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2010 BREATH OF LIFE CONFERENCE



Biodynamic Craniosacral Therapy: A Conscious Spiritual Path

Julia Marie Gillett, RCST®

Julia Marie Gillet has been a student of ontology (the nature of being) since 1980. She was first introduced to craniosacral therapy in 1994 as a massage student. The experience was profoundly transformative and sparked the recognition that this form of healing would become her life's work. She received the RCST® designation in 1999. With the invitation of her mentor, Mike Boxhall, RCST, she is now offering courses in advanced practitioner skills, based on the principles of Craniosacral Biodynamics. Julia Marie has a private practice in Ridgway, Colorado, the rural Rocky Mountain community that she calls home.



The practice of Biodynamic Craniosacral Therapy tends to invite intimate contact with the undifferentiated realm, and if one were so inclined, one might draw the conclusion that this undifferentiated realm is actually the realm of Spirit. To label it as such seems entirely unnecessary and because labels tend to create limitation, in most cases, I am inclined to peel them off rather than to put them on. However, the label may serve an interim purpose here as my intent is to explore the potential of BCST as a conscious and intentional practice for the determined spiritual seeker, that not so rare breed of human who is preoccupied with the attainment of enlightenment, and especially for those embattled spiritual warriors who have jumped through every sage's hoop yet have not arrived at their desired destination. It occurs to me, after 16 years of practicing the fine art of BCST, that perhaps I have taken for granted something that seems precious and elusive to some.

During the past decade I seem to be increasingly surrounded by spiritual seekers, those individuals for whom the primary focus in life is to become enlightened, or as some would say, "Awake". That I find myself in such an environment is not entirely surprising because I have zigzagged a spiritual course for the last 35 years, often aimlessly but occasionally with serious intent. It was during one of my seemingly aimless periods that I was drawn to attend massage school and therein discovered craniosacral therapy. I was 44 at the time and had never received a professional massage. Consequently, it remains a mystery as to how and why my attention suddenly turned toward a profession in the healing arts. However, for those of us traveling a spiritual path, be it conscious or unconscious, mystery often has a firm toe-hold in our lives.

In recalling my first craniosacral encounter, a sense of mystery is what lingers amid the details. Everything I

ever thought I knew about myself, and about the world, seemed to evaporate within an unfathomable silent aliveness. What I had always thought of as "me" seemed to be pushed aside, and something else moved into that space, something immense, something "other" yet familiar. I could not speak for some time after that first CS session ended, and even now words are inadequate, but in the afterglow of something so real, so radiantly alive, the only word that comes to mind is "Yes!" However, with that resounding "Yes!" to the experience, a previously casual spiritual seeker became a hooked fish, a bona fide enlightenment junkie no longer content to be a noncommittal seeker. Suddenly, my desire to know the truth was fueled by revelations from deep within my own flesh, a possibility I had never before considered. What I did not realize at the time was that I already was everything I would spend a whole decade in hot pursuit of.

BCST has proven to be the perfect antidote for the spiritual malaise I was suffering and, as it turns out, for several of my clients who have been similarly afflicted. A recent example is a woman, whom I shall call Megan, who is in her early fifties. Megan initially sought BCST treatment for the migraine headaches she had been experiencing at least once a week for more than a decade. She had explored a wide range of alternative and conventional remedies. At the time of Megan's first visit to my office, she was receiving weekly acupuncture treatments, along with some herbal formulas. That course of treatment provided some relief but the results were inconsistent and she had resumed taking a prescription medication for the pain. Megan's degree of suffering was severe and it was affecting her ability to function. Understandably, her primary goal was to make the pain go away.

Megan experienced her first migraine shortly after contracting an acute illness while traveling in India when she was in her mid-twenties. She had gone to India in search of a spiritual teacher but returned to the US disappointed at not having found one that suited her needs. Over the course of the next few sessions I learned that Megan was under the tutelage of a tai chi master and that she meditated daily.

Strong resistance revealed itself in the first few sessions on the table. Megan had been unaware of how much she was resisting—not just the pain in her head but, even more so, the conversations in her head. As we continued to listen to her system what really surprised her was the recognition that so much more was going on in her body than just the pain. The recognition of other sensations—many other sensations—sparked her curios-



ity and opened her awareness even further. Some weeks into the work Megan reported that she had not had a headache for a week. She was very excited and sure that she was cured. I was doubtful but shared her happiness at that moment. Two weeks later, the pain returned full force. Fortunately, she had committed to

weekly sessions, which gave us the time needed to deeply explore the undigested life experience her system was holding. The table sessions developed Megan's skill at listening to her body, which she did throughout the week, not only when she was in my office, and her reports were filled with insights. The migraines became sporadic instead of weekly occurrences and were generally much less severe.

Eventually, Megan became less preoccupied with whether or not a migraine was imminent and far more interested in the shifts in consciousness she was experiencing. About four months into our work together, in the middle of a session, she reported that her body had entirely disappeared. "How interesting," I thought to myself, and then I gently queried, "So, what notices that the body has disappeared?" Megan was quiet for such a long time that I wondered if she had heard the question (not that it really mattered, for it was evident she was deeply immersed in stillness). Even so, I was surprised at the response she finally gave, which was, "Well, there is *nothing* here, so I guess it's just that . . . *noticing* notices." I gave that observation some time to deepen, then asked, "And where are *you*?" Silence again permeated the room. As the session concluded, Megan's countenance dimmed a little as she spoke: "It was not at all what I expected. I thought it would be dramatic, like flashing lights, choirs of angelic voices or something like that. If I had not been paying attention I would have missed it entirely." I had to laugh, because the true nature of what we are is closer to us than our own breath, and yet it is so elusive.

I continued to work with Megan regularly for six months and during that time observed a dramatic shift in her orientation to her own suffering. She still has migraines occasionally, and it really does not matter to her

any more. I believe Megan's radical shift in awareness came from a combination of BCST and a particular ripeness for inquiry of a spiritual nature. I, too, was ripe for this inquiry when I received my first CS session 17 years ago. Perhaps if the practitioner who initiated me into this mysterious art had encouraged me to explore what was beneath all that was being experienced, I might have realized that I did not actually know *who* was having an experience. To sincerely question who, or what, we human beings are is the essential spiritual journey. I was ready the first time I received BCST, as are many who are coming through my office door these days.

Inquiry of this nature will eventually strip away all of the ego's protection and this can be terrifying, both to the client and to the practitioner. One of the difficulties with taking such an approach is that it will open up Pandora's box, so to speak, and I am clear that many practitioners have no interest in such an approach. Nevertheless, a determined seeker of truth will eventually find themselves in this predicament, with or without the support that BCST can provide. As a practitioner, I have found that to work at this level I must be prepared to deal with my own insecurity and that of my clients. Perhaps more importantly, I have learned to actually welcome insecurity as the disguised blessing that it truly is. I realize this may sound preposterous to some so I will attempt to explain what I mean. A *blessing* is generally understood to be a beneficent gift or a means to happiness. The word *insecurity* refers to a condition of want of safety, or assurance. So, how is it that a condition of being unsafe, assured of nothing, could be viewed as beneficial, as a gift? The pairing of these two words seems quite contradictory on the surface and requires a deeper investigation into what drives our desires and fulfills our needs. The following might be questions to consider:

- Does feeling safe provide a means of happiness?
- What needs protection?
- Is safety necessary?

To the question "What needs protection?" I might respond by saying that the body is vulnerable and needs protection from the elements and from assaults to its integrity. I'm sure most people would agree with that statement, as do I. But then the question arises as to whether the body is what I really am? My own experience tells me that I am much more than a body and, at times, not even a body. Perhaps, instead of a body, I am the sum of my thoughts and beliefs. However, thoughts and beliefs are concepts and are not subject to assault from the elements, or from invasive forces, in the same way as my body. Regardless of this fact, I sometimes act as though my thoughts are precisely what I am, as seemingly solid as my physical form and absolutely in need of protection. So, let it be understood that the inquiry I am undertaking here has nothing to do with the security that our physical form requires in order to thrive, but rather, the security that the ego desires in order to survive.

According to the Tibetan Buddhist teacher Chögyam Trungpa, concepts are filters that we use to shield ourselves from the direct perception of what is: “If a world of nameable things exists, then ‘I’ as one of the nameable things exists as well. We wish not to leave any room for threatening doubt, uncertainty or confusion.”¹ However, when I trust my actual experience, I know that I am not merely a body (a nameable thing) and also not my concepts or beliefs, so the question remains as to what it is, other than my body that actually needs assurance of safety. The philosopher Alan Watts elucidates this dilemma very precisely in *The Wisdom of Insecurity* when he says, “It must be obvious from the start, that there is a contradiction in wanting to be perfectly secure in a universe whose very nature is momentariness and fluidity. But the contradiction lies a little deeper than the mere conflict between the *desire* for security and the *fact* of change. If I want to be secure, that is protected from the flux of life, I am wanting to be separate from life. Yet it is this very sense of separateness which makes me feel insecure.”²

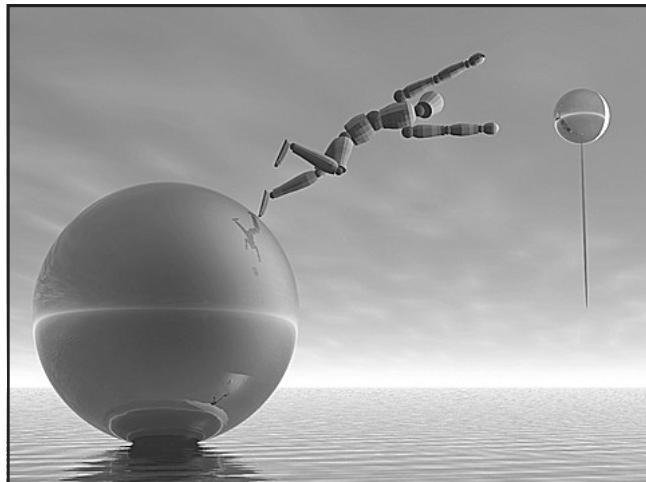
This dilemma started to be addressed for me several years ago when I attended Mike Boxhall’s course, “The Blessing of Insecurity.” I now facilitate my own version of this course because of the profound understanding that has come from working with the notion of welcoming my deepest fears instead of attempting to hide from them or make sure that no one else could see them. I began to realize that ego is simply resistance to what is, and as resistance to what is fades away, the ego, or identity, diminishes. Insecurity has indeed turned out to be a blessing because it has shown me, very clearly, what issues still remain unresolved within my body-mind. When feelings of insecurity arise I know something is waiting in the wings to be acknowledged and full recognition of that something is all that is required. This brings me to the reason I so appreciate BCST as a means of mending the body-mind-spirit divide and why I see it as so useful for the spiritual seeker: BCST is thoroughly experiential. As Trungpa says, our concepts shield us

from the direct perception of what is. BCST brings us fully into contact with what is. In my practice of BCST, as perception widens and I sink deeper and deeper into stillness, meeting all that arises, moment by moment without expectation, my unadulterated experience is revealed to be what I really am and the possibility emerges for the “I” that I thought I was to vanish, leaving only pure awareness.

Perfect. Brilliant. No more pesky ego to deal with and the spiritual search is over because I am now pure awareness. The only hitch is that although I may now be fully aware, in trying to describe what I am aware of, I must use concepts to tell you about it. Everything I can say about what is perceived is an idea, a concept, not the actuality and therefore, in a sense, false. That being the case, it seems that I am once again on the trail in search of truth and returned to the role of spiritual seeker because the ego must be revived in order to speak. So here a caveat must be inserted: nothing I have said, or will say, is the truth. Truth cannot be spoken. Truth cannot be spoken because words are not the actual things they represent. Words are symbols that stand for something else. For instance, the word *tree* is not the living growing life form that it points to nor is the word *happy* actually the feeling of happiness. It seems truth can be realized, but not with the mind. The mind can only process in terms of concepts which are not the actual thing they represent. I imagine the confusion that may arise around this statement, that truth cannot be spoken, comes from the fact that we all recognize those singular moments in which somebody speaks and we recognize truth in what they have said. What I am suggesting here is that upon hearing particular words that convey a particular idea, a resonance is struck within our core and truth is that feeling of resonance rather than the word, which is a symbol. Truth is not the word but rather the direct experience and is always felt somewhere in the body. This is often a missing link for those on a spiritual path. Many spiritual practices tend to ignore the role the body plays in the search for truth and some teachings go so far as to denigrate the human form because it is seen as a hindrance to enlightenment.

So to take this a bit further: Direct experience happens only in the present and functions outside of conceptual understanding. The body is always present; it is never in the past or the future, but always right here, right now. In the *Satipathana Sutta* (the primary Buddhist discourse on the foundations of mindfulness practice) the Buddha states that enlightenment is in the body, suggesting that truth is an embodied experience. Though words are not truth, we can speak of our experience and thus bring the light of awareness to the mind, even though truth is beyond what the mind itself can conceive.

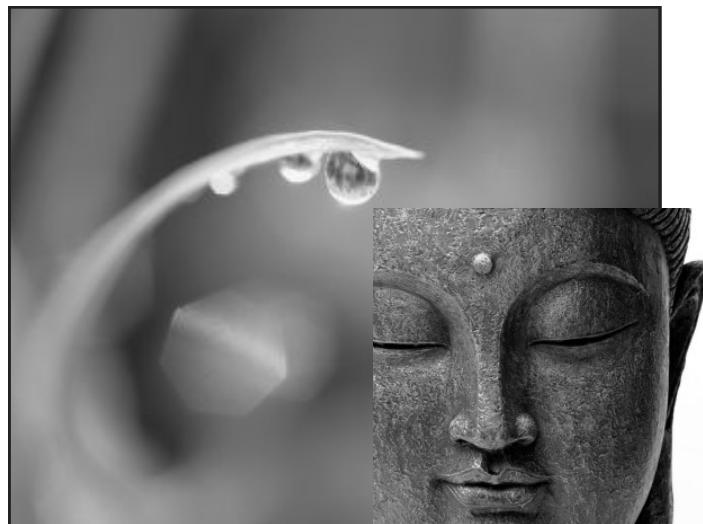
The question may now arise: *What experiences and realizes truth if not the mind?* I might respond that, “I experience truth,” however, if I am not my mind what is



having the experience? Hmm . . . *Is there an "I" that is separate from experience? . . . What part, if any, does the body play in the realization of truth? . . . Could awareness and experience actually be the same?* These are some of the questions that have arisen for me in the process of practicing BCST. I offer these questions for consideration not as the basis of a philosophical debate but, as a means of personal discovery for each individual, whether on a conscious spiritual path or not.

It is obvious to me that practitioners will naturally employ the skills acquired in BCST trainings for their own spiritual development. Clients, on the other hand, may have no idea how helpful BCST can be to them for that purpose. Like many spiritual seekers, my client Megan, had been attempting, through a variety of spiritual practices, to *attain* enlightenment, as though it were an object that could be possessed or added to her identity. What she discovered through our work together and by her willingness to be with what was arising within her own body, was that she is not an object but, rather, pure consciousness.

What has shifted the experience of the work for me in recent years seems to be primarily three things: 1) the genuine attempt to *do nothing* during sessions, 2) the willingness to sit with the discomfort that comes as certain thoughts and questions arise, and 3) the refusal to believe that any thought is true. To *actually* do nothing has proved to be an enormous challenge. As I sit with a client, being as present as I am able to be, the inclination invariably arises to interact (to do something) on some level, however subtle, with what is perceived (either in the client's system, my own system, or within the environment). I have found that the axiom "Trust the tide" is a lovely concept, but to actually live this suggestion takes more courage than I sometimes seem to have. Only when immersed deeply within the undifferentiated realm do I experience moments of actually *doing nothing*. It is usually during this time that the client's system begins to reorganize. And all is well, at least until a thought arises, and gains purchase somewhere in my mind. The second thing about the work that has shifted for me is that I am now willing and able to sit with the discomfort that comes with the thoughts and questions that arise, particu-



larly those questions mentioned throughout this article. And this brings me to the third, and perhaps most transformative, shift in my awareness: In realizing that words cannot be true because they are merely symbols, it becomes clear that thoughts cannot be true either, because they are simply unspoken words. About two years ago I began the practice of rigorously questioning the validity of every thought. What I am discovering is that every belief I hold is supported only by a thought. This practice of consistently questioning every thought, whether my own or someone else's, seems to have flung the door wide open to the undifferentiated realm, or realm of Spirit, and for this I am deeply grateful.

I am somewhat hesitant to call what I now practice "Biodynamic" only because the phenomena I associate with that model (fluid tides, potencies, even dynamic stillness) seem to have disappeared within the undifferentiated state that orchestrates each session. My meditation practice, which is resting as awareness, has become indistinguishable from my BCST practice. I hardly know what to call anything anymore. I tentatively offer the term "biospiritual" with the hope of inspiring a dialogue with others among our ranks who may be similarly disposed or confused.

For those who are interested in exploring BCST as a conscious spiritual path, I recommend subscribing to www.theemptychairteachingfoundation.org. This is Mike Boxhall's teaching website. Dialogue among all participants is encouraged and you need not have taken courses with Mike to participate in the discussions. I have also found the teachings of both Adyashanti (www.adyashanti.org) and Gangaji (www.gangaji.org) to be clear, direct and very useful in the integration of my personal spiritual practice with my BCST practice. ♦

NOTES

1. Chögyam Trungpa (1973). *Cutting Through Spiritual Materialism*. Pp 6–7. Shambala Publications.
2. Alan W. Watts (1951). *The Wisdom of Insecurity*. Page 77. Vintage Books .

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.

Polarity Therapy and Biodynamics

Roger Gilchrist, RCST®

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Polarity Therapy presents an elegant description of the human energy system, and details the energy dynamics in the living system at work, in health, and in therapeutic practice. The intention for the article is to summarize the main points of Polarity Therapy theory in relation to biodynamic practice and to examine skills that may contribute to our clinical work.

A basic understanding of Polarity Therapy can bring benefits to our practice of Craniosacral Biodynamics for two reasons. First, Polarity Therapy helps us appreciate the full breadth of the Original Matrix by elaborating the relationships in the human energy system. The term *Original Matrix* was coined by Rollin Becker, DO and has been popularized in use by James S. Jealous, DO to describe a primary level of energy dynamics (relationships of potency) that subtend the living system¹. Polarity Therapy describes the levels of energy relationships that step down from primary energy, the potency of the Breath of Life. These dynamics create the human energy system, a fabric of relationships that are unseen yet orchestrate all the functions of life. Later in the article I will describe important features of this energy system and their relationship to Biodynamic Craniosacral Therapy practice.

Essentially, the Breath of Life manifests its potency as a primary energy that directly infuses the living system. Additionally, a multifaceted set of energy dynamics establish relationships and govern functions in the living system; these could be considered secondary energies. Franklyn Sills has discussed the relationship of primary energy (the Breath of Life) and secondary energy (elemental forms, geometric patterns, and more) in a series of workshops he has taught since the early 1990s called “Being and Becoming.”

The second way that Polarity Therapy potentially benefits Craniosacral Biodynamics is that certain skills drawn from Polarity Therapy can expand our capacities and create useful nuances in our therapeutic approach. Biodynamic practitioners recognize three fields of function: potency, fluids, and tissues. These are different levels of action in the living system, and each dimension has distinct operational dynamics. Potency, or energy dynamics, creates organizing forces that establish the dy-

namic relationships in the living system. Potency interacts with the fluids and influences the functions of the fluids. Fluids interface with the tissues and cells and exchange information between the organizing energy and the structure and functions of the body. Polarity Therapists have specific skills for engaging with each of the three fields of function. I will mention some key skills as we go further in this article.

HISTORY OF POLARITY THERAPY

A quick sketch of the history of Polarity Therapy begins with Dr. Randolph Stone, an osteopath who studied healing traditions from around the world. Dr. Stone spent a lifetime pursuing the common denominator in health. He found that all traditional medical systems have an energy-based foundation, and he often made the statement “*Energy is the real substance behind the appearance of matter and forms.*”² This is similar to the biodynamic awareness that the intelligent potency of the Breath of Life is organizing all of the dynamics in the living body.

The strongest influences on Dr. Stone’s thinking and the development of Polarity Therapy come from ayurveda, Chinese medicine, and the Hermetic philosophy of ancient Egypt. Drawing on all of these traditional systems, as well as his studies in osteopathic, chiropractic, and naturopathic healing, Dr. Stone developed Polarity Therapy. Polarity Therapy is a unique, modern system of health care that presents an integrated view of the human energy system.³ As a holistic approach to health care, Polarity Therapy is comprehensive and includes therapeutic bodywork, energetic nutrition, exercise, and self-awareness. It also emphasizes Love as the essence of the healing process.

There are several historical links between BCST and Polarity Therapy. Dr. Stone knew of Dr. Sutherland and the emerging model of cranial osteopathy. There are several references to craniosacral concepts in Dr. Stone’s written work, including an emphasis on the cerebrospinal fluid as the central repository of life energy.⁴ Dr. Stone uses the term the *Breath of Life* many places in his writing.⁵ He strongly recommended Harold Magoun’s book, *Osteopathy in the Cranial Field* (1951), which is essentially the first cranial osteopathic textbook.⁶ Furthermore, an important student of Sutherland’s in the late years, when the Breath of Life model was more consistently explicated, Robert Fulford, DO, was Dr. Stone’s good friend, even though Fulford was much younger. Fulford embodied the essence of Sutherland’s teachings in cranial osteopathy and studied Dr. Stone’s work in Polarity Therapy. Fulford became an energy medicine practition-

Polarity Therapy Energy Principles	Gunas (Ayurveda/ Sanskrit)	Chinese Medicine	Inherent Nature	Natural Movement	English Translation of Sanskrit Term
Neutral	sattva	tao	source, unmanifest ground	stillness, dynamic equilibrium	truth
Positive	rajas	yang	action, force	expression, outward	action
Negative	tamas	yin	result, form	contraction, inward	inertia

Table 1. Polarity Therapy energy principles and their equivalents

ner, much more than a run-of-the-mill osteopath, as was indicated in his 12 years of giving the Dr. Sutherland Memorial lecture annually at the British School of Osteopathy in London.⁷ I have copies of letters that went between Dr. Stone and Dr. Fulford in my files, and I am fortunate to have studied with several of Dr. Fulford's protégés. The letters between these two important osteopathic originators demonstrate a great deal about the relationship between energy medicine and cranial osteopathy.

BASIC THEORY OF POLARITY THERAPY

Polarity Therapy can be viewed as a defining model for all of energy medicine as well as a specific practice within the larger field. There are two primary components to its underlying theory: (1) the three principles of energy movement (the gunas) and (2) the five elements.

The Three Principles of Energy Movement

The three principles describe the basic energy dynamics in any field of function, ranging from the interaction of subatomic particles to the depth of physiology in complex living systems. The three principles are the basic energetic charges of neutral, positive, and negative. Chinese Medicine calls these tao, yang, and yin, respectively; and ayurveda calls them sattva, rajas, and tamas. Polarity Therapy commonly uses the latter nomenclature. It is the interaction of these charged forces—neutral, positive, and negative—that establishes motion in an energetic field.

In biodynamic terms, the three principles are space (neutral / sattva / tao), potency (positive / rajas / yang), and structure and function (negative / tamas / yin). The ayurvedic (Sanskrit) terms *sattva*, *rajas*, and *tamas* can also be translated as *truth*, *action*, and *inertia*. This is very relevant to our work in biodynamics. There is a great deal of emphasis on space and the neutral in our work, but we should not forget the *action* of potency and the crystallization of the pattern form in structure and function. We are always working with the relationship of these principles in therapeutic sessions. See table 1.

For example, when we look at how the client holds their experience, embraces their life, and embodies their thoughts, we are looking at how the negative principle and the function of inertia is expressing in the client's life. When we ask, "How free is the potency to accommodate change? How strong is the fluid drive?" we are asking questions about how the positive principle of en-

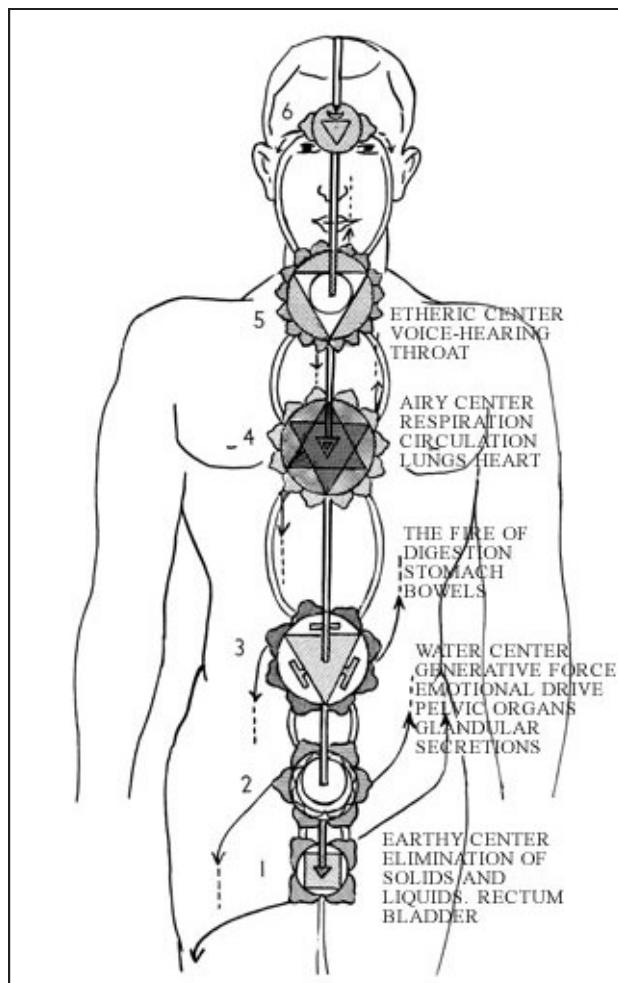


Figure 1. The chakras

ergy is expressing in their living system. The question, "How clearly are dynamics oriented to the midline (central energy channel) and the natural fulcrums?" allows us to orient to the neutral principle.

The three principles also define the poles of the energetic field. There is a neutral middle pole, a positive expressive pole, and a negative receptive pole, or repository for life energy. The positive pole is superior in the body, and the negative pole is inferior. Energy moves as a fluctuation between the charged poles of the field. Enter the Tide. Dr. Sutherland would emphasize: "I want you to recognize that the *first principle* in my Cranial Concept is the inherent fluctuation of the cerebrospinal fluid!"⁸ The movement of the CSF is following the energetic fluctuation of potency between the poles of the body.

When a practitioner assesses the fluid drive during inhalation (tidal movement toward the positive pole of the body), they are bringing into their awareness the positive, active, rajasic principle and the driving force of potency. The largest reservoir for CSF, in the lumbosacral region (near the water chakra), is an area that Dr. Stone called the "vital reserve."⁹ Think about the function of exhalation stillpoints being oriented to this negative pole of the body. As the potency and fluids come to rest in the inferior waterbeds—the negative pole—the living system deepens its relationship to the storehouse of energy within. This is an aspect of the negative, tamasic principle. Finally, consider the perceptible dynamic in a state of balance and you will understand the essence of the neutral, sattvic principle. In these ways, biodynamic awareness potentially adds something to the practice of Polarity Therapy.

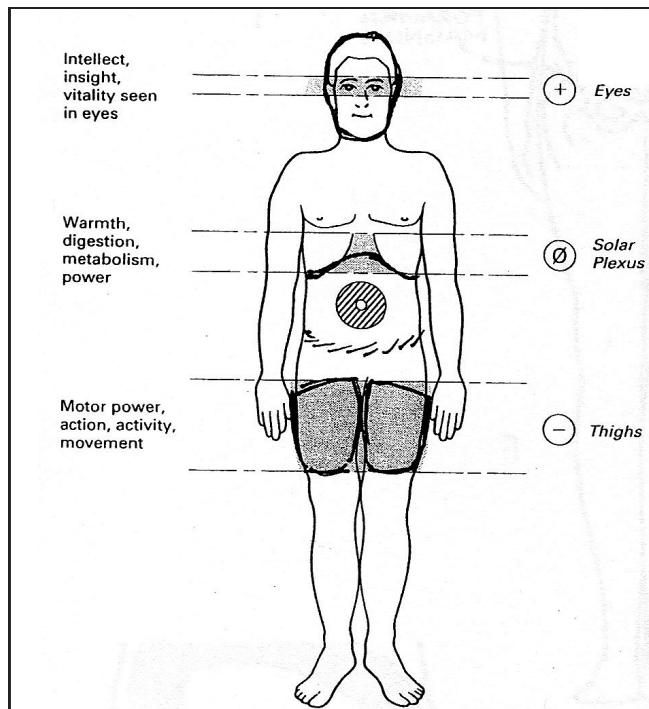


Figure 2. Fire triad

The Five Elements An Introduction to the Five Elements

The other central feature of Polarity Therapy theory is the five elements. Most traditional medical systems have a five-element orientation. As energy moves in its field (driven by the three principles), it moves through a series of stages. These stages are the five elements. The five elements define features and qualities of energy and process. One of my Polarity Therapy teachers, Eleanora Lipton, has said that the elements are states of matter, energy, and consciousness. It is important to understand that the five elements describe qualitative states of one unified life energy in motion.

The Breath of Life's potency has been called *primary energy*. This means it is undifferentiated life energy. The potency of the Breath of Life is unified, whole, and completely integrated in its functioning. The five elements are the first level of manifestation from the Breath of Life, which establishes the energetic matrix for the living system. As energy moves farther from the source

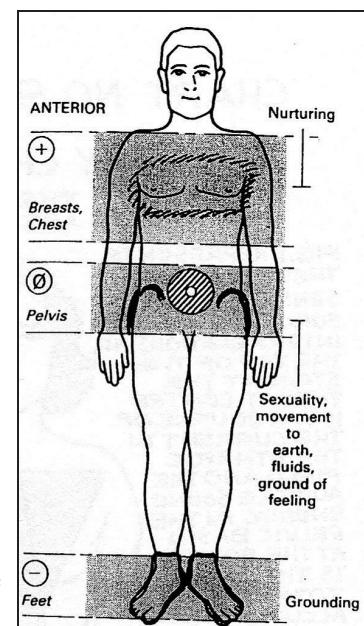


Figure 3. Water triad

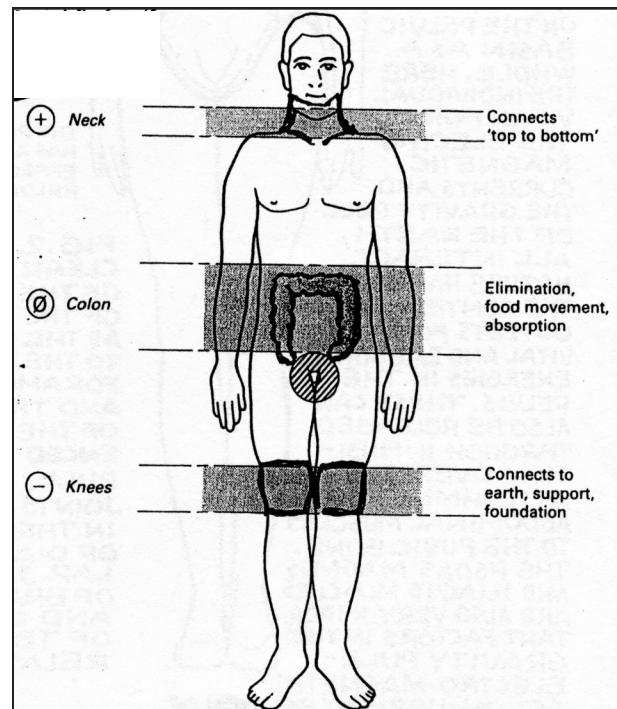


Figure 4. Earth triad

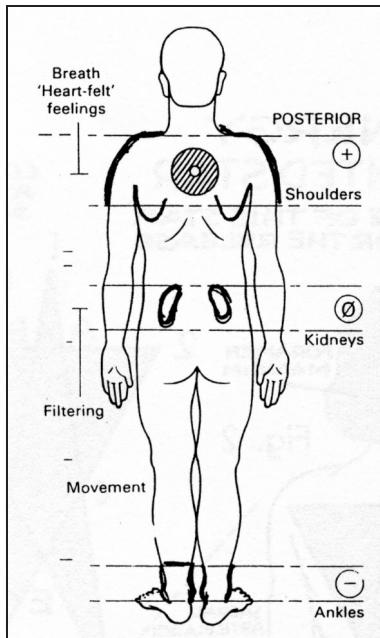


Figure 5. Air triad on posterior body

that are the five elements (differentiated energies), thereby creating a second level of the energy system. See figure 1. The five elements interact with the three principles and establish themselves in the three poles of the biofield. The three poles are the positive pole from the diaphragm up to the top of the head; the neutral pole from the diaphragm down to the pelvic floor; and negative pole from the perineum and hip joints down to the bottom of the feet. As energy circulates among the three poles of the field (and the body) following the principles of energy movement, each element establishes positive, neutral, and negative relationships. Each element governs a specific area within each pole of the body. Locations and functions are set up in relation to each element moving through the three poles. The fire element is superior in all three poles (in nature, fire rises up); thus, it governs the head, the solar plexus and digestive organs, and the thighs and motive power in the organism (see figure 2). The water element is inferior in all three poles (in nature, water seeks its lowest ground); thus, it governs the breast, the pelvis, and the feet (see figure 3). The earth element governs areas of support in the body: the knees in the negative pole, the colon in the abdomen, and the neck in the superior pole (see figure 4). The air element governs areas of balance: the shoulders and lungs, the kidneys, and the ankles (see figure 5). The ether element governs the spaces of the body.

These three-pole functions of each element triangulate through the early embryo, creating positive, neutral, and negative relationships for each element through all three poles of the body (see figure 6). In relation to health dynamics, if an element goes out of balance in one pole, compensation will be created in the areas of the other poles governed by that element. This fact alone

(primary energy and the Breath of Life), it takes on different characteristics and qualities. It moves through stages of differentiation described by the five elements. This level of interaction can be called a secondary energy system. Thus, we have the Breath of Life, its potency, and the orienting axis of the midline as expressions of primary energy, and we have the chakras emerging from the midline and manifesting the different frequency domains

creates a wider view in biodynamics, in the sense that it defines commonly related fulcrums. When the practitioner knows this, they can have insight into some of the intricacies of the living system. With an awareness of commonly related fulcrums, the practitioner can understand why they might be seeing relationships of imbalance. It is often useful to work with all three poles in the same session to facilitate better overall balance for the client.

Thus we see that the elements establish harmonic relationships throughout the three poles of the biofield. In other words, the area governed by a given element in one pole of the body will resonate with the areas governed by the same element in the other poles. (For example, the breast, as it is governed by the water element, is harmonically resonant with the pelvis and the feet, which are also governed by the water element.) These resonant relationships are harmonics of each other, just as middle C on a piano will resonate with all the other octaves of C. Working with all the harmonics of a given element helps to bring an overall balance to that element as it circulates through the living system. In this way, Polarity Therapy is especially adept at balancing the circulation of energy.

Each element has a central theme, dynamic quality, and overall function. These general correspondences are:

- Ether: space, the field, dynamic equilibrium
- Air: movement, balance, integration
- Fire: power, concentration of energy (drive), motivation
- Water: flow, relationship, cohesion
- Earth: structure, boundary, and the form of experience, including physical body.

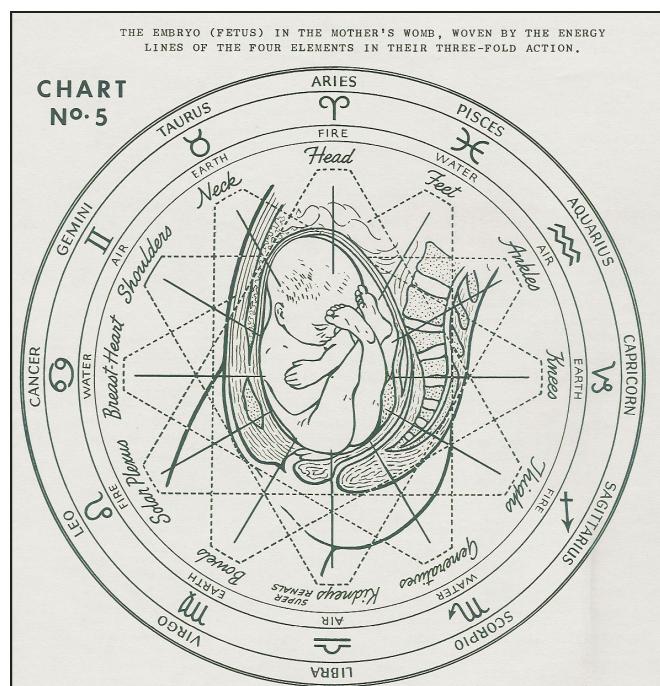


Figure 6. The three-pole function of the elements "weaving the body"

Each element also has a way it behaves and a defining issue when it is out of balance. The behavior (function) of the earth element is to provide stability, foundation, ground, support, security, and trust. When the earth element goes out of balance, issues of instability, ungroundedness, insecurity, and fear prevail. A different kind of imbalance in the earth element can result in fixation, rigidity, and inflexibility. The lesson available at this level of experience is learning to trust. The function of the water element is relationship, sensation, fluidity, and feeling emotions. When the water element is out of balance, difficulties present in relationships and the ability to feel experience. For the craniosacral therapist, these effects might be noticeable in the fluids of the body. The fire element is about power, assertiveness, motivation, and physical action. Challenges around any of these things could reflect an imbalance in the fire element. Conscious growth at the level of the fire element often involves learning to forgive and finding balance with the right use of power. The air element governs integration, balance, and communication. If the air element goes out of balance, issues of imbalance, scatteredness, and charged dynamics commonly occur. Finally, the ether element is about our access to space and the ability to seek a neutral. See table 2.

Bodywork Contacts

In the process of Polarity Therapy bodywork, it is common to make connections with our hands between two of the areas governed by one of the elements. We do not typically do this in a pure craniosacral practice. The Polarity Therapy approach is to connect energetic harmonies in order to bring deeper balance to the living system. Most commonly, connections are made among all

three poles of the body, allowing an energy to circulate and balance itself throughout the entire field, since energy movement is a field dynamic in relation to the charged poles of the field. For example, working with the fire element often involves a series of connections from the thighs (negative pole of fire) to the solar plexus (neutral place of fire), and from the solar plexus to the head (positive pole of fire). This helps bring balance to the function of that element in all three poles. Another example is balancing the water element with connections between the feet and the pelvis, then the pelvis and the chest or breast.

Polarity Therapy also uses different types of contacts in relation to the three principles and the behavior of energy in areas of the body. A light, gentle, or off-body contact that is often very subtle is called a *sattvic* contact. This is most similar to the style of contact we typically use as craniosacral practitioners. In Polarity Therapy, the purpose of this style of contact is to let the life energy move and to balance itself. Sometimes it can be valuable to stimulate or promote the movement of energy. This is done with a vibrating or rocking style of contact, called a *rajasic* contact. (Obviously, we would never do this inside the craniosacral system, but this can be very useful outside the dura in the fascial fields of the body.) Finally, there is a deep, dispersing type of contact, called a *tamasic* contact. This is used to disperse deeply held inertial energies and tissue contractions. In a massage orientation, the tamasic contact is most similar to a deep-tissue approach, but there are ways to do this with intention as well. Being able to use these different styles of contact can add beneficial skills to one's therapeutic repertoire.

For example, Robert Fulford invented a device called the *percussion massager* (similar to the modern

Element	Body Locations	Chakra	Theme	Functions	Qualities
Ether	CSF Joints	Throat	Space	Field	Openness, Equilibrium
Air	Shoulders/lungs Kidneys Ankles	Heart	Balance, Integration	Movement, Inspiration, Communication	Expansion, Clarity, Speed
Fire	Head/eyes Solar plexus (digestive) Thighs	Solar plexus	Power	Drive, Focus, Concentration, Motivation	Warmth, Joy, Assertiveness, Control
Water	Chest/breast Pelvis Feet	Lumbo-sacral junction	Relationship, Emotion, Sensation,	Creativity, Sexuality, Continence	Receptivity, Fluidity, Suppleness
Earth	Neck Knees Colon	Sacro-coccygeal junction	Trust, Safety, Security	Support, Boundary, Security	Solid, Grounded, Physical Body

Table 2. Qualities, characteristics, and associations of the elements

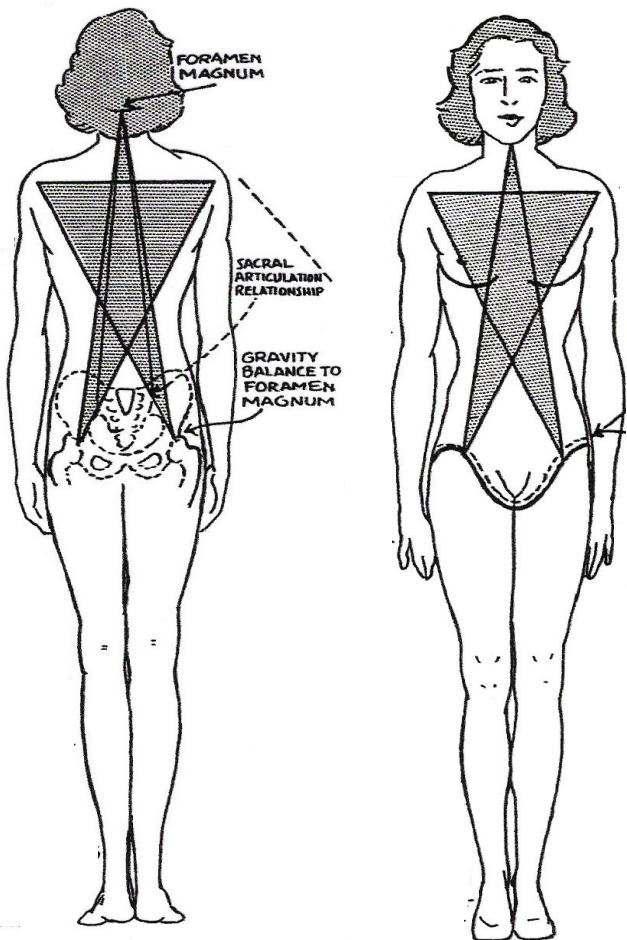


Figure 7. The five-pointed star

commercial product the Thumper) and he would use it along adult clients' spines before settling into subtler cranial osteopathic work. He felt most adults' energy was too dense and needed liberating before their potency could really make changes. This is a tamasic approach. Basically, if there are deeply held inertial energies, it is often more efficient to get things moving by liberating the contracted forces. I should clarify here that a tamasic approach is not used indiscriminately or as an "application of blind force from outside" (to paraphrase Sutherland); it is not done as a manipulation. Appropriate use of tamasic contact can be done with sensitivity and a deep orientation to the potency in the client's system and the way it is holding experience.

Another example is the rajasic contact. In craniosacral work, this is sometimes used when working with visceral dynamics, wherein a vibratory contact is utilized with the connective tissue envelopes surrounding organs. Vibration transmitted through contact helps the connective tissues release adhesion and patterned conditions in the protein fibers of the fascial matrix. As the initial release of the conditioned pattern occurs, potency sweeps in, delivering the energy to make deep and lasting changes. Then, utilizing states of balance and other therapeutic skills helps the potency make the most bene-

ficial changes possible. Focusing the right frequency of vibration into strained tissue or an inertial fulcrum can create an opening to a new opportunity for healing. Again, this is done with sensitivity and an awareness of the entire biofield in relation to the specific therapeutic process.

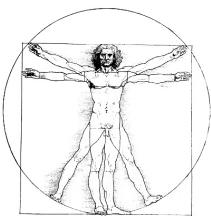


Figure 8. Vitruvian man

GEOMETRIC LINES OF FORCE

Another contribution to our work from Polarity Therapy is the awareness of lines of force and geometric patterns in the body. There are two significant geometric patterns we will consider: the five-pointed star and the six-pointed star. These two patterns represent complementary energies, or yin and yang. The five-pointed star is the more negative, receptive pattern and represents the *embodiment* of energetic dynamics (see figure 7). Embodiment—the physical world and the physical body—is resonant with the negative principle, or yin. Indeed, the shape of the physical body is a five-pointed star, which the Vitruvian Man drawing by da Vinci clearly demonstrates (see figure 8). Thomas Myers' brilliant work in *Anatomy Trains* reveals how major fascial planes of the body follow this pattern.¹⁰ These lines of force are both energetic and structural. Because these lines of force run through the body's connective tissue matrix, understanding this pattern reveals the primary compensatory fulcrums built into the body. Hence, when a client has an issue in the sacroiliac or hip joint on one side of the body, it is common that the opposite shoulder joint will begin to exhibit secondary inertia that attempts to compensate for the primary issue. Later, the jaw, A-O joint, or SBJ might go out in relation to the inertia in the hip. It is interesting to note that all the connective tissue tracts of the body are suspended from the cranial base, with musculoskeletal tracts attaching primarily to the occiput and visceral tracts attaching primarily to the sphenoid and pterygoid processes. This fact helps substantiate the old osteopathic tenet that sphenobasilar dynamics are the primary structural fulcrum in the body.

The second important geometric pattern is a set of lines of force comprising a six-pointed star (see figure 9). Dr. Stone also referred to this pattern as *interlaced triangles*. In this pattern, two equilateral triangles point oppositely through each other, one with its base superiorly and directing toward its apex inferiorly, the other with its foundation below directing itself toward an apex at the top. This pattern describes the dynamic of projection and reflection from one pole to the other and intimates the wisdom in Dr. Stone's oft-quoted Hermetic axiom: "As above, so below." In craniosacral practice, there are commonly reflective dynamics between, for example, the head and the pelvis. Indeed, the occiput and the sacrum sometimes look like oppositely pointing triangles in the anatomy of the body. Franklyn Sills has referred to the six-pointed star as "the shape of the Primary Respiratory

System.”¹¹ This pattern is the energy dynamic that maintains the integrity of the field. As it maintains the overall equilibrium of the field, the six-pointed star is the geometric embodiment of primary energy rather than the conditioned energies of the physical body and its processes (as in the five-pointed star).

Embedded in the six-pointed star are the midline and the chakra system. The midline is the central energy axis and the chakra system converts the primary energy of potency into the resonant frequencies, or qualitative states, of the five elements. The chakras are the energy centers from which the vibrational frequencies of the elements radiate into the field. *Chakra* is the Sanskrit origin of the English word *circle*. The chakras are classically visualized as whirling vortices of energy emanating from the midline. As energy descends from the ajna chakra, or the seat of potency in the third ventricle, it generates the five elemental chakras: ether, air, fire, water, and earth, successively. Energy fields form around each chakra to support specific functions in the cavities of the body (for example, the peritoneal cavity). These cavities are divided by the various diaphragms (transverse orientations in the connective tissues), which are strongly influenced by tension gradients above and below. The energy of each field, the visceral tone of

nearby organs (including hypotonus or spasticity), and the fluid viscosities and pressures above and below each diaphragm are transmitted into the diaphragm, an organizing divider, which is then subject to these forces. Subsequently, the diaphragms become primary force organizers in the body, which is why they are often poignant places for therapeutic work. Here again we have a dynamic interface among energy dynamics, structure, and functions in the body.

CONCLUSION

This article has explored the contributions that Polarity Therapy can make to the practice of Biodynamic Craniosacral Therapy. In a significant way, Polarity Therapy helps us understand the Original Matrix—the relationships in the field of potency that form the human energy system. This subtle energy system is the underlying template for all the dynamics of life. To summarize important aspects of the energetic matrix of the living system, we can name the following relationships: The Breath of Life manifests an open field that is unencumbered and permeated with biodynamic potency. The energy field becomes charged (polarized) and potency fluctuates between the poles of the field. Three principles of energy movement (neutral, positive, and negative) govern the

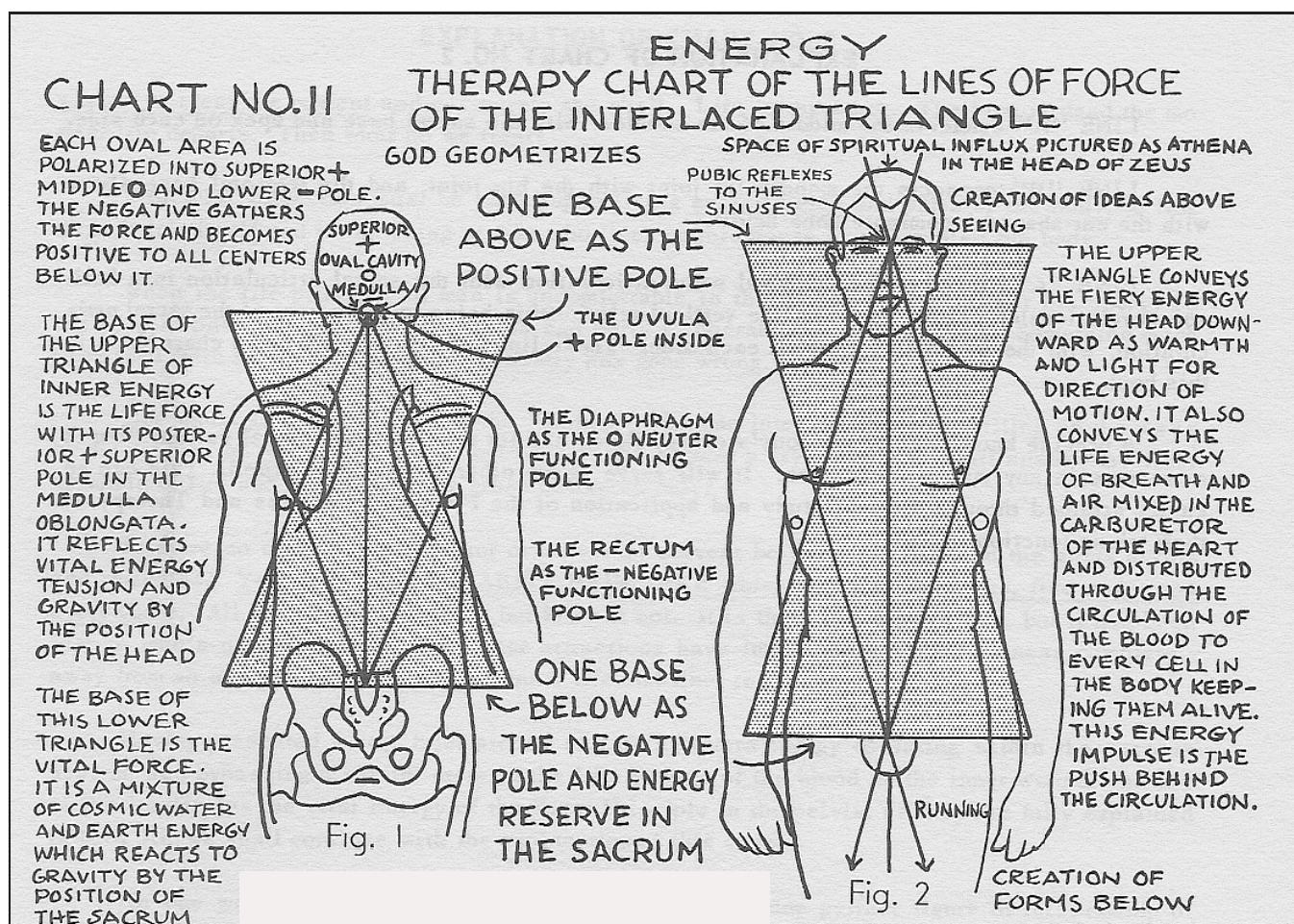


Figure 9. The six-pointed star

movement of energy through the field. As energy moves out from its source, progressively denser expressions of energy occur, which can be seen as stages in the movement of energy. These stages are the five elements. In the human energy system, the chakras along the midline express these elemental energies initially, as sequentially lower frequencies (in the descending direction) of the one movement of life energy (figure 5). The five elements then establish resonant harmonics in the three poles of the human energy field. Additionally, specific lines of force create organizing geometries to which the body always orients its process. These lines of force and geometric patterns are both energetic dynamics supporting the field and structural relationships supporting the body. Considering the nature of the three principles (space, potency, and form; or, neutral, action, and inertia) and the nature of the five elements helps us appreciate the energetic voice of the living system and engage with it appropriately. Different styles of contact may be appropriate at certain stages of therapeutic work, and the use of a range of therapeutic principles and energetic resonance may be beneficial.

Biodynamic principles make a contribution to the practice of Polarity Therapy as well.¹² Appreciation for the neutral principle is well developed in Biodynamic CST. Especially, the use of therapeutic skills like the state of balance is a profound healing principle. One of my teachers, Tom Shaver, DO, himself a student of Robert Fulford, has said: "Boundary techniques will always work; working through the neutral is always more powerful!"¹³ Additionally, the recognition of the inherent treatment plan is a valuable part of our philosophy. Life has a self-corrective function that, when the conditions are established to facilitate this, will infallibly guide the living system back to a clear orientation to its natural dynamics. Finally, a deep sensitivity to processes at play in the living system and the specific dynamics of reorganization is cultivated in a biodynamic approach. Awareness of the three fields of function and the interrelated dynamics of potency, fluids, and tissues becomes a poetic way of appreciating the dynamics of life. It is my hope that this article conveys a sense of relationship between the two fields of Craniosacral Biodynamics and Polarity Therapy. While each discipline is a unique therapeutic practice, each field contributes to the other in important ways. There is much more to be discovered about the nature of these two practices, together and independently. We can only wonder how Dr. Stone and Dr. Sutherland would describe their work now, if they were living in this new era of energy medicine! ♦

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13. Boundary techniques are the direct and indirect approaches to membranous articular strains. These approaches often involve exaggeration of the pattern in the direction of the strain (indirect technique) or against the pattern of the strain (direct technique) and acquisition of the point of balanced membranous tension. "Working through the neutral" advocates the wider embrace of the state of balance in the tissues, fluids, and potency and elicits therapeutic benefits through dynamic equilibrium.

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Letters: Share your thoughts

Do you have an opinion or news you'd like to share with the BCTA community about BCST, Association policy, or something that touches on BCST? Do you have a question you'd like to ask our community? Submit your thoughts and letters to the editor, Linda Kurtz, at linda-kurtz@netzero.net.

The Castellino Prenatal and Birth Training Supervision Process

Raymond Castellino, RCST®

Ray Castellino, RCST®, RPP, RPE, DC, has pioneered a way of working with early trauma that was experienced in the womb, during birth, and during the first years of life. He is constantly developing his work, drawing on 40 years as a Polarity Therapy practitioner and educator and 30 years as a craniosacral therapist, his chiropractic diagnostic skills, and his immersion in the pre- and perinatal field for the last two decades. He works with couples (including pregnant couples), families with children, and individual adults in a variety of settings: He co-facilitates About Connections with Mary Jackson, RN, LM, RCST®, is clinic director of the nonprofit BEBA clinic he co-founded in 1993, and offers private sessions and phone support/supervision, small-group Womb Surround Process Workshops, and a two-year foundation training in pre- and perinatal therapy. His website is www.castellinotraining.com.



Editor's note: The BCTA is printing this article by Ray Castellino because it provides a very effective process for professional consultation (supervision), one that you could use in your own professional consultation sessions. It provides an equally effective format for formulating intention in sessions with clients. Please note that not all of the forms of supervision Ray discusses here (e.g., group, peer) count toward the BCTA's professional consultation requirement. Ray is presenting the type of supervision he uses with his staff and with students in his trainings. Nonetheless, any of these forms could be added to your professional and personal self-care. For the BCTA's professional consultation requirements, see your member handbook.

During the 2008 Breath of Life Conference in Raleigh/Durham, North Carolina, there was a discussion about supervision (or, as it is called in the BCTA, professional consultation). Franklyn Sills, myself, and others stated that supervision is necessary for us to be effective practitioners and teachers. I could not ethically practice or provide training without strong, effective supervision. Supervision makes me a better practitioner, a better teacher, and a better person.

It is an exciting growth process for all concerned. I look forward to supervision in a variety of forms. Supervision is necessary for students, practitioners, and teachers during all levels of the work because it helps us learn and practice ethical, safe, and effective therapy.

I am sharing with you information that I developed

for myself, trainees in the Castellino Prenatal and Birth Therapy Training, individual and group supervision clients, and staff at BEBA (Building and Enhancing Bonding and Attachment). I will discuss what supervision is, why it is important on a personal and professional level, what might be covered in a supervision session, and some of the forms—individual, group, etc.—that it might take. I will present the structure for supervision that I use for myself when I receive supervision and that I use with my supervisees. Key to this structure are the practitioner's process, the formulation of an intention for the session, and de-emphasizing story as the session's focal point.

WHAT IS SUPERVISION?

Supervision is a way for students and practitioners to develop clinical skills with the support of more experienced practitioners, instructors, training assistants, and peers. During supervision, the supervisee may explore activation and counter-transference issues, challenging situations that occur during practice, business decisions and issues, and scope of practice issues. Supervision also addresses our human need to integrate our experiences as practitioners and teachers. Supervision is about what comes up in us, the challenges we face in some aspect of professional practice or teaching, more than about developing techniques or problem-solving a client's issue. By giving attention to ourselves and the issues that come up for us we become clearer, more effective therapists.

Supervision can be a place for the practitioner to develop specific therapeutic skills, including holding presence, establishing appropriate contact, setting and holding boundaries, tracking the client, reflection, and developing awareness of how one, as practitioner, is using and placing one's attention.

Here are some key ideas about supervision:

- Supervision is for ourselves.
- The benefits of supervision to ourselves and our clients are monumental.
- We are always learning. A key asset of a good therapist is "beginner's mind." Beginner's mind is the perspective of the learner, the listener. It is a perspective of deep interest and listening that supports our relationship with the people we are working with so that they may deepen into themselves. When this quality of listening is given or received, everyone grows.

- Supervision gives us the opportunity for feedback, the opportunity to learn, and the opportunity to grow and to improve our skills. It helps us do a better job; therefore, our clients get better care.
- Staying on the leading edge (the edge of our learning curve) keeps us young.
- Supervision is a place to work with our own countertransferences.
- By working with a supervisor, we have another point of view from which to survey our work. As a supervisee, I get an opportunity to broaden my perception and become aware of what I do not see, what is outside of my perception. What I don't perceive, I don't perceive for a reason. When a supervisor points out to me what I do not see, I can then ask myself what was happening for me that I missed something in my work with a client or family. Exploring what I miss, my blind spots, has the effect of broadening my perception.
- Supervision is a place to develop therapeutic strategies and useful clinical procedures and therapeutic formats.
- Supervision is a business cost. Account for it when you set your fees for the service you give.

FORMS OF SUPERVISION

There are several forms of supervision. In this article I am focusing on individual, peer, and group supervision, each of which is discussed more thoroughly below. The following are some examples of forms that individual, peer, and group supervision may take:

- Individual supervision: dyad (one-on-one) with a professional.
- Peer supervision during training and professional practice: dyad or small group
- Group supervision with an experienced teacher or practitioner.
- Clinical group supervision: Our clinical staff at BEBA meets about every six weeks for a group staff meeting where we review the work going on in BEBA and support the BEBA practitioners with the families they are working with.
- Mentorship structure: We have a whole structure for developing strong, perceptive practitioners for the work we do at BEBA and About Connections. I work with trainees and mentor them in BEBA, in the Womb Surround Process Workshop structure, and am now mentoring teachers in my work. Another, great example is how Mary Jackson mentors and trains assistant and

young midwives in her midwifery practice. She mentors and works one-on-one with the people she is training.

Individual, or Personal, Supervision

At BEBA, facilitators receive supervision in person, on the telephone, through Skype, and occasionally via email. Regular individual supervision sessions are required for all clinical staff. As the clinical director and supervisor for BEBA, I make myself available to my staff for supervision, either by phone or in person, as their need arises. These individual supervision sessions have four primary focuses:

1. Supporting the practitioner to translate personal activations into effective and efficient therapeutic interactions with their clients. This is the main purpose of supervision. Supervision is about the practitioner integrating what is activating for them. These activations occur because our unresolved material gets activated when we are working or because we are under-supported and don't realize it. In traditional therapies, these practitioner activations are called *countertransferences*. Countertransference occurs when the practitioner's own historical material is activated. One of our jobs as practitioners is to translate our activations, or countertransferences, into useful statements and activities that are cooperative and supportive for ourselves and the people we are working with. Supervision can help us do that. And when we leave a session where we are questioning our therapeutic choices—and sometimes ourselves—supervision helps us to gain perspective, reorient, and regulate our own nervous systems. Supervision is more about the practitioner than the client.
2. Examining how the practitioner is working with their client in the following areas:
 - a. developing appropriate therapeutic contracts
 - b. setting and maintaining appropriate boundaries
 - c. communicating effectively
 - d. implementing effective therapeutic strategies
3. Maintaining consistency within individual sessions and over the course of the therapy with each client (i.e., maintaining the therapeutic contract)
4. Business issues:
 - a. effective business structures
 - b. business relationships
 - c. scope of practice issues
 - d. practice-building
 - e. practice maintenance

Peer Supervision During Trainings and Professional Practice

During the course of studying pre- and perinatal therapy, students form strong peer support relationships. These paired (dyad) relationships and small groups become a basis for a developing network for peer supervision. Students share and give feedback to each other on creative home projects and may form study groups and give each other emotional support.

After graduation, peer support and study groups become increasingly important. Peers discuss and reflect on challenges they experience as practitioners with clients. There are peer study and supervision groups that meet for years after a training. Some meet in conference calls, some in person. Some groups do regular phone, Skype, or conference call support with each other and meet in person two or three times a year. There is a group of six people from the Swiss training that completed in 1999 that, as of this writing in May of 2011, are still meeting with each other twice a year. This provides fertile ground for professional growth: they are learning from each other and seeing how each of them are developing in their professional practices.

Group Supervision and Tutorial Groups

During the Castellino Prenatal and Birth Therapy Training, I introduce a program for group supervision. Many of the clinical skills presented in this foundation training take five to ten years to fully integrate. During group supervision and tutorial groups, practitioners present cases they are working with. These tutorial groups can be peer groups or led by a professional who facilitates and is paid. Trainees use a group process that I developed in the Womb Surround Workshops that I facilitate and at BEBA. This format is described below in the “Structure for Supervision” section.

During individual or group supervision sessions, clinicians can describe or show video clips of sessions or describe situations that are challenging to them as practitioners. (All sessions that take place at BEBA are videotaped. Most sessions that I facilitate in my private practice and Womb Surround Process Workshops are also videotaped.) They are asked to share how they are interacting with clients in specific situations, focusing on (1) how the therapy is progressing, (2) what is working for them as a practitioner, (3) what skills they are developing, and (4) what they consider their challenges to be. Presenting clinicians receive support and feedback from the supervisor (if there is one) and the other participants in the group. Some supervision groups are triads. Some are larger. In the past, Europeans have been much more willing to form and travel to tutorial groups than Americans. This system has proven itself to ensure effective application of the work and increase the investment students have made in their professional and personal growth.

STRUCTURE FOR SUPERVISION

The following structure for supervision is a five-phase sequence that I have developed over decades. It is a suggested structure and has proven to be very efficient, minimizing time and maximizing benefit. It is derived from a combination of traditional psychotherapy supervision models, what I have learned from decades of receiving supervision, and from my experience supervising a wide variety of practitioners, including different helping professionals (medical to holistic), architects, accountants, actors, politicians, writers, business professionals, CEOs, and even fire fighters. This process can be applied to dyads or groups. I have tested this model in both individual and group supervision settings in the U.S. and Europe. This structure is the same as the structure I use when working with participants in Womb Surround Workshops and other therapeutic settings. It is also the process I follow when I do telephone and Skype consultations. I follow this five-phase sequence though every supervision session that I conduct. The phases of this sequence are detailed below.

1. Intention phase

What is the intention for the supervision session? At the start of the session, the supervisee states their intention for the session. Stating a clear intention allows both supervisor and practitioner to focus and have their mind-field bring forward what is really relevant to the supervision process. Note that the mind organizes itself around intention whether our intentions are in our conscious awareness or not. It then organizes our somatic experiencing, bringing forward the somatic memory to find the way through our challenge.

Supervision can be a place for the practitioner to develop specific therapeutic skills, including holding presence, establishing appropriate contact, setting and holding boundaries, tracking the client, reflection, and developing awareness of how one, as practitioner, is using and placing one's attention.



If the supervisee doesn't know what the intention is, that's all right. They should simply state that fact. The intention can be discovered during the session.

I like the supervisee to give some attention to what they want out of the session before the session. If, when we begin the session, the supervisee is not clear about their intention, I help them formulate an intention for the session. As supervisor, I want to have the felt sense that, "Yes, this is an intention I can really support the supervisee with. This is an intention that I can really get behind."

The mind organizes itself around intention whether our intentions are in our conscious awareness or not.

It then organizes our somatic experiencing, bringing forward the somatic memory to find the way through our challenge.

An intention can be very general (e.g., "I want to explore such-and-such") to very specific (e.g., "I want to know where my reaction to this client comes from so I can do a better job facilitating him or her"). What is most important to me is that the intention is *clear*, not how general or specific it is. In most supervision sessions, the intention arises out of a specific situation with a client, so the intention will be specific to that situation.

Often the supervisee attempts to begin a session by describing or giving client history and information about a particularly challenging client. While this information is useful, I like to hear it later in the session. Up front I want to know what is going on with the practitioner. Then later we can find out about the client. So, my first questions are, "What is your intention for the session?" and, "If you meet this intention, how would *you* change, or what would change in your practice?" Here are just a few examples of intentions: "I want to gain a greater sense of confidence with this client. I feel like I am missing something and not sure what I am missing. I want to know what it is I am missing and to be able to work effectively with them." "I finish the day tired and drained. I want to be able to do my work and feel resourced and uplifted." "I want to establish strong, clear, and compassionate boundaries with this client."

2. Personal challenge phase

What's the personal challenge? State your challenge. This could sound like, "I feel confused. There are so many layers in this family's history that I get lost. I can't find my midline. My tracking skills drop out. I'm afraid for my client." "I go away from the sessions feeling tired." "I feel stuck with this client. They are not progressing. I feel inadequate." Often when the challenge gets stated, the intention increases in accuracy and clarity. We then restate the intention, bringing in this greater clarity.

Many times, even very competent therapists find it difficult to state what their personal challenge is. It is

important that practitioners cultivate an awareness of what their own leading edge is, where the edge of their own learning curve is. Awareness of my own leading edge lets me know where my challenges as a professional lie and gives me information that will help me continue to hone my skills. This is a continual process, reforming itself each time the leading edge shifts. My experience is that when I am mindful of my own leading edge in relationship to a challenge that I am experiencing, new possibilities open to my awareness in relationship to my clients. My job as a supervisor is to support the practitioner to make good use of what they are feeling and to support them to discover their leading edge.

3. Relevant history phase

Focus on the parts of the history that are important to achieve the intention. This part of the process can include the client's history and/or that of the supervisee. I will often ask the supervisee to pause and settle within themselves and then see what comes up for them, discover what history to share. I ask them not to predetermine the content of what they say but to share what occurs to them in the moment. I assume that whatever they say is relevant to the history and the intention. The key questions have to do with what is going on for the practitioner in relationship to the client. I do not allow the practitioner to just rattle off information about their client. I am listening for the core information that will serve the intention for the session.

4. Activity phase

The relevant history phase leads to an activity that supports the practitioner in deepening into the material they are presenting, into the truth of their needs, and into the resources that provide the internal guidance and potency that enables them to find their way through their challenge and leave them with clarity and a balanced field. This section can look like a Somatic Experiencing session.

It is necessary for the person in the supervisor role (and peer support people, if present) to reference midline. I give myself plenty of permission to not be in mid-



line: I have an intention to be mindful of what I'm doing with my attention and to do the practice of returning to midline over and over again. As supervisor, I listen with the intention to support the supervisee in deepening into themselves and integrating their experience in real time.

One thing that we do a lot in BEBA clinic supervision sessions is use the videotapes of client sessions to review the part(s) of the client session where the practitioner or the clinical team that is working with a family is challenged. The discussion that ensues from, and growth steps that all make, in this process are very rewarding.

The main purpose of supervision is to support the practitioner to translate personal activations into effective and efficient Therapeutic interactions with their clients.

5. Integration phase

A supervision session is complete only when the material for that session is integrated into the supervisee's practice. Whatever we glean from a session becomes part of us and fully part of our practitioner skills.

During and at the end of the supervision session, it is important for the supervisee to pay some attention to the felt sense of the experience of receiving support. Supervisees should allow themselves to feel the support down through their muscles, viscera, joints, and into their bones.

At the end of the session, the supervisee makes a statement of what they received from the session. Either I or the supervisee restates the intention for the session. The supervisee then makes an assessment of how the session met the intention. If the intention was not fully met, the supervisee and supervisor can make statements about what was not met and what still needs to occur. This can lead to the formation of *next steps*.

The supervisee should make a statement or statements about how the new learning can be applied to their professional work. This statement will help anchor the new learning and make it more likely that the new learning will manifest in the supervisee's clinical practice. As a supervisee, follow the learning into your practice. Report back to your supervisor about how the integration of the new skills or ways of being in practice are working for you.

In the format I have developed, at the end of a group supervision session other members of the supervision team share brief statements about how they were affected by the session. It is important that these statements be "I" statements: They are not about the supervisee. They are differentiation statements made for the purpose of naming what the other members of the group were tracking, holding, and processing. The supervisee does not have to do anything about what the others are sharing.

TIME

In group settings, each individual's turn takes anywhere from 20 to 40 minutes. Individual supervision generally takes 20 to 60 minutes for a single-intention question or for a single issue with a client or family. Usually, individual supervision sessions take 20 to 40 minutes. Each additional intention can increase the supervision session time proportionately. Three or four intentions or situations can take up to 1½ hours.

OTHER COMMENTS

The supervisee can use this format with their supervisor whether or not the supervisor knows the format. I have found that following this format makes my supervision as a client more efficient. I learn more about myself and about my work in less time than with other formats with which I've experimented.

Collaborative sharing may be one of the exciting outcomes of the supervision process.

I so look forward to participating in the supervision process. It is a mainstay of my practice and my work. Thank you for taking the time to read this and allowing me to share this material with you. I hope you are able to find your supervision work as rewarding as I have. ♦

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Website Feedback Needed

The Association website is being revamped. Please take a look at the site and submit your feedback to the board and website committee at admin@craniosacraltherapy.org & acourageousheart@gmail.com.

Contribute to the New Website Write, Edit, Proofread

A large part of this project is rewriting and adding to the text on the website to reflect the evolution of our biodynamic approach. We need your input. Contribute your knowledge of BCST! Make sure all of BCST is reflected on the website!

We are seeking willing copyeditors and writers to take on specific writing tasks. If you are interested, please contact the committee chair, Margaret Rosenau, at acourageousheart@gmail.com.

This is your chance to help increase our visibility and affect how BCST is presented to the public!

A Mother's and Baby's Story

Marion Mazzocchi, RCST®

Marion Mazzocchi is a practicing registered nurse in the area of maternal child care. She is a registered Biodynamic Craniosacral Therapist, Reiki Master, and Flower Essence Practitioner and has an advanced certificate in Emotional Freedom Technique (EFT). Marion has a special love of working with pregnant and new moms. She feels that the way we birth our babies has a profound and lifelong impact on families. It affects how we see ourselves and our ability to parent, impacts our health and well-being, influences how we interact with our children, and resonates through our child's development and personality.



Over the past few months, I have had the honor of working with little Mary and her mother, Dee. Dee has given me permission to write about their experience, but their names are changed to protect their privacy. I started working with Dee as part of my research project for my Biodynamic Craniosacral training. At that time, Mary was six months old and did not sleep—hence, her mother did not sleep.

When I first interviewed Dee, she said that Mary did not sleep, but that she herself was fine and not feeling stressed, even though she wasn't sleeping much either. She had another daughter, seven years old, who was very calm—nothing like Mary. I asked Dee what her pregnancy had been like, to which she replied that it had been good and that she had delivered in the hospital with a midwife. Nothing had gone wrong, not like with her son.

Dee then went on to tell me that she had lost a baby 18 months prior to Mary's birth. At the time, she and her family were living in Britain. They were planning on immigrating to Canada and were just waiting for the baby to be born so they could put its name on the immigration papers. Her birth had been attended by a midwife, but not the midwife who had seen her throughout her pregnancy. During labor, Dee felt that something was wrong. Her midwife did not take her to the hospital, and her precious son died during birth. There was a thorough investigation into all those involved in the birth and the sequence of events that led to the baby's death. The midwife was found to be at fault. Once the investigation was over, Mary and her family came to Canada.

Once there, the problems and stresses began to pile up. The family arrived on a winter day, Dee's husband set to start his new job only to find out that the place he was to be working at had blown up two days before their arrival. Because her husband was now without a job, they had to reapply for their work visas. If they didn't get them, they would likely have to return to Britain. While

all of this was going on, Dee was also dealing with having moved a household overseas and unpacking. Somewhere in all that, Dee said, she had gotten pregnant.

After hearing this story, I asked Dee if she had been worried about the new baby while she was carrying her. She was not worried about the pregnancy but was fearful of birthing. She said that in the end, the birth was lovely and that she has a wonderful, healthy daughter, but one who is very watchful and wakes at the least noise. Since birth, the baby would sleep for no more than two hours at a time and would wake in an anxious, fearful state.

For the first seven months I worked only with Dee. She felt the sessions were helping her relax, and although Mary wasn't sleeping any better, Dee was better able to cope with her own lack of sleep. Dee would feel settled for a few weeks after a session, then was ready for another one.

I was a student in cranio at the time I began working with Dee and did not feel comfortable working with infants. It had been several weeks since my last session with Dee and she was very stressed, as Mary was still only sleeping three hours at a time and very little overall. Dee was feeling that it was stressful not only for her but also for Mary, as Mary never seemed to get into a deep, restful sleep. I said that I would give Mary a session and we could see if anything changed.

Mary was asleep in her car seat when I worked with her. Even in her sleep I could not make physical contact with her, as she would jump and pull her foot back and start to wake up. I worked with my hands about four inches from her feet. During the session I felt a great deal of anxiety surface in Mary, then a relaxation in both my body and Mary's body. Mary felt like she was much more settled following this work. She woke after about 25 minutes and looked for her mother, but not with the hypervigilance I had witnessed before. I asked Dee to let me know if she noticed any difference over the next few days.

Two days later Dee sent me an email stating that Mary had slept through the past two nights. Dee felt that Mary was less anxious and that her fear on waking was gone. What a change for not only Mary but her whole family! Since that time I have continued to work with Mary. She is much calmer and although she doesn't always sleep through the night, she goes back to sleep without much fuss. And of course Dee is feeling less stressed because she is more rested. ♦

Reflections on BCST and Massage

Ginger Ingalls, RCST®

Ginger Ingalls, LMT, NCTMB, RCST® has been a journalist and actress and has had lots of movement training. Being a therapist came out of her two previous careers: wanting to help people and to develop kinesthetically.



This piece integrates what I have been taught and a sense of pioneering and following my heart. It follows my work with one client and comes out of my daily practice of contemplating my SOAP notes (notes about a client's condition) and then writing in my diary about what feels new, interesting, or refreshing. The SOAP notes are not a requirement of the spa where I work nor of Washington, D.C. law. They are tremendously helpful for me in keeping track of my clients. Both notes and diary entries increase my consciousness, focus, and responsibility. I decided to do this on my own, and this practice is consistent with the way I have been writing since the age of five. I also did diary writing during my first two careers of journalism and acting.

People who usually receive only massage and are trying cranial work for the first time tell me that, to them, craniosacral therapy "feels like massage from the inside out." More than one person has used these exact words!

I meditate to continually resource my sense of groundedness. I recently returned to Transcendental Meditation first taught to me in the 1980s and, similar to finding that once I have connected with a deeper muscle (and suddenly therefore "find" my hands in it without linearly going through other muscles superficial to it), often find myself in a particular fulcrum that feels like it is governed by a sense of nurturance combined with the laws of physics.

January 23, 2009. My forearm cross-fiber glides down serratus posterior superior, and the whole scapula slides; then fingertips meet the nuchal ligament and I seem to sink back deeper into my feet. My whole back opens up, and I breathe deeply. Then, as if by magic, my hands come together with fingertips touching at C-7 and sweep up (but not too fast!) to the external occipital protuberance. And I wait there, breathing. I release contact, and my fingers again find C-7 and very, very gently, but precisely and specifically, make tiny, circles up the nuchal ligament and then fan out as I sense fibers of rectus capitis posterior minor.

January 26, 2009. I am in the foramen magnum hold, and the energy of it feels very horizontal and open. I am waiting. Suddenly, maybe because I have known it before, the left rectus capitis posterior minor loosens. Oo la la ! I try not to become emotionally satisfied. Then the

trapezius loosens.

February 4, 2009. I wake up for the first time feeling that my head is on straight. I feel restitution in every sense of the word: physical, mental-emotional, spiritual.

February 8, 2009. I hold, like a cup, C-7 in the palm of my hand. For the first time, I connect this bone in my perception with the sense of the sacrococcygeal hold, and it feels like the bone and everything else (spirit, energy, tissues, and fluids) is in the center of the palm. This bone and "everything else" seems to effervesce to the left serratus posterior superior, through the nuchal ligament, then through the right trapezius, the right semispinalis capitis, and then the right rectus capitis posterior minor. There is a felt sense of something more full.

February 10, 2009. I cradle the occiput and have tears of compassion in my eyes as I think and feel the continuum between the nervous system and the muscles. There is more of a sense of the center of my palms and less of a sense of many digits "doing" the hold. Later, I meditate as I usually do. ♦

Neutrality

Feeling broken ((unheard)),

I forget I am the well

that breathes through the veil.

May you be a reminder of the wonder

and let the pain also be there.

For neutrality heals

the depths of our history.

No blame, no shame.

I am love, I am life, I am that

which breathes through the veil.

Leyla Castro

BOOK REVIEW

New and Improved: Volume 1 of Franklyn Sills's *Foundations in Craniosacral Biodynamics*

Kate White, RCST®

The recently released *Foundations in Craniosacral Biodynamics: The Breath of Life and Fundamental Skills* Volume 1 by Franklyn Sills is good news for the current biodynamic practitioner. Finally a body of work that is more explicit about the skill set needed to evoke the most sensitive and deeply healing level that can be supported within clients! Readers can see this immediately from the contents list, with large sections of the book dedicated to primary respiration, the practitioner-client relationship, and the inherent treatment plan. Franklyn differentiates this volume from his other work right away in the preface to the new volume. He says:

I am starting from a very different point in this volume compared to my previous books. I will not discuss historical techniques or approaches, but will concentrate on the foundations of a biodynamic orientation in craniosacral therapy. This includes the understanding of the relational field, the ability of the practitioner to settle into a being-state, where his or her mind is settled and oriented, the holistic shift, a shift to wholeness and primary respiration, and the unfoldment of what Becker called the *inherent treatment plan*. [pp xxix–xxx]

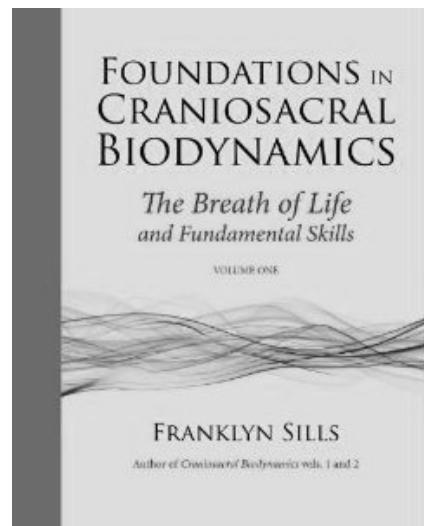
Filled with exercises for practitioners, the text details the essence of the biodynamic practice: a focus on stillness, relationship, being, and primary respiration. The book, he says in the preface, “is organized to be a useful reference guide for both students and practitioners and is not organized in a strictly linear fashion,” because learning the work “is a nonlinear process where skills are continually being recycled as new pieces are brought” in (p xxx). “This is a replacement of my previous works,” he said in a recent interview I had with him. “I wasn’t comfortable with my approach until 2002 and then felt completely comfortable with what I was teaching starting four or five years ago. This new volume brings professionals up to date, into a biodynamic mental set.” Franklyn also presents work supporting the biodynamic approach, including that of Rollin Becker, Mae Wan Ho, William Sutherland, and Donald Winnicott.

There are familiar sections about bone motility, especially holds for bones that the seasoned practitioner is familiar with, such as the vault hold, but this volume departs from his previous books by spending a lot time on the inherent treatment plan, holistic shift, dynamic stillness, and relationship. In many ways, Franklyn hopes to reinforce a shift in the craniosacral paradigm. He states, for example, in his chapter on tissue motility:

In a biodynamic context the biomechanical understanding gives way to a much more integrated perceptual understanding in which the actual forces that organize the tissue field, and the deeper dynamics they generate, are the focus of practitioner awareness. The practitioner orients to the whole field and notices the particulars that arise within it. All tissue structures are perceived to be part of a unified and fluidic field of action. Bones are sensed to express an inner, cellular motility that is not separate from the wider tissue field. Bony motion has more of a sense of flower petals opening all at once, rather than of separate structures moving around different axes. The practitioner senses the whole of the flower as it opens yet each flower petal is also distinct. [p 157]

The text revolves around the health in the client’s system more than on deviance from midline or inertial energetics: “The work is about hearing the health and facilitating a reconnection to it” (p 159). Many sections of the volume present the reader with listening skills, fluid functions, tissue and bone motility, and ways to understand a holistic approach to working with clients. The book also provides useful language for interfacing with consumers and the medical world.

The volume houses a surprise or two. Franklyn addresses the “shadow” aspect of the craniosacral approach. *Shadow* is a term used in Jungian psychology to refer to unconscious material in someone’s mind. It can represent repressed weaknesses, instincts, tendencies, or implicit memories. According to Jungian psychology, the shadow is commonly projected on other people or the surrounding environment, in a process called *transference*. Franklyn says that the importance of the shadow to cranial work is this: “Our self-systems are inherently split and we are all prone to split-

The image shows the front cover of the book 'Foundations in Craniosacral Biodynamics, Volume 1: The Breath of Life and Fundamental Skills' by Franklyn Sills. The cover is white with a dark vertical bar on the left. The title is at the top, followed by a subtitle 'The Breath of Life and Fundamental Skills'. Below that is 'VOLUME ONE'. The author's name 'FRANKLYN SILLS' is at the bottom, with a note 'Author of Craniosacral Biodynamics vols. 1 and 2'. There is a faint, stylized line drawing of a human figure or energy field at the bottom.

ting, shadow projections, and the projection of goodness and badness onto others. The Breath of Life supports all of our life processes and intentions, does not discriminate as to high or low, good or bad, and thus supports our wisdom *and* our shadow side. Work in relationship to the Breath of Life can intensify our shadow side, our fears and projections as well as our insights, and we can all get caught up in that. I am doing my best to look at whatever shadow issues are present for me, and hope others in the field will do the same" (p xxix).

The book includes a chapter on the shadow by his new wife, Cherionna Menzam, entitled "Transference, the Shadow, and Biodynamics." It is a good surprise to see that leadership in the biodynamic field is addressing the ways practitioners can get out of balance. In a recent interview, Franklyn explained his understanding of how the shadow operates in a craniosacral context: "As soon as one deepens and widens and enters the territory where something else takes over, it reflects the inherent plan nicely. It is like this in all great healing practices. The shadow is deeply held within the awareness of the long tide but without judgment. All of you intensifies. If you don't take responsibility for it, you become it—the shadow—not seeing its fulcrums in yourself. Take responsibility. Heal those parts. We all have that territory, and it is fruitful territory. I do this by knowing what my tendencies are: whether I protect, defend, withdraw, or run away. I notice more and more how they start to emerge. I breathe through them and let them dissipate. I am aware of this in myself and others. As I do this, I see suffering and, also, I take things less personally."

Another wonderful inclusion is chapter 20, on birth, heart, and conception ignitions. This chapter also has a good review of traumas that can impede ignition and exercises in their exploration. Volume two of the series will address trauma more deeply. The chapter is supported by information on embryology and birth. The final chapter is a light outline of shamanic resonances when working with the Breath of Life. Laid out in linear fashion, the process includes five stages. If this first volume could be improved, perhaps it would be by including more information about the shamanic nature of the work and its connection to the natural world.

Well supported throughout by drawings and professional resources, this book is necessary reading for the serious biodynamic practitioner. "I thought it was important to create new texts that bring things up to date," says Franklyn. "This is a biodynamic mind set, a certain way of being, and is something I am very happy I can do at this point in my life." His next volume is due out at the end of 2012. He has a new website, www.craniosacral-biodynamics.org, where he will soon be posting some instructional videos. ♦

REMINDERS

Trademark Reminder

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; thus ®. The ® need appear with RCST only once in an article and once on a web page, even if RCST appears more often. In places where it is not possible to add the trademark symbol, such as in the Yellow Pages, it may be omitted. See the Member Handbook or the Fall 2006 *Cranial Wave*, p 5 for more information.



Spelling Reminder

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 Member Handbook and the Fall 2006 *Cranial Wave*, p 2 for examples of the type of testimonials you may use.

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.

Update on Professional Consultation and Feedback from Members

Effective the first week of June 2011, the BCTA board disbanded the Professional Consultation Committee. The committee had not met since its formation in 2010 because nothing was ever brought to it. The board has, since the fall of 2010, been discussing the professional consultation process with Foundation Training teachers. The board feels that it wants to take a primary role in any discussion of and decisionmaking process around professional consultation.

The board is constantly investigating different ways that people can meet the professional consultation requirement and is encouraging teachers to develop trainings and workshops that meet the goals of the professional consultation policy. It is possible that in the future a portion of professional consultation hours may be met through work done in certain courses. Individuals would, under a plan being considered by the board, have to show that the work they have done in such a course has fulfilled the goals and intentions of the policy. Members with input about the professional consultation policy and/or using certain coursework to fulfill a portion of the four hours of professional consultation required each year should write to the board at admin@craniosacraltherapy.org. Members may also send letters for publication in the *Cranial Wave* to the editor at lindakurtz@netzero.net.

As a reminder of what professional consultation is about, the following is reprinted from the Member Handbook. Please see your handbook under the tab "Member Requirements," for detailed information on professional consultation.

Biodynamic Craniosacral Therapy is an extremely intimate and potentially life-changing modality. As biodynamic craniosacral therapists, each one of us may work with, or at least touch upon, our clients' deep, and often unconscious, emotional processes. This may trigger our own unresolved issues. Sometimes we will be aware of this, sometimes we will not. It is important that we as practitioners be as clear as possible about our relationships to ourselves and our clients so that we can hold each client's experience as gently, compassionately, neutrally, and clearly as possible.

In your professional consultation sessions, you may be discussing/working with what is going on in your own life or you may specifically focus on what is happening in your relationships with clients. Such consultation improves 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. ♦

Professional Consultation and CEUs

[Editor's note: The following letter is a response to the letter the board sent out in July 2010 regarding professional vs collegial organization and the possible replacement of professional consultation (supervision) with continuing education credits. The board's letter is reprinted on page 25.]

Dear BCTA/NA Board of Directors,

Thank you for all your hard work! I appreciate so much being part of a very high-quality professional community and organization. Makes me proud to include these credentials on my business cards, website and along with my other professional listings.



I am not personally concerned with the need for the BCTA/NA to become a "profession" because I have other modalities through which I may become licensed and able to receive third-party payments, group insurance, and other benefits. I think that most of us who practice are combining several modalities, and many members fall into this category. Other members may feel more concerned about this if their RCST® is their *only* credential and the only way they might see these benefits. Food for thought!

I just met with my two supervision students. They brought the above and below information *[Editor's note: Elizabeth is referring to the letter the board sent out to members in July 2010.]* to my attention. Which leads me to my second point. Those of us with busy, full lives might not read the "fine print" and I recommend/suggest that you hold off deciding about the supervision/consultation vs. continuing education credit for at least a year and give the membership more time to 1) know about this pending decision, 2) consider all the options and repercussions, and 3) respond to the BCTA/NA board with their thoughts and concerns. Please don't rush this decision!

For myself, I have found supervision to be an invaluable resource throughout my 24 years in private practice. Client/therapist transference is a profound and powerful part of the therapeutic relationship. If not managed appropriately, the outcome can be devastating for both parties. If managed appropriately, the transference can be absolutely transformative and deeply healing. This can only be managed with the help of an outside party—a supervisor. One with more experience and one with the ability to guide and support. I cannot emphasize this point enough!

Please consider this very carefully. The BCTA/NA board worked very hard to get the supervision requirement in place. Please do not eliminate it without very

careful consideration of the repercussions of such a choice for our profession and for our clients.

Rather than eliminate the supervision requirement, I would much rather see the board keep this requirement (including the signature requirement) and help us all to hold accountability for our professionalism and professional growth. *And* add a continuing education requirement. The CEU requirement would best serve our community, I believe, if *any* professional conference, training, or workshop were allowed to count toward our CEUs. And to follow a two- to three-year time frame (the Yoga Alliance has us turn in CEUs every third year), to set up a page on the website where we can enter our CEUs in ourselves as we go along (APTA does this), and a reasonable amount: fifteen to twenty hours over a two- to three-year year period. Any related study ought to count because as we all know, all relate back to the primary impulse and deep tide anyway!!!

Some examples of related study:

- anatomy and physiology
- counseling/psychology
- energy medicine
- therapeutic bodywork of any modality
- yoga, meditation, contemplative practices
- Biodynamic Craniosacral advanced courses (of course!)
- nutrition, nutritional counseling
- special population education (aging, recovery, special needs, etc.)
- wellness education, life coaching
- spiritual, philosophical study

Please slow this process down and give us all more time with this!

Thank you so much for your kind attention and consideration.

Yours In The Tide,

*Elizabeth Whirlabout, RPE, RYT, RCST®, RPP
Plymouth, MA*

Letter from Franklyn on Supervision and CEUs

I want to support Elizabeth Whirlabout's message re: supervision and again give my support for a supervision requirement *and* for a flexible continuing education requirement. I really feel it is imperative that practitioners are in supervision. I certainly have been all of these years, and it is invaluable to me. It creates a wonderful holding environment for my needs as a human being in private practice, helps keep my process differentiated from my clients', and gives me a really creative space for reflection both relative to client work



and to myself in the role of practitioner. I deeply agree with Elizabeth's comments. Supervision helps one keep clear differentiation of one's own process from that of the client and gives a practitioner their own neutral and very needed holding field. It is essential in the maintenance of a safe holding environment and in the clarification of shadow, transference, and clinical issues. This is really a professional issue, not one for me about past board decisions.

I feel that continuing education is a separate issue and should not be coupled with supervision. Continuing education courses are important in themselves but are certainly not a substitute for supervision. They are a unique aspect of what is also needed in professional practice. The CE requirements can be very flexible to include conferences and really anything that supports or extends one's work. I know this has been discussed over the years by various boards and no decision has been made, but feel it is essential for us to maintain both supervision and CE work as part of the holding field which supports us in practice. My guess is that people do not really understand the essential nature of supervision and how it creates a holding environment for the practitioner's relationship to their work and clients and allows the practitioner to settle into a holding field oriented to their professional practice and be supported. I firmly believe that it is an essential aspect of safe clinical practice.

*Franklyn Sills, RCST®
Devon, U.K.*

July 2010 Letter from the Board to Members

[Editor's note: The following letter from the board was sent out in July 2010.]

Fellow BCTA/NA Members,

This letter from the Board of Directors is being sent to update you on recent changes and to invite your feedback on some items of interest to the Association.

Communications

This newsletter is being sent to you by both surface and email. If you do not receive it by both modes, it means we do not have a current email or surface address for you. Or it may mean that your web browser has screened the email as spam. Please let us know of any changes. Also, we are in the process of developing a new website that will have easier navigability, and will give us new options for communication within our community. Please contact us if you have any ideas or suggestions regarding this project.

Personal/Professional Consultations

We are making some changes in how you verify your personal/professional consultation (formerly known as supervision). You now need only to state the practitioner and date of your consultation. There is no longer a requirement to obtain a signature from your

practitioner(s). This will simplify the process of your verification. You can still use the old form if that is easiest for you; just be aware that the practitioner signature part no longer applies.

Also relating to personal/professional consultation; it has been suggested and requested by some members and teachers that continuing education activities be allowed to count as consultations. This matter is being evaluated by the Board, and we ask for member input and feedback on this issue. After hearing your points of view, and considering all aspects of the issue, the Board will make a decision on this issue sometime this summer 2010. *[Editor's note: No decision has yet been made, and the board continues to ask for your input.]*

Professionalism

On a more general note, we want to address the often discussed matter of whether our association is "community or professional". The current Board does not see these as mutually exclusive goals. We see our organization as a professional community, and want to enhance the collegiality of the community. A key goal of our association is to support our members and teachers in the development and vibrancy of our field. Biodynamic craniosacral therapy is still relatively new, evolving and growing. The founders of the Biodynamic Craniosacral Therapy Association of North America (BCTA/NA) and the current Board both have seen the importance of a community that continues to be a "container" and supporter of our graduates and members.

We also recognize the importance of "professionalism" and professional standards. They are important to the continued growth of the members and the community. But to clarify, this is a way of being in practice, not necessarily a way to create a "profession". We want you to know that the current Board is NOT pursuing any interest or effort towards the creation of biodynamic craniosacral therapy as a licensed profession, with possible regulation by government agencies. We think such a stance reflects the views of our members, and we welcome any comment on the issue.

The BCTA/NA Board and Teacher Liaisons are looking to enhance our community and look for ways to best serve our members. We look forward to any communications you have for us in this regard:
admin@craniosacraltherapy.org.

Thank You,

BCTA/NA Board

Edwin Nothnagel, President

Marilyn Angell, Secretary

Dave Paxson, Treasurer

Michael Brightwood, Director

[Editor's note: Please note that these names reflect the composition of the board at the time this letter was written. See page 36 for a listing of the current board of directors.]

Annual Member Meeting to Be Held August 5, 2011 in D.C.

Members, please submit items for discussion

The BCTA/NA annual member meeting will be held August 5–6, 2011 in Washington, D.C. Most BCTA Foundation teachers will be attending this meeting. Members are encouraged to contact the board or teachers prior to the meeting about any issues you would like the board to address or discuss. The meeting will be held in at the Courtyard–Chevy Chase, 5520 Wisconsin Ave, Chevy Chase, Maryland 20815, near the northwest section of our nation's capital. Members are invited to a lunch with the board and teachers on Saturday the 6th at noon, to be followed by a 90-minute formal meeting open to members, which will end at 3 p.m. If you are local, and even if you aren't, we encourage you to come. Members will need to call in or email their questions by Tuesday, August 2. Note the date, and we hope you can participate. Email admin@craniosacraltherapy.org or call Dave Paxson, President, at 843-347-1609.

On Sunday, August 7, there will be a regional networking meeting of folks interested in pre- and perinatal psychology (see the article on page 29, "Pre- and Perinatal Regional Meeting in Washington, D.C. This August," for more information). Several of the board and teachers plan to participate in that gathering, which is open to all who are interested. ♦

New BCTA Website Up; Help Write About BCST

Margaret Rosenau, RCST®, Website Committee Chair

The website has changed! If you haven't been to our website lately, it's time for a visit. The look and user-friendliness of the website has changed and will be undergoing further changes in the coming months. Look for changes in June to the practitioner directory, membership renewal, and all things related to maintaining your membership. Also keep your eye on the site in the coming months—we will be changing the look and feel and the content even more.

In fact, the website committee is actively working on reworking the website at every level to reflect who we are as an organization. A large part of this project is rewriting and adding to the text on the website to reflect the evolution of our biodynamic approach. Those of us on the committee are very excited about the website we are creating. We are seeking willing copyeditors and writers to take on specific writing tasks. If you are interested, please contact the committee chair, Margaret Rosenau, at acourageousheart@gmail.com. ♦

LETTERS

Working with Newborns Exposed to Drugs

I would like to touch base with anyone who has any experience working with newborns who are withdrawing from prenatal exposure to methamphetamine, cocaine, or heroin. You can contact me at *lisapiediscalzi@hotmail.com*. Thank you.

*Lisa Piediscalzi, L.Ac., RCST®, IBCLC
Aptos, CA*

Reach Out and Touch a Soldier

Especially since September 11, 2001, our men and women in the military (over 500,000 army soldiers alone) have been totally dedicated to the safety of the citizens of the United States of America and throughout the world.

It has also come into the acute awareness of many professionals that our veterans returning from war are *not* doing well. The news media is frequently reporting that our soldiers are in duress because of post-traumatic stress disorder.

Having a son that has over 20 years of active duty service in the U.S. Army has led me to seek out any and every avenue possible to offer BCST to our returning soldiers. As a result, I have been in touch with a psychiatrist at the Walter Reed Medical Center at Fort Bragg, NC and the director of the VA clinic in Johnson City, TN. I have also spoken with a member of the BCTA board who attended an Armed Forces Health Conference concerning the health status of our soldiers. The information I have gathered shows very clearly that our veterans are not adequately responding to traditional medical treatments and are increasingly seeking alternative health-care options. As practitioners and recipients of the work, we know that BCST is the very best modality to assist them in reducing any unresolved stress and/or trauma they may have encountered.

Unfortunately, BCST is not yet a common household term, and alternative therapies are not yet recognized as effective by the traditional medical system. Currently, the only way we can offer BCST at a VA clinic or hospital is as a volunteer for the purpose of stress management.

To volunteer at a VA clinic or hospital, contact their volunteer services department and simply follow their instructions. They may require a background check and fingerprinting, which they will pay for. If possible, work with the psychiatric department, as they are more apt to be monitoring a soldier's improvement.

If you personally know of a veteran, please do not hesitate to offer your services. Be advised that, to date, it has been my experience that most vets who have a session or two feel so much improved that they do not return. Our major objective is for them to experience the benefits of BCST.

In an effort to expand the number of practitioners for the soldiers, I have been organizing a group of alternative and



allopathic professionals and army personnel. Peter Levine's group, the Somatic Experiencing Trauma Institute, is partnering with us. We are interested in expanding our group to include practitioners from various alternative therapies.

To volunteer to help our veterans, please contact me so that we can pool our efforts for this great cause. If each of us could volunteer to "reach out and touch" just *one* soldier, what a difference it would make! You can reach me at *angellbt@gmail.com*.

*Marilyn Angel, RCST®
Greensburg, PA*

Member Handbook

I just received the new Member Handbook today and just want to say thank you for all the thought and effort that went into it. Great job!! It works especially well for someone with my personality traits, so I enjoyed putting it together and using that process as an opportunity to get familiar with the organization and information contained in the handbook, as was suggested in the instructions. Having photos of individuals helps me feel more a part of a community. Also, I think the committee is on target with a handbook that allows for updates of only those pages that change. And even though I would have thought I was capable of inserting the pages correctly without benefit of instructions, I found that I did use them. The only thing that I would suggest for future consideration is placing the sheet with basic organization contact information as the very first page, before everything else. For me, I always find it most convenient if contact information is prominent and incredibly easy to locate. To avoid changing the page numbering, perhaps the first page could be a "Quick Reference Contact Page," and just keep the Administration page as is.



Very well done, and thank you again for your hard work in putting it all together.

*Leah Hake, RCST®
Chicago, IL*

Join the Primarywave

We would like to 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.

BCTA/NA 2010 Financial Report

Dave Paxson, RCST®, 2010 Treasurer

For the first time since the 2007 financial year, expenditures exceeded income for the BCTA/NA. This was due to the following: (1) work on the development of a new website, a project that has been deferred for years; (2) more in-person meeting contact between the board and teachers; (3) an expanded edition of the *Cranial Wave* (44 pages); and (4) the development of a new handbook for members. The handbook expenses should be low in upcoming years, as the new handbook format means that only pages with changes will be replaced each year. The *Cranial Wave* expenses will stay about the same or increase as the publication moves from a short newsletter to a many-page journal that will be published once or twice a year.

Expenses also increased because there was more utilization of contracted office services for tasks that were done by volunteers (usually board members) in previous years. The Association contributed nearly \$2,900 to support the 2010 Breath of Life Conference. This is the first year that the Conference has nearly paid for itself. In past years, the Association has contributed \$6500–8000 toward conference expenses.

We spent \$7230 more on the Association than we took in in dues. We spent \$2880 more on the conference than we took in registration fees. Note that we had a reserve of money in previous years at least in part because we did not do things we should have sooner (e.g., the handbook and website), and the higher expense is a

result of us finally taking on the projects.

Assets		
12/31/2010	\$33,760	(\$10,100 less than assets held at the end of 12/09)
12/31/2009	\$43,864	(\$2,084 more than 12/08)
12/31/2008	\$41,780	(\$4,464 more than 12/07)
12/31/2007	\$37,216	

2010 Expenses

Office and Administrative Services	\$15,040
Website and Telecommunications	5,160
Board and Teacher Meetings	8,410
Professional Fees (tax, insurance, legal, research)	4,770
Cranial Wave and Newsletters	5,440
New Handbook for Members	10,160
2010 Conference Expense	33,760
TOTAL	\$82,250

2010 Income

2010 Dues Income	\$41,750
2010 Conference Income	30,880
TOTAL	\$72,630

Edwin Nothnagel Scholarship Fund

Due to the generosity of Edwin Nothnagel's contribution to our scholarship fund, six additional members were in attendance at our BCTA/NA 2010 Conference. Thank you, Edwin. In exchange for their full scholarships, each member performed some form of work-study. We are grateful for the recipients, as they certainly contributed to the smooth operations of the 2010 conference at Mt. Madonna. Each request for a scholarship was determined on an as-needed basis. All recipients indicated that they were most grateful for our organization's generosity.

Our scholarship fund is now depleted. Ideally, we would like to offer work-study scholarships to our members for future events in addition to our conferences. Of course, we cannot do so without funding. As a result, we are inviting each BCTA/NA member to contribute the fee collected from one session to the fund each year. This will ensure that others may continue to participate in this lovely and symbiotic relationship. We will be happy to accept all contributions in any \$\$ amount. Please send your contribution (checks made out to BCTA/NA) to Dave Paxson, 219 Wedgewood Lane, Conway, SC 29526. ♦

Liability Insurance for Members

The BCTA/NA has established a relationship with two companies in order to provide our members with easy and reasonably priced methods of acquiring liability insurance.

Canadian members desiring discounted professional liability insurance should contact Preventative Health Services, 416-423-2765, www.preventativehealthservices.com.

U.S. members should contact the Association of Bodywork & Massage Professionals (ABMP), 800-458-2267, www.abmp.com.

Reviews

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

Pre- and Perinatal Regional Meeting in Washington, D.C. This August

Dave Paxson, RCST®, President

There will be a regional meeting of and fundraiser for the Association of Pre- and Perinatal Psychology and Health (APPPAH) this August 7th and 8th, 9 a.m.–5 p.m., at the Courtyard–Chevy Chase, 5520 Wisconsin Ave, Chevy Chase, Maryland 2081 (near Washington, D.C.). This is the first APPPAH meeting of any kind on the East Coast in a number of years. It will be an opportunity for APPPAH members, potential APPPAH members, those interested in pre- and perinatal psychology and health, and those working with babies and expectant Mothers as well as for those working with adults on issues related to prenatal, birth, and early attachment psychology to meet for networking, resource sharing, and education. We will work creatively and collaboratively to support each other in improving our knowledge and build our skills.

You should attend if you want to connect with other East Coast folks interested in the PBA (prenatal, birth, and attachment) psychology field. Those interested in learning about our discussion of the public policy and health-care economic issues related to our field should also attend. We hope to create a cadre of informed and interested folks who will be close to the DC area as the health-care delivery debate continues to unfold in the next few years.

On each day there will be both presentations and an opportunity for attendees to share their knowledge and experience in our field. Presenters and discussion leaders will include William Emerson; Cherionna Menzam, RCST®; Myrna Martin, RCST®; Ellynne Skove; and David Paxson, RCST®. On the first day we will review the issues and latest research and activity in the all of the areas of interest including conception, the embryonic period, the fetal period, birth, post-birth (lactation, circumcision, etc.), and the attachment issues that are created in the first 18 months.

The second day will be more somatically oriented. For the morning segment Ellynne Skove will be presenting “Moving from the Inside Out: Connecting Heaven and Earth.” This is a movement-oriented experience that explores the embodiment of issues from the Primary Period, and the physicality of developmental movement. The afternoon will focus on discussion and demonstration of the therapeutic practices and techniques being used in the PBA field.

The cost is \$90 per day, lunch included. There will also be informal social activities in the evenings. For further information or to register, please contact David Paxson, DavePaxson@aol.com, 240-346-5155. ♦

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BOARD UPDATE

New BCTA Members and Officers

Edwin Nothnagel retired as president of the BCTA effective May 31, 2010. He served on the board for four years, two of those as secretary and two of those as president. He has agreed to continue on as treasurer until a new treasurer is appointed in August. (Except for the president, officers do not have to be members of the board.)

Dave Paxson has been appointed president of the board and Marilyn Angell is serving in the dual role of vice president and secretary.

Michael Brightwood continues as a member of the board, and Kathleen Morrow, Mary Louise Muller, and Margaret Rosenau continue as teacher liaisons to the board.

Three new people joined the board in late 2010: Debra Hodgen, Mimi Ikle-Khalsa, and Eric Sjoberg. Their biographies follow.

Mimi has taken over responsibility for emails that are sent to or come from admin@craniosacraltherapy.org. Linda Kurtz, although no longer on the board, answers the Association phone. Calls about member renewal, membership, and RCST® status are routed to Marilyn Angell, Membership and RCST® Chair.

The board is expecting to appoint up to four new members at the August 2011 board meeting to be held in Washington, D.C. If you are interested in joining the board or know someone who might make a good board members, please contact any member of the board. Nominations to the board are taken at any time. ♦

Debra Hodgen

I studied with Peggy Olsen and received my RCST® certification in 2007. I was the chair of the 2010 Breath of Life Conference at Mount Madonna. I am very excited to help support the organization by being a member of the board. I see clients in private practice, am a teaching assistant for Peggy Olsen, and teach Anusara yoga.



Mimi Ikle-Khalsa

I started bodywork when I entered Potomac Massage Training Institute in 1994. Although I loved being a full-time massage therapist, the hours of deep tissue were hard on my body and I realized that continuing with a massage-only practice was unsustainable. In 2000 I started one-on-one mentorships for both my APP and RPP (Polarity Therapy). It was near the end of my Polarity training that I was referred to Stephanie Abramson, who is both a Polarity and craniosacral therapist. I was profoundly im-



pressed by impact that Biodynamic Craniosacral Therapy had on me. When she suggested taking a course, it seemed like the perfect thing to do.

As you all know, being in a professional training program of BCST can be quite a life-altering experience. I found that slowing down and listening was a life skill that I had very much needed. I really enjoyed my training. Toward the end of my course, I expressed to my teacher, Roger Gilchrist, my interest in assistant teaching for him in future courses. We began that process just a month later, giving me a straight five years (2001–2005) of introduction to this work.

I've found over the years, and especially in the current course that I am a teacher-in-training for, that teaching is truly the best way to master any subject. Although I am far from having mastered the vast content that Biodynamic Craniosacral Therapy has to offer, I do feel confident in my ability to convey this art in a loving, safe, and respectful way.

My intention as a board member is to continue the work that I've started in my conference committee role. I think the best way to make the organization you care about thrive is to put yourself into it and be proactive. I've been very pleased with the collaborative efforts the conference committee and I have had. And want to take this time to give back to the organization, hopefully making it stronger and better. ♦

Eric Sjoberg

I am a perpetual student, Somatic Experiencing practitioner, yogi, and somatic therapist in San Diego and am nearly finished training in BCST with Peggy Reynolds-Olsen. I have joined the board as student representative. ♦



Cranial Sacral & Depression Request for Submissions

Gathering material for a book that combines my own experiences of depression/bipolar with perspectives from traditional and complementary practitioners.

Requesting essays of ± 250 words

See: <http://davids-inferno.blogspot.com/>
or write davidblistein@gmail.com

Returning Teacher: Scott Zamurut

Scott Zamurut has rejoined the BCTA/NA as a teacher after an eight-year hiatus. Scott was a founding board member of BCTA/NA and one of its original Foundation Training teachers. Scott has a degree in philosophy, with a minor in religious studies. In the late 1980s, Scott trained in massage and Polarity Therapy. Finding his love of teaching in Polarity Therapy, he began on the teaching path in 1990. Through the Polarity community, he learned of Franklyn Sills, participated in the first Biodynamic Craniosacral training Franklyn taught in the U.S., and was invited to join the initial teacher-training group. Scott was on Franklyn's teaching team in Boston, MA and Boulder, CO. In this time he also co-taught with Michael Kern and Katherine Ukleja, two British osteopaths who are part of the British biodynamic community. Inspired by the pre- and perinatal content in his original biodynamic training (the teaching assistants were Ray Castellino and Claire Dolby, DO, both of whom brought substantial knowledge and experience in pre- and perinatal work) and the birth of his daughter in the late 90s, Scott began training in birth trauma resolution with Karlton Terry and is now a senior co-teacher with Terry's Institute for Pre- and Perinatal Education (IPPE).

Scott left BCTA/NA about eight years ago for professional reasons and has recently rejoined the Association. He says:

Around the time I stepped away from BCTA/NA I was teaching a group that was a mix of veteran Rolfers, and former Upledger Institute teachers. These folks were challenged by the way I was articulating biodynamics, and I recognized that I had learned to teach a curriculum but I had not learned how to teach biodynamics. Looking back at this pivotal class, I would say I got Rolfed out of a fixated pattern. My journey of reorganization allowed me to see biodynamics through fresh eyes, freed from the rigidity of teaching structures and standards that I had internalized over a ten-year period, freed both as a teacher and practitioner. My studies and personal process in pre- and perinatal work were huge factors, too, creating more internal freedom and opening me to an expanded experiential understanding of the dynamics of somato-energetic healing. The coalescence of this process has me practicing and teaching with simplicity but great focus on the natural fulcrums of biodynamics. I teach a continually evolving curriculum. ♦

The new series of classes Scott is teaching through the IPPE led to his return to the BCTA/NA after he approached board member Dave Paxson about promoting the classes to the biodynamic community. After Dave and Edwin Nothnagel encouraged him to rejoin the community he helped found over a decade ago, Scott decided to return. ♦



New Teacher: Ged Sumner

Ged Sumner, of the U.K., joined the BCTA/NA as a Foundation Training Teacher in 2009. He has taught Biodynamic Craniosacral Therapy as a senior tutor and course director for the Craniosacral Therapy Educational Trust's (CTET) practitioner trainings in London since 1995 and as a senior tutor for Resonance Trainings courses in Australia and New Zealand since 1999. He studied Biodynamic Craniosacral Therapy with Franklyn Sills in 1993 and is passionate about the way the therapy accesses our natural capacity to metamorphose at an anatomical and physiological level and move to new forms of awareness.



He set up the Fountain Clinic in London (www.fountainclinic.com), which works with mothers and babies, children, chronic fatigue, performance artists, and students. He also runs a "living anatomy" training, which offers a holistic view of the body's anatomy and physiology (www.anatomy4you.com). He is a director of the Healthy Living Centre (www.thehealthylivingcentre.co.uk), a multi-disciplinary alternative therapy practice in London, and director of and teacher at the College of Elemental Chi Kung (www.elementalchikung.com). He is the author of *Body Intelligence: Creating a New Environment* (2nd ed 2009), which presents an experiential anatomy approach to body awareness, and co-author, with Steve Haines, of *Cranial Intelligence: A Practical Guide to Biodynamic Craniosacral Therapy* (2010). He runs Body Intelligence Training, which offers foundation training in BCST in over 10 locations worldwide (www.bodyintelligence.com). He has studied shiatsu and attachment-based psychoanalytical psychotherapy and has a degree in chemistry. ♦

Member Renewal

The 2010 member renewal deadline was extended to June 30 of this year. On April 1, the board decided to update the website to make it possible for members to make payments online. As part of the process of revamping the website, the Association contracted with a company called MemberClicks, which assured the board that the new system would be up and running in no time. It was not, and is still not. Meanwhile, the office services company the Association has been using, Your OfficeRaleigh, was supposed to have mailed member renewal forms out to members in early May. They did not do so, mailing them so late that members did not receive them until after the June 1 renewal deadline. For these reasons, the renewal deadline was extended to June 30. Please note that in the future, the deadline will continue to be June 1. ♦

Active BCTA Committees

The Website Development Committee

Manages the content, appearance and operation of the BCTA/NA website. The committee has an ongoing goal of improving the website's navigability and appearance and increasing the literature, links, and other resources that are included in the website.

Chair:

Margaret Rosenau, acourageousheart@gmail.com

Volunteers:

Serena Fennell, inbodyingprayers@mac.com
Cherionna Menzam, cherionna@cherionna.com
Franklyn Sills, office@karuna-institute.co.uk
Eric Sjoberg, eric@ericsjoberg.com,
Mary Louise Mueller, Lifeshape@aol.com
Mimi Ikle-Khalsa, mimi.ikle@gmail.com
Elizabeth Hammond, icteduce@comcast.net

The Conference Committee

Plans, organizes, and runs our biennial conference. Tasks include arranging the meeting facilities, recruiting and managing speakers, promotion, planning the conference schedule, arranging for audiovisual equipment, recruiting volunteers, and budgeting for all of the above. The committee presents its plan and budget to the board for approval.

Chair:

Mimi Ikle-Khalsa, mimi.ikle@gmail.com

Volunteers:

Sarah Hovey, sarahhovey@shaw.ca
Robyn Michele Jones, robynmichele@sbcglobal.net
Gayle Buchner, gayelee@columbiawireless.ca
Dave Paxson, davepaxson@aol.com
Edwin Nothnagel, edwinnothnagel@embarqmail.com
Debra Hodgen, Nirmaladeb1@aol.com
Marilyn Angell, angellbt@gmail.com
Mary Louise Mueller, Lifeshape@aol.com
Kate White, katercst@gmail.com
Stephanie Rogers, stephsbodyworks@mindspring.com
Jennifer Song, craniosacral@cogeco.ca

The Publications Committee

Responsible for the publication of the *Cranial Wave*.

Chair:

Linda Kurtz, lindakurtz@netzero.net

Volunteers:

Sandy Smith, mountainstar@live.ca
Peggy Risch, peggy@dynamicwholeness.com
Melanie Hegge, melaniehegge@mac.com

The Ethics and Research Committees are not currently active.

Down

Can you look inside and tell me what you see
Closing eyes are the gateway to the deep
When you're going down
When you're going down, down, down, down, down, down
When you're going down, down, down, down, down, down

Get rid of what doesn't serve you
It's the truth that sets you free
And sometimes what comes 'round
Is exactly what you need
When you're going down
When you're going down, down, down, down, down, down
When you're going down, down, down, down, down, down

Slowing down, Slowing down

Can you open your heart and tell me what you feel
An open heart is the gateway to what's real
When you're going down
When you're going down, down, down, down, down, down
When you're going down, down, down, down, down, down

Get out of your head
Can you tell me what you feel
Get out of your head
Can you tell me what you feel
Stay out of your head
Can you tell me what you feel
When you're going down
When you're going down, down, down, down, down, down
When you're going down, down, down, down, down, down

Slowing down, Slowing down

Tami Deal

Organize a Wave Issue!

Would you like to see a *Cranial Wave* issue around a specific topic? How about organizing an issue? I will work with you to make it happen. You can write articles, find Biodynamic therapists to write about specific topics, conduct interviews, etc. Contact me, your editor, Linda Kurtz, at lindakurtz@netzero.net.

THE BIODYNAMIC CRANIOSACRAL THERAPY ASSOCIATION
OF NORTH AMERICA
WOULD LIKE YOU TO **SAVE THE DATE** FOR THE SEVENTH BIENNIAL

BREATH OF LIFE CONFERENCE
Healing the Heart, Reclaiming the Body, Integrating the Soul
September 20–23, 2012

OUR CONFERENCE WILL BE HELD AT THE
PEARLSTONE RETREAT AND CONFERENCE CENTER
IN REISTERSTOWN, MARYLAND

DATES TO SAVE

REGISTRATION: THURSDAY SEPT. 20, 2012

CONFERENCE: FRIDAY, SATURDAY, AND SUNDAY SEPT 21–23, 2012

POST CONFERENCE WORKSHOP: MONDAY AND TUESDAY SEPT 24–25, 2012

Our conference committee is excited to be cultivating another amazing retreat for our community where we can all come together to learn and connect. We are looking toward a weekend of lots of nature and nurturing. We have found the perfect setting to hold the space for this miraculous work to unfold. I am very excited to be working on this event with such a devoted and determined group. Looking forward to seeing you all at next year's conference.

Sincerely,
Mimi Ikle-Khalsa
2012 Conference Chair

Our Theme

Our theme this year will be **“Healing the Heart, Reclaiming the Body, Integrating the Soul.”**
Post Conference Workshop to be announced.

Our Site

Set in the rolling farmlands of Maryland, Pearlstone Retreat Center offers an ideal setting. Pearlstone promotes environmental awareness by modeling bio-sustainable business practices and facilities management. They have a game room, an exercise room, an organic farm, a pond, a nature trail, and a campfire site!

Pearlstone has 3 different types of overnight accommodations: log cabins, lodge rooms and dorm rooms. Each of their overnight rooms and cabins have their own bathroom, and Pearlstone provides linens, towels, and soap. All facilities are handicapped accessible.

They will accommodate vegetarian/vegan options, allergen-free alternatives, or child-friendly selections. With produce coming straight from their organic farm, their delicious and varied menu offerings change regularly, selected by their “seasoned” chef.

Pearlstone is certified as a Green Center by the Maryland Association for Environmental and Outdoor Education. <http://www.pearlstonecenter.org/>

If you would like to volunteer to help with the conference, please email Stephanie Rogers, our volunteer coordinator, at stephsbodyworks@mac.com.

*Conference participants are required to be members of BCTA/NA or have a biodynamic background. Information regarding this conference or about joining the BCTA/NA can be found by emailing us at info@craniosacraltherapy.org.

Pioneer and Service Awards

At the 2010 Breath of Life Conference, two awards were presented to members for their contributions. Elizabeth Hammond, RCST® received the Pioneer Award in recognition of her pivotal role in the creation and formation of the BCTA/NA (formerly known as the CSTA/NA). Inspired with the simple aspiration to ensure that her students would have support to thrive and develop in the nascent days of Biodynamic Craniosacral Therapy, she organized early members of the Association, established its governance, responded to email requests from the public, and participated fully in shaping the organization's direction and mission. Over the past 13 years, Elizabeth has continued to support the Association as a teacher, teacher liaison, and consultant.



Linda Kurtz, RCST®, past president, was presented with the BCTA/NA Service Award. Linda served on the board for three years, two of them as president. During that time she worked with the board to help the organization achieve financial solvency and organizational stability during a rocky time in the Association's history, initiated dialogue with the teachers over the board's role in Foundation Trainings, and worked with the board to clarify the professional consultation policy. She also edited and designed the layout for the *Cranial Wave*. She continues to work with the Association editing and laying out the *Cranial Wave*, answering the Association phone, and as a consultant to the board. ♦



Prayer Request

Please send prayers to Ginger Ingalls, who has just undergone surgery for cecal-colon cancer, around trusting the tide and going into the unknown.

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.

2010 BREATH OF LIFE CONFERENCE



Reminder: Member Meeting

The BCTA/NA annual member meeting will be held August 5–6, 2011 in Washington, D.C. Please contact the board or teachers prior to the meeting about any issues you would like the board to address or discuss. The meeting will be held in at the Court-yard–Chevy Chase, 5520 Wisconsin Ave, Chevy Chase, Maryland 20815.

Members are invited to a lunch with the board and teachers on Saturday the 6th at noon, to be followed by a 90-minute formal meeting open to members, which will end at 3 p.m. If you are local, and even if you aren't, we encourage you to come. Members will need to call in or email their questions by Tuesday, August 2. Email admin@craniosacraltherapy.org or call Dave Paxson, President, at 843-347-1609.

Advertising

Submit all advertisements to lindakurtz@netzero.net. Ad specifications are found at www.craniosacraltherapy.org under the tab *Newsletter*.

COURSE LISTINGS

July 6–9, 2011, Restoring Resilience in the Nervous System: A Biodynamic Approach, LifeShapes Institute, Temecula, CA. An Introductory Level Class that explores the biodynamics of healing through restoring balance in the nervous system. \$605. Reg. deadline July 6, 2011. Size limited to 20. To register: *Lifeshape@aol.com*, 951-677-0652. More info: www.lifeshapes.org.

July 30–31, 2011. Embodying Embryology: A Continuum Movement Exploration, Cherionna Menzam-Sills, PhD, RCST®, Boulder, CO. Deepen your somatic understanding of embryological forces and development. Continuum supports your practitioner skills of settling into a spacious, fluid state, along with deepening and widening your perceptual field. \$170 (\$125 early registration before June 30). To register: *Jillfrazin@gmail.com*, 303-709-7101. More info: www.cherionna.com.

August 19–21, 2011. Introduction to Birth Trauma Resolution. Scott Zamurut, RCST®, and Kathryn Kier. Boulder, CO. Explore the dynamics of birth trauma and experience personal healing. Prerequisite for Foundation Series. \$400. To register: *sandy.enke@gmail.com*. More info: www.ippe.info, scott.zamurut@me.com.

September 2–4, 6–8, 2011 (6 days), Origins of Perception: Dynamic Gestures of the Embryo, Carol Agneessens, Noord, Netherlands. 1050 Euros. More info: www.biodynamicschool.com.

Sept 9–11, 2011. Not Just Glue: Revisiting the Nervous System, with a Spotlight on Glial Cells, Cherionna Menzam-Sills, PhD, RCST®, Nelson, BC. Join the paradigm shift in neuroscience as the focus shifts from neurons to the other 90% of the brain we don't use. This seminar explores the relevance of these

roots of intelligence and creativity in relation to familiar neural structures, CSF, and the Breath of Life. \$375 (\$325 if register before Aug 9). Size limited to 20. To register: *info@kutenaiinstitute.com*, 250-352-1655. More info: www.kutenaiinstitute.com, www.cherionna.com.

September 10–11, 2011, Being With Babies for Craniosacral Therapists—Level I, LifeShapes Institute, San Diego, CA. A class for practitioners who know craniosacral to develop basic skills and approaches for working with babies. \$325 (\$275 if register 3 weeks in advance). No reg deadline. Size limited to 20. To register: *LifeShape@aol.com*, 951-677-0652. More info: www.lifeshapes.org.

November 19–20, 2011, Being With Babies for Craniosacral Therapists—Level II, LifeShapes Institute, San Diego, CA. A class for practitioners who know craniosacral to develop basic skills and approaches for working with babies. \$325 (\$275 if register 3 weeks in advance). No reg deadline. Size limited to 20. To register: *LifeShape@aol.com*, 951-677-0652. More info: www.lifeshapes.org.

December 14–18, 2011, "The Way of the Viscera," Franklyn Sills, New York City. Advanced workshop for individuals who have completed a Foundation Training. Cost for 5-day seminar is \$900. To register: Clara Favale, 212-532-8539, *cfavale@stillpointcst.com*, www.stillpointcst.com.

May 2012, Foundation Training with Franklyn Sills, New York City. Ten-module Foundation Training. \$9,000 in 10 installments payments over the two-year period of the training. To register: Clara Favale, 212-532-8539, *cfavale@stillpointcst.com*, www.stillpointcst.com. More info: www.stillpointcst.com.



20th Anniversary

1991–2011

**Energy Medicine Seminars
Craniosacral Biodynamics & Polarity Therapy
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*Announcing an Advanced Seminar with **Franklyn Sills**
The Breath of Life—Deepening Into Biodynamics
Washington, DC August 9-13, 2011*

Topics include the Holistic Shift, the Inherent Treatment Plan, the Relational Field, the Physical Body/Fluid Body/Tidal Body, Reciprocal Balanced Interchange, and Dynamic Stillness as a Gateway to the Breath of Life.

Tuition for the Seminar: \$895. Reserve your place with a deposit of \$100, non-refundable, made by check or online at the website below.

For more information visit www.WellnessInstitute.net

718-797-2282 Registrations are made in the order received.

