Perspective

CRANIOSACRAL THERAPY

PART II: AS IT IS TODAY

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ABSTRACT

In this, the second installment of a three part series on CranioSacral Therapy, I have discussed the status of CranioSacral Therapy as a treatment modality today. Also included in the discussion are some of the reasons for its current status, political and control issues that have arisen, its clinical applications, its progeny and integration with other therapeutic approaches, and explorations that are currently underway.

KEYWORDS: Psychophysiology, bioenergy, craniosacral therapy, somatoemotional release, energy cyst.

CRANIOSACRAL THERAPY: PRESENT STATUS AND WHY

At the present time there seems to be a rather rapid and formidable rise in the popularity and usage of CranioSacral Therapy. I believe that this rise is secondary to the observed positive effects of this therapeutic approach upon patients and clients, as well as upon the therapists who use it. There are several aspects of this work that contribute to its positive effects upon those who participate in the treatment sessions, be they patient/client or therapist.

First, it is seen that CranioSacral Therapy has a powerful and positive physiological effect upon the patient/client's body and upon that body's ability to make improved or maximal use of the inherent homeostatic and self-healing mechanisms and abilities with which we have all been gifted at birth to a greater or lesser extent. Nature has provided all of us with adaptative abilities which, when allowed to work at some level of their potential, would help us survive various adversities that are inherent in our life experiences. CranioSacral therapy seems to license and mobilize these inherent abilities so that they can aid homeostatic adaptation and self-healing more effectively. I'm sure that the patient/client's physiology is grateful for the opportunity to realize more of its potential with less interference, and for the non-invasive assistance which the craniosacral therapist provides.

When carried out as it is intended, CranioSacral Therapy requires that the therapist spend a period of 30 to 90 minutes gently touching the patient/client. During this time the therapist's focus is almost exclusively with that patient/client. Interruptions are not tolerated during treatment sessions except for valid emergencies. The goal of the therapist is to focus, to blend with and ultimately to become one with the patient/client. In our present healthcare system this level of attention and caring is rarely, if ever, available to patients/clients. They are essentially starved for a healthcare person to whom the patient/client is more important than the test or the procedure. In CranioSacral Therapy the concept is that within each patient/client is the information and wisdom which, when contacted and connected with by the therapist, will offer clear definition of the problem which is under considera-

tion at the time. This inner wisdom, by whatever name, may provide information relating to the specific symptoms, disabilities, etc. which explains why these problems were chosen to present at this time, the necessity behind these problems, the underlying causes of the problems at any level, including problems that may have been presented in the past and have been overlooked or perhaps overpowered by invasive treatment, and what criteria must be met and/or path followed in order to obtain resolution of the problem(s). Usually, there is a lesson involved which when acknowledged and understood facilitates a growth process which is more often than not on emotional and/or spiritual levels. On the other hand there are some occasions when there is little or no deeper meaning which underlies the presenting problem(s). In these cases the inner wisdom, once contacted and connected with by the craniosacral therapist, will make it understood that these more superficial problems can be dealt with at face value. However, the philosophy of CranioSacral Therapy suggests that every symptom, disability, and dysfunction deserves an opportunity to express and present information relating to underlying causes that may be present.

Once in communication with the patient/client's inner wisdom, the craniosacral therapist offers respect and trust. This respect and trust, which the patient/client receives from the therapist, I believe represents another reason for the rising success of CranioSacral Therapy. "Intuitive" feelings about health problems are seldom expressed by patients/clients to conventional healthcare professionals. This is because patient/client feelings regarding the causes of problems are seldom taken seriously. Patients may be patronized but they are very seldom respected and trusted by the conventional healthcare professional. The results of impersonal high technology methods are often patient/client feelings of intimidation, lack of self-esteem and a turning over of the responsibility for the well-being of the self to the healthcare system with the surrender of the concept of self-healing to the attitude of "fix me." In some patient/clients this situation results in feelings of frustration and anger, both of which feed the processes of imbalance and dysfunction. CranioSacral Therapy is observed to have the opposite effect. The patient/client's self-knowledge, intuitions and deep feelings receive the utmost respect from the craniosacral therapist.

Another very positive aspect of CranioSacral Therapy which has contributed significantly to its rapidly widening use is that when practiced with only a moderate level of skill and prudence, it is virtually risk-free. The touch is very

gentle. The atmosphere is one of love, respect and caring. Guidance for the direction in which the therapeutic/facilitative process will progress comes from the patient/client's inner wisdom and intelligence. Given these circumstances there is very little that can go wrong that could have any lasting deleterious affect. When something does "appear" to go wrong, in my own experience, it is more often that the word "wrong" has been improperly defined. It is not uncommon that a therapeutic process proceeds according to expectations which have been developed under the influence of our conventional standards of instant gratification and/or pain-free comfort. When these expectations are not met, it may appear that the treatment/facilitation is not effective. However, ultimate results may still be far beyond anything that was previously known or hoped for.

It is in this context that the craniosacral therapist's level of respect for and trust in the patient/client's inner wisdom is put to the test. Once the therapist "knows" and feels the connection with the patient/client's inner wisdom, and once the respect and trust in the processes that are guided by that patient/client's inner wisdom are established, the therapist enjoys a level of participation in the patient/client's self-healing process that is essentially stress free. Imagine how wonderful it feels to practice without stress. The craniosacral therapist is free from even unconscious guilt about putting patient/clients through painful and/or risky procedures, there are none.

The craniosacral therapist need not worry about right and wrong decisions. These are made by the inner wisdom of the patient. The therapist need only know when his/her information, ideas, insights are coming from the true inner wisdom of the patient/client. The craniosacral therapist must know when the information is not a superficial distraction from a patient/client defense mechanism or resistance. The therapist must also know when the information is not his/her own intellect making suggestions. For these differentiations of source and reliability the craniosacral system has furnished us with a system which we have named the "Significance Detector." This system makes use of qualitatively different stops and starts in craniosacral rhythmical activity which can be used by the craniosacral therapist to answer yes-no questions upon request. This system of verification, over the 20 plus years that I have used it, has proven to be extremely reliable. It is used and trusted by most intermediate level practitioners of CranioSacral Therapy. Clearly each patient/client who lies on the treatment table during a CranioSacral Therapy session is a

teacher for the therapist. Thus, the therapist experiences a new adventure several times each "work" day. This treatment method is very much anti-boredom.

Considering all of these factors it becomes easy to see why CranioSacral Therapy, as a treatment approach, is on the rise. The patient/clients receive humane interactions, respect and love from therapists who are more relaxed and awaiting a new adventure with each session. It is clear very early on that CranioSacral Therapy does not practice symptom suppression but is on a quest for primary causes. Most patient/clients are rather grateful for the chance to get to the "bottom of things." CranioSacral Therapy goes far back into basics with some very simple and non-invasive techniques.

THE UPLEDGER INSTITUTE

As of July 1996 The Upledger Institute, which was founded in December of 1985, has trained over 25,000 therapists from a very wide variety of disciplines in the introductory techniques of CranioSacral Therapy. This introductory training enables the trainee to follow a cookbook style protocol which was designed to be risk-free. This introductory (10-step) protocol mobilizes the patient/client's self-corrective mechanisms. Its use will predictably release over 50% of the craniosacral system problems encountered even though the trainee does not appreciate how it has happened. And very importantly, while doing this work, the trainee is developing the manual perceptions and skills that are required to move on to intermediate level training.

As of July 1996 over 50% of the trainees have gone on to study at the intermediate level. At present we have a bottleneck at the advanced levels of training workshops. The demand is significantly greater than our ability to supply. However, we are developing more advanced level teachers and so the list of applicants is becoming more manageable.

It may also be of interest that Upledger Institute satellites for both clinical practice and teaching seminars are functioning in a very healthy way in Europe and Japan. The creation of these satellites was initiated by student groups in these countries and they function under our guidance.

Another phenomenon that I have found quite interesting and encouraging is the dissolution of interdisciplinary boundaries and territoriality. This occurs as therapists from a very wide variety of backgrounds become involved in CranioSacral Therapy both as an approach to the problems of patients/clients and as an enhancement of their own quality of life. It would appear that enhancement of the quality of life occurs for all parties concerned, for patient/clients and for therapists almost equally.

At The Upledger Institute HealthPlex Clinic we have almost completely lost sight of interdisciplinary boundaries and territories. At present our clinical staff includes massage therapists, physical therapists, psychologists, acupuncturists, chiropractors, nurses, a European osteopath and myself, an American trained osteopath. We have had a few MDs working in the clinic at one time or another; it just happens that there is no MD with us at present. All of these therapists do advanced level CranioSacral Therapy as well as SomatoEmotional Release with Therapeutic Imagery and Dialogue. We all consider ourselves as peers and freely share all of our various special skills and educational background pieces with each other. I perceive no jealousy or hoarding of information. All is out in the open for patient/client benefit. Consulting back and forth is done freely and routinely without consideration for money and/or hierarchical position. We find that this freedom and sharing makes for a very relaxed and upbeat atmosphere in which we all work. Laughter rings through the hallways. We find that the relaxed and humorous environment is contagious. Soon, most patient/clients are laughing and taking themselves less seriously. We all believe that it is very difficult to be "sick" or suffer from "self-pity" when you are able to, and in fact do, laugh at yourself. We totally agree with Norman Cousins concept that laughter is therapeutic. We also feel that laughter is most effective when the laughter stimulus has to do with oneself and one's predicament.

POLITICS AND CONTROL ISSUES

All of this leads me to a political control issue that has been developing and which has surfaced on several occasions over the past decade. Let me start at the beginning, which was about 20 years ago.

It was in 1976, while I was in conversation with one of the county supervisors of special education he said that approximately 5% (1 in 20) of the children in the Michigan public school system was suffering from some sort of brain dysfunction. It was my opinion, at that time (and still is), that about one-half of the brain dysfunction problems in children could benefit significantly from CranioSacral Therapy. I was overwhelmed as I began to imagine the amount of work that would be involved in the craniosacral evaluation of one in twenty of all the school children in Michigan. And this would only determine which of these children might be good candidates for a course of CranioSacral Therapy treatment. If I was close to correct in my 50% estimate, one in forty children deserved treatment. My estimate was based upon the number of craniosacral system dysfunctions, which I deemed to be potentially correctable in the school children that I had examined thus far. In the previous article I have overviewed our approach to this demand and supply problem, and how as a partial solution we began teaching non-physicians to do CranioSacral Therapy.

Now that we have trained a large number of therapists from a very wide variety of disciplines it seems that some of these disciplines would like to gain control of who does CranioSacral Therapy. I hasten to add that it is seldom the CranioSacral Therapy trainees who have been involved in the control attempts, it is more politically active persons in their professions who have decided that this is a treatment method that is worth controlling and exploiting. In one sense, I take this as a compliment, but the attempts are also quite bothersome and disruptive. The countering of these attempts requires energy that would be better used for further exploration of potentially beneficial evaluation and treatment methods, as well as teaching and sharing of knowledge and methods.

In Colorado, the Supreme Court has ruled in two cases that since the craniosacral system influences dental occlusion, and since this system extends through the neck and is continuous to the coccyx, dentists who have trained in CranioSacral Therapy are permitted to work below the neck with their patients. The attempted legal restraints upon the dentists were instigated by medical doctors in Colorado. In Texas, a rather large movement was started and reached the legislature via the professional licensing board. This movement was aimed at making it illegal for massage therapists to practice CranioSacral Therapy. The factions behind the movement included physical therapists, chiropractors and osteopaths who wanted control of CranioSacral Therapy.

Thus far, the motion has been set aside in committee. In Maryland, an MD psychiatrist was banned from doing CranioSacral Therapy with his hospitalized, depressed patients, even though for several of his patients the results he obtained enabled a discontinuation of antidepressant medications and discharge from the hospital. Ultimately, he lost the fight with the hospital and his privileges were revoked. He subsequently left the state.

What was used against him, according to his attorney's communication with me, was an old law that gave only chiropractors and osteopaths the right to do therapeutic adjustment manipulations to joints. They considered skull sutures to be joints. This sounds awfully silly to me but the attorney confirmed that under this obsolete law, the psychiatrist was working outside of his license. In Maine a couple of years ago, we received a legal opinion, the writing of which was supported by an osteopathic group, the sum and substance of which indicated that only osteopaths possessed the proper educational background to do CranioSacral Therapy. If MDs and RNs were to be allowed to do CranioSacral Therapy they would have to do it under supervision by osteopaths. I could go on, but I'm sure you get the idea. Similar activities have surfaced by other control-seeking groups in Pennsylvania and Oregon.

It is in response to these political activities and control attempts that we have begun a certification program which we hope will ultimately gain government recognition of CranioSacral Therapy as a free-standing profession, similar to physical therapy, massage therapy and the like. This will prevent control takeover by any one, or combination of, profession[s] who wish to "freeze out" the competition. My own view is that CranioSacral Therapy is unique and does not fall within the domain of any existing healthcare profession. The craniosacral therapist can be taught the academics of the system quite easily and this information goes far beyond the anatomy and physiology that is taught in most conventional healthcare curricula. More important is the perceptual sensitivity of the craniosacral therapist. These skills and sensitivities, once attained and developed, far outweigh the academics which can be learned at lectures and from textbooks. Hands-on training is all-important. In the certification process, satisfactory performance in practical hands-on examinations is mandatory and outweighs written examinations.

CURRENT APPLICATIONS

In the first installment of this perspective series I described some of the applications of CranioSacral Therapy as they were used in its early developmental stages. Now I will attempt to bring you up to date on the uses and applications of this evaluation and treatment method as it is in use today in our own clinical facility, and in various reports from our alumni.

WELL-PERSON APPLICATIONS

Of very keen interest to us is the large number of reports from CranioSacral Therapy practitioners that "well" people keep coming in regularly for CranioSacral Therapy, not because they have a complaint but because they feel better. They report having more energy, feeling more at peace with themselves and the world, sleeping better, and being sick less often. When a symptom does appear, many simply meditate on it in an attempt to ascertain if it has a meaning or message. If there is a message that comes forward they acknowledge this message. More often than not, the symptom abates subsequent to this acknowledgment of its message. When they do not connect with a message they usually wait a while for the symptom to disappear.

Symptom-induced urgency is no longer a strong influence. If they feel the need for assistance after a while they will seek help, but only when the intuitive sense to do so presents itself. Most of these "well" people try to have a CranioSacral Therapy session about once every month or two. However, there are those who come in weekly for a while, and I have many patients who come in for a "tune up" once or twice a year. Of course, if the craniosacral system manifests a problem that is not immediately corrected during a single routine session, we schedule appointments as needed in order to re-establish good and healthy function of the craniosacral system and resolution of whatever may be contributing factors.

Based upon our observations and subjective patient reports CranioSacral Therapy is a very effective method of disease prevention and general health enhancement. It relies, for its effect, upon the body's own balancing and protective mechanisms. The efficiency of these bodily mechanisms and systems seems

to be enhanced by effective application of CranioSacral Therapy. My own observations indicate that CranioSacral Therapy definitely moves bodily fluids. It reduces/eliminates edema due to almost any cause. Therefore any condition that can be improved by enhancing fluid exchange between physiological fluid compartments and by alleviating fluid stasis is a good candidate for CranioSacral Therapy.

IMMUNE SYSTEM EFFECTS

I have also used CranioSacral Therapy to lower the body temperature two or three degrees Fahrenheit. A very interesting aspect of this phenomenon is that most often when the fever drops (and this may take up to 30 minutes from the time that you finish the hands-on treatment, but seldom longer), it does not rise again. It appears as though the craniosacral system has been energetically enriched by the treatment process and has thus been able to induce the crisis and carry the patient through this phase of healing in a matter of minutes.

I have used this approach successfully on children with a wide variety of childhood diseases from Rubella to strep throat and bronchitis. I used it successfully on an adult with an infected foot laceration which had produced a lymphangitis up into the groin nodes. The oral temperature was 103.5° F. After about 15 minutes of CranioSacral Therapy, during which time my hands were only on the cranium, the patient commented that he was feeling more comfortable. Within 30 minutes his oral temperature was 101° F. and the redness that marked the course of ascending infection was significantly reduced. Within two hours the whole syndrome had disappeared. I remember this case so well because this patient was my 17-year-old son.

Many therapists report (and I too have seen this many times) the successful use of CranioSacral Therapy with acute abscesses of the teeth. Quite often this is all that is required to reverse the acute episode. And at least half of the time a few follow-up treatments are enough to avert the need for an extraction or root canal procedure.

I am at this time totally convinced that CranioSacral Therapy has a powerfully positive effect upon the immune system. Therefore, a well-patient treatment

program may be exactly what is needed to stave off invasion by any of the great multitude of potential infective pathogens with which we are confronted on a regular basis. For persons who do not chose to use specific vaccines as preventive medicine, it seems to me that regular tune ups of the craniosacral system may offer an effective and essentially risk-free alternative.

ENDOCRINE SYSTEM EFFECTS

Another system that seems very favorably affected by CranioSacral Therapy is the endocrine system. So very often people present with a symptom that seems unrelated to the endocrine system, but as CranioSacral Therapy does its work it is not only the symptom that abates, but evidence of improvement in endocrine function presents itself. The two most common areas where this positive effect on the endocrine system is observed are in thyroid function and menstrual cycle function.

My first confrontation with the possible effect on endocrine function was quite personal. As I was receiving treatment early on in my acquaintance with cranial osteopathy I noticed that my trousers were getting shorter and shorter. I finally measured myself and the measuring device on my office scale indicated that at age 40 I had grown from 71" to 72 1/2" in height. I immediately thought of spinal lengthening, but strangely enough the change was at least 1" in the length of my trouser inseam. My legs had grown an inch longer. I truly denied the possibility at first, but as I had to have all of my trousers lengthened I began to consider that perhaps the decompression of the floor of my cranial vault may have favorably affected my pituitary gland. Perhaps now my legs were able to follow genetic instructions.

In any case, since that time I have seen thyroid tests normalize, people grow, children enter growth spurts, women normalize menstrual dysfunctions, and many women become pregnant as a result of something changing. In many cases the only new variable that we knew about was CranioSacral Therapy. Personally, I am convinced that CranioSacral Therapy has a marked beneficial effect on the endocrine system.

CRANIOSACRAL THERAPY AND THE NEUROMUSCULOSKELETAL SYSTEM

I have not yet spoken about the nervous system. Probably the greatest effect that CranioSacral Therapy has is upon the brain and spinal cord. This effect is achieved because the craniosacral system has powerful influence upon the physiological environment of the brain, the cranial nerves, spinal cord and the spinal nerve roots. In the previous article of this series we have discussed much of the anatomy and physiology of the craniosacral system. These concepts and techniques differ from those of cranial osteopathy and sacro-occipital technique, which is popular in chiropractic. I shall not delve into these areas. Information is available not only in the previous article of this series, but also in the books that I have had published on the subject.[1-4] Suffice it to say that the physical pressures upon the central nervous system organs, the fluid circulation and exchanges within the dural membrane compartment, the nutrients which are furnished to the brain and spinal cord, the removal of metabolic by-products and the electromagnetic and other energy fields in which the central nervous system operates are greatly influenced by the craniosacral system. This system affects a wide array of homeostatic functions, some of which we know about and some of which remain to be discovered.

At this juncture I shall list some of the symptoms and syndromes which are known to respond favorably to CranioSacral Therapy, most probably via its positive effects on the central nervous system and upon the related meningeal membranes and fluids, both blood and cerebrospinal, as well as derivatives of both.

Almost all chronic pain syndromes respond favorably to a greater or lesser extent. This is probably because a great many of them are related to myofascial problems, nerve root compressions and/or meningeal adhesions or cohesions with secondary fluid stasis problems. By mobilizing the meninges, which is the cornerstone of CranioSacral Therapy, it would seem that resistant myofascial problems become amenable to peripheral myofascial release therapy. My suspicion is that this occurs because the nerves to and from myofascial problems contribute as part of the cause. CranioSacral Therapy takes care of this part. Hence, when used in conjunction with myofascial release the effects are

extremely positive. Additionally, if there are emotional components to myofascial problems, and there frequently are, CranioSacral Therapy will usually uncover these contributions and the progeny modalities of CranioSacral Therapy including Energy Cyst Release, SomatoEmotional Release, Therapeutic Imagery and Dialogue are then quite effective in resolving underlying etiologic agents.

Nerve root compression problems and meningeal adhesion and cohesion problems are very amenable to CranioSacral Therapy because the work goes directly to the mobilization of membranes which, as they move, begin to release compressed nerve roots and release restricted membranes. Most peripheral nerve root compressions may require myofascial release in conjunction with CranioSacral Therapy. I am including a wide range of radiculopathies in nerve root compression.

At this juncture, one must also consider the concept of a facilitated spinal cord segment. This is a transverse segment that, due to excessive input over time, becomes hyperirritable and secondarily hyperactive in its output. Excessive outflow then goes to all the structures which it innervates. Here we include musculoskeletal, myofascial, vascular and visceral structures, as well as the sympathetic nervous system. CranioSacral Therapy is essential in the normalization process for a facilitated segment. Not only do the more peripheral sources of excess nerve impulse input have to be dealt with, but it would seem that meningeal (especially dural membrane) mobilization is essential in order to quiet hyperirritability of a facilitated segment. My concept is that a segment, once facilitated, creates a meningeal irritation in the area which is innervated by the segment in question. This meningeal irritation feeds back into a related level of the spinal cord and causes continuation of the hyperirritable condition, even though the original peripheral etiologic agents have been taken care of. This situation often accounts for ongoing pain after a diseased viscera has been surgically removed, or a postural problem has been corrected.

Recently we have had excellent results as we applied the craniosacral approach to a few severe cases of reflexive sympathetic dystrophy (RSD). We worked with the idea that perhaps a facilitated segment was feeding excessive energy into the sympathetic nervous system via the paraspinal communicating links. We used craniosacral evaluation of the dural tube within the vertebral canal,

located areas of meningeal restriction, released these restrictions and were then able to effectively find additional peripheral sources of excessive impulse input and correct them. The number of cases that I have personally worked with is only four at this point, but the success is 100% in these four cases. To me this is promising, even though statistically it is meaningless. Obviously, it is not meaningless to these four patients.

CranioSacral Therapy is very effective with Bell's palsy because it is able to achieve fluid motion as well as relief of meningeal and osseous restrictions as they relate to the facial nerve. I also suspect that the positive effect on immune function is important. For the same reasons CranioSacral Therapy is quite effective in cases of trigeminal neuralgia. In this latter circumstance I frequently combine it with acupuncture, which is used for pain control since the craniosacral work requires that I touch areas that are exquisitely sensitive. In Erb's, Klumpke's and mixed palsies we also find that CranioSacral Therapy, in conjunction with mobilization of the cervical and upper thoracic vertebrae, is quite effective.

In problems involving a wide variety of low back pain, sciatica and the like, CranioSacral Therapy is a very effective part of low back pain and sciatica treatment programs because CranioSacral Therapy mobilizes the sacrum, the sacroiliacs, the lumbosacral junction, the lumbar vertebrae and the related myofascial structures. I consider that CranioSacral Therapy attacks these problems from the core and radiates peripherally. When this approach is integrated with the usual peripheral treatment approaches, the result is much quicker and more effective.

Temporomandibular joint (TMJ) syndrome, and a wide variety of headaches, are very effectively treated with CranioSacral Therapy. From our perspective, each patient/client with either or both of these problems requires in-depth evaluation of the craniosacral system. I have found TMJ problems that originate with a low back injury that compromises the balance of the sacrum, which in turn reflects up the dural membranes and ultimately compromises the balance and function of the temporal bones of the cranial vault. This temporal imbalance affects the symmetry of the temporal fossae in which the mandibular condyles are seated. This asymmetry then effects the temporomandibular joints and results in a pain syndrome. I have seen every conceiv-

able structural situation in between the top of the head and the bottom of the feet effect TMJ function. In addition we must consider emotional contributions. If a patient/client is chronically worried, angry, or stressed for any reason, he/she may very well react by chronically clenching the teeth and eventually produce a TMJ syndrome. This may require a dampening of the "gain" in the reticular alarm system (RAS). CranioSacral Therapy can do this. It can at the same time lower the blood pressure elevation that accompanies RAS hypertonus.

The range of causal factors for headaches is just as wide, if not wider, than the range for TMJ syndrome. A headache could be due to allergic phenomena, and sometimes these allergies respond to CranioSacral Therapy. A headache could be due to a facilitated segment, causing a restriction in dural membrane mobility. It could be due to excessive control of verbal expression coming from childhood when children were to be "seen and not heard." The structural basis for this latter situation might be a throat muscle hypertonus which pulls down on the hyoid bone via the infrahyoid muscles. The retrohyoid muscles have to increase their tonus in order to achieve a balance. Since the hyoid has no firm and stable anchor the retrohyoid muscles must use their attachments to the ligament in the posterior upper cervical area as their anchor. This increased pull on posterior cervical ligaments (posterior median raphe) causes somatic dysfunction of the upper cervical vertebrae with resultant occipitofrontal cephalalgia. Many other possible etiologic factors could be adduced. Our comfort comes from the fact that CranioSacral Therapy, when done with reasonable skill and prudence, will sort out possibilities for the therapist and will put the treatment process on the right path, providing the therapist has learned how to listen to the patient/client's body and inner wisdom.

Most craniosacral therapists have worked with some level of success with vertigo and hearing problems. Once again, one must tune into the patient/client's inner wisdom to determine what the problem is all about.

I had the privilege of working with a 1996 Olympic bronze medalist, Mary Ellen Clarke, in preparation for competition. She was suffering from vertigo and "fuzzy-headedness" which prevented her from training through most of 1995. She had been "everywhere" and done "everything." She was beginning to resign herself to the idea that she would not be able to compete because of

her vertigo and fuzzy-headed syndrome. Her inner wisdom guided me to her left knee and ankle, which were sites of old injuries. These problems influenced her pelvis, which in turn went up her craniosacral system to the right temporal bone and atlanto-occipital joint. As things sorted out the temporal bone was responsible for the vertigo, and episodic impingement on the right vertebral artery was causing the fuzzy-headedness. It took about 3 visits to get all the contributing factors sorted out and about 10 visits to resolve the problem. I know it sounds like a rather preposterous "Rube Goldberg" kind of sequence of events. But she did compete successfully without vertigo, without fuzzy-headedness and even got past her mild anxiety that she might get an attack during the games. This latter alleviation was accomplished by the use of CranioSacral Therapy with Imagery and Dialogue integrated into one session.

Hearing problems are also amenable to CranioSacral Therapy if they are due to temporal bone dysfunction. A single evaluation of the craniosacral system should reveal whether or not the temporal bones are dysfunctional. If the answer is yes, then the reason for their dysfunction must be found and resolved. Remember, the patient/client deep inside knows all the answers—all the therapist has to do is to connect and trust.

DISEASES OF THE CENTRAL NERVOUS SYSTEM

Another whole category of problems that are amenable to CranioSacral Therapy is disease that involves the central nervous system. It seems that CranioSacral Therapy, using very simple introductory level techniques, can improve cerebral blood flow enough to put an end to recurrent episodes of transient cerebral ischemia. It can also reduce high blood pressure, and works well with cerebral edema, pseudo tumor, and a wide variety of post encephalitis and post meningitis sequelae, including painful arachnoid adhesions. We use it very effectively in our intensive treatment programs to treat and help rehabilitate closed head injury patients, post stroke patients, post craniotomy patients, coma recovery patients, spinal cord injury sequelae, seizure patients, especially those of temporal lobe origin, a variety of demyelinating diseases, such as multiple sclerosis, speech problems and, in collaboration with conventional medicine, we deal rather effectively with brain and spinal cord tumor patients.

SOMATOEMOTIONAL PROBLEMS

In the domain of mental health problems we have especially good results with endogenous depression. The bipolar patient does not seem to respond nearly as well. CranioSacral Therapy, along with its progeny, has proven to be extremely efficacious in Post Traumatic Stress Disorder patient/clients. We have met with a very high level of success in working with suffering Vietnam veterans, childhood sexual abuse problems, rape victims and satanic cult victims. In these cases we find Energy Cyst Release, Tissue Memory Release, SomatoEmotional Release and Therapeutic Imagery and Dialogue to be especially effective. Non-critical neurotic problems seem to almost self-correct as the patient/client undergoes a series of sessions with an accomplished craniosacral therapist.

I have not had success with advanced schizophrenic patients using CranioSacral Therapy, except that it is an excellent means of gaining trust and rapport with these patients. I still think of schizophrenia as an energetic dysfunction combined with biochemical disorders. I am not opposed to the concept that a "psychotic break" is a survival mechanism whereby the patient escapes from an overwhelming environment which may be the real world, or it may be "other worldly." Which of these worlds matters little because at the time of the psychotic break it is the patient's reality. I also believe that when we work within the psychotic framework with a patient and accept their version of reality to some extent, they may return to this more consensual reality after the rest and recuperation period is complete.

THE PREGNANT WOMAN

Another area wherein CranioSacral Therapy seems to be of benefit is that of pregnancy and the maternal postpartum recovery period. Pregnant women who receive CranioSacral Therapy on a weekly basis during their third trimester seem to have fewer backaches and easier deliveries. There is less fear and less pain. When treated two or three times postpartum on a weekly basis the recovery is rapid and uneventful. This is, of course, all based upon subjective reports from the women, and without knowing what would have happened had these women not been treated. As long as the patient/client feels that

receiving CranioSacral Therapy is worthwhile for them personally, it will have to do. I have observed that CranioSacral Therapy seems cause-and-effect related to the alleviation of severe "morning sickness."

NEWBORNS, INFANTS AND CHILDREN

One of my pet projects is the use of CranioSacral Therapy either in the delivery room or within the first few days after delivery. My previously-reported research (in the first installment) has powerfully suggested to me that CranioSacral Therapy with newborn babies, would effectively reduce the incidence of a wide variety of brain dysfunction problems, many of which do not become apparent until the child is in school. Amongst the problems which, since they are amenable to CranioSacral Therapy later on, might be avoided altogether if they were treated in the first 72 hours are: colic, many types of seizures, strabismus, pylorospasm, Erb's and Klumpke's palsies, torticollis, cerebral palsy, failure to thrive syndrome, chronic otitis, dyslexia, hyperkinesis, many types of spasticity, scoliosis, and a wide variety of abnormal fears. Conditions that can often be improved in newborns and children also include Down's syndrome, autism and hydrocephalus. Since, when properly applied, CranioSacral Therapy is essentially risk-free, it is certainly worth doing.

It is also true that head shape and skull bone override is quite easily corrected by the skillful use of CranioSacral Therapy. It is my personal belief that a significant amount of incorrectly diagnosed "synostosis" would disappear and some rather radical surgical procedures could be avoided.

BIRTH TRAUMA

The birth process is often quite traumatic for the child. It is our feeling that these traumatic experiences are often stored in the infant's tissues for many years. These stored memories may underlie a multitude of problems that surface later in life as emotional and/or physical symptoms and syndromes. These traumatic events could easily be released from the child early in life so that the burden of their presence would not manifest later.

I am thoroughly convinced that one of the best things that we could do for our children is to have them begin their life with a smoothly functioning craniosacral system, a removal of restrictions from the whole body, a very clean and positive energy field and a soma made up of tissues that are not burdened by destructive and traumatic memories in its tissues. I believe this can all be accomplished in a very short time within the first few days of life.

THERAPIST WELL-BEING

I cannot close this section on present-day applications of CranioSacral Therapy without further word about its effects on the therapists who practice it. Our system for advanced training in CranioSacral Therapy is set up so that the trainee is involved in two five-day workshops. We suggest that the participant allow at least six months to elapse between these two trainings. During this six months, the trainee should carry on with a practice that consists of a significant percentage of CranioSacral Therapy and its progeny. Each advanced workshop consists of only 10 student trainees, one or two teaching assistants and one instructor. The setting is usually very close to nature, usually on the beach or ocean shore in a facility that is minimally "plastic" and which is very "low tech." We want nature to be very accessible. The workdays are long, usually 14 to 18 hours with lots of hands-on table work and group discussion. A great deal of love and positive energy is generated. A great deal of osmotic learning takes place. Nothing is held back. Connections are made. From my perspective, the clearing and growth that is observed is phenomenal. The use of CranioSacral Therapy, at its most advanced levels, requires the suspension of therapist ego and personal judgments. The therapist cannot take sides, he/she should only observe, blend, connect with inner wisdom, and facilitate and support the therapeutic process as the patient/client's inner wisdom navigates through the complexities of denials, suppressions, and rationalizations.

As one of the instructors for these advanced workshops I am continually amazed at the growth and maturation that occurs as therapists continue to practice CranioSacral Therapy and its progeny. The level of stress reduction is quite remarkable as is the reduction of defensiveness. The body-mind-spiritual integration that occurs is beyond any expectation I ever had and the peace and

love that gets stronger and more present is a wonder to behold. This is truly a therapeutic and facilitative process for the practitioner as well as for the patient/client. CranioSacral Therapy creates a true win-win situation.

THE PROGENY AND INTEGRATIONS

I have mentioned the "progeny" and "integrations" of CranioSacral Therapy a few times previously in this writing, and in the first installment of the series. I have written extensively about these things in the aforementioned books, as well as in some of the articles which are listed in the previous installment. At this time I would like to give a brief overview of the so called "progeny" and "integrations" of CranioSacral Therapy.

The concept of "tissue memory" presented itself very early on in my development of the methods of CranioSacral Therapy. By this we mean that body tissues, of all types, hold memory of past events and experiences. The memories include the actual experience, the physical event, the trauma, the accident, etc. and the emotional accompaniments. It would appear, from clinical observations and experiences, that every cell and every tissue in the body has its own consciousness and its own memory. Therefore, a liver or a muscle or a bone or any other tissue or cell can retain the energy of a past experience. This energy can compromise the functional vitality of that tissue or cell, to some degree, and in so doing may create symptoms and/or disease. The patient's inner wisdom knows of all of these retained tissue memories. It also knows which ones are causing the most difficulty, which ones are requiring the most adaptive energy expenditure and which ones are the most desirable to discharge at any given time. When the therapist blends and connects with the patient/client's inner wisdom, the inner wisdom first assesses the therapist's skills and particular talents and then presents to the therapist those retained memories that, in the inner wisdom's judgment, this therapist might best be able to work with and clear. It is very frequent that craniosacral therapists feel tested by "inner wisdoms."

The concept of "Energy Cyst" also came along very early in my work with CranioSacral Therapy. It is a concept which emerged from the merging of my own thought processes with those of Zvi Karni (Ph.D., Biophysics and D.Sc.,

Biological Engineering) as we observed patient bodily responses in terms of electrical potential changes, craniosacral system changes in conjunction, general body response in terms of tonus and the "feel" of bodily energy as well as subjective reports by the patient in relationship to comfort and pain. Elmer Green, then director of the Psychophysiology Laboratory at the Menninger Foundation in Topeka, Kansas named the phenomenon that I described as a "cyst of energy." The name stuck. It is used to describe the localization and concentration of a foreign energy that has been "injected" into the patient/client's body by the force of trauma. Under favorable circumstances this foreign energy is dissipated and discharged from the patient/client's body as a part of the initial healing process. Under less favorable circumstances this foreign energy may be retained. When it is retained, because it is disruptive to the normal flow of microcurrents through circuits which are most likely present in all fascial and other connective tissues, it is localized and compressed into the smallest space possible in order to minimize the number of normal microcircuits with which it interferes.

This adaptive defense mechanism of the body, which Karni and I modeled, constitutes the concept of the Energy Cyst. By the use of hands-on CranioSacral Therapy techniques these Energy Cysts can be discharged. When this discharge occurs, noticeable physiological and clinical, as well as emotional, changes occur. It would appear that the energy of injury located in the Energy Cyst also is emotional in quality and/or character. Presently, our model, as it evolved, includes the concept that Energy Cysts can be created not only by physical trauma, but also by emotional trauma, by microbial invaders, by foreign intentions and so on. The ability to discharge the foreign energy as a part of the initial healing process may be compromised by a background of destructive emotion which can be either acute or chronic. It may or may not be related to the incident in question. The Energy Cyst might be called the residuum. It equates to the ongoing pain or emotional change or reduced vitality of a bodily region subsequent to a trauma (physical or emotional) microbial invasion, or other etiologic agent.

For example, a person who is chronically angry or guilty may retain Energy Cysts from most of the "minor" injuries they sustain. These Energy Cysts, depending upon the location and nature of the involved tissues, will compromise that person's health and well-being in seemingly unrelated ways. I recall releasing an Energy Cyst from the heart region of a middle-aged man. The foreign energy originally

entered the man's body during a fall on his right shoulder—the line of entry went diagonally across from his right shoulder area and penetrated to the lower left chest wherein, apparently, its momentum could carry it no further. The man came to see me because he was having symptoms of angina pectoris. I did an electrocardiograph initially before evaluating his body. His ECG showed ST segment depression in leads V5 and V6. I then evaluated his body, found and released the Energy Cyst from his "heart" out through his right shoulder. This process took about 15 minutes. I then repeated his ECG immediately. The ST segment depression was no longer present. Clinically, his angina was no longer a problem. He released "anger," at least that was our feeling, during his Energy Cyst release.

Right on the heels of the concepts of Tissue Memory and Energy Cyst Release comes SomatoEmotional Release. I will couple this with Therapeutic Imagery and Dialogue. Although they came along separately, they are presently inseparable as therapeutic/facilitative modalities. SomatoEmotional Release begins to happen when the craniosacral system is accessed, in depth, by the therapist. The unrestrained patient/client's body begins to assume unpredictable, but significant, positions. When this occurs, the fluctuations in bodily electrical potential dampen dramatically and the palpable craniosacral system's rhythmical activity suddenly stops. If this body position is supported and held the patient/client may then go into a re-experiencing of past experiences that carry very powerful emotional charge and which more often than not have been effectively repressed/suppressed. Since this phenomenon occurs secondary to the patient/client's body going into the position of release, we feel that the process makes use of the aforementioned Tissue Memory. We named it SomatoEmotional Release because the entry is through the soma and it results in emotional release.

The stopping of the craniosacral rhythm we named the "Significance Detector" because it signifies that the body position which relates to the stopping is the position in which the emotional catharsis occurs. During this process it is common for the patient/client to begin to receive internal visualizations and sounds. These events we now call therapeutic images and when they occur we offer them the chance to transmit their meanings by gently initiating dialogue with them. We do not use a demanding questioning form of dialogue, but

rather a friendly conversational approach that offers a listening ear. This way the patient/client's inner wisdom leads the way easily. We have had great success with Energy Cyst Release and SomatoEmotional Release with Therapeutic Imagery and Dialogue in several afflicted patient/clients, especially in Post Traumatic Stress Disorder problems. The positive effects of this type of release are lasting. We have followed our Vietnam veterans over three years and I personally have followed several patients and seen no regression over a period of 10 years, or more.

SIGNIFICANCE DETECTOR

Just another word about the Significance Detector. It is signified by a very sudden stoppage of the palpable craniosacral system's rhythmical activity. The system stops at other times for what seems to be physiological, perhaps homeostatic, adjustments. There are not Significance-Detector stops. These latter stops occur suddenly as a patient/client's body passes through a given position, so it behooves the therapist to slow the patient/client's body movements down a bit if they are moving quickly. We also see Significance-Detector stops occur when a significant subject comes up. I often simply chat with a patient as I carry out my hands-on CranioSacral Therapy. If the subject of our conversation moves to a subject that is significant, the craniosacral rhythm will suddenly stop. I usually don't say anything at this time, but I will remember to broach this subject again later for further exploration and perhaps release of related emotional energy.

I have also used the Significance Detector to determine yes-and-no answers to questions which I ask of non-verbal patients. These non-verbal patients may be comatose, aphasic, or pre-verbal infants; it doesn't matter. One must ask the cranial rhythm if it will stop abruptly to signify a "yes." If it stops, one goes ahead with questions, while ensuring that questions are asked in such a way that clear cut yes-no answers are solicited. I often use this approach to ask what type of treatment will be most effective in this circumstance, and whether or not I am performing correctly. I will also ask if the patient/client's inner wisdom is or will be guiding my hands. Usually, there is a willingness to collaborate and the energy can be felt in my own hands once it is decided

between us that both parties (the patient/client and myself) are agreeable to this guidance.

Often, when the therapist and the patient/client are deeply blended together, the therapist visualizes what is happening in the patient/client's being. This blending is accomplished by the therapist simply offering (either aloud or silently) to do whatever he/she can to assist the self-healing process of the patient/client at whatever level is indicated. The therapist agrees not to criticize, not to judge, not to intellectualize but simply to offer energy and assistance in whatever form is deemed appropriate by the patient/client's inner wisdom.

When visualizations come as a result of blending I consider these visualizations to be representative of the deepest level of trust that I can imagine and thus the witnessing of these images to be the greatest privilege that can be granted. The patient/client has admitted my energy into their very core. The therapist must be totally focused and giving in order for this core connection to occur. There can be no hidden agendas, no reservations and no conditions. The therapist is there for the patient/client alone.

It is during these times of powerful connection that I believe enhancement of brain plasticity can occur. I have been privileged to be a participant in a few such cases. One, when coma ended during the session, another when a "floppy" four-month old baby gained motor control during the treatment session, another when hippocampal dysfunction was corrected and memory problems resolved during a session and yet another when a four-year old aphasic began to speak after visualization of the planum temporale.

I have become strongly enough convinced of the potential for enhancement of brain plasticity by means of intention, direction of energy and Therapeutic Imagery with Dialogue, all in conjunction with CranioSacral Therapy and SomatoEmotional Release that we are beginning a new workshop, The Brain Speaks, for advanced level CranioSacral Therapy practitioners. In this workshop we will explore these possibilities and develop techniques for use in brain dysfunctioning patient/clients.

MULTIPLE HANDS TREATMENT

CranioSacral Therapy has also led us to the realization that two therapists during a session are much greater than the sum of the two of them on an arithmetical level. We do a lot of treatment with two or more therapists at one time on the same patient/client. It is at these times that the "magic" most often happens. We have come to call this multiple-hands therapy. It feels/seems as though the increases in energetic power in multiple-hands treatment sessions are logarithmic rather than arithmetic. I can't explain this and I don't even have a model for it that pleases me as yet, but it does happen that way. We do intensive programs wherein multiple-hands treatment is one of the main stays. Also, the advanced workshops which I mentioned earlier are all multiple-hands work. The results still amaze me at times.

COMPLETION OF BIOLOGICAL PROCESSES

Yet another approach that has unfolded is what we call the Completion of Biological Processes. We have found it to be quite effective in certain cases. And, I believe with our high tech obstetrics and newborn pediatrics, it has wide application. The concept is simple. Consider the possibility that within each of us is the program for a natural process that, once begun, must be completed or it remains incomplete in a sort of frustrated state of suspended animation. This may occur when a fetus does not go through a normal vaginal delivery, such as during a Cesarean section delivery, or in a situation wherein the newborn is not allowed to bond with the mother. It may occur when, although the female has ovulated many times, there are no offspring. Now age 40 is here and the supply of ova is running low, panic for pregnancy ensues. It may occur when an abortion is performed and the pregnancy does not go to completion.

All of these examples and any others that you can think of which may interrupt and/or thwart nature's intended processes may contribute to dysfunction. Symptoms of anxiety, loneliness or of reproductive organ dysfunction are common. When blended with the patient/client it seems that guided imagery through the process as nature intended for it to occur will clear the frustrated

process and its manifest symptoms. Other surrounding emotional and somatic issues should be cleared first, then the imagined completion of the biological process that has been interrupted will often provide the finishing touch and enhance the quality of the patient/client's life.

INTEGRATIONS WITH ACUPUNCTURE, CHAKRAS AND VECTORS

We use CranioSacral Therapy a great deal in conjunction with acupuncture. In fact, most practitioners who have completed the intermediate levels of CranioSacral Therapy are able to manually discover and locate obstructions to energy flow on the acupuncture meridians using only their hands. Further, most of these obstructions can be opened by gentle direction of energy and energy cyst release techniques. The same is true of the major chakras. In the case of chakras, we use them as indicators that more gross problems exist. We consider the chakras to be very delicate and sensitive, thus their functions can easily be disrupted by coarser energies, such as structural problems, energy cysts, emotions and the like. We use these chakras to discover whether or not other contributing problems continue to exist. We also have a system of vectors which is quite sensitive and is used similarly to the chakras in terms of suggesting the presence and/or absence of more coarse or gross problems.

INTENTIONS, MOTIVATIONS AND ATTITUDES

All of this confronts us with the unavoidable realization that all important in the CranioSacral Therapy methods of practice are therapist intention and/or motivation, patient/client intention and/or motivation, and consideration of the transference of attitude and energy in either direction. In keeping with this latter concept, we have seen many patient/client's who seem to be infused with, and are suffering from, the ongoing presence of destructive or negative energy that has been put in them by other persons. Often, these other persons are healthcare professionals who unwittingly are "injecting" their own anger, guilt, frustration, fear, etc. into the patient/client at a time when they are most

vulnerable. This can happen during a surgical procedure, under an anesthetic, during a chiropractic spinal adjustment or during a replacement of a filling in a tooth by a dentist. Whenever and however it happens, these foreign energies must be cleared from the patient/client. This is very effectively done during a multiple-hands session by CranioSacral Therapy practitioners. It is not only the energy of the other person that may need clearing, it may also be the energy of drugs that have been administered. Most of our experience with this "clearing" work has been in intensive treatment programs and in Advanced CranioSacral Therapy workshops. However, I believe the treatment process can be refined so that it can easily be carried out by the solo practitioner.

CURRENT EXPLORATIONS

At the present time and for the past few years I have been enjoying the explorations suggested by a variety of observations that have presented themselves. I have not disciplined myself to do the tedious work of proving things to the satisfaction of the scientific community. I leave that to others who are more inclined to do controlled studies. Thus, my description of the things that are happening for me in the realm of CranioSacral Therapy, its described progeny and the effects of various energies upon living systems is largely subjective in nature. I have reached a point in my career and my life where I am trusting what I perceive as truth and I do not seem to require confirming repetitions from other scientists under controlled conditions. If it seems to work and the risk is minimal and someone could benefit from it, I'll use it whether it has been proven or not. After all, we use gravity on a daily basis, but we still don't understand it. I tell you this because it represents a 180° turn around from my early days in practice back in the mid 1960s just before acupuncture happened and enlightened me about some of the things I did not know. With this in mind, please indulge me as I give a few brief descriptions about what we are presently doing in terms of exploration at The Upledger Institute.

Over the past few years I worked with a broad minded physicist in an attempt to document the transference of "energy" between patient/client and therapist during a CranioSacral Therapy session. When I refer to a CranioSacral Therapy session I mean to include all of the aforementioned progeny and any integra-

tions with acupuncture, chakras, etc. that I have alluded to previously. Our work ultimately involved the establishment of three circuits. One between the volar surfaces of the two forearms of the patient/client, a similar circuit for the therapist and a third circuit that connected the glabellar regions (3rd eyes) of the patient/client and the therapist. We then monitored electrical resistance in ohms, and electrical potential in millivolts. We did this for all three circuits during several treatment sessions. We followed wherever the session went, without guidance or restraint. We have stacks of recorded data which we correlated as best we could with the "happenings" of the treatment session. We found that when I was not touching the patient the resistance between us was on the order of 300 million ohms. The millivoltage in that circuit was almost nonexistent. As soon as I touched without any therapeutic intention, the resistance would drop to about 20 or 30 million ohms. The millivoltage was unpredictably variable.

Early on as we were working, we began to insert various substances between my hands and the patient's body in order to observe the effect of these substances upon the circuit between myself and the patient. We used 2" x 4" wood, 3/4" plywood, a lead apron, 1/2" thick glass, a variety of fabrics, a rubber insulator sheet about 1/4" thick, and an ultraviolet filter. None of these substances had any effect upon the resistance in the circuit for more than 5 seconds. The millivolt meter response was unpredictable and without any pattern that was observable to us. These observations suggested to us that although there was an energy transference involved and it moved meters designed to measure electrical flow, the behavior of this "energy" was not consistent with electricity as we know it.

As the sessions progressed we often encountered repressed memories of unpleasant experiences. As the patient would work to get to the memory through their defense, their ohms readings would elevate significantly. Most often my ohms would drop at these times and my millivoltage would go up. As the patient got through the resistance their ohms would drop and their millivoltage would predictably rise. You could tell exactly what they were going through by their meter readings and you could also judge my own efforts, perhaps wavering on occasions and so on as the session progressed to completion. As an example I shall briefly describe the session of a 45-year-old woman who had no particular physical problems, but who was developing problems

with anxiety and indecision. She was a volunteer subject, rather than a patient. We have the whole session on videotape. As we began I tuned in and blended with her. Between us the ohms dropped into the 30-50,000 ohms range as we got acquainted energetically. This was about usual for an uneventful beginning of a session. On our individual circuits my own resistance was on the order of 10,000 ohms and my millivoltage was at about 25-30, which was also usual as I was offering my services and my energy to the patient. Her ohms were higher than mine at about 70-80,000 while her millivoltage was fluctuating at about 10. These readings settled around these levels after the initial contacts and connections were made.

Soon I began to feel a therapeutic resistance, and our mutual circuit resistance elevated to between 800,000 and 1,000,000 ohms. My millivoltage went up to about 50. Her millivoltage went up to 25 initially during this phase and then dropped, as did her ohms reading. She was confronting a stone wall in her described image. As I helped her to cut an imagined door in the wall to see what was on the other side the resistance mirrored her progress while cutting, and dropped dramatically when the door was opened. To make a rather long story short (this turned into a two hour session) on the other side of the wall she confronted an uncle putting his penis into her mouth while she was 3 years of age. As she accepted the picture, her resistance dropped to about 1,000 with momentary fluctuations between 800 and 1,200 ohms. The resistance in the circuit between us reached a low of 400 ohms for a short time. As I offered courage and support verbally to her my millivoltage went up. As she received it and accepted my help/support/energy her millivoltage reflected an increase in energy and her individual resistance dropped. I could go on and on with descriptive details, but I'm sure you get the idea.

With our experience and observation it seems likely that ohms reflect "defense energy" that is being used to protect the subject from confronting an unpleasant memory/experience. The millivoltage seems to reflect the energy aimed at acknowledging the existence of the repressed/suppressed experience/memory and dealing with it effectively. It seems very reasonable that a therapist who has personal bias about an issue coming forth in the patient will reflect it in his/her meter readings. Also, the attitudes of both therapist and patient will be reflected, and so on. The interpretation of these meter readings, as they relate to the conduct of the session, is at present

an art form. It may remain an art form or it may become standardized. We will continue to explore energy characteristics in this way because we do not know what will come next and that is the fun and the adventure.

Another exploration that we have been doing in the past 3 years involves the multiple hands treatment of patient/clients, mostly paralysis problems, in a flotation tank. The tank I had custom built is about 9 1/2 feet long and 5 1/2 feet wide on the inside. So, there is plenty of room in the tank for 3 or 4 therapists to move around a patient. The patient floats on top of the solution in the tank. The solution is about 50% MgS04 and 50% H_20 and is about 2 1/2 feet deep so that we can have access to the underside of the patient's body and so that at times we can forcibly submerge body parts and use the buoyancy therapeutically. This latter method seems particularly good when we wish to decompress the spine from the pelvis and/or the pelvis from the femoral heads. It also floats and mobilizes the pelvic and abdominal viscera. In any case, the work that we have done in the flotation tank, wherein there is almost no gravity and/or no friction and there is a perceptible positive energy from the Epsom salts (MgS04), could not (we believe) have been accomplished on a treatment table or even in a conventional hydrotank. The results with spasticity and release of restrictions have been remarkable. Also, we are able to locate restrictive problems that I'm sure we would not have discovered under less favorable circumstances. The problem with this approach is that the equipment and facility required make it difficult to set up in a routine clinical setting. I have our tank at my home in the back yard. It is quite a production to get 3 or 4 therapists assembled with a patient all in bathing suits and requiring post-treatment showers. We do have plans for simplifying this procedure.

Yet another area of exploration is being carried out in conjunction with the Dolphin Research Center in the Florida Keys. In this project we float the patient on two "noodle" tubes, one under the knees and one across the body under the upper thorax. We are in about 3 1/2 to 4 feet of water. We have therapists located at the patient/client's head, one side of the pelvis and at the feet. The therapists are doing CranioSacral Therapy and its progeny following the patient/client's lead. The dolphins are free to join in the treatment session as they desire. This program is new, but thus far the dolphins seem to read our minds and they have the ability to blend and treat with (dolphin) energy

in perfect harmony with the craniosacral therapists. The trainers are giving fewer commands and the dolphins simply join in as they see fit. The results, thus far, have been most remarkable. The dolphins seem to know exactly what to do, and we clearly perceive the effects of the dolphin efforts, as do the patients. We have no real prediction as to the limits of this adventure, we will follow where it goes. One problem, is that would be very difficult to set up a double blind study with dolphins. I sense that they (the dolphins) do not necessarily accept the need for a controlled study. Thus far, they project the attitude of "let's fix it and get on with life, growth and evolution."

SUMMARY

In this, the second part of my perspectives on CranioSacral Therapy and its effects upon patient/clients, therapists and the conventional system, I have overviewed some of the political issues that confront us at present, the applications of CranioSacral Therapy and its progeny and integrations with other healing systems, and the explorations that are in process at present. In the third and final installment of this perspective series I will attempt to describe where I see CranioSacral Therapy and its progeny in the future.

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