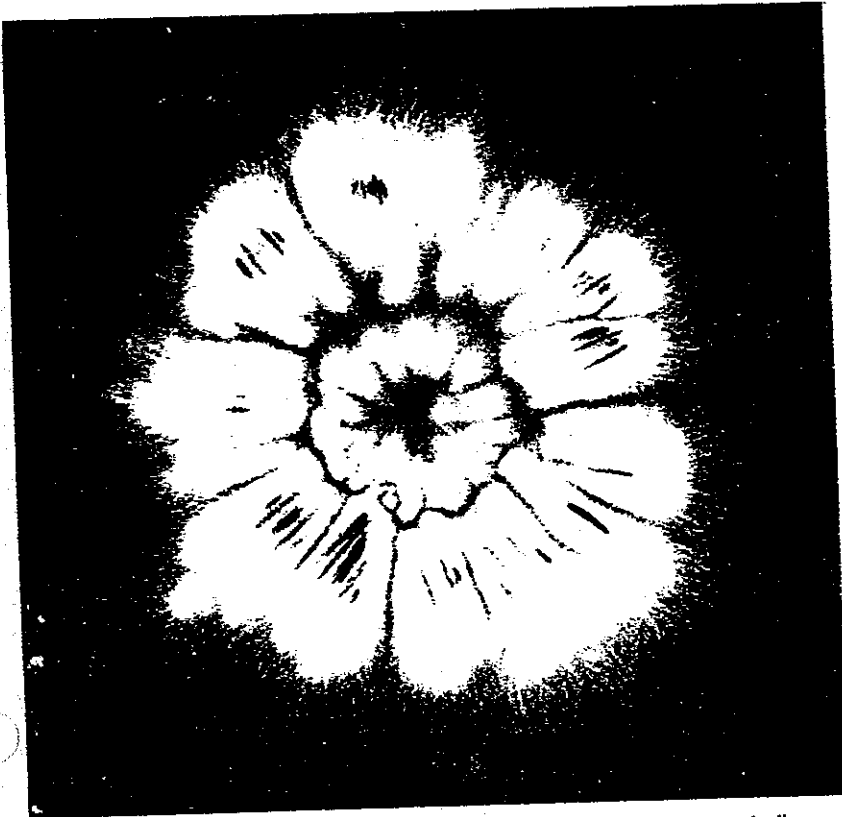


The Energy Cyst

1989.07

John E Upledger



This article is at once most challenging and most enjoyable for me to write. It is most challenging because I have little solid scientific evidence, tried and tested, behind which I can hide: almost all the material presented here consists of hypotheses derived from years of clinical observation. It is most enjoyable because the creative part of me is bursting at the seams, wanting to let my readers in on the sometimes astounding things I have observed as I follow the trail deeper into the mysteries of the craniosacral system and its relevance to the overall health and well-being of the patient.

I will begin by presenting some concepts which are integral to the remainder of this article and which may be new to some of my readers.

Energy cysts¹

The energy cyst is a construct of our imagination which may have objective reality. We believe that it manifests as an obstruction to the efficient conduction of electricity through the body tissues (primarily fascia²) where it resides, acts as an irritant contributing to the development of the facilitated segment (see explanation below) and as a localized irritable focus. As such, it sends out the interference waves which we palpate by arcing techniques (see explanation below). In terms of acu-

puncture theory, we believe that it obstructs the flow of *qi* along the meridians of acupuncture. By palpation, one can find the obstruction in the meridian which passes through the energy cyst.

The energy cyst is a localized area of increased entropy, which the host's body has 'walled off.' Entropy is described by the second law of thermodynamics, which says that all energy moves from the orderly to the disorderly. It takes organizational energy to reverse this natural tendency. When we speak of increased entropy in a human body, we mean an area in which the energy is less orderly or less organized than it is in nearby areas.

The cyst is hotter, more energetic, less organized and less functional than surrounding tissues. It can result from physical trauma, pathogenic invasion, physiological dysfunction, mental and/or emotional problems and (possibly) spiritual problems as well. Sometimes malfunctioning chakras are hosts to energy cysts; release of the cyst is followed by a palpable return of normal chakra function.

The idea of a traumatic origin is easiest to entertain. A blow to the point of the shoulder by a hammer, or the impact on the sacrococcygeal complex during an unexpected fall, puts a force into the recipient's body. What happens to this force? How can the body deal with it? The force

represents 'excess' energy which the body first tries to dissipate as heat. If successful, the energy leaves the body, normal healing follows and there is no after effect. If the energy cannot be dissipated as heat, the body (according to our theory) concentrates and localizes the energy, and somehow encapsulates it as an energy cyst, or focus of increased entropy. The body adapts somewhat to the presence of the energy cyst, but in the process ideal function is compromised. Facilitated segments form, fascial mobility is compromised, interference waves are produced, normal electrical conductivity of involved body tissues is reduced and the flow of energy along involved acupuncture meridians is obstructed. All of this compromise saps body energy and creates pain and dysfunction.

If the energy cannot be dissipated as heat, the body (according to our theory) concentrates and localizes the energy, and somehow encapsulates it as an energy cyst,

We believe that three factors are crucial in determining whether the body is able to dissipate the traumatic energy. First, the quantity of energy may overpower the body's ability to dissipate it. Second, previous injuries to the same body region may have compromised its ability to dissipate the energy. And third, certain emotional state (severe anger, fear, guilt or other negative emotions) paralyze the body's ability to dissipate the energy.

A powerful determining factor in the formation of energy cysts is the emotional status of the subject at the time of injury. If strong negative feelings are dominant at that time, the injury forces will probably be retained and an energy cyst formed. We have seen over and over again that those people who retain the effects of injuries are the ones who harbour anger, resentment, fear, etc., in relation to the accident. Once these negative emotions are discovered and released, the energy cyst/somatic dysfunction and its attendant symptoms are free to leave the subject's body.

Two other factors must be mentioned here: the location of the cyst and the time course of energy dissipation. The location of the cyst depends upon how deeply the

Craniosacral Osteopathy

The Energy Cyst: Part II

John E Upledger

In this article the author draws from years of clinical observation to examine the frontiers of understanding about craniosacral therapy. He discusses issues which are relevant to the overall health of the patient, and are highly significant in relation to other therapies, notably acupuncture and psychotherapy.

In part I (see *Caduceus* number 6) he introduced the phenomenon of the 'energy cyst', a localized area of energy disorganisation which saps body energy and creates pain and dysfunction. The 'facilitated segment' is a section of the spinal cord which becomes highly excitable and hypersensitive, and which easily disturbs the function of organs and muscles serviced by nerve roots derived from that segment. 'Interference waves', arcing techniques' and 'significance detectors' are also described at length in Part I.

I. Whole Body Diagnosis

The techniques described in the preceding section can also be applied in whole body diagnosis. In addition you can use the craniosacral rhythm (rate per minute) to identify tissues (usually muscles) in which the nerve function has been compromised. The deprived tissue will exhibit a rate of about 25 cycles per minute. After treatment, the rate should synchronize with the normal craniosacral rhythm as palpated on the head.

You can simply project your mind down the tube and 'know' things about the patient.... you can tell which segments are facilitated and even 'see' the cause of facilitation

The dural tube is the the extension of the craniosacral system between the foramen magnum and the sacrococcygeal complex, where it is anchored to the

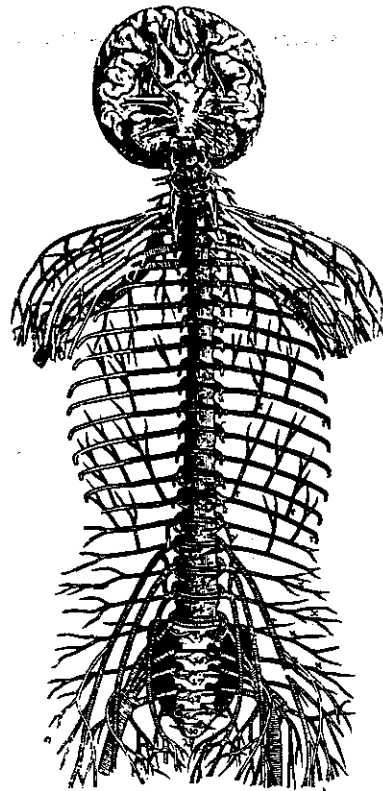


Figure representing the series of nerves by Andreas Vesalius

coccyx as its periosteum. If you traction the dural tube very gently, so as not to recruit extradural muscle resistance, you can project your mind down the tube to discover resistance to easy motion. After a few hours' experience you will find that traction is not even necessary; you can simply project your mind down the tube and 'know' things about the patient. What you 'know' seems related to which questions you have in mind during the examination. You can tell which segments are facilitated and even 'see' the cause of facilitation. You can also 'see' membrane restriction, conditions within the dural tube, and even into the sleeves which project out to cover the spinal nerve roots. Using the dural tube as your starting point, you learn to visualize the primary cause of patients' problems quite accurately. The other techniques described can confirm your impressions.

Once you have located a facilitated segment with the dural tube technique, sit the patient up and examine for tissue change loss and 'red reflex'. Place a finger

on each side of the spinous process at the affected level. Place the flattened palm and fingers of the other hand lightly over the front of the body at the same level and follow the motion that occurs. The tissues will begin to move back and forth. Gradually you will feel the restricted vertebrae mobilize. It will feel as though you are rolling a barrel hoop around the patient's body. Eventually you will feel a release similar to that which you feel when releasing one of the transverse diaphragms.

At this point re-evaluate for the presence of the facilitated segment; it may be gone. If it is still present, repeat the process. Finally re-evaluate the dural tube; the facilitation should be gone from there too. If not, repeat the process. You take away the secondary effects first, and then the underlying cause. It seems that when the anterior body releases first, the problem was somatovisceral, and opposite is true for viscerosomatic problems. (*Somatovisceral problems are those which originate in the nervous, muscular or skeletal system and result in organ dysfunction. Viscerosomatic problems are the reverse of this. Editor*). This is probably because the viscera are anatomically anterior to vertebral somatic dysfunction. The general principle for all release techniques is 'first in, last out'.

I like to correct a facilitated segment in this gentle way because it does not intrude on the patient's body and set up resistance which might interfere with further diagnosis after the segment has been released. I use intrusive techniques only when I know more subtle diagnostic techniques won't be needed later during that session. The same technique can be used within the skull. Visualize and discover the problem. Place a hand on the restricted bone, the other hand opposite, and encourage movement to the release point. It is truly a beautiful experience to treat a head this way.

I seldom use techniques other than the dural tube and arcing anymore; it doesn't seem necessary. But then, I have admitted to myself that there are intuitive phenomena which I cannot

explain scientifically. I am not afraid of them, and I trust myself, which is probably the most important part of the whole process.

II. Regional Unwinding or Somatoemotional Release

This technique deals with a known injury the effects of which are still causing the patient to suffer. It doesn't matter when the injury occurred. Let's suppose the patient suffered an injury to the right shoulder in a skiing accident five years ago. Since then the patient has periodically experienced shoulder pain with restricted movement. In the course of an examination using the techniques described in the Whole Body Diagnosis section, you discover an upper thoracic facilitated segment. You begin treatment by placing the patient in either the sitting or standing position. You then fully support the shoulder and arm with your hands so that the muscles of the shoulder girdle are free to move as though the total arm and shoulder were weightless. You follow the motion that results from this simulated weightlessness. Sometimes a very slight traction or compression is needed to get things moving; which one depends on the vector of the original injury. You must be very sensitive to the arm's slightest inclination, following it to a position where the muscle and facial tensions minus gravity (which you are nullifying) are perfectly balanced. This point of balanced tension (or position of balance) is dynamic. You must be alert and keep moving with it. When the precisely correct position is reached, the craniosacral rhythm stops abruptly. This is one way in which the rhythm is used as a significance detector.

At this point your hands supporting the shoulder and arm become immovable until the rhythm begins again with a concerted motion, and the shoulder and arm have at least partially softened or released. If an energy cyst releases, you will feel a dissipation of heat. It is important not to let the arm move, even though it seems so inclined, until the process (softening, release of heat, etc.) is complete and the craniosacral rhythm has resumed with a healthy amplitude. Sometimes, the arm may move only a fraction of an inch after release, and then the craniosacral rhythm stops again. In this case, prevent further movement until another release is complete and the rhythm resumes. This start/stop process

may repeat itself several times before the injury is completely discharged from the area. When the full treatment is over, the patient's whole body will relax and he or she will know that it is over.

If there is emotional energy locked in the energy cyst, it will come out during the treatment process. I used the skiing injury example because I recently had such a patient. It took about three treatments, but the emotional part finally emerged. She was still very angry at the skier who had cut in front of her on the downhill slope, causing her to fall, and who didn't even stop to see if she was hurt. The anger was locked deeply inside, probably in the energy cyst that was released.

After the release, she breathed rapidly and began to talk about the incident. As she did her craniosacral rhythm stopped until she got in touch with the extent of her anger, which was still present five years after the event. Once that anger was discharged (and she consciously forgave the offending skier), all was well with her physical body and the vestiges of the accident were fully dissipated.

To use somatoemotional release, it is important that you be confident in your ability to sense the craniosacral rhythm. Beginners in this technique should work with release of diaphragms and facilitated segments, and later with regional unwinding. After this skill is developed, the therapist is ready for whole body somatoemotional release technique.

III. Whole Body Somatoemotional Release

During the past five years I have added significantly to my experience in somatoemotional release techniques. There is no realistic way to separate somatoemotional release into diagnostic and therapeutic components. Similarly, you cannot separate body-work from mind-work. The mind and body are one, like the head and tail of a coin. The head is obvious on one side and the tail on the other. How deep do you penetrate into the head before it becomes the tail?

The difference between regional and whole body somatoemotional release is that in the former you let the patient consciously decide what you are going after. In the latter case, neither of you consciously knows where you are headed. It is like a "whole person scan" to

discover residual somatoemotional hangups.

I can't tell you how somatoemotional release works. I know that the intention of the therapist has a lot to do with it. Also, the less guarded the patient is, the quicker it will work. I have seen the process obstructed in determined people who had decided to resist. Although it can be performed one-on-one, the technique is easier and more relaxed when more than one therapist is working.

When working one-on-one, I still use the standing, sitting and lying down positions described in my first book¹ but now I can usually 'see' in advance the position which will give the release. I therefore can position myself and the patient properly to facilitate the process, saving time and trouble.

Multiple-therapist release

In multiple-therapist somatoemotional release, one person must be in charge; the others act as his or her extensions. If an assistant begins acting independently, a therapeutic method conflict is likely to follow, with the patient as the battleground. Decide on who will be in charge before therapy begins. The leader should tune in to the patient's body, starting at the head. As he or she senses the areas of restriction, the assistants are stationed accordingly. The leader then senses the presence of the assistants at each station, as well as the effects of their therapy. He or she then regulates the amount of energy that each assistant is putting in or taking out, in order to achieve the desired release. There can be as many assistants as the leader can effectively manage.

You begin putting energy into the patient with the intention that he (or she) will release whatever he shouldn't have inside. Keep your hands on the body, follow where they lead and be alert to stops in the craniosacral rhythm. When a stop occurs, hold that position no matter how hard the body tries to escape. Don't let the body move until the craniosacral rhythm resumes with renewed vitality. Then follow the movement of the patient's body until the rhythm stops again, and so on, until a full release is perceived. Encourage the patient to release emotionally. Use the craniosacral rhythm as a significance detector. You can interrupt the session at any time that the rhythm is occurring normally, and pick up very nearly where you left off in

another session up to two weeks later.

It seems impossible to overtreat using these methods, because if the subject is balanced and free of restrictions, there is nothing to treat. Sessions should not be scheduled more than two weeks apart, as this may lead to some regression, or at least a loss of momentum. Do not interrupt a session while the rhythm is stopped, as this will leave the patient 'hung up' and intensify his or her physical and emotional distress.

Two minds

Since we began using this therapeutic process, we have observed that the subject's body seems to be of two 'minds'. One part wants to maintain the status quo. After all the body is working, even if some pain or restriction is present. Why risk a change? And yet another part is striving for improvement or loss of discomfort, which means that the energy cyst must be dissipated. During the process of somatoemotional release, we act as facilitators in cooperation with that part of the subject that wants to dissipate the energy cyst. In order to do this, we encourage the positive aspects of the body-mind and discourage the negative aspects. This involves facilitating the body's memory of the injury and thus ending the suppression.

This facilitation is accomplished by touching the subject, tuning in to what the positive body would like to do and assisting in the process. The usual result is that the body assumes the position it was in when the injury occurred. As this happens, we feel the tissues relax as the energy cyst is expelled. We also feel heat radiating from the areas which have been retaining the cyst, and frequently sense a force leaving the body along the same vector by which the energy entered.

This process requires extreme sensitivity on the part of the therapist, and an attitude of trust and positivity on the part of the patient. During the session, the release of the energy cyst frequently results in a re-experiencing of the pain, fear, anguish, anger or resentment involved in the original accident. This may occur immediately, or within the next few hours or days. It is a good sign that the treatment has released a part, if not all, of the retained problem. When this occurs, the patient should not try to suppress the pain or emotion. He or she should concentrate on the memory and try to re-experience it as fully as

possible; when this is accomplished, he must then eradicate the destructive negativity and convert it to positive, constructive energy. The process of somatoemotional release is not always pleasant, but the results are worth the effort.

Inter-personal guidelines

This is a type of therapy that has to be experienced to be appreciated. It is surprisingly powerful, often cutting directly to the heart of the matter. A few pointers:

- Questioning of patients is not so much for information as to stimulate self-realization. Don't persistently question except for this purpose. Be sensitive.

- Discharge of 'negative' emotion is always good. As the therapist, be careful not to become an ally to the patient's anger and righteous indignation. Don't agree that it wasn't fair, etc., because that only fuels the formation of more anger.

- Stress that the only way to get well is by forgiving the people with whom the patient is angry. Forgiveness must be emotional as well as intellectual. You will feel the body softening as this happens.

- Frequently the patient can 'image' anger, hurt etc. If so, have him localize it and push it out into your hand. Have him look for 'roots' of the 'ball of anger' before it is completely out. If there are roots, have him follow them to their source with his mind's eye and gently pull them out as well. The root source may suggest another aspect of the problem requiring further work.

- It may be preferable for the patient to 'somatize' an illness rather than to take it away from the body. Inappropriate and forced removal of somatization may force an emotional confrontation which you are ill-equipped to handle. You may need help from another professional before the patient can confront the truth.

- Be aware of your attitude and the tone of your voice. Be supportive and caring. If you don't feel that way, gracefully end the session.

- Do not encourage intellectualization. This takes the subject out of his right brain and can override the truth that can be offered through the body.

- Don't use too much physical force. Be firm but not forceful. Excessive force

interferes with the subject's own somatic and emotional process.

- Don't get involved in the therapist-patient hierarchy. Therapeutically it is counter-productive, because in this the therapist is only a facilitator.

- Distraction can result from excessive patting or solicitude, as well as from talking. Distraction is harmful as it interrupts the process.

- Try to end the session by getting the patients to laugh at themselves.

IV. Localized Tissue Intellect, Memory and Emotion

Since I've been doing this work, I've become increasingly aware that body regions, energy cysts, tissues and perhaps individual cells all have their own intelligence, memory and emotion. The localized 'brains' may not always be in communication with our conscious awareness, or even with the subconscious centres of the central nervous system.

This concept of auxiliary brains occurred to me fairly recently. First, I thought of the trigeminal ganglion as an auxiliary brain. A lot of information comes into the ganglion. It may be processed there or triage decisions may be made in ganglion and action taken upon the decision without requiring central nervous system input. Then I listened to my friend Michael Patterson, Ph.D. (Director of Research at Ohio University, College of Osteopathic Medicine) expound on his research which showed that decerebrate laboratory rats could solve food-oriented maze problems.

This work suggested that the spinal cord has memory, can make decisions and solve problems. This was an entirely new concept for me. An issue of the Brain Mind Bulletin (1985) described work that showed decision-making occurring in the hands of musicians without central nervous system input.

This coincided with my own experience as a jazz musician. I think craniosacral therapists' hands can work autonomously as well. Hence, my concept of auxiliary brains in the hands, spinal cord and in many of the ganglia throughout the body. Perhaps these powers develop in these peripheral locations in response to a person's need to develop certain skills.

How many of you body workers do your best work when you just give your hands

free reign to do what they want? Perhaps you are distracted and see later that you have done something with the patient without having consciously decided to do it. I have this experience almost daily. I used to think I was letting my lower brain, or my right brain, do the job. But perhaps my hands simply do the job without guidance from the spinal cord, or any other part of the central nervous system.

In my reckless youth, I made a living as a jazz piano player. I became able to study books and notes (I was a university student) while I was playing piano at a dance or in a cocktail lounge. The other musicians said they couldn't tell the difference in my playing, except that I was a little 'looser' when I was studying something else and playing piano at the same time.

I frequently had to be reminded by a drumstick tap on the shoulder when the end of the song was coming; otherwise I might continue into another chorus after the other musicians had stopped.

Eventually my hands seemed to become totally independent. I had to watch them to see what they were playing. For example, if the bass player asked me which chord I had played during a certain measure, I had to replay that part of the song and watch my fingers in order to answer him. It seemed that my hands had their own intelligence and were independent of the higher brain centres.

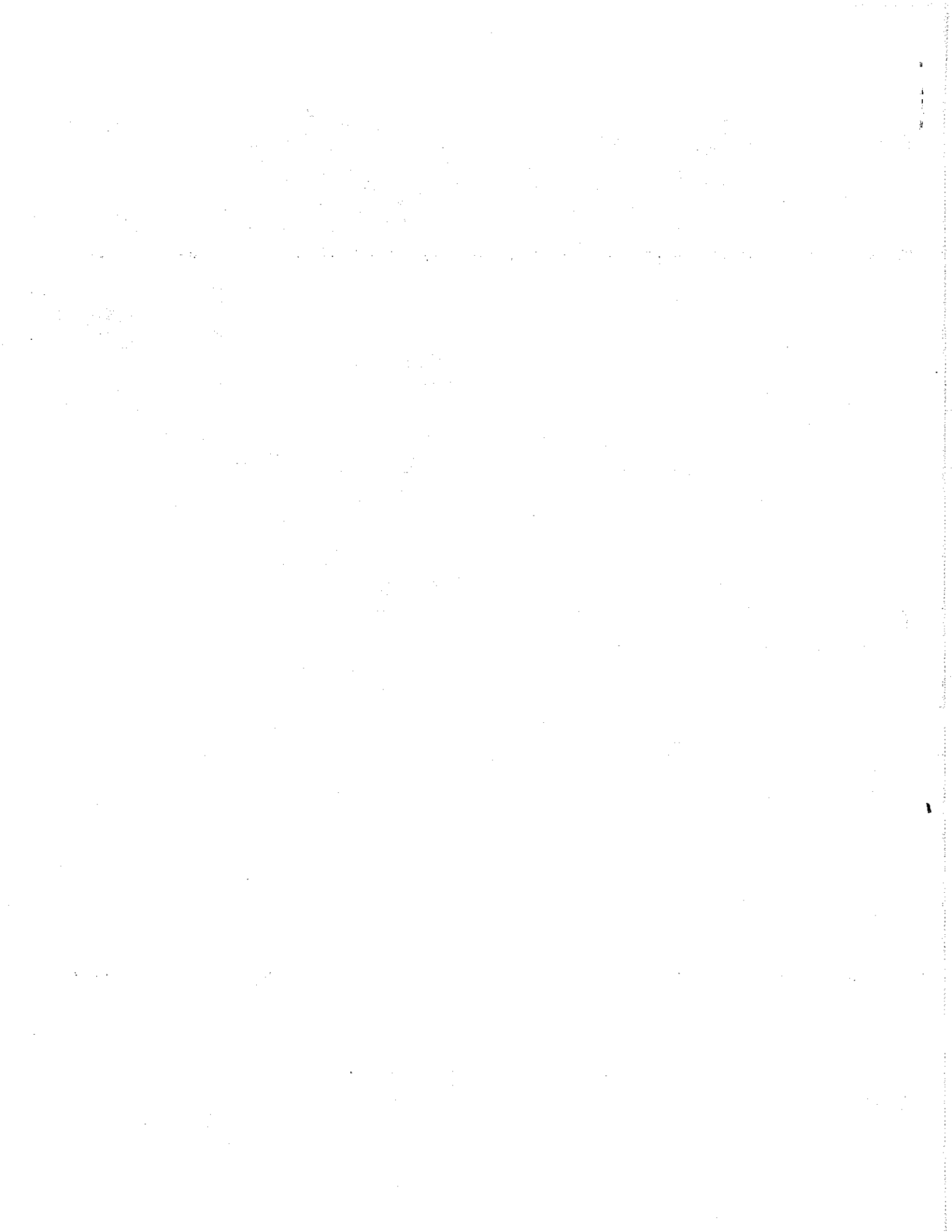
What does all this have to do with somatoemotional release and other techniques described? Perhaps we have independent intelligences in each part of our body, with memory of trauma, emotion, etc.

Perhaps by means of these techniques we are helping these 'micro-intelligences' to escape from the emotional and somatic scars they are carrying. The ramifications of this idea are truly mind-boggling. At any rate, the techniques work very well, and I will continue to use them. I hope that you will too.

Reference

1. *Craniosacral Therapy*, John E. Upledger DO FAOO and John Vredevoogd MFA. Eastland Press, Seattle, Washington 1983

John E Upledger DO FAOO is in the forefront of basic science and chemical research in the field of cranial osteopathy, and has taught workshops in this field throughout the US and Europe. Formerly a professor in the Department of Biomechanics, College of Osteopathic Medicine at Michigan State University, he is now President of the Upledger Institute in Palm Beach Gardens, Florida.



Masseuse rubs out life's stress, tensions

By Sean T. Kelly
Staff Writer

Maureen Morgan knows the arts of healing firsthand — she was a licensed practical nurse for a dozen years before her own unrealistic expectations about saving everyone got to her.

Her marriage also failed at about the same time, and she was in need of some healing herself.

A massage gave her a bit of relief one day, and that set her off on a new career as a masseuse. At 46, her life is back on track and she

“I’ve healed myself through the work. I’m happy and peaceful again. I’m enjoying life again.”

**Maureen Morgan
Masseuse**

also enjoys a special lifestyle as a liveboard on a Harriet Island houseboat.

But it took some effort before her life came back together.

For the last 4½ years of her nursing career, Morgan was an ambulance attendant sent to the scene of trouble to help people needing to get to the hospital.

“I liked it at first,” she said. “I felt I was meant for that kind of work.”

But one day the ambulance was sent too late.

“A little girl drowned. She had been under the water too long,” Morgan said. “On that day, I realized I was burned out in the caring profession.”

She later took up something completely different — running a parlor for 12 to 16 hours a day or nearly three years without a vacation. “I got burned out physically doing that,” she said.

Exhausted, she took time off for a “sabbatical” and, in the course of reexamining her life, she said she recalled having a massage several

years before that had perked her up.

“I went for a massage and that helped,” she said. That’s when she decided to go into that line of work for herself.

But it didn’t stop there. She eventually heard about a special technique that didn’t rely so much on deep muscle massaging as on the body’s own rhythms and the elimination of knots of tension using subtle palpations of the hands.

“I was doing massage for a year, and I wasn’t content to see the same problems come up visit after visit,” Morgan said. Her health care training told her there must be a cure for some physical problems people put up with.

She enrolled in a therapeutic course at the Upledger Institute in Florida, which blended osteopathic theories of rehabilitation with subtle forms of massage by working chiefly around the spinal chord. It is trademarked as the CranioSacral method.

Under this approach, she said the client is made to relax or reach a “still point” and the practitioner palpates or holds a troubled area until it responds. The client is at least passively involved in the process as the body signals a direction where touch or pressure should be applied, she said.

Although results are not always dramatic, she said she has seen a woman carry her crutches home after coming for one massage. Whiplash from a car accident can often be headed off if attended to on the same day, she said.

Traditional deep muscle massage also can be used to augment results if desired, she said.

And there is a simple self-help technique using the cranium-sacral theory that can relieve anxieties and relax body tension, she said.

A device made of two tennis balls held together in the toe of a tightly knotted sock can be placed under one’s head while lying down. The weight of the head should rest on the device for 15 minutes, repeated daily.

Morgan said the combination of



Mark Morson/Staff Photographer

Maureen Morgan relaxes on her houseboat, moored on the Mississippi River at Harriet Island in St. Paul.

massage with healing is tailor-made for her.

“It was like returning to the health care profession for me.”

Morgan said. “I’ve healed myself through the work. I’m happy and peaceful again. I’m enjoying life again.”

