massage therapy and biodynamic craniosacral therapy in central Ohio. She has also completed additional BCST training, Alchemical Alignment Levels 1-3, Pre- and Perinatal Level 1 training with Myrna Martin, and is

currently studying Bodywork and Somatic Education (BASE, with Dave Berger).

I finished massage school in 2013 and BCST foundation training in December 2016. As a relative newcomer to biodynamic craniosacral practice, I have found the more I learn about polyvagal theory, the better practitioner I become. Early on, I sometimes found myself doubting my ability to help clients relax, or on the other hand, unable to feel what was happening in their system. As I learned how the body's security system reacts to perceived threat, I realized that it wasn't necessarily my fledgling skillset at issue, but rather the body trying to protect itself using old patterns it was familiar with (flight, fight or freeze).

Clients might tell me that they are perfectly

fine getting on the table for hands-on bodywork. I suggest they relax into the table, breathe deeply, and let go of today's events only to find that their nervous system is in high alert when I begin to hold their body. Or perhaps when I touch the body, it feels as though there is nothing there, the system is "hiding" to remain safe. The spoken words are in contrast to the signals their body is conveying.

I now know that the most important thing for many people to allow themselves to experience the healing of a BCST session is safety and trust of the environment and me as their practitioner. Many of us are simply not aware how our body is feeling, or we are in the habit of ignoring the messages it is trying to tell us. Additionally, safety to the mind might look much different than safety felt by the body. I do my best to bring resource to these clients by working in the periphery of their body (maybe hands-off for a while), staying in the long tide, and giving them plenty of space if that is what feels most comfortable to them.

One of my most memorable examples came during an Alchemical Alignment class when my partner on the table said that she was ready for hands-on contact. "In fact," she said, "please hurry up, I really need your hands on me." Against my usual slow manner of making contact with the body, I tried to speed up and put my hands where she had asked for them. I suddenly found my throat constricting and an unstoppable need to cough. I excused myself, drank some water, and repeated the experience two more times. The third time when I returned to the table she said, "Could you please not touch me? I just realized that my body kept telling me it didn't want

to be touched and I was not listening. What I really need is space and your presence with me." I sat six feet away holding a grounded, spacious, nurturing presence for the duration of the practice session. She had a profound experience of being heard, honored, and held as her body released what was ready to go that day. We were both amazed at our experiences and the healing that occurred.

Claire Turner:

Claire Turner is a recent graduate and student of what she affectionately calls the "Chitty Diet of

Knowledge & Health" at the Colorado School of Energy Studies (BCST, Polarity Therapy, PPN Imprints and Verbal Skills) and a long-time student of Brigit Viksnins' Bodywork for Trauma Resolution and Embodiment of Spirit. Her commitment is to supporting the inner transformation of others that arises from increased embodiment, stabilization and regulation. Combining this work with her love of end of life phase of living makes her

Many of us are simply not aware how our body is feeling, or we are in the habit of ignoring the messages it is trying to tell us. Additionally, safety to the mind might look much different than safety felt by the body.

heart sing.

As a new practitioner, there are quite a few preparations to make in preparing for a session. I'm holding firm to the guidance from seasoned practitioners, that this will not always be so. In the meantime, knowledge of the polyvagal theory (PVT) and showing up with energetic and nervous system alignment is very much a part of my practitioner session readiness.

The knowledge of PVT has been substantive and impactful to my work and life. Becoming familiar with the look and feel of personal patterns of the different arousal states has solidified and deepened both my skills in recognition and self-compassion for those I meet—session or no session. Learning the felt-sense of the window of presence (Anna Chitty; aka, window of tolerance, Daniel Siegel) the regulated state of the social engagement system is just as important as the differing states of/between fight-flight-freeze.

Neuroception, Stephen Porges' term for our below-conscious (under the radar of thinking) mechanisms of always-on scanning that happens for perceived or actual level of safety/threat responds physiologically. Normally, the first level of response for all of us is to engage socially, if that is determined to not be working or an option, then a mobilizing action (level of sympathetic) occurs but if that cannot happen, then an immobilization response (level of freeze) becomes the "action" that is used to keep us alive until the next moment. Or, when there is a history of a particular pattern to unsafe conditions, these hierarchical layers of response are bypassed, and using the practiced pattern of their ANS physiological default response will go into effect. These responses determining the level of safety/threat are to be honored when working with a client. It is how they have survived to arrive at our treatment tables. Neuroception isn't just at the whole body level, but also changes by body area and organ level.

The felt sense and look of the different levels of states of arousal as well as what a regulated state feels like (regulated meaning a generally balanced social engagement system) are their own set of practitioner attunements. Identifying behavior, visual clues, sound, emotional or felt sense, or any combination of these with other senses allows me to recognize an emotional or physiological state (client engagement required). This allows me to determine strategies to get the greatest participation of the forces of health working together in my

client's system by the end of a session. Here are a sampling of session experiences of me as client and practitioner:

When I didn't go slow enough (and I did go slow, just not near enough) to a system with deep freeze, their sensation after a few minutes of a kidney hold was one of a burning sensation. Gently, I moved immediately away and gave them even more space.

Check-ins and negotiating with the client are helpful when I am not sure of what the signals of a particular area are communicating so my sense of what is going on can be solidified/adjusted.

As a client, when I reported a feeling of "disconnect" after a short period with a move to a new contact point, the practitioner did their adjustment(s) and my system began to feel alive.

When I had no sense of movement in the client's system, adjusting my physical proximity slightly soon saw them inhaling deeply confirming that their system needed more space. (Client reported my distance as "fine.") Have learned to offer a menu of choices with responses of "Fine", "OK" or "Good").

I am committed to not forgetting the powerful nature within our physiology that is not the only factor in a healthful session, but is the foundational way to accessing the forces of health. Results from me being a client and a practitioner in sessions have reinforced this to me with great reliability. Most important is how I show up in my body/being from the moment of "Hello." Ignoring cues of safety as conditions of a session will be recognized by their system through less than optimal health results.♦

THE INNER GAME OF BEAUTY: NATURAL FACIAL REJUVENATION

THE HEART AND SCIENCE OF TRANSFORMATION

Mary Louise Muller, M.Ed., RCST®, RPP

Mary Louise Muller has been a teacher of biodynamic craniosacral for more than 20 years. She has co-developed the Lange-Muller Method of Natural Facial Rejuvenation which is very much about the social engagement nervous system.



Women everywhere are falling prey to the notion that fixing themselves on the outside will make them look younger and feel better inside. There's a silent epidemic that, in our opinion, has dangerous and unprecedented side-effects.

There are no studies on the effects of long-term use of botulinum toxin, and when Dr. Susan Lange, OMD, L.Ac., first learned that some of her clients and also her natural medicine colleagues were secretly resorting to Botox and surgery, she was aghast. "How can you do this to your brain, and your body?" she wondered. Perhaps the epidemic is not so silent now. Women are getting more vocal.

They may not want to have Botox injected into their facial muscles, creating a rigid mask-like appearance, or surgery, creating that fake plastic look. And it's expensive. But what are their alternatives?

The problem is that they still believe that beauty and feeling good about yourself is an outside fix. Even the healthier, more natural and fashionable solutions, like using jade rollers, and facial

yoga, while way better, are still an outside fix, a temporary solution.

It's not their fault; it's exactly what the multi-billion dollar beauty and spa industry wants you to believe. And yet this still leaves women with an inner hunger, yearning for something more.

Yearning for more

Enter Dr. Maxwell Maltz, the former reconstructive and cosmetic facial surgeon, from the 1960s. Even back then he discovered that no matter how great a job he performed on his clients' faces, they still hated themselves. Wow! What an eye-opener.

"He was inspired to move from treating 'outer scars' to 'inner scars' after observing that so many patients' unhappiness and insecurities were not cured, as they and he had believed would occur when he gave them the perfect new faces they desired."¹

So he left that profession, and developed psycho-cybernetics, to help his clients with their self-image, their inner game, their inner beauty. And the rest is history. Even self-help gurus like Tony Robbins were influenced by Maltz.

Lange also discovered this when she used to teach her self-help beauty program, "The Lazy Way to Looking Good" learned from her teacher, Dr. Frances Wong in 1974. No matter how much the clients worked on their faces externally, they still felt something was missing.

Lange's research took her deeper into studying how trauma affects and gets held in the face, from birth trauma (through her training with



Dr. Ray Castellino) to accident trauma, to Botox and surgical trauma. *The face can't be radiant or expressive, no matter how great the outside treatments, if there's internal trauma.*

Also, through biodynamic craniosacral therapy, and the polyvagal theory of Dr. Stephen Porges, she learned why the expressive face is so vital for deep bonding and attachment. *Your children, your family, your clients, can't connect and bond with you if your face doesn't move.*

It takes a team

Lange teamed up with Mary Louise Muller, biodynamic craniosacral instructor, and together they created their ground breaking Natural Facial Rejuvenation Program to simultaneously enhance outer and inner beauty.

In the last ten years of teaching their program, they've discovered that women are longing deep down to feel happier, more joyful, and more connected with others.

Students who have trained with them (and honored those "inner scars") have shared how much happier they feel, how they're more vulnerable, more open-hearted, more confident. They also feel less fearful, and less judgmental about themselves and their looks. (And these are just a few of the side-effects).

Imagine drawing deeply on your biodynamic craniosacral skills and giving a session or even receiving a session, where the contact with the face is gentle and supportive. You know that creating safety is primary to resolving facial trauma patterns

and internal scarring, and you know how to create the exact amount of safety.

Your touch is just right—whether listening, laser or loving. You know the exact point sequences. And you can be spacious, and yet focused and powerful at the same time. You feel great as you work with your clients and you're on a high at the end of your day.

Working with the skillful blend of Chinese Medicine and specific acupuncture points and meridians, biodynamic craniosacral therapy, and the neuroscience of Dr. Stephen Porges (along with other cutting edge research) can lead to deep healing, more loving attention towards self, more open heartedness, and therefore less harshness and self-judgment.

As the heart energy (the Shen in Chinese medicine) opens into the face, the face transforms.

It seems that Dr. Maxwell Maltz would have been proud to see the results. And Dr. Stephen Porges might be happy that mothers with young children can still have honest, real heart-centered facial expressions.

Lange and Muller are concerned about the massive impact on childhood development that this Botox craze could possibly be having, so they're on a mission to support heart-centered practitioners in helping women feel better about themselves, outside and in. They believe the result will be mothers and grandmothers who connect more deeply with their kids and grandkids, practitioners who can connect deeply with their clients, and a happier, more joyful world! ♦



¹ http://cornerstone.wwwhubs.com/Maxwell_Maltz_Biography.html

SLOW BEAUTY ON THE FAST INTERNET

Amy Linville, RCST®

Amy Linville, RCST®, is an esthetician, artist and lifelong learner who enjoys sketching, writing, cooking and walking. To read more about her, visit: amylinville.com



As an esthetician (licensed skin care specialist) for 12 years, my focus has been on simple, sustainable beauty rituals as part of a balanced life. I've refused to play the anti-aging game with its fear-based strategies. This has sometimes been a lonely place. Cue social media.

People's obsessive sharing of their "lifestyle" online, in real time, has brought new enthusiasm to holistic beauty as well as environmentalism, social activism, art, craft, fitness, food... well, probably everything. Some of today's consumers are questioning the behavior of generations before them. Avid label readers, they are demanding transparency and honesty from manufacturers and looking for green and clean

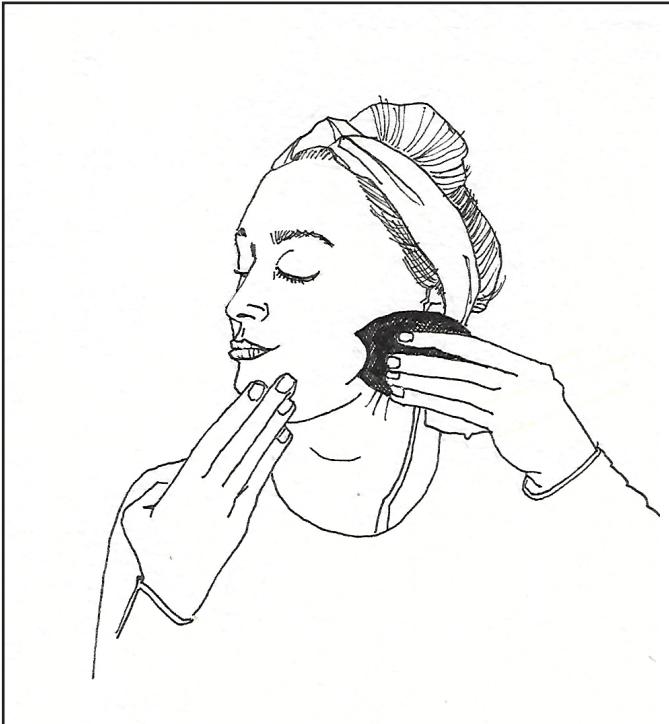


Illustration by Amy Linville

offerings and generally taking matters into their own hands—all the while sharing their discoveries and rituals online, from DIY facial masques to self-massage routines.

This is a facet of a larger trend that I recently heard referred to as "slow beauty," where beauty is seen as a reflection of the health that is within, something that is cultivated over time and includes body, spirit and mind. This inside out approach flies in the face of what those who profit on our fear want us to believe.

Specifically, I see a turning away from controlled wounding to improve skin tone and texture, as chemical peels and lasers do, and a move toward stimulation to increase vitality and function through movement of tissues, fluids and Chi. Traditional Chinese Medicine's facial Gua Sha, a stroking of the skin with a flat tool, called a board (often made of gemstones like jade), was recently

featured in the May 2019 issue of Harper's Bazaar and titled, "Women Are Giving Up Botox for Facial Massage."

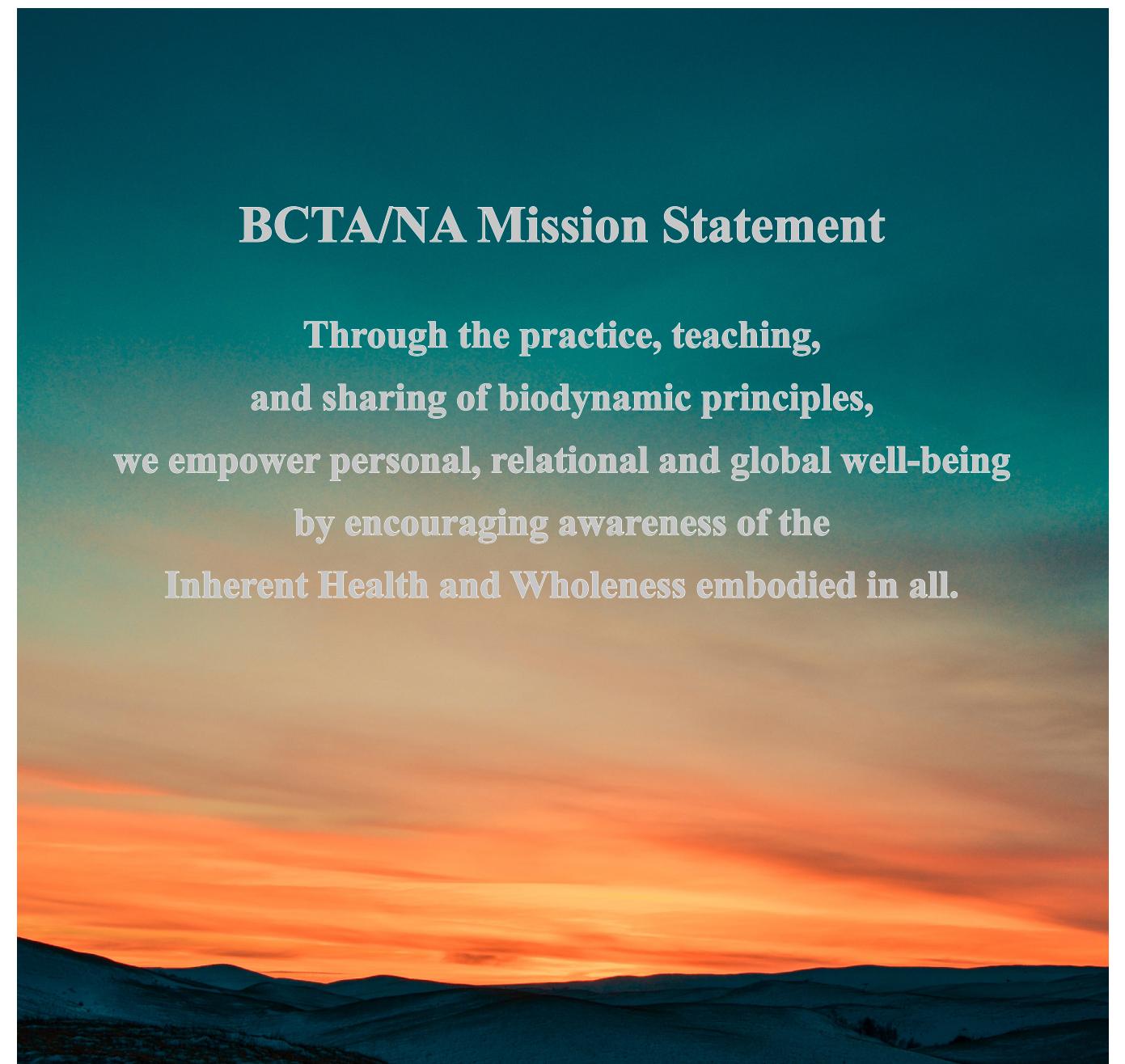
To get the results that satisfy, clients are buying the Gua Sha boards and doing the practice on themselves between facial appointments. In the article, New York City esthetician Britta Plug says, "We have to address the nervous system, because everything else is a band-aid. We're offering an alternative for women who live holistically and want

something that is in alignment with their values."

We know as BCST practitioners that movement is healthier than stagnation (which incidentally, plays a big role in acne) so the choice of movement over using injectables to paralyze and artificially fill space is an easy one for me to make. I've seen great results with Gua Sha on myself and my clients and it fits nicely into the protocols and services I've been creating since my foundations training, combining nervous system informed contact and skin care. Can the right product make a

difference? Absolutely, but it isn't black and white, and it is only a part of the puzzle that is caring for your ever-changing skin and appearance.

On the west coast, Mary Louise Muller, RCST®, paired up with Dr. Susan Lange and her skills in acupuncture and other Chinese Medicine modalities. Together they created their own facial system they call, Rejuvenate My Face. Ryan Halford interviewed them recently on The Craniosacral Podcast. So I'm in the zeitgeist for a change!♦



THE SOCIAL ENGAGEMENT SYSTEM

THE NEUROSCIENCE BASIS FOR NATURAL FACIAL REJUVENATION

Mary Louise Muller, RCST®

Dr. Stephen Porges, a “Distinguished University Scientist” at the Kinsey Institute, Indiana University Bloomington and professor in the department of psychiatry at the University of North Carolina in Chapel Hill in North Carolina, has come up with a new theoretical approach to the ANS, the polyvagal theory. His theory is based on more than thirty years of research on autonomic nervous system regulation and social-emotional processes.

Traditionally, we believed there was a two-dimensional dance between sympathetic and parasympathetic responses. The sympathetic relates to fight and flight, and parasympathetic relates to rest and repose. This old model is based on a paired opposites perspective.

Dr. Porges’ polyvagal theory is a tri-dimensional interaction. He adds the component of the

“social nervous system” which is hierarchically more evolved, more efficient and preferred by the body as far as expenditure of energy.

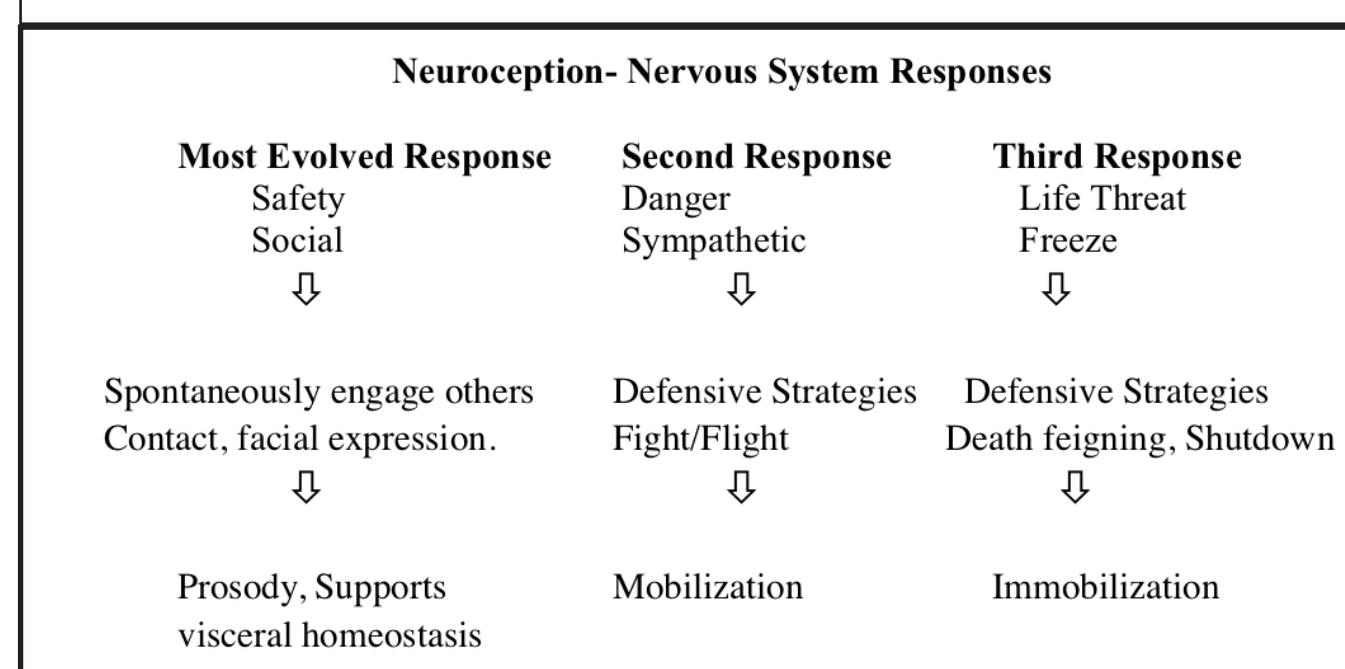
In our everyday life, the significance of the social nervous system is its ability to calm us, create coherency between the heart and the brain, and establish a sense of safety.

We only resort to fight/flight or freeze responses when we feel danger or threat to life. Anything we do that supports the social engagement system contributes to a gentle balance and re-regulation of our nervous system. It is a great resource.

Some activities you can do to engage the social nervous system are: talking, gazing, swallowing, yawning, laughing, singing, making faces, eating, expressing.

The Lange-Muller Method of Natural Facial Rejuvenation is a re-regulator of the nervous system through specifically contacting areas related to the five cranial nerves:

Here is Dr. Porges’ chart of how we respond and what nervous system automatically takes priority:



Another chart by Dr. Porges:

Body Functions and Nervous System Control Chart			
Function	Social	Sympathetic	Freeze
Heart Rate	+/-	+	-
Bronchi	+/-	+	-
Gastrointestinal	-	-	+
Vasoconstriction		+	
Sweat		+	
Adrenal Medulla		+	
Tears	+/-		
Vocalization	+/-		

- the facial nerve - the muscles of the face
- the trigeminal nerve - sensation of the face and innervation of the jaw muscles
- the glossopharyngeal nerve - the stylopharyngeus muscle, sensory to the carotid sinus and carotid body, upper pharynx- swallowing
- the accessory nerve relates to the trapezius and sternocleidomastoid muscle
- the vagus nerve which connects the heart with the face!

ity to up regulate and down regulate and creates coherency in the body.

The Lange- Muller Method of Natural Facial Rejuvenation really supports the facial expression, the prosody of the voice, and also the luminosity and glow of the face through the Shen.

Shen is a central concept in Chinese philosophy and traditional Chinese medicine for God or Spirit. Shen, the spirit of the heart, gives a glow to the face and a sense of sparkling and luminosity.

Oxytocin is normally produced in the hypothalamus and released by the posterior pituitary. It plays a role in social bonding. When you hug a loved one, oxytocin levels increase; hence, oxytocin is often called “the love hormone” or “the bonding hormone.” Stephen Porges and his wife, Sue Carter, who did early research on oxytocin, call it the “Love Code.”

Dr. Porges says that you wear your heart in your face. So the more you reach out and connect with others from a safe place, the more you support your social engagement system in thriving.

Through its experiential program, the Lange-Muller Method is designed to encourage us to “share our hearts and faces with the world,” and to create transformation, by enhancing connection through the social nervous system.♦

Notice what sympathetic, freeze and social engagement responses do to us in the chart by Porges above, and how being drawn back into the social nervous system helps to heal and re-regulate us.

A sympathetic response backs off the digestion, the reproduction and the immune function and increases heart rate and bronchi function, as well as sweat, vasoconstriction and adrenalin.

A freeze response backs off the heart rate and bronchials and surges energy into the gastrointestinal system.

The social engagement system has the abil-

FLOATING BABIES

Dominique Clothiaux, RCST®

Dominique Clothiaux is a Licensed Midwife specializing in out-of-hospital birth, Horse-Woman, and Mother living in Charlottesville, Virginia.



Water is a natural element that babies can relate to. Their bodies are literally born out of water, with the addition of having spent ten months in the amniotic sac suspended in amniotic fluid. Babies record everything they experience in their nervous system, muscles and digestive system. Unless they are provided with enough 'pause' they can become increasingly unsettled. The physical discomfort during the "fourth trimester" comes from the experience of their birth and the experience of the first few days/weeks directly after being born.

Birth is a compressive experience for babies, coupled with the chaos and weight of the outside world. They can have physical pain that lingers from their birth which adds to difficulty in breastfeeding, settling and, digesting with comfort and ease. Babies can experience fearful sensation when put in new settings or introduction to new people or environments. The overstimulation babies experience during birth and in the first three to four months of life is tremendous, and also a normal process of arriving earthside. It's very common for babies to have digestive issues and be generally unsettled in the first three to four months after

birth. Some babies are more unsettled than others. The only way babies can experience the world is viscerally, or through the direct experience of what they feel in their body. Babies need lots of support to help them integrate the experience of birth and the experience arriving into this very different world, from the environment of which they came.

An infant float session offers them just the amount of support they need the most. By helping them to settle, to feel safe, with a greater sense of physical ease, they can better sort out the whole chaos of being born and whatever their experience of the outside world. This leads them to rest better, digest better, sleep more deeply, feel good in their body, and learn the valuable self-soothing skills that are so essential for babies to learn how to regulate their nervous system.

Floating a newborn provides an opportunity for the baby to experience the familiar suspension in fluid within a supportive state of expansion. Stillness is gradually obtained. The therapist provides safety by first supporting their body in a contracted state by holding them close, limbs folded tightly towards their body as they experience the sensation of the warm water and orient to quiet



space of the tub. After some time the baby will begin moving and stretching out into the water. Over time they completely uncurl their body, stretch out and begin to let go of their muscles entering into a restful state of 'Being.' The therapist then facilitates deeper and deeper stillness.

To experience a state of restful physical expansion in the physical body is to rest fully in a state of stillness.

As the baby rests, the therapist facilitates gentle support to the cranium and sacrum. The baby will suspend in this deep stillness for quite some time, often discharging by occasionally shak-

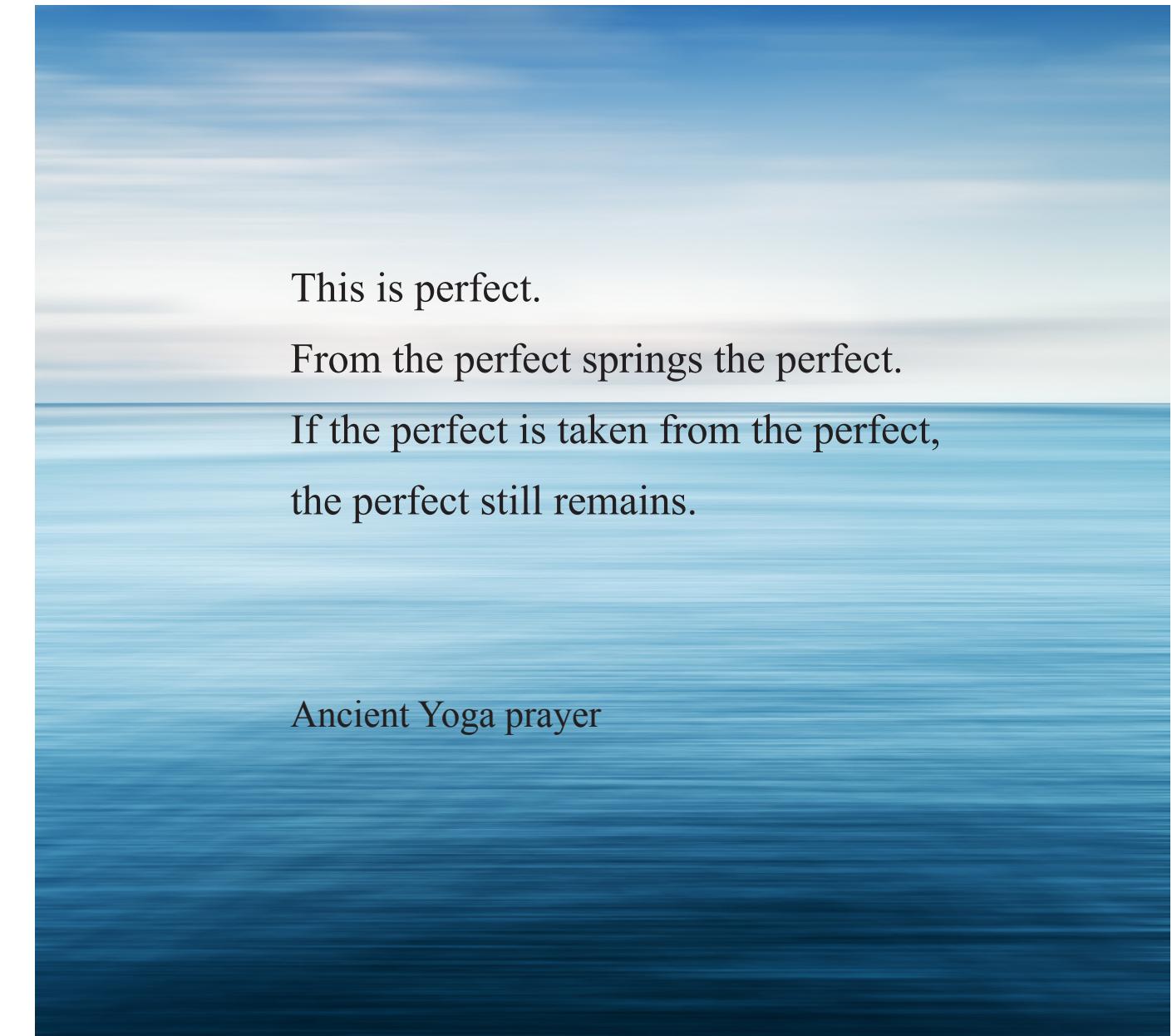
ing off whatever is driving the sympathetic nervous system. After the baby emerges out of their restful-like sleep, the therapist moves the baby to a warm massage table and proceeds to massage coconut oil into any muscles that are still holding on, allowing them to re-settle into the earthly surrounding outside of the tub while facilitating adjustment to the cranium. Studies show that infant water therapy improves growth, helps with their motor skills, and facilitates a sense of ease. Craniosacral therapy and infant massage helps newborns to gain body awareness while re-setting the nervous system in a way that teach babies how to self-sooth later on. ♦

This is perfect.

From the perfect springs the perfect.

If the perfect is taken from the perfect,
the perfect still remains.

Ancient Yoga prayer



WORKING WITH BABIES: A SPECIFIC 4 POINT SEQUENCE FOR THE PRACTITIONER TOOLKIT

Kate White, BCBMT, RCST®, CEIM, SEP

Kate White is cocreator of Integrated Prenatal and Perinatal Dynamics and the Director of the Center for Prenatal and Perinatal Programs. She is a massage and craniosacral therapist who specializes in working with babies and their families. For more information, go to: belvederearts.com or ppncenter.com.



There are several common themes in my treatment room when working with babies. One is that a family calls me in the weeks after birth to say that their baby is not breastfeeding well. Working with babies is becoming more and more important, as we are seeing increases in tongue tie surgery, difficulty feeding, and birth trauma. For the enthusiastic learner, the following is a description of my work with a mom and baby who came to solve feeding difficulties.

Carrie (name changed for anonymity) brought her baby to me because she was not breastfeeding comfortably. Her baby was four months old by then, and while she was gaining weight okay, she clicked and clamped down at the breast, making feeding painful for Carrie and uncomfortable for her baby, Alice.

Whenever I meet a mother and baby for the first time, I am witnessing, watching, and feeling into the energetics of the relationship. I watch how she or he interacts with me, how they look at me, how they are in their bodies. John Chitty, RPP,

RCST®, co-owner of the Colorado School for Energy Studies, taught me to always recognize the baby as a spiritual being. He had a silent greeting for the baby:

- I know who you are: *A sentient, conscious being (he often said super sentient)*
- I know where you come from: *An invisible spiritual world*
- I know why you are here: *For the purpose of having experiences on planet Earth to gain wisdom through experience*

The nonverbal communication of a baby is often a “tell” about their nervous system. I look for how they look at me, the feeling of their eyes and how my body feels as they look at me. I watch for skin mottling, stiffness in their limbs and fisting with their hands. I watch their hands and wait to have them tell me part of the story.

Upon entry, I immediately saw Alice’s intrauterine constraint. She had been posterior and “asynclitic” meaning positioned “at an angle” in the maternal pelvis during the third trimester in utero. We discerned that she had been stuck since week 22 of pregnancy and grew her body in an extreme c-curve. Her placenta was anterior in the womb, and we guessed she had “gotten stuck” behind it somehow. Her sleep and other lying positions revealed a common pattern we call “fixed retroflexion,”¹ or patterns of fascial tightening that compromise a baby so that there is difficulty breathing, feeding or even lying still on a flat surface. Sleeping is also difficult, the chronic pain from the tightness causes chronic agitation as the

¹ This is a term from Pediatric Functional Bowen™ work, a manual therapy developed by Judy Terwilliger. For more information see knowmor.org

Questions to ask mothers, initial session:

What brings you in? Let them tell their story.

Here are questions if they don’t tell you:

Was conceiving difficult? How was the pregnancy? Anything significant happen, anything majorly stressful? Did the baby stay in one position for many weeks of pregnancy? Tell me about the labor, how did it start? What happened next? (get the whole story, make sure you get interventions if any, how long used if they used anesthesia, how long was active labor and how long in the birth canal) What happened after the birth? Did the birthing staff place the baby on the mom? What was the APGAR score? Was placenta easy to deliver? Was the first hour disturbed? Did the baby breastfeed? How was the mum after birth? Was the father there? Siblings? Was the baby separated at all? If a boy, was the baby circumcised? If so, how was that? Stay at hospital if a hospital birth?

If I suspect twin loss, I ask about bleeding during first trimester.

Listen, listen, watch the family for non-verbals of distress.

Then:

How is feeding, sleeping, pooping, burping? Does baby fuss a lot, if so when?

Watch baby, see if they watch you, let them look and look in your eyes.

Repeat the mantra on the inside:

I know who you are (a sentient, amazing being)

I know where you came from (the spiritual realm)

I know why you are here (to learn from the earth classroom)

Then begin your palpation assessment.

How is inhalation, exhalation (CST)? How is baby holding her body? What is baby saying with her hands? Feel with your hands, what is tight, what has ease? How is her skin color?

Talk with the baby while you are doing all this, let her know what you are doing, even if she is breastfeeding or sleeping.

How is the mother? Is she majorly stressed? If baby is not sleeping well, ask about her sleep.

Ask if there is anything else she wants to report.

How are your moods? Everything okay?

Finally:

What is right with your baby?

What is going well?



Birth position, posterior, with placenta anterior



9 days old

baby seeks relief, and digestive problems because of the stress and discomfort. These patterns can create limited range of motion in the neck and jaw especially. With a few delicate but potent bodywork sessions of Pediatric Function Bowen™ work and biodynamic craniosacral therapy, I was able to restore Alice's body to function, but there was still much to do. Over a period of several months, I completely released the extreme pattern in her body.

Pediatric Functional Bodywork™, parent education about the baby's experience, infant massage instruction and movement, and biodynamic craniosacral therapy are an excellent skill combination to help families with feeding, sleeping and general difficulty to soothe their babies. Whenever I see a baby, there is a hold sequence that I most always perform because of their relationship to feeding and comfort. The first part of treating families with babies is the intake process, getting the birth story, and explaining the baby's experience. Many parents also have trauma from birth or not being able to settle their baby. I name and normalize difficulty, and present a treatment plan. I talk with the baby, too, tell them everything I do and take in their communication with me, verbal and nonverbal. The treatments often include a 4 point sequence: sacrum, occiput, temporal, and ethmoid/vomer.

Sacral hold: Holding the sacrum allows me to enter into touch relationship with the baby

without too much alarm, plus discernment of the fascial pattern that might be at play. I can often release the sacroiliac joint here and allow fascial unwinding and facilitated movement.² Tightness in the hips can also impede jaw and mouth function, so releasing tension here helps babies suck, swallow, and breathe. Babies often down-regulate their autonomic nervous system with cranial touch to their sacrum. Parents see their baby relax, and they too, begin to relax and settle. You can see it visibly and feel it in the relational field.

Occiput: Decompressing the cranial base is a must for most babies presenting with feeding difficulties, and is a go-to hold for almost any presenting pediatric issue. Compression during third trimester and during birth will decrease function of cranial nerves needed for breastfeeding, and jaw movements. For babies like Alice, the viscero-cranium is often adhered to the occipital base. Releasing the compression, creating space in the back of the baby's cranium allows more function in tongue and jaw movements, suck, swallow and breathe function and range of motion to make head turns

² Facilitated movement is a term coined by Ray Castellino and Mary Jackson in their work with families and babies that allow babies to show their story of their prenatal time, birth and neonatal experiences. Showing story and having practitioner and parents "get" the story is an intervention in itself and can settle the issues of difficulty settling and sleeping.

and expression for social engagement. Many babies have headaches from neck and head compression, too. Simple touch and massage techniques around the head and shoulders provide great relief and can be taught to parents.

Temporal bones: Practitioners need to check the function of temporal bones as they have the jugular foreman, the aqueduct for cranial nerves IX, X, and XI, all of which play a major role in feeding and autonomic nervous system function. Optimal vagus nerve (cranial nerve X) function in the first 1000 days of life is key to human development. It is a lifeline to healthy function of many of the baby's systems, especially the relational field with parents, feeding, digesting and the felt sense of safety. It needs to myelinate over the first six months in relationship with the caregiver. If it is compromised in any way, it will affect the bonding and attachment that is survival for babies, and key to mothering and caregiving in early parenting. Often one side will be more affected than the other because of the lie side third trimester and subsequent compression during labor. In addition, fast births will often affect temporal bones by causing them to "freeze." I often find the craniums of fast birth babies to be very affected by the rapidity of the birth. Moderate birth pacing and tempo allow for the baby's head and body to respond adequately to the process. Fast births may put tissue (bones included) into a form a "shock" for lack of a better word. The vault hold, Becker's hold, and then specific temporal holds allow the practitioner to check the motility of this bone, release and create space if there is compression, and encourage optimal functioning.

Vomer/Ethmoid, or Ringing the Ethmoid

Bell: Working on the midface completes the 4 point sequence when working with babies. First step is to assess the baby's face. In general, you are assessing the baby's body for fascial pattern and movement function. In the words of pediatric craniosacral and lactation therapist, Alison Hazelbaker, "Our babies should be relaxed!" The ones who come to see me are not. In the midface, follow the Law of Thirds:³ The forehead, eye band, and maxillae/mandible should be equal to each other. I look for what I call the "squish factor": The viscero-cranium is smashed into the neurocranium. I employ cranial touch into the midline bones of the face and encourage the rocking motion that the vomer and ethmoid have in relationship to the sphenoid and occiput. Sometimes, I will even encourage the vis-

³ I learned this from Jonathan Evans, DO, who has an excellent online class for working with babies that anyone can purchase. See Kindredbe.com



6 weeks



9 weeks



11 weeks after Bowen treatment

cerocranum with a lift that is more advanced and often done with the baby is asleep, so it is harder to achieve in the office.

This is a basic 4 point sequence that is part of my cranial evaluation of babies. I use many other points or holds when helping babies. I also support the mother, partner/father, and the baby further with working with the story of what happened, employing a trauma resolution approach combining practitioner skills of presence, pacing, naming, bodywork and verbal skills. I further employ storytelling and pacing to help repattern the story, plus facilitated movement and supported attachment to help the baby show their story and parents to listen.

A Few Final Words

After several months of careful work, baby Alice and her mother were deeply bonded and moved into the next phase of their relationship when Carrie returned to work. Carrie delayed her return until her baby could feed, sleep and move with ease, and she felt their relationship was established and free from the trauma of their experience.



There were other difficulties in the relationship at the start. Alice has a tongue tie that was revised three times. The lack of fascial glide in the baby's body prevented the tongue and jaw from movement that would have allowed better healing from tongue surgery. She had already had two of the surgeries before seeing me. We worked hard with the third revision, with bodywork before and after to free the tongue, and really, Alice's whole body; babies use their whole body to breastfeed. Carrie also had PTSD from early childhood trauma, and the chaos of the difficulty with her baby reminded of the helplessness she felt as a child. However, once we restored the breastfeeding relationship, the depression Carrie was feeling lifted. ♦

Breastfeeding trauma related to early feeding difficulties has risen significantly in the last few years from the increase in tongue tie diagnoses. Practitioners who wish to work with babies would benefit from specific classes on working with babies, lactation training, understanding tongue tie, and trauma resolution skills:

Bowen work: See John Wilks, <https://www.therapy-training.com/book-shop>
Pediatric Functional Bowen™: See the work of Judy Terwiler at knowmor.org and video interview with her: <https://vimeo.com/298012177>

Working with Babies: A Five Point Therapy Method for Infants and Their Families by John Chitty
Craniosacral Therapy for Children: Treatments for Expecting Mothers, Babies, and Children by Daniel Agostoni

Video Sequences:
Cranial Bones in Motion: <https://youtu.be/tfKG9J9DiCw>
Sacrum: <https://youtu.be/RsI0n5Nwe-Y>
Temporals: <https://youtu.be/hqQL-xmIcls>
Ethmoid: <https://youtu.be/MFF6SYvfLw0>

GROUNDSWELL AND COMMUNITY

Renee Hella, RCST®

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The Groundswell: An impulse generated by the Breath of Life, experienced as a very slow wave-like impulse moving through all things. It is about interconnection and mutuality.¹

-Franklyn Sills

Over the last five years, the intimate relationship between us and our microbiome has come to the forefront of scientific exploration of health and our bodies. Our brain and nervous system cannot develop without our microbes, and it turns out we have more microbial DNA in/on our bodies than human DNA. We are, in fact, a community of mutual interconnection with bacteria, viruses, yeasts and other microorganisms.²

Our ability to experience groundswell seems to amplify in community.

¹ Sills, F. (2016). *Foundations in Craniosacral Biodynamics: The Breath of Life and Fundamental Skills Volume One*, (p21). Berkeley, California: North Atlantic Books.

² Matthews, R. (2014). *The Symbiont Factor: How the Gut Microbiome Redefines Health, Disease and Humanity*.

We are symbiotic holobionts, not individuals at all!

Alongside this new relationship with our body as symbiont comes a greater understanding of our enteric nervous system (ENS). This extensive neural network's vast amount of enteric neurons and glial cells are distributed in two layers, the myenteric and the submucosal, which move food through our bodies while sensing and regulating the environment within our intestinal lumen. The ENS is connected to our brain via the vagus nerve, which senses our microbiota metabolites and transfers this information to the central nervous system. Since the vagus nerve is instrumental in dampening inflammation and stress inhibits the vagus nerve, IBS and other gut issues often result from all the various types of trauma. On the other hand, this vagus-ENS-microbiome axis, when operating optimally, work together to create incredible states of peak experience, in which we become more than human.

Our ability to experience groundswell seems to amplify in community, whether it is microbial, human or even a variety of species and other elements.

As groundswell builds, it brings all kinds of different things together in unique and unexpected ways. This is why I tend to notice it more when working with our microbiome, enteric nervous system, mums

and babies, and in groups of people. It insists on our awareness in groups, and comes to the forefront in process workshops, or even when working in tandem with other BCST practitioners. This interconnection and community—the streaming and building of communion as unique parts come

together in common purpose—is simply mind-boggling, incredibly creative and oftentimes miraculous.

Birth and the first year of life are when we lay the foundation of our microbiome. How and where we are born, how much skin to skin contact we get, if we are breastfed, what our environment is like at home—go into optimum development of our immune system, hormones, ENS and more. All of these processes are intermediated by the polyvagal system. The amount of eye contact and oxytocin generated when we breastfeed promotes a serotonin-rich environment in our guts while feeding our beneficial microbes, these microbes in return, produce GABA and other neurotransmitters that amplify our ability to produce more oxytocin. Mother-baby is a symbiotic relationship which, when operating as nature intended, is geared to potentize the human-microbe symbiosis, setting baby up for optimal health throughout their life.

Our microbial communities exchange DNA laterally. They do something called quorum sensing in which they stay undercover, waiting until they have enough numbers before they take action³ (i.e. make you sick/give you a state of euphoria). This waiting and building of potency throughout different species/organisms before revealing themselves is as an aspect of groundswell. This happens not only in microscopic communities in our bodies, but also in human communities on a cultural scale.

³ Abisado, R.G, Benomar, S., Chandler, J.R., Dandekar, A.A. & Klaus, J.R. (2018). *Bacterial Quorum Sensing and Microbial Community Interactions*. Retrieved from <https://mbio.asm.org/content/9/3/e02331-17>



Movements such as the demonstrations in Hong Kong result from a groundswell of different factors growing within each person until they have to take action. Think of the Fibonacci sequence or golden ratio - how things grow in nature.⁴ Something builds, gathering potency, spiraling in microscopic and macroscopic ways... then all at once, there is a shift throughout the community. Once it happens, whatever was going on previously

feels like it happened to someone else. It is a transmutation.

This reminds me of what Dr. Sutherland said when referring to groundswell:

There is a sort of spiral movement. You have heard of the different movements of the brain. Let us explore another—a spiral movement of the Tide. Make a diagram with a pencil on a piece of paper. Make a dot at a given point. Starting with the dot, draw a line around in a curve and then around and around. Then, make a dotted line around the other way back to the original dot. Let these illustrate a spiral movement.⁵

If we slow ourselves down, feel ourselves, take pencil to paper and do the exercise Dr. Sutherland suggests, pausing and noticing how drawing this spiral makes us feel, we feel how spiraling undulations in our own tides bring us into greater connection. Even this small, simple exercise immediately drops us into that vast interconnected

⁴ Thompson, D. W., (1961). *On Growth and Form*. Cambridge University Press.

⁵ Sutherland, W.G., (1990). *Teachings in the Science of Osteopathy* (pp16-17). Sutherland Cranial Teaching Foundation, Inc.

dimension of experience. There is something about this original movement that amplifies our ability to be present with the multidimensional reality that is the constant backdrop of our daily lives. We slip away from ourselves, yet at the same time become more ourselves. The monkey-mind chatter disappears, replaced by knowing and being.

There is a whole panoply of hidden forces that shape life in all its miraculous guises. These are the eddies and vortices of nature that flow together to form the living stream. There is a sort of changing of the guards by the gods, which takes place wherever there is a long-lasting transformation of the collective psyche...We have reached a critical stage of evolutionary embankment...what might actually carry the waters over the top this time is more of a groundswell, a general shift in awareness produced by deep undulations in the human spirit.⁶

I feel we are currently at such a moment of this general shift in awareness, a transformation of

⁶ Watson, L. (1979), *Lifetide: The Biology of the Unconscious*, (pp12-13). New York, NY: Simon & Schuster.

the collective psyche which is being generated by the greater understanding of our symbiotic communion with each other, our microbes and more.

In writing this article, I have found myself going through various levels or dimensions of these integrating spiral dynamics. Inspired by Dr. Sutherland's passion for reading between the lines, and feeling the space between things,⁷ I created a labyrinth on my hillside, overlooking the mighty Fraser river where the salmon return every year to lay their eggs. When I felt overwhelmed, confused or simply had gotten a crick in my neck from sitting at the computer too long I went and walked between the lines of the labyrinth, spiraling first one way and then another, as if I was chyme passing through the small intestine. When I reached the center and paused I could feel the vortex created through my mid-space a deep stillness with a groundswell of potency. The crick in my neck gone, I could hear Dr. Sutherland saying, "Be Still and Know!" ♦

⁷ Sutherland, W. G., (1998), *Contributions of Thought - The Collected Writings of William Garner Sutherland D. O.* (pp 295-296). Fort Worth, TX: Sutherland Cranial Teaching Foundation, Inc.



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