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Cranial Wave

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Came Early and Stayed Late

Susan Shakespeare, RCST®

After years of working as a massage therapist and yoga instructor, Susan Shakespeare gravitated toward Biodynamic Craniosacral Therapy, becoming an RCST® in 2007. In addition to BCST, she offers yoga and Radio-Frequency bodywork at her business in Fallbrook, southern California. She is grounded in the real world by her two teenagers and the challenges presented by a difficult economic environment.

It is my good fortune to be able to report on the Biodynamic Craniosacral Conference that was held in North Carolina this past September. After a two-year course of study with Peggy Reynolds-Olsen and certification in June of 2007, I was ready to connect with other therapists who have been using Biodynamic Craniosacral Therapy over a period of time. At the conference, I was exposed to some very good marketing ideas and, more importantly, was able to find that sense of community and support that I wanted. I'd like to tell you a little more about my experiences.

First, the accommodations were fantastic. The location in Cary, North Carolina (right next to Raleigh-Durham) was delightful. It was surrounded by many beautiful trees and countryside and was conducive to settling into the conference. The food and the complimentary happy hour gave a wonderful opportunity to relax and to get to know the presenters and other attendees. I made some great contacts and friends.

I arrived a day early with another friend/therapist, and together we helped with some of the set-up. We watched the conference come together and by being there early were able to meet the majority of the presenters as well as the attendees who arrived a bit ahead of time.

The entire conference was motivational, but I particularly enjoyed the teachers panel. It was a segment where you could ask the teachers any question that you wanted. It was fantastic, fun, and even comical at times. Among other things, the panelists were asked to share what they would say about craniosacral therapy to someone who asked about BCST at a cocktail party.

Another part of the conference I enjoyed very much was the somatic experiencing led by Sharon Porter. Sharon asked me to be the client for her demonstration. I felt privileged, and through this demonstration I received great healing on many levels. For this I am grateful!

Ray Castellino's workshop on working with babies was very moving.

All of the presenters were great, and there were so many interesting workshops it was difficult making choices as to which ones to attend.

I stayed after the conference to attend Franklyn Sills' workshop on "Being and Becoming." I am so happy to

have had the opportunity to meet this man. He's the "real deal." He was brilliant in his presentation. His demeanor was gentle and caring, and he genuinely made himself available to each and every one of us. A safe place was created for the learning, and the entire workshop was fantastic.

This was my first conference, and the outcome was well worth the investment of time, money, and energy. With new friends, new techniques, and an expansion of previous learnings, I came away with the feeling that I have grown both professionally and personally. I feel more integrated and expanded and have a growing confidence in my abilities.

As I sit and reflect, months after the conference, the sense of community lingers. I am grateful to have been able to attend and participate. I am looking forward to the 2010 conference that will be held in California. ♦



2010 Breath of Life Conference to Be Held in California

The 2010 Conference Committee is planning and organizing the next Breath of Life Conference. The conference will be held at the Mount Madonna Center in Watsonville, California, September 17–19, 2010.

Mount Madonna Center (www.mountmadonna.org) is a conference and retreat center located on 355 acres of mountain-top redwood forest and grassland overlooking Monterey Bay, between Santa Cruz and Monterey, in Northern California. Mount Madonna Center is a community designed to nurture the creative arts and the health sciences within a context of personal and spiritual growth, so this will be a very intimate conference open only to members of the BCTA/NA.

If you would like to help create this conference, there are many opportunities, small and large, to help now, along the way, or at the conference. Many of us on the committee are people who were so excited and energized by our experience attending the 2008 conference that we have joined in planning the 2010 conference. We meet once a month by telephone conference and would love to have you join us. Contact Edwin Nothnagel at conference2010@craniosacraltherapy.org, 919-349-3914 for more information or to participate. ♦

Continuum Movement and BCST: Parallel Paths to Health

Cherionna Menzam, RCST®

Cherionna Menzam has practiced craniosacral therapy since 1991 and has been a teacher with the BCTA/NA since 2006. An authorized Continuum Movement teacher, she incorporates Continuum into her Biodynamic Craniosacral Therapy sessions. She also draws on her 30 years of experience as an occupational therapist, intuitive counselor, massage therapist, dance/movement therapist, BodyMind Psychotherapist, and prenatal and birth therapist. Cherionna holds graduate degrees in pre- and perinatal psychology and in somatic psychology and has taught in both fields. She lives part-time in Santa Monica, CA and Nelson, BC, Canada. She teaches and has a private practice in both places.

I lie on my back in a deep, internal silence as my leg rises up into the air with no particular command from me, suspended in slow motion—stillness really—for what seems to be forever—and may be. Something supports me, some invisible emissary of the Mystery. I feel as if I am being gently stretched, swayed, spiraled into and out of form. My usual definition of myself is as suspended as my leg. I am spreading out beyond my everyday boundaries, ecstatically merging with the field around me, perhaps with the entire cosmos.

The above describes an experience of Continuum Movement. Developed by Emilie Conrad, Continuum uses breath, sound, and movement to access slow, fluidic states, often with remarkable effects. As I have engaged in intensive study of this practice, I have been struck by parallels between Continuum and my other passion, Biodynamic Craniosacral Therapy (BCST). This article discusses some of the similarities between these two practices.

Both Continuum and BCST help us to slow down and return to our fluid natures to enhance health, well-being, and aliveness on all levels. While Continuum involves physical movement and BCST is a hands-on practice between therapist and client, the experience and language of each practice are remarkably similar.

Conrad has investigated the fluids in our bodies for over 40 years. She finds that they react to speed, stress, and trauma by condensing and rigidifying. The various breaths and sounds used in Continuum slow down, decompress, and revitalize our fluids. Continuum body movements that mimic the movement of water also help to recall forgotten flow, enhancing our resilience and adaptability.

Like Continuum, BCST emerged through a long investigation into our body fluids in relationship to our health. William Sutherland, the osteopath who first discovered the “Cranial Concept,” or “Osteopathy in the Cranial Field,” followed a path not entirely different

from Conrad’s. He, too, studied for years by experimenting on his own body, resulting in a new, revolutionary practice. BCST evolved from discoveries of his final years.

Dr. Sutherland’s quest began as a young osteopathic student viewing a disarticulated cranium. Observing the edges of the temporal and sphenoid bones, he heard the words in his head, “beveled, like the gills of a fish, indicating articular mobility for a respiratory mechanism.”¹ He considered this a “crazy thought,” having learned, like other medical students, that the cranial bones were fused and did not move. The thought haunted him, however. He needed to know what purpose these bevels served. His quest eventually led him to discover a breath-like phenomenon manifested in the body as rhythmical fluctuations of the cerebrospinal fluid (CSF). He recognized a “primary respiration” functioning long before the lungs begin their work at birth. Sutherland studied its expression in the bones, tissues, nervous system, and CSF.

Towards the end of his life, Sutherland moved to California, where he was impressed by metaphors offered by the ocean. He began to perceive that something deeper seemed to be sourcing the wave-like movements he palpated in the body. It seemed to come from beyond the body’s boundaries. He called it the “Breath of Life.”

BCST is based on this view that the body, rather than being a mechanistically driven set of structures, is a system organized by the Breath of Life. Unlike cranial

A Loss to the BCTA Community



Lisa Gayle, RCST®, of Ann Arbor, Michigan died on January 30, 2009, after a long, courageous, and odds-defying fight with cancer. She was 58. She is survived by her husband, Michael Ehmann, and her son, Jacob.

Lisa worked passionately to bring about social justice and equality—as an autoworker and organizer, licensed practical nurse, biology teacher, writer, and biodynamic craniosacral therapist. Most recently she was actively engaged in developing original instructive materials to support adoptive parents in healing early childhood trauma of adopted children. As she had given to so many others, Lisa let those who love her know, in her words, that “I give myself permission to have my own energy, power and healing. Thank you God for all the blessings that I am receiving.” ♦

therapies evolved from Sutherland's earlier work, BCST involves contacting slower, deeper expressions of the Breath of Life. Those who continued on this track after Sutherland died eventually named three tides. The cranial rhythmic impulse (CRI) is associated with movement of the bones and tissues of the body, which is where Sutherland began his studies. The slower mid-tide corresponds to fluctuations and integrative aspects of the fluids. The long tide, which is very slow, relates to the bio-electric field phenomenon Sutherland was tracking in his final years.

Conrad's background is very different from Sutherland's, but her discoveries are not. Her initiation into the fluid realms began as a young dancer immersed in the folkloric dance of Haiti. Her work as a dance teacher in America was informed by the primal rhythms of the drums and dance she had encountered in Haiti. Whereas Sutherland was guided by an inner voice to consider the cranial bones as part of a respiratory mechanism, Conrad was awoken by visions during the night. Figures at the foot of her bed taught her strange sounds, which altered the way she worked with the body. Eventually leaving the drums behind, she focused on the effects of breath and vocalized sounds directed into the body in various ways. Wave-like, undulating body movements accompanies the sounds.

A few years ago, Continuum went through a major

change as Conrad recognized what she came to call the "three anatomies." These correspond directly to the three tides in BCST. I am fascinated by the coincidence that both Conrad and Sutherland began to perceive the slowest tide or anatomy after 40 years of exploration. Interestingly, Conrad first visited Haiti in the 1955, the year after Sutherland died. Her research strikes me as the next wave, perhaps expressing the same tidal phenomenon that Sutherland followed.

THREE ANATOMIES

In describing the three anatomies, Conrad explains that our tissue structure changes in different situations. In her book, *Life on Land*, she writes, "Anatomy is circumstantial, it is dependent upon the organization of fluid within any given moment. Our structure is designed to change as intrinsic fluid mobility becomes increasingly more or less 'alive.'"² The degree of fluidity we embody affects how much information or nourishment is available to us. In a more fluid state, information flows more readily. Communication occurs between cells, different areas of the body, and the larger electromagnetic field around us. In a frozen or paralyzed state, fluid is immobilized, reducing its resonance and ability to receive information. In this extreme, the only possible movements are automatic or habitual. Conrad, however, has helped

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The Biodynamic Craniosacral Therapy Association needs YOU to join the BOARD!

Qualities we are looking for



- detail-oriented
- hard-working
- in your midline
- work well with groups
- listen
- follow through
- hold the whole

Help our organization thrive!

Nominate yourself or a fellow member. The nomination deadline has been extended to **May 31, 2009**.

(And, we are open to new members joining at all times of the year.)

The more people who join the board, the lighter our tasks will be.

Contact Edwin Nothnagel 919-349-3914.

Reflections on the Breath of Life Conference

Rose Khalsa

Rose Khalsa is the Director of the Polarity Center & Shamanic Studies in Takoma Park, MD. In practice for over 20 years, she runs trainings in Polarity Therapy, shamanism, and visionary cranial work. She also leads vision quests twice a year. You can reach Rose at 301-891-1599 or rose@polaritycenter.org. Her teaching schedule may be found at polaritycenter.org.

I was delighted when I found out there was going to be a Biodynamic Cranial Conference in Sept. right in North Carolina. All last year I was longing to reconnect to the biodynamic craniosacral community and this opened the door. I got really excited! Driving down with my good friend Stephanie Abramson, RCST®, was fun and gave us an opportunity to share our thoughts and feelings about what was going on in our personal lives. We also talked about our experiences doing cranial work and what we would like to learn at the conference.

Stephanie and I were both delighted at the accommodations at the hotel. Not only were the rooms spacious and comfy, but the food was delicious! Thursday night I already was connecting to some of my old friends and students. As I was settling in after the five hour drive, my heart was feeling the warmth and interconnections, and I had just gotten there!

Friday, our first day, it was lovely to awaken to with a polarity yoga class with Sharon Porter. I first met Sharon over 18 years ago at a polarity therapy conference in California. It was great to be with her again, and I welcomed the chance to be a student instead of the teacher. I ended ready for the day and wanting more!

Franklyn Sills, during his presentation, shared his philosophy and deep connection to biodynamic work. I adore Franklin. He reminds me of an old Buddhist monk from New York.

Then, what a treat to attend Ray Castellino's presentation on birth and the healing process. Totally transformed since the last time I saw him, his new look—long curly hair and Buddha belly—goes with the birth thing really well!

Soulmates Mary Louise and Christopher Muller had so much to share in their bookstore! It was full of anything your heart could desire in osteopathy, bones, and babies. They're the sweetest folks, with hearts of gold.

My old buddy, Roger Gilchrist, reminds me of a wizard, a tall biodynamic craniosacral wizard, with his electric hair and deep compassionate eyes. His "Spiritual Implications of Nerve Facilitation" workshop was incredible. Roger truly connects from the heart . . . his drum . . . his heartbeat. He's sooo scientific too. It's like he gets all the information in a divine download from higher beings in cranial heaven! What a man!

Kathleen Morrow's presentation on lymph and CST was fabulous. She knows so much, and I'm hungry to learn more from her. So many folks need this work. I am grateful

she's teaching it.

My favorite workshop was Cherionna Menzam's "Biodynamic Craniosacral Therapy and Continuum Movement: A Perfect Marriage." In Chinese astrology, I am a water snake, so I felt right at home in the healing waters of the class. Making the sounds of "o" and "th" opened up space for moving fluids in my body and core, a deep experience that lubricated my cells. In this circle of loving folks I opened to healing, my heart totally connecting to my arms and hands. So much energy, love, and pleasure vibrated through my body. Afterwards, I had some intense fire releasing that went on for a few days. The class was awesome, beautiful, and supportive.

I wish I could have gone to more presentations, but unfortunately I don't have a clone.

The conference ended with a closing ceremony outside in the open space. Gathered around in a circle, our feet connecting to Mother Earth, we expressed deep gratitude for the precious gifts we had been given, appreciation for all who supported this event, and we a prayer to take our knowledge and healing out to the planet to bring happiness to all.

Delightful, lovely, a treat! I am glad I attended the Conference. The presenters were excellent. I was able to meet and network with many amazing practitioners, all connected by one thread—the Breath of Life. I know in my core this essence connects us all. My only suggestions for future conferences would be longer presentations and more movement and bodywork to balance the intellectual content.

Deep gratitude to Edwin and Linda and the crew who put the conference together! ♦



Reviews

Have you read an interesting article or book you'd like to tell others about? If so, please submit a short or long review for the next *Cranial Wave* to the editor, lindakurtz@netzero.net.

Professional Consultation (Supervision) FAQs and SAQs

*Linda Kurtz, RCST®, President
Dave Paxson, RCST®, Treasurer*

From the questions and feedback we've received over the past months and at the September 2008 conference, we realize that the supervision policy—which we are provisionally terming *professional consultation*—is still unclear, despite several articles in the *Cranial Wave* that have attempted to clarify it. It seems that the nuts and bolts get lost in article form, so we are here presenting “Professional Consultation FAQs and SAQs” (*SAQs* are *seldom-asked questions*) in the hopes of providing all with more knowledge and understanding.

The FAQs and SAQs below cover everything from exactly who can be a consultant/supervisor to what might take place in a session to why professional consultations are considered essential to work as a BCST. If you have questions or comments, please contact Linda Kurtz or Dave Paxson, 734-904-0546, lindakurtz@netzero.net, davepaxson@aol.com.

What is professional consultation?

As we mentioned in the last *Cranial Wave*, the term *supervision* doesn't adequately embody the intent of the so-called supervision policy. We've asked members to contribute suggestions for a better term. We are provisionally using the term *professional consultation*. Other suggestions that have been made are *personal/professional consultation, mentoring, therapeutic support, professional therapeutic support, and personal/professional therapeutic support*.

We also need to find a name for the person you consult. Suggestions include *facilitator, helper, mentor, therapist, supporter, consultant, professional consultant, professional mirror*. Please submit your suggestions to Linda Kurtz and Dave Paxson.

How do I benefit from the professional consultation requirement?

- By having the RCST®, you are letting the public know that you are a professional who takes her 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.

ence, 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.
- You are listed on the website. More and more people are using our website to find practitioners.

Is there a legal reason for having the requirement?

Yes. 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. *We cannot simply award someone their RCST® and never require further development.*

Why not have continuing education requirements instead?

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.

What if I want to be a member and have graduated from a training, but I don't want to do professional consultations?

You can become a Graduate Member. As a Graduate Member without an RCST®, you will receive the *Cranial Wave* and the Member Handbook, are eligible for discounted conference fees, and can vote at member meetings. You will not be listed on the website, cannot use RCST® after your name, and cannot use the BCTA/NA logo.

Who can I use for my professional consultation sessions? I thought that I could only see a licensed mental health professional (social worker, psychologist, psychiatrist) for professional consultation.

You may use as a professional consultant *any person who has at least eight years experience in a field rele-*

vant 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.

The supervision policy has always allowed for this flexibility in the type of professional one may consult. Please note that this list gives examples, and that there are many other types of professionals who might fulfill the role of consultant.

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

- A knowledge of transference, countertransference, and projection and how it affects 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

What if I'm not sure if someone I want to use as a consultant qualifies?

Contact us. If the person has at least 8 solid years of experience providing reflection and help with issues around countertransference, then they should qualify. If you're not sure, email lindakurtz@netzero.net or call 734-904-0546.

The supervision form says they must be a "health-care practitioner."

Yes, this was a short-hand way the previous board found for encapsulating who could qualify. We are going to remove the word "health-care" from the form.

What are the exact requirements of the professional consultation policy?

- **Four sessions** per membership year (June 1 to May 31)
- With a practitioner who has at least **8 years of experience** in a field relevant to providing you with a **reflective presence** and help around issues of **countertransference** and/or other psychological issues
- With a practitioner who can reflect, mirror, and hold what you bring to the session
- There is no limitation on the type of professional you may use, provided they meet the above requirements
- Sessions must be **one-on-one** (group session do not count toward the four sessions)

- Sessions will ideally be in-person, but may be over the phone
- When renewing your RCST® membership, you need to submit **verification** of the four sessions as follows:
 - Your consultant's name, credentials, and number of years in practice
 - The dates of the sessions
 - The consultant's signature
- You do not have to use the form the BCTA provides; it is provided for your convenience.
- You may choose to have more than one consultant
- **Dual or reciprocal relationships** are generally **not permitted**.

Why can't we do group sessions?

Group sessions are valuable, and we encourage you to participate in them in addition to individual sessions. However, the requirement is meant to ensure a minimum amount of time spent with your personal process, something which cannot be guaranteed in a group context.

Why aren't dual relationships permitted?

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, she or he 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, contact Linda Kurtz or Dave Paxson to discuss it. Generally, we discourage dual relationships for professional consultation, and it is usually possible to find someone to work with whom you don't have a dual relationship. Of course, you can always work with someone with whom you have dual relationship, but, except in rare cases, the sessions won't count toward professional consultation.

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

That is permissible, provided there aren't 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 consultations with or do your consultations when you are in an area where there is someone you'd 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 don't really understand what projection and countertransference are.

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's 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 aren't aware 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.

In the question below, "*I still don't really understand what I'm supposed to do in a supervision/professional consultation session*," there are examples of issues you might bring to a consultation that address countertransference.

I don't feel like there's anything I need to discuss with someone else. It feels like doing the four sessions just so that I can keep my RCST®.

While the primary purpose of professional consultation is to help you deal with issues of countertransference in your practice, *anything* that is going on in your life is going to affect your practice. Issues around contact, money, authority, gender roles, and sexuality (to name just a few things) will all translate into how you conduct your practice and affect your ability to hold a neutral, reflective space. Relationship issues, hormonal imbalances, health issues, a death in the family, etc. affect our ability to be present, neutral, and reflective. A session might revolve around staying in your center in the face of whatever else is going on in your life. *You don't have to be wildly out of kilter to benefit from professional consultation*—you can use professional consultation to refine or improve your ability to sit in stillness and awareness in the face of whatever major or minor events are taking place in your life.

I feel like the idea of professional consultation is a good one, but I don't want to be told when to do it, how to do it, or how often to do it.

Many of us feel that way when we are told that we have to meet a requirement. In fact, these feelings make for great professional consultation material. Exploring this reaction (not with the goal of changing the feeling, but simply exploring it) would likely bring up rich material for personal process and, in addition, benefit your practice greatly, because many clients come in with exactly these same feelings.

Well, it might benefit me and my clients to explore it, but I still don't like it. Why can't professional consultation be voluntary?

There are a number of reasons for requiring, rather than recommending, professional consultation. The nature of biodynamic practice requires that each of us be engaged in *ongoing efforts to improve both ourselves and the content of our practices*. Other requirements (such as continuing education) could meet the general goals of general personal and practice improvement, but because of the *deep relational nature* of biodynamic work, it is of critical importance that every practitioner keep continued awareness of the personal dynamics of projection and countertransference. 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.

Sometimes the practitioner can feel wounded or misunderstood in a session. Professional consultation provides a container for addressing any such hurts, making it less likely that the practitioner will carry any unresolved feelings into subsequent sessions.

It is the nature of countertransference that it is not always recognized. Thus, you might feel that things are going along smoothly when, in fact, something that is unhelpful to or counterproductive for you or the client is occurring. As the saying goes, “Self-diagnosis is a slippery slope.”

As a reminder: Pursuing RCST® certification is voluntary; if you choose to be an RCST®, professional consultation is required.

I feel like I have done enough personal work to not need professional consultation. I've done therapy, received cranial sessions, read lots of psychology, and I have a daily spiritual practice. I am able to be my own best counselor.

The reality is, we need reality checks, and those can come only from the outside. The need for outside, neutral facilitation is one of the underlying premises of the work we practice—by holding a neutral, appreciative space for whatever is in our clients’ systems, we allow them to move closer and closer to their unique authenticity. Just as this helps our clients, it helps us as practitioners, allowing us to serve our clients even more completely. The Breath of Life works through relationships.

I feel like when you tell me that we need reality checks, you are discounting the work I have done on myself.

Absolutely not. Each one of us has the potential for infinite growth. Our greatest teachers receive frequent supervision, and we are so appreciative of the personal work every one of us in this association has done.

How was the number of consultations—four per year—decided on?

Four is the minimum number of consultations recommended per year. It ensures that all RCST®s are involved in improving their practice but allows for the fact that for many practitioners, BCST comprises only part of their practice. Some practitioners have weekly or bi-weekly supervisions/consultations. Often, these are people with practices that are comprised wholly, or nearly wholly, of BCST and other deeply relational work. BCST teachers are currently required to have one supervision session after every five-day Foundation Training module. We encourage everyone whose practice is comprised of a great deal of deeply relational work to receive more than four consultations per year.

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?

You could bring any of these things into a consultation session, or you might have a very specific issue to deal with, perhaps an interaction that just happened with a client (or even the clerk at the grocery store). A therapist who has the skills discussed above will be able to take any of these issues and help you to unpack it. A session might start with talk, but move to some form of bodywork—for example, BCST, Focusing, SE. This is ideal, for we all know that body, mind, and spirit are intertwined.

You don’t know where a consultation session will go. You might come into a session with a specific issue about contacting clients and watch it morph into a session that deals with issues that go back to your early years. Then, as you move through your process, you begin to have insight into how you contact your own clients. There are no hard-and-fast boundaries between the personal and the professional here. As you work on relationship—whether therapist-client relationships or your personal, nonprofessional relationships—the issues that will help you to become a better practitioner will come to the surface to be observed, clarified, and transformed.

Whom do I contact with questions or feedback about the policy?

Call or email Linda Kurtz or Dave Paxson at 734-904-0546, lindakurtz@netzero.net, davepaxson@aol.com. ♦

Advertising

Submit all advertisements to lindakurtz@netzero.net.

Ad specifications are found at www.craniosacraltherapy.org under the tab *Newsletter*. To reserve ad space, contact Linda Kurtz.

Two Volunteer Opportunities

Many thanks to Rebekah Crown, RCST® for the great job she did answering emails from the public and members over the last year. She has decided to give up her post for the time being, and we are looking for another one or two members to answer emails. This volunteer position takes about 20 minutes a day, or an hour or two a week. We have generic responses to frequently asked questions, so the work is not too difficult.

In addition, Rebekah was sending out the mass emails that go to all members regarding association business. This is something that needs to be done infrequently and doesn't take much time. It can be done by a different person or by the same person who answers the emails. If you are interested or want to know more, please contact Edwin Nothnagel at edwinnothnagel@embarqmail.com, 919-349-3914. ♦

Welcome to Our Community

We have 12 new RCST®'s since the publication of our last newsletter. Congratulations to all on completing the Foundation Training and receiving your RCST® designation. We also welcome three new associate members and five new students.

RCST®'s

Selleana Dietz
Westcliffe, CO

Lenore Fritz
Independence, OH

Keiko Jensen
Petaluma, CA

Sarah Hallowell
Boulder, CO

Melanie Hegge
Long Island City, NY

Sandra Hoffmeir
New York, NY

Janet Laidman
New York, NY

Julie Manwiller
Seattle, WA

Lawrence May
Elmhurst, NY

Kerry McCann,
Petersborough, ON

Cesar Puello
Brooklyn, NY

RCST®'s, cont.

Monica Valenti
New York, NY

Associate Members

Jackie Emm
Charlottesville, VA

Moksha Kolman
Carrboro, NC

Carol Levine
Milltown, NJ

Student Members

Patti Bosomworth
North Vancouver, BC

Marcella Bottero
Venice, CA

Elan Freydenson
Fairfax, CA

Darcy Victor
Cranbrook, BC

Sohan Youngleson
Venice, CA

BCST in the News

The January/February 2009 online issue of *Massage and Bodywork Magazine* contains an article about various types of craniosacral therapy and an interview with one of our members, Peggy Risch, RCST®. Go to massagebodywork.idigitaledition.com/issues/4/. This takes you to the front cover. On the left side is a table of contents. Scroll down it by clicking on the down arrow to find the article, "Craniosacral Primer." Click on that and you'll get to the article. It starts out with a video that you can listen to, or you can click the Close button at the top of the video to go directly to the article. ♦

New Service for Members: Course Listings in the Wave

RCST® members now have the opportunity to list BCST and BCST-related courses in the newsletter. We are offering this free service so that our members have the opportunity to see all of the offerings out there and to plan their schedules and budgets well in advance. We are offering this on a trial basis. The editor has the discretion to determine what constitutes a BCST-related course and to list or not list any submissions. Please contact lindakurtz@netzero.net for information on how to format your listings. Due to the time involved in formatting numerous listings, those not properly formatted may not be run. ♦

Join the Primarywave

We invite you to join the Primarywave. Members of the BCTA/NA sit with Primary Respiration and the intention of peacefulness, 1:00–1:30 p.m. EST, every second Sunday of the month, as a way to strengthen our biodynamic community and perhaps encourage a shift toward world peace.

We encourage you to share your experiences during Primarywave with the community. Emails may be sent to sjberman@mindspring.com (Sarajo Berman) with "Primarywave" in the subject line.

Write for the Wave!

We are seeking submissions for the next issue of the *Cranial Wave*. I hope that you will contribute to our next issue. Articles, poems, book reviews, questions, and accounts of your experiences are all welcome. So are drawings and photographs. Share your thoughts and questions about Biodynamic Craniosacral Therapy with your fellow members.

Please send your contributions to the editor, Linda Kurtz, at lindakurtz@netzero.net.

New Board Members Critical to BCTA's Survival

It is absolutely critical that 7 BCTA members step forward to join the board. Over the past two years, Linda Kurtz and Edwin Nothnagel have given enormous amounts of their time and energy to keep the BCTA functioning *and* growing at a time when many thought it would die. Linda, the current president, is leaving the board at the end of her term on May 31, and Edwin will leave the following May. It is time for a new generation to step forward and build on the progress of the past two years. A good foundation is being laid. If at least 3, but preferably 5 to 7, members who will *follow through* on tasks join the board in the next few months, then the we can continue to move forward.

Joining Edwin, Marilyn, and Dave on the board is a way to experience tremendous personal and professional growth. That in itself is reason enough to join, but in addition, as a board member, you will help BCST and this organization grow and you will develop greater community.

Over the past two years, the board has finished the BCTA's incorporation as a 501(c)(3), put on a conference and produced a newsletter that have built more community, clarified the supervision (professional consultation) policy, begun to heal the years-long rift be-

tween the teachers and the board, and developed a process whereby, under certain conditions, people trained outside the BCTA can gain RCST® status. Other projects are in the works, but won't progress much without people behind them.

The board needs people who will follow through on their commitments. Although a person can choose to join the board and just coast along and offer opinions at board meetings, this doesn't provide much benefit to the organization. We are looking for people with follow-through; who consider all points of view, knowing that dialog is crucial to development; who consider the long-term consequences of actions; who keep moving forward but who don't rush to action just because someone tells them something is urgent (it usually isn't); and who can attend to the nitty-gritty (and sometimes tedious and boring) details that are sometimes part of board work. You may not have all these qualifications, but if you have some of them, you could be a wonderful asset to the board.

To keep the benefits you derive from this organization—the conference, RCST® status, newsletter, community, website referrals, etc.—we need you to join the board or nominate someone you know. Contact Edwin Nothnagel at 919-349-3914. ♦

Thoughts on the Importance of Having a Reflective Mirror

Mike Boxhall, RCST

Mike Boxhall, RCST, FCSTA, has been a practicing therapist for thirty years in the fields of counselling, Jungian psychotherapy, acupuncture, and craniosacral therapy. He served on the BCTA/NA board from 2003–2006. His website is www.stillness.co.uk/.

In my view, in any organization of therapists the client's safety is paramount. If a practitioner is not clear in himself/herself for whatever reason—be it that they are in the middle of a divorce, their dog has just died, or they have a splitting migraine—then dis-ease is inevitably what they are communicating to the client at some level, even though they think they are doing nothing more than holding their client's sphenoid at the edge of resistance.

It is very hard for any of us to be fully aware of our awareness or lack of it, although the potential to do so is what separates us from the animals, trees, insects, and everything else. On this Biodynamic path, it is useful for each of us to develop a trusting relationship with another person who accepts the responsibility of being a mirror—a mirror without judgment, a clean mirror that reflects what we are saying, doing, and showing in a way that is fresh and enables us to modify them, if we so wish, rather than react. Sitting with another person whose specialty is to listen, hear, and mirror back our

condition without judgment increases our awareness of ourselves and our current conditions. It brings into the foreground the space between the notes, and this allows us to change our habituations and the disempowerment that is created by our undigested life experience (undigested because we aren't aware that it is happening).

If one is mending a motor car, then there is a clear protocol. If one is working with a wounded, ill, unbalanced, or dis-eased human, the situation is not so cut and dried—there is not a protocol or recipe for working in such cases. I so love this work and am so involved with the infinity of levels at which we can affect each other that I am not prepared to take any chances with what is passing between myself and my client. This is basically why I labor stillness. Stillness is not nothing happening; it is the ability to be able to be aware of what is happening—in myself—without being attached to it. As I said, it is very difficult—if not impossible—to be fully aware of all of our processes, judgments, and dis-ease without the mirror of another to reflect them back to us. It is for this reason that I believe that consultation with someone whose life work it is to mirror is imperative if I am to maintain and further develop my awareness in stillness. This work is a life-time of expanding awareness, not of acquiring skills. ♦

Photographs from the 2008 Conference



Photographs from the 2008 Conference



LETTERS

Website Development Committee

The Website Development Committee is being formed with the goal of improving our website's navigability and appearance. Our website is an important part of maintaining community in our field and advertising our work to the public. We are asking for volunteers with a variety of talents and skills. First, we are looking for volunteers who have a website development background. Second, we are looking for members with a good eye or with general design skills and experience. In addition, we are working toward increasing the literature, links, and other resources that are included in the website. Have you written or do you know of any articles, research, or other contributions that we might include for member and public education?

If you would like to help out, either as part of the committee or with resource to include, please contact me at davepaxson@aol.com.

*Dave Paxson, RCST®, Treasurer
Conway, SC*



Your New Volunteer Coordinator

My name is Stephanie Rogers. I am a craniosacral therapist and yoga teacher (yes, yoga on the beach and craniosacral under the trees!), dividing my time between Fire Island, New York, and Santa Fe, New Mexico. Somehow I ended up volunteering and became the Volunteer Coordinator for the BCTA/NA. All well and good, but now I need some volunteers to coordinate. I have contacted many members via email and telephone, and now have four new volunteers. Many others were happy to have been contacted, but didn't feel that they could volunteer at this time.



My request is that each one of you look inside yourself and see if you can't find some time or skill to offer. Each one of us is working hard to stay afloat as therapists. Many of you indicated that you wanted more from our organization—benefits, information, etc. With your help we can grow enough to offer more benefits to each of us. Without your participation, we can only offer as much as our already overworked board members are able to take on.

*Please, please, call or email me and justify my existence in this world and our organization! Bring some meaning into my life by volunteering to volunteer *in the future* if you can't volunteer now. I promise to keep all the jobs to a manageable (read, *small*) size, with a minimal to moderate outlay of time and energy. You can reach me at stephsbodyworks@mindspring.com, 970-618-6899.*

Thanks to all of you who attended this year's very successful Breath of Life Conference. It was put together by our board, one volunteer, and one of our teachers. Quite a few members took on jobs at the conference itself, and I want to thank them for the great job they did. Some of the people who organized this year's conference are already at work on the

next one, which will be in California in 2010. If we *all* chip in we can make the 2010 Breath of Life Conference breathtaking!

*Stephanie Rogers, RCST®
East Islip, NY*

My Experience of the Breath of Life Conference

In the beginning of the year, I felt drawn to go to the 2008 Breath of Life Conference but was unable to make a commitment, as I was closing one office and looking to open another and find practitioners to work with me in it. I volunteered to help our organization call members about the conference and also to see if they would like to volunteer in any other capacity. I have a great passion for Biodynamic Craniosacral work, and I wanted to do anything I could to help keep our association going strong. After talking to members from different parts of our country, I felt good inside and like I really belonged to the organization and was making a difference. I highly recommend helping with phone calling. The connections I made gave me the desire to attend the conference in the hopes of meeting some of the people I'd spoken to.



Well, time went on, and suddenly it was past the deadline to sign up for the conference at the reduced rate. Then my plans for the office fell through. I felt exhausted and not inspired about my work. Our Infinite Source, along with Edwin Nothnagel, gave me the opportunity to attend the conference.

The conference volunteers, the hotel, and the food were all wonderful. Everything ran smoothly, and I enjoyed the presentations. The one Christopher Muller did on working with the knee was most helpful. I've been using what I learned in that workshop on my clients, and have had success in either eliminating their pain or getting clarity within myself that they should see a chiropractor to adjust their foot. During the conference, I got to reconnect with my teacher, Roger Gilchrist, whose workshop, "The Spiritual Implications of Nerve Facilitation," I thoroughly enjoyed, as it was a refresher for me.

I enjoyed our closing ceremony. The circle that we formed symbolized for me that we will all be connected even when we leave the conference. I look forward to the next one!

*Rosemary Meyers, RCST®
Warminster, PA*

Sills's "Being and Becoming" Workshop

I very much enjoyed attending the three-day post-conference training "Being and Becoming" with Franklyn Sills. As a more recent graduate (July 2007), I had never met Franklyn, and it was important to me to go to the source, so to speak, of this amazing healing modality.



*Debra Hodgen, RCST®
Vista, CA*

Thank You, Conference Volunteers

A heartfelt thank you is extended to all those who volunteered with the 2008 Breath of Life Conference. It was a pleasure to meet, be with, and work with all of you. It was your contributions that helped make the conference a resounding success. Our thanks to conference volunteers:

Diana Scammel	Nancy Willis
Melanie Maupin	Annie Freeman
Susan Shakespear	Terry Noalani
Debra Hodgen	SaraJo Berman
Brissa Stevens	John Stevens
Katy Stewart	Jo Hadlock-King
Cynthia Flowers	

Our thanks also to the many people who helped at the conference on the spur of the moment.

The 2008 Conference Committee:

*Edwin Nothnagel, Mary Louise Muller, Carol Verner,
Dave Paxson, Marilyn Angell*

Impressions from the 2008 Conference

The 2008 conference was the first one I'd had the chance to attend. I was eager to meet and be with other practicing CST's, and to meet people with different training backgrounds. As the only practitioner of BCST in my area I often feel isolated in my work, so it was good to meet so many wonderful people working in so many different ways. The opening lecture by Franklyn Sills was inspiring and put so elegantly the marvels of creation. As a student of Roger Gilchrist, who himself was a student of Franklyn's, it was a feeling of connecting with the "source".



I came away from the conference feeling that it's not the details that matter so much as the connection we make in our work with the human incarnation of universal energy, an awesome opportunity. Sometimes we get concerned with working with the aches and pains, and lose sight of the deeper connection we wish for our clients to find.

There were two frustrations underlying the conference for me. One was the difficulty in hearing many of the speakers and the audience members who contributed questions and comments. One participant bravely came forward to ask that people speak up and I agreed with her wholeheartedly! When that becomes difficult, frustrations build and walls are created. What happened at the conference was, from my perspective, not so much that the "public address" system was bad, but that the speakers did not speak to the whole room. This makes it difficult for even border-line "hearers" to appreciate what is being said. The speakers need to be confident enough to voice their ideas clearly and with projection to all those present, not just to the front row!

One of the major ideas I got from Franklyn's workshop was the human need we have from birth to be really "seen", supported and acknowledged for who we are, having our "essence" acknowledged and letting ourselves love and to be

unconditionally loved. Our work is about developing the ability to connect heart to heart and to enable them to heal interpersonal wounds. I'd like to add that they need to hear and be heard, also.

The other frustration occurred in the general meeting. For almost two years I had been looking forward to the chance to discuss the supervision requirement, with which I have strongly disagreed. I wanted to hear what others had to say, both to know that I wasn't the only one against the requirement and to hear why others thought it was important and necessary. When the time came for this VERY important discussion, we had barely 10 minutes left. This was hardly enough time to discuss one of the most important and controversial edicts for our membership. Though a very few of us got a chance to speak briefly, it was clear that feelings ran high in both directions, and many more people had things to say. Not to happen-the meeting was over. For something that so affects all of us, I hope there could be some chance for feedback on this issue, perhaps a "referendum" or questionnaire is in order? Unfortunately the next convention is a long-time away and we are stuck with this requirement until then! How can we share our views on this before then? [Editor's note: At the meeting, members voted to extend discussion time, so there was about a half hour for discussion. For notes on the discussion, see pp 17-18 of this issue. We continue to encourage members to write to the board about this issue at lindakurtz@netzero.net or davepaxson@aol.com.] I'd also like some clarification on the type of practitioners who can qualify to be our supervisors. [Editor's note: see "Professional Consultation (Supervision) FAQS and SAQs" on pp 6-10; the website; and the Fall 2006 through Summer 2008 Cranial Waves.]

My reactions and some thoughts on the supervision requirement.

The supervision requirement is one that I feel so strongly against that I've given up my hard earned and deserved status as a Registered CST rather than fulfill it. Here are my arguments against it:

1. It violates my integrity as a resourceful and self-reliant individual.
 - It makes me feel that the board doesn't consider me mature enough and able to maintain and be in my own process.
 - It makes me feel that the resources that we were taught in our training are not considered adequate for our own professional maintenance.
 - It says that only certain types of mental health professionals can help with this process, but doesn't clearly define "who" this is. [Editor's note: There has never been a requirement that a supervisor be a mental health professional. While the type of professionals that can be used has always been quite varied, and examples of types of practitioners have been posted on the website and mentioned in newsletters since the policy's inception, many people have been confused about who qualifies.]
 - It assumes that the practitioners we are allowed to access are somehow endowed with the power to help us.

- It makes me feel as if I'm missing something if, at the grand old age of 60, I can't handle my own process and deal with those of my limited client base without taking on their stuff or harming them with mine.
- 2. From a financial standpoint it would be a hardship for me to spend the little money I make on my few sessions a month (I charge \$60) on a possibly expensive therapist. Believe me, if I thought I needed help I would not hesitate to visit someone who could help me!

3. I don't happen to have anyone with the needed qualifications to turn to for this support. Finding someone I'm comfortable with who understands what I'm doing is a challenge in itself. As I was picturing this interaction in the early days of finding out about this requirement I found myself unable to even know what to say – I just don't feel that I need to pay to talk to someone about my interactions with my clients, nor my own problems. My friends and husband serve that purpose just fine at this point in my life.

4. The RSCT status doesn't really give me any professional credibility in my state of Ohio, which doesn't recognize any CST at all, and who only gives credence to a massage therapy.

Those are the main points I brought up in the meeting. The more I considered this requirement, the more I was convinced that I could not in good conscience fulfill them.

On another note-one of the best sessions I had at the confer-

ence was a lunch round-table discussion with several people in which we described our practice, our fees, our business practices, our advertising, our follow-up. Very helpful! Might be good to have a practice organization session at a future conference.

Thanks to all who work so hard behind the scenes to make this organization work.

*Barbara Lambert, Graduate Member
Cincinnati, OH*

Liability Insurance for Members

The BCTA/NA has established a relationship with Associated Bodywork and Massage Professionals (ABMP) in order to provide our members with an easy and reasonably priced method of acquiring liability insurance. Among other benefits, you will be covered for liability at the rate of \$2,000,000 per incident as well as have the option of being listed on ABMP's nationwide network of bodyworkers. Unfortunately this offer is not available to our out-of-U.S. members.

Currently this listing will be under the heading *Cranio-Sacral Therapy*. Once 50 of our members are registered as ABMP members, they will add a *Biodynamic Craniosacral Therapy* listing. For further information, please visit their website at www.abmp.com or phone them at 800-458-2267.

BOOKS & BONES

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Museum quality dis-articulated skull, hand molded. Replicates the weight, feel, color and texture of real bone. Vault and base will re-articulate. Open mytopic suture. Hard shell, foam lined case. Call for more details

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For Class Information www.lifeshapes.org

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Restoring Resilience in the Nervous System	Aug 19-22

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Also Pre and Peri-Natal One Day Classes
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Minutes of the BCTA/NA Member Meeting

BCTA/NA GENERAL MEETING OF MEMBERSHIP

September 20, 2008

Cary, North Carolina

BOARD MEMBERS PRESENT

Linda Kurtz, President
Edwin Nothnagel, Secretary
Dave Paxson, Treasurer
Marilyn Angell

AGENDA

President's report
Treasurer's report
General discussion
Supervision discussion

The meeting was called to order at 2:30P.M.

PRESIDENT'S REPORT

Linda briefly described the current state of the organization.

For about a year-and-a-quarter, the Board took on the tasks of the administrative director, which was a huge amount of work. Beginning part-way through this year's membership renewal, many of the administrative tasks (including membership renewal) formerly handled by Clare Bonser are being contracted out to a professional office services company.

In addition, a number of people have been volunteering with the BCTA, helping out with administrative tasks and phone-calling.

Volunteering is a great way to create community, and Linda thanked all of those who have been calling members and contributing in other ways.

More and more people are submitting articles, poems, and essays to the *Cranial Wave*. Linda encouraged all those present to contribute to the newsletter and said she hoped that everyone at the conference would contribute articles and essays about what they learned and experienced at the conference.

BCTA/NA has achieved (501)(c)(3) nonprofit corporation status in the United States. This means that anyone who contributes to the BCTA can write off the contribution on their taxes. It also allows us to become part of some organizations that lobby on bodywork issues before state legislatures and Congress.

TREASURER'S REPORT

Dave Paxson, Treasurer, gave an update on the finances of BCTA/NA. He prepared a BCTA/NA balance sheet (which adjusts for accounts payable) as of 5/31/2008. He said that a 5/31 closing date was somewhat problematic in giving an accurate picture of the financial situation because it occurs in the middle of the



membership renewal period. In the future, Dave will be working on a December 31 financial statement in addition to the current May 31 statement.

As of May 31, 2008 BCTA/NA had \$35,500 in the checking accounts. Estimates for the net expenses between May 31 and Sept 30 are \$15,000, leaving a reserve amount of about \$20,000. He recommended that after the conference the organization look at investing \$10,000–\$20,000 in one-year CD investments. A financial statement for the year 2008 will be sent to the membership in early 2009.

GENERAL DISCUSSION

Time was provided for members to ask questions and discuss anything they wished. Most of the discussion centered around ideas for furthering the work of the organization.

MEMBER IDEAS GENERATED FROM GENERAL DISCUSSION

- Sliding scale for conference fee
- Volunteer task descriptions
- List volunteers tasks on website on a monthly basis
- Post current volunteer tasks at this conference
- Members ask people they know with a specific expertise to donate their talents to the organization—they could offer the person bodywork in exchange for their contribution
- Start a research committee
- Pursue grant money that is available to us because of our nonprofit corporation status
- Contact the student currently doing research on the meditative aspects of craniosacral therapy on clients, practitioners and teachers
- Offer and advertise conferences and trainings nationally and regionally
- Provide community outreach

- Stephanie Abramson said that she knew quite a few people who are not members of BCTA/NA who found out about the conference at the last minute and would have been interested in attending if they'd had more notice. She suggested that we find a way to get the word out to people who have taken the foundation training but have not joined the organization. One suggestion is that the teachers provide a list of students who have completed the training—the association could then send them information about upcoming conferences.

SUPERVISION DISCUSSION

The board had allotted one hour for discussion of supervision. However, the Member Meeting had been shortened due to last-minute conference changes, and the President's and Treasurer's reports lasted longer than expected. Member General Discussion went on for much longer than planned, as members were very interested in contributing ideas and asking questions and wanted to continue that discussion before moving on to discuss supervision. About 15 minutes remained for discussing supervision. The members decided to shorten their break before the next conference presentation. This added about 15 minutes to the meeting time, so that there was about a half hour for discussion of supervision.

Linda opened the discussion, noting that there has been a lot of confusion about what supervision actually is. She noted that many members felt like supervision had been sprung upon them at the 2005 conference and that it had never been made clear exactly what supervision is. She said that the board wanted to provide a forum at the conference for discussion around supervision. Linda then turned the discussion over to Dave Paxson.

Dave noted that he and Linda had written an article to address supervision issues and questions. This article appeared in the 2007 edition of the *Cranial Wave*. The article was based on discussions they had had with past board members regarding the need for clarification of the meaning of supervision.

Some at the meeting had read the article, some had not. Dave Paxson summarized the points of the article and noted that copies of the *Wave* containing the article were available at the conference. The board said that it wants to provide a continuing forum for discussion around supervision and asked members to send their thoughts and ideas about it to them. The issue was then made open for full discussion by those in attendance.

MEMBER COMMENTS ABOUT SUPERVISION

(We have noted the names of members with their comments where the name of the person speaking was known.)

- Supervision provides for self-reflection and self-care and personal and professional growth
- Sharon Porter said that there should be more flexibility around dual relationships with supervisors; see research of Ofer Zur

- Ray Castellino said he has created a form on supervision for bodyworkers and would be happy to share it with the organization
- Change name of supervision to “therapeutic support” or “professional therapeutic support” or “personal/professional consultation” or “personal/professional therapeutic support”
- Most certifying organizations require CEUs rather than supervision to maintain certification status
- BCTA/NA is not responsible for a practitioner's self-care but is responsible for ensuring that practitioners are skilled to work
- Don't make supervision mandatory
- Supervision requirement may cause younger members to leave the organization due to the added expense
- Supervision is needed because practitioners can sometimes not be aware of their issues
- CEUs do not achieve the same goal as supervision, which is self-care
- Supervision does not guarantee that you will have clarity around your issues. Must also use other resources for self-care.
- Need clarity around what should happen in a supervisory session
- Linda Kurtz and Dave Paxson are board contacts for questions regarding supervision
- Supervision does work for some in self-care
- Franklyn Sills said that the intimate nature of craniosacral therapy makes it difficult for a practitioner to hold all on their own. You need support with this. He said that four supervisions a year is a very minimal requirement. He receives a supervision session every two weeks.
- Professional organizations support their members, and supervision is one way BCTA/NA supports its members
- A supervisor is someone who helps you hold and reflect your issues
- CEUs would be much more costly than supervision ♦



2008 Financial Statement & Report

BCTA/NA 2008 Income Statement

(1/1/08 to 12/31/08)

INCOME

Conference Income	\$22,205
Membership Fees	
Graduate and RCST®	31,680
Student and Associate	1,100
Teachers	4,950
TOTAL INCOME FOR 2008	\$ 59,985

EXPENSES

Conference	\$30,130
Website & Telecomm.	3,828
Office Services and Supplies	4,260
Publishing, Printing & Postage	5,015
Board Meetings	6,572
Teacher Meetings	4,072
Other (Insurance and Fees)	1,543
TOTAL EXPENSES FOR 2008	\$ 55,420

NET INCOME FOR 2008 **\$ 4,565**

BCTA/NA Treasurer's Report

As of December 31, 2008, BCTA/NA had net assets of \$41,780. Total income for 2008 (including the Conference) was \$59,985. Total expenses (including the 2008 Breath of Life Conference) came to \$55,420. For 2008, income exceeded expense by \$4,565.

This was the second consecutive year of income exceeding expenses, allowing the organization to increase the level of funds for an operating reserve. This reserve will be sufficient to cover expected costs until new membership income is received in May and June of 2009. It is appropriate to again acknowledge and thank Edwin Nothnagel, Linda Kurtz, and Sharalee Hoelscher for taking on a great deal of extra and time-consuming administrative work (work that is normally contracted out) over the past two years. This helped ensure the building of our financial reserves. Their efforts went far beyond what is expected of volunteers, and in that regard it is planned that this year there will be more expenditures for the contracting of office services, publishing, and mailing.

It is likely that the changing economic conditions of 2008 were partly responsible for conference attendance being lower than expected. The conference was operated at a loss of about \$8,000. However, even in good times it is the intent of the organization to subsidize and financially support the conference to some extent. Furthermore, conferences for organizations like ours usually operate at a loss. Our next conference will be in September 2010.

David Paxson, RCST®, Treasurer

Membership Renewal Changes

This year all aspects of membership renewal will be managed by an office services firm, Your Office USA. This is in line with our plan to contract out administrative tasks so that the board does not have to continue to perform them. Our contact with Your Office USA is Joe Floyd. If you have questions regarding membership renewals, please call 919-863-4100, Monday through Friday, 8a.m.–5p.m., Eastern Time. We recently sent out an email about member renewal, and you will soon receive a renewal package through regular mail.

If you are able to pay by check, we appreciate your doing so, as credit card companies charge a fee for every renewal made by credit card. That way we can keep a little more in the Association coffers.

Your renewal must be *postmarked* by June 1 to avoid late fees. The cost of processing membership renewals is increased when membership renewals are late. The late fees are designed to cover this additional cost and not as a punitive measure. In addition, the Member Handbook, which lists all of our members' contact information (not all members choose to be listed on the website), will be published soon after all of the on-time memberships are processed. For you to be listed, it is

imperative that you renew on time. Many members use the Handbook to refer clients who are moving to practitioners in other localities; in addition, the board uses it to refer members of the public who call looking for practitioners in a particular area. ♦

Membership Categories

We have slightly redefined three of the six membership categories.

1. Student membership is now \$25 per year, making it very affordable for Foundation Training students.
2. RCST® is now a separate membership category (which most people probably already thought it was). Formerly, RCST® was considered a designation or status within the category of Graduate Member. Now, for the sake of clarity, it has its own category.

Teachers and RCST®'s may list BCST-related courses they are teaching in the *Cranial Wave* newsletter. Email lindakurtz@netzero.net for information on how to format your listings. ♦

Important Information for RCST®s

Many of our practitioners, both new and long-time, are unaware of the policies we have regarding the use of our trademark (RCST®), the use of testimonials, and the spelling of the modality we practice. Please read through the following to make sure that your advertising materials and web pages comply with these simple rules.

It is important that all practitioners follow these rules for a number of reasons:

- **Differentiation from other forms of craniosacral therapy.** Our trademark, the term *Biodynamic Craniosacral Therapy*, and the form of our testimonials help differentiate us from practitioners of other types of craniosacral therapy. The more the public becomes aware of the special nature of BCST as a healing modality different from other types of craniosacral therapy, the more people will seek out this type of cranial work and the more our individual practices will grow.
- **Keeping our trademark.** To keep our legally recognized trademark (RCST), RCST®s must use the RCST designation *with* the trademark symbol.
- **The principles of BCST.** The rule regarding testimonials makes it clear that it is the work, not the practitioner, that is doing the healing and steers us from the path of prideful self-promotion and competition. The work speaks for itself.

Trademark

The trademark symbol ® serves to distinguish us in the marketplace as highly trained biodynamic practitioners. It indicates that the mark has been awarded to the user and is protected by copyright law. It is *required* to be used with the RCST designation; thus, RCST®. Preferably the trademark symbol ® will be superscripted, as follows: ®. The ® need appear with RCST only once in an article and once on a web page, even if *RCST* appears more often. See the Fall 2006 *Cranial Wave*, p 5 for more information.

Spelling

The approved name and spelling of the modality is *Biodynamic Craniosacral Therapy*. Please make sure that you are spelling it correctly and not using the spelling used by the Upledger Foundation.

If you are using the RCST® designation, you *must* use the term *Biodynamic Craniosacral Therapy*, not simply *craniosacral therapy*. However, on business cards, Yellow Pages ads, and other places where the

entire term will not easily fit, you may omit the word *Biodynamic*.

Testimonials

Under our Ethics Code, adopted in 1999, RCST®s may use testimonials from clients regarding the client's experiences with Biodynamic Craniosacral Therapy as a modality. However, practitioners may "not use testimonials from clients regarding the quality of their clinical services; nor do they use statements intended or likely to create false or unjustified expectations of favorable results; nor do they use statements implying unusual, unique or one-of-a-kind abilities." [Principle 4.c.] Please see the Fall 2006 *Cranial Wave*, p 2 for examples of the types of testimonials you may use. The *Cranial Wave* may be found at our website under the tab Newsletter.

Name of the Association

The name of our association is the *Biodynamic Craniosacral Therapy Association of North America*. Please update your website and written materials.

The acronym is *BCTA/NA*. Note that there is no S in the acronym: B-C-T-A / N-A. ♦

Amber

I prefer
To compare.
Such
Is the half life,
Ice dangling
In the river...
Bedded.

I prefer
To smile.
Such
Is the essence
That makes light
And bushes...
Belonging.

Ginger Ingalls

Continued from page 4

individuals with injured spinal cords and other forms of paralysis to find movement by enhancing the flow of information with breath and sound. Her three anatomies relate to the varying degrees of flow she has observed in Continuum.

Conrad's "cultural anatomy," comparable to the CRI, refers to how our tissues are organized during everyday activities. In modern life, these involve high speed and constant stimulation. Bombarded by computer screens, fast-moving cars, and having to get things done, our bodies and focus become narrow and linear. Notice how your body feels if you think about being late for an appointment and trying to get through traffic while using your cell phone to call the person you are late to meet. Chances are your breath is shallow and rapid and you find yourself leaning forward in what Conrad terms a *forward thrust*.³

When we first make contact with someone during a BCST session, we may encounter this cultural anatomy. The tissues feel rigid, dense, and relatively solid. According to Conrad, the flow of information in this state is narrow and limited. Similarly, in the CRI, perception is localized; we perceive the movement of bones and tissues in a relatively isolated, linear way. For example, we might observe a torsion in the movement of the sphenoid bone in relation to the occiput, due to a specific injury. The CRI expresses the results of personal history, how the system has adapted to cope with the various insults, traumas, and events of life.

As the client begins to settle, the tissue softens, widens, and spreads. We sense more fluidity as things slow down. We may begin to sense the gentle fluctuations of a mid-tide. Instead of focusing on parts, we perceive a whole, integrated system. The bones seem to soften and melt. The occiput and sphenoid become expressions of the whole, floating in an internal ocean with every structure in the body. We have entered the "primordial anatomy."

In Continuum, we experience the primordial anatomy as wave-like undulations through the body. They

can occur anywhere and everywhere simultaneously, rather than following a linear sequence. Conrad terms this a "species-inclusive" state, where we may move like an octopus or amoeba or reptile. It is a state of wholeness, where the bio-intelligence of every species is available to us through resonance. Our automatic, patterned responses begin to dissolve, making more novel, creative responses available. This often feels and looks like embryological movement.

In the early embryo, swimming in its own private sea, cells are undifferentiated. They are capable of becoming whatever is needed in the body. They can develop into heart cells as easily as brain or liver or bone cells. Over time, most of the cells of the body differentiate away from this adaptive potential. In the primordial anatomy, it is as if we re-enter that embryonic state. Our potential broadens. We find ourselves moving outside of familiar, utilitarian patterns. Information that was previously unavailable to us now enters our flow. The forward thrust of the cultural anatomy gives way to spreading, widening, and restoration. Movement is no longer linear; it becomes omnidirectional and often deeply pleasurable. "Descriptions soften as classifications of body parts become less distinct and we become a pulsating holosphere of interpenetrating waves."⁴

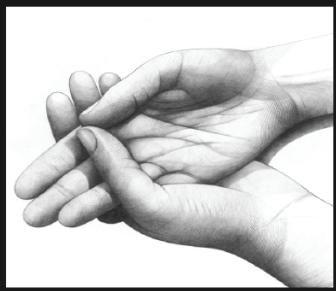
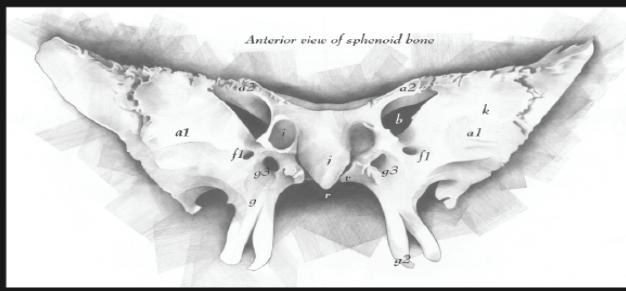
Working with the mid-tide in BCST, we perceive the potency, or life force, in the fluid. We may sense the embryonic forces that formed us and continue to be active throughout life, representing the "Original Blueprint," or how we were designed to be prior to personal history.

BCST may be considered a practice in shifting perception. We are poly-rhythmic beings. As we slow down, our perception broadens and deepens to include the slower rhythms. When we settle enough, we become aware of the long tide. In Continuum, we experience the stillness of the "cosmic anatomy." An arm or leg, devoid of its usual density, floats effortlessly in the air for unbelievably long periods of time. We seem to be beyond time in a profoundly spacious realm, apparently one with the cosmos. Conrad notes that such effortless suspension indicates that we are being sustained by a

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*Visual studies of elements
and treatment protocols in the art of CranioSacral Therapy*

CSA

Anterior view of sphenoid bone



greater field. She writes, “If you were to encounter an extremely slowed-down octopus whose tentacle kept elongating almost to infinity, this approximates what tissue structure of the cosmic anatomy looks and feels like.”⁵

This could be a description of how it feels to palpate the long tide. It seems to go on, elongating and widening forever. This is often accompanied by a sense of deep peace and sparkly lightness, with personal history receding to the background. Conrad writes of the cosmic anatomy: “There is an inner silence and something that may be called ‘beyond calm.’ There is a sense of unity; one might say that the person at this moment is in a state of receiving divine sustenance, in which pure unadulterated nourishment is available.”⁶

Working with the long tide involves surrendering to that mysterious element beyond ego understanding. Rather than determining and controlling what the client needs, we rest into a larger field and allow the inherent treatment plan to unfold. Sutherland writes of the tide: “You will have observed its potency and also its Intelligence, spelled with a capital I. It is something that you can depend upon to do the work for you. In other words, don’t try to drive the mechanism through any external force. Rely upon the Tide.”⁷

BCST practitioners aim to provide an environment that supports the client’s system in dropping into slower, deeper states where the tide can do its work. In states of relative stillness, the system reorganizes itself, discharging old patterns and reorienting toward the Health, or Original Blueprint. In Continuum, we create a similar environment by engaging in specific sequences of sound, breath, and movement “designed to elicit new responses and tissue re-organization.”⁸ We then take time for “open attention,” just observing how the organism responds. Like BCST, Continuum includes an inherent trust that “our bio-intelligence knows exactly what to do and where to go without any instructions from the host. The River of Life carries with it planetary/cosmic intelligence. In this swell of life, the protozoan, filamental, undulating whispers of eternity express all life forms that

were here before we were—all carried in the holy spirit of water.”⁹

MOVING BEYOND TRAUMA AND PERSONAL HISTORY

As we allow ourselves to drop into deeper, slower states, our history loosens its grasp. Continuum, like BCST, acknowledges that past trauma may emerge when we move beyond old habits and patterns that have kept it safely contained. The very slow movement of Continuum facilitates a gentle release of trauma or other aspects of history. Unlike many therapeutic techniques, Continuum seeks not so much to dislodge old patterns as to undifferentiate tissue and access the creative lushness we have forgotten. In the cosmic anatomy, history loses its hold. Instead, we are sustained by something deliciously pleasurable.

Body-mind therapists and bodyworkers have long noted that unresolved trauma emerges as old patterns release. Many have encouraged cathartic release of old emotions. In BCST, we focus on accessing resources available in present time, rather than diving in to the pain of the past. Influenced by the Somatic Experiencing work of Peter Levine, we support our clients in slowing down, tracking bodily sensations, and including in their awareness what is O.K., or even pleasurable, in their bodies and lives. From this more resourced state, it becomes possible to touch in on the pain of the past and discharge it gently without overwhelm. Continuum is a perfect complement to this process.

I find that the breaths, sounds, and movement of Continuum help my BCST clients to access resources they have been unaware of or have trouble finding in other ways. I often introduce Continuum to help clients settle more deeply, either before or during table work. What happens when we include Continuum sounds during a session can be truly astonishing. Areas that have been holding or very slowly letting go dramatically shift as we begin sounding. After the session, I frequently give clients a Continuum assignment to help them maintain, integrate, and deepen the work we have done during the session. Continuum can be a form of self-treatment between sessions.

I also find Continuum invaluable for BCST students and practitioners. Continuum facilitates settling into deeper, more fluid states, enabling us to support our clients to do the same. Students often comprehend Biodynamic principles and drop into the slower tides more readily after even a brief Continuum experience. Continuum can also help them to experientially learn about relevant anatomical structures within their own bodies, which facilitates recognizing them in clients.

In BCST, the sensitivity associated with the slow tides requires that practitioners carefully negotiate physical and energetic contact with clients. The therapeutic relationship between therapist and client is essential to



the treatment. Unlike many forms of bodywork, BCST practitioners talk with their clients as needed throughout the session to ensure their sense of safety, support them in staying present in their bodies, and guide them in negotiating discomfort or trauma that may emerge.

Following specific sequences in Continuum serves as an anchor when diving into unbound depths. For some, however, this is not enough to prevent dissociation. Those with trauma in their histories may need the relationship and presence of a therapist to help them learn to stay present as they slow down or close their eyes. Conrad often describes the difference between a visionary and a lunatic as relevancy. We need to be present with our experience so it can inform us in our lives. With awareness, we can become “Broadband Virtuoso(s),”¹⁰ capable of meeting whatever arises with flexibility and resilience.

As a visionary, Conrad has brought to us a highly relevant approach to health. Similarly, Sutherland’s “crazy thought” seems not to have been so crazy after all. With gratitude I appreciate the paths these two have cleared. They seem to easily converge as they lead us to the waters of health so needed in these challenging times. ♦

Notes

¹ Sutherland, A, p 13

² Conrad, p 296

³ Conrad, p 301

⁴ Conrad, p 311

⁵ Conrad, p 312

⁶ Conrad, p 314

⁷ Sutherland, W, p 14

⁸ Conrad, p 315

⁹ Conrad, p 315

¹⁰ Conrad, p 328

References

Conrad, Emilie (2007). *Life on Land: The Story of Continuum*. Berkeley, CA: North Atlantic Books

Sutherland, Adah (1962). *With Thinking Fingers: The Story of William Garner Sutherland*. Indianapolis, IN: The Cranial Academy

Sutherland, William G. (1990). *Teachings in the Science of Osteopathy*. Fort Worth, TX: Sutherland Cranial Teaching Foundation

UK 2009 Cranial Conference

The 2009 United Kingdom Breath of Life Conference will take place May 23 and 24 in London. It will explore factors beyond the physical form that organize how we function and will provide a forum and meeting place for exchanging ideas at the cutting edge of holistic healthcare. Presenters include Jean-Pierre Barral, DC; Hugh Milne; Dr Stephen Porges; Katherine Ukleja, RCST; Gabrielle Roth; Dr Anngwyn St Just; and Dr Rupert Sheldrake. For further details, go to www.breathoflifeconference.co.uk. ♦

The Spark

A pea

A dried and shriveled pea
with walls and more walls
Cement, concrete, marble, and glass.
Small and hard
ugly
with a pinprick of pain
and another of fear.

Don't let anyone in,
yet pouring out from the depths
Nothing left to give,
yet unwilling, unable
to receive.

Heart
Small, hard, and protected.
From what?
Love?
Can I deserve the love?

Soften the edges, let the walls down
It doesn't have to be a shattering,
no need to crumble
Just soften soften

Receive the love
open to the love
accept the love.

Imagine:
small becoming expansive,
hardness shifting to soft gentleness.

Ugly green transforms
to beautiful shades of pinks, reds.

There is a fire within ... a spark.
The ember was there
Hidden in the darkness
Obscured in the ashes.

Let me feel the warmth of the flame
The beating of my heart
And the infinite possibilities that are love.

Sari Lewis

COURSE LISTINGS

RCST® members now have the opportunity to list BCST and BCST-related courses in the newsletter. We are offering this free service so that our members have the opportunity to see all of the offerings out there and to plan their schedules and budgets well in advance. We are offering this on a trial basis. The editor has the discretion to determine what constitutes a "BCST-related course" and to list or not list any submissions. Please contact lindakurtz@netzero.net for information on how to format your listings. Due to the time involved in formatting numerous listings, listings that are not properly formatted may, at the editor's discretion, not be run.

May 2009, Polarity Therapy Certification Training, Roger Gilchrist, MA, RPE, RCST®, New York City. Course provides a complete foundation in Polarity Therapy, an excellent complement to BCST. APP level certification in an APTA-approved training. \$1895. To register: wellnessinstitute@yahoo.com, 718-797-2282. More info: www.WellnessInstitute.net.

May 2009, Craniosacral Biodynamics—Advanced Overview, Roger Gilchrist, MA, RPE, RCST®, New York and Washington, DC. This advanced introduction to Craniosacral Biodynamics follows the same format used by the instructor to teach osteopathic doctors integrating these skills. Open to practitioners from all health disciplines. \$695. Specific dates TBA. To register: wellnessinstitute@yahoo.com, 718-797-2282. More info: www.WellnessInstitute.net.

May 27–31, 2009, Introduction to Biodynamic Craniosacral Therapy, Gary Peterson, Cleveland, OH. For anyone wishing to learn basic skills and awareness of Biodynamic Craniosacral Therapy, including daily exchange of hands-on skills. More info: Gary Peterson at satvagp@earthlink.net.

June 26–28, or September 25–27, 2009, Biodynamic CS Intros, Kathleen Morrow, Manitou Springs, CO. Facilitate change on the subtlest level of the mind/body through working with the powerful self corrective cerebrospinal fluid system. A great overview of the field and a requirement for the full course. \$375. Reg deadline 2 weeks prior. Size limited to 12. More info: www.SchoolofInnerHealth.org, 719-685-4805.

July 7, September 8, and December 1, 2009, Supervision Days for Biodynamic Craniosacral Practitioners, LifeShapes Programs, Temecula, CA. These one day supervision days are to discuss questions about clients and biodynamic craniosacral therapy and to trade sessions with each other. \$140. Reg deadline 3 weeks in advance. Size limited to 20. To register: lifeshape@aol.com, 951-677-0652. More info: www.lifeshapes.org.

July 22–25, 2009, Advanced Class—Heart Rhythm, Breath and Bone, Christopher and Mary Louise Muller, Temecula, CA. This advanced class will teach a biodynamic approach to the thoracic structures of the heart, lungs, ribs and thoracic inlet and will include embryology, organ motility and nervous system interactions. \$555. Reg deadline 3 weeks in advance. Size limited to 20. To register: lifeshape@aol.com, 951-677-0652. More info: www.lifeshapes.org.

July 30–Aug 2, 2009, Embryology in Practice, Katherine Ukleja, RCST, Ann Arbor, MI. In this course we will explore aspects of embryonic development that help us understand the impact of formative experiences during gestation and birth. The emphasis will be on practical cranial approaches to resolving imprints of early trauma in infants and adults and reconnecting with our optimal health. \$500. To register: 734-662-6704, cassie.cammann@gmail.com.

September 2009, Biodynamic Craniosacral Therapy Training, Roger Gilchrist, MA, RPE, RCST®, New York City. This Foundation Training elaborates all the elements necessary to become a professional practitioner of BCST. \$695 for each of 10 modules. To register: wellnessinstitute@yahoo.com, 718-797-2282. More info: www.WellnessInstitute.net.

September 2009, Biodynamic Craniosacral Therapy Training, Roger Gilchrist, MA, RPE, RCST®, Washington, DC. This Foundation Training elaborates all the elements necessary to become a professional practitioner of BCST. \$695 for each of 10 modules. To register: wellnessinstitute@yahoo.com, 718-797-2282. More info: www.WellnessInstitute.net.

September 23–26, 2009, Functional Biodynamics—Fascia, Fluid and States of Balance, LifeShapes Programs, Temecula, CA. This introductory course works with states of balance, the Mid or Fluid Tide, Becker's three step process and the "unit of function." \$555. Reg deadline 3 weeks in advance. Size limited to 20. To register: lifeshape@aol.com, 951-677-0652. More info: www.lifeshapes.org.

November 4–8, 2009, Biodynamic Craniosacral Therapy 700 hour Certification Program, Kathleen Morrow, Manitou Springs, CO. Training in the latest fluid-based work of Dr. W. Sutherland. Course extends over a 2 year period with national certification by the Biodynamic Craniosacral Therapy Assn of No. America. Ten 5-day modules. \$575 per Module. Reg deadline 1 month prior. Size limited to 12. More info: www.SchoolofInnerHealth.org, 719-685-4805.

The *Cranial Wave* is published one to two times a year by the Biodynamic Craniosacral Therapy Association of North America (BCTA/NA).

Contributions, including advertising, articles, illustrations, and photos, are welcome. Please forward all material, with authorization to publish, to the editor, Linda Kurtz, at lindakurtz@netzero.net.

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