



Craniosacral Work

Distinguishing between
techniques and therapy

By Robyn Scherr

Photo by Elena Ray.



Fluid

rhythm

There's a great deal of interest in craniosacral therapy (CST), and also a lot of confusion. Some therapists say it can be integrated seamlessly into other modalities. Others maintain that in order to be practiced correctly, it must be used as a stand-alone therapy. In the real world, both ways of practicing are useful—and the reason lies in the difference between techniques and therapy.

Craniosacral *techniques* can be integrated successfully into almost any kind of session or modality. Craniosacral *therapy*, when performed by an experienced practitioner, does not look much like the protocol of techniques many people associate with the work. In this article, I'll discuss each approach: how techniques are used by practitioners of CST and of other modalities to make their sessions more effective, and the important distinctions that differentiate the practice of the therapy from the protocol of techniques.

CST DEFINED

I think of CST as educated, specific, noninvasive touch that supports the body's innate ability to heal. John E. Upledger, DO, named it for what he called the craniosacral system: the bones, fluid, and membranes that protect and nourish the central nervous system. Using touch that's generally no more than 5 grams (a force equal to the weight of a nickel) added to the existing tension in the body, a CST practitioner encourages the craniosacral system (and, indeed, the entire body) to function more effectively.

CST'S HISTORY

CST's roots are in osteopathy, a branch of medicine established in the United States in the late 1800s. A. T. Still, a surgeon in the Civil War, founded osteopathy because he was disillusioned with the direction in which medicine was moving. In particular, he felt surgeries were performed too often and drugs were overprescribed. He also noted that at that time, the "cures" of medicine often ended up hurting or killing patients, not helping them. Using his background in engineering, Still developed the following principles on which he based his medical system:

- The body is a unit. The physical, mental, emotional, and spiritual components of health are all related to one another.
- All structures and functions in the body are connected and interdependent; changing one affects all the others.
- Bodies are self-regulating and self-healing. Given proper support, bodies have self-healing properties. It's the health-care provider's job to support the innate healing ability of the body and to interfere as little as possible toward that aim.

One of Still's pupils was William Sutherland, who developed a fascination with the bones of the skull. Common wisdom at the time (and in some medical schools to this day) stated that the bones of the skull are fused by the time people reach adulthood. But Sutherland saw evidence for movement in the sutures between the bones, and, in a series of experiments he performed on himself, demonstrated that limiting bones' motion had



deleterious effects. It was he who first developed a course of study in what he called cranial osteopathy.

Fast-forward several decades and we come to Upledger. "Dr. John," as his students and patients knew him, studied osteopathy at A. T. Still's school in Kirksville, Missouri. It wasn't until he was in practice—assisting a neurosurgeon by attempting to hold the dura mater still and realizing it had inherent motion—that his imagination was captured. He went back to Kirksville and studied cranial osteopathy, and then began systematically proving its concepts.

Upledger proved the bones of the skull continue to move throughout life rather than fusing, and he proved the existence of the craniosacral system as a functioning body system. He also documented the movement of that system, the craniosacral rhythm. He coined the term "craniosacral" and developed CST.

In addition to his research and teaching, Upledger had a very active practice for several decades. You can read many of his early case studies and learn about the development of CST in his books *Your Inner Physician and You* (North Atlantic Books, 1997) and *Craniosacral Therapy: Touchstone for Health* (North Atlantic Books, 2001).

While doing research at a school for children with autism in the 1980s, Upledger and his graduate students documented excellent outcomes. But without follow-up treatment, many of the children's gains were lost over time. It was then Upledger realized that with training, well-meaning caregivers could help these children. He taught the school's teachers some basic hand positions and gentle movements that allowed the children to continue improving.

This put him at odds with the osteopathic community, which maintained that only doctors should be taught this information. But what Upledger was teaching was not cranial osteopathy, but a safe, therapeutic touch that didn't require the level of training to diagnose or treat illness.

THE DIFFERENCE OF CST

Most hands-on therapies are technique-oriented: the function of the therapist is to apply expertise to discover the problem in the tissue, and then apply techniques to resolve that problem. In contrast, at its core, CST is process-oriented. CST practitioners



TRY THESE TWO TECHNIQUES

Two simple, effective techniques taught in the Upledger Institute curriculum are Direction of Energy and Fascial Diaphragm Release. They can easily be combined. In both techniques, signs of successful tissue release include sensations of heat/cold, goose bumps, muscle fasciculation (twitching), sighs, borborygmus (tummy rumbles), and softening/spreading. If you keep your hands and shoulders relaxed, you'll get a clear sign when your work is complete: your hands will naturally drift off the body.



Direction of Energy

This is an adaptation of a technique that William Sutherland created to release restrictions in the cranial sutures. It's been found effective in releasing tension anywhere on the body.

Sit or stand comfortably, and place your hands on either side of a place in your client's body that is tense or has discomfort. Relax your hands, arms, and shoulders. Allow your hands to contour themselves to the tissue they're contacting. Let your hands have their natural weight; don't hold them off the body and don't press into the body with any effort.

While maintaining a grounded, neutral presence, intend that healing energy be sent from one of your hands to the other, through your client's tissue. Your client can imagine the kind of energy that would be most helpful (e.g., a color, sensation, or texture), and you can intend that type of energy. Take care not to work with your own energetic resources; source the energy from outside yourself. In the same way, don't intend to take the energy in; let it pass through.

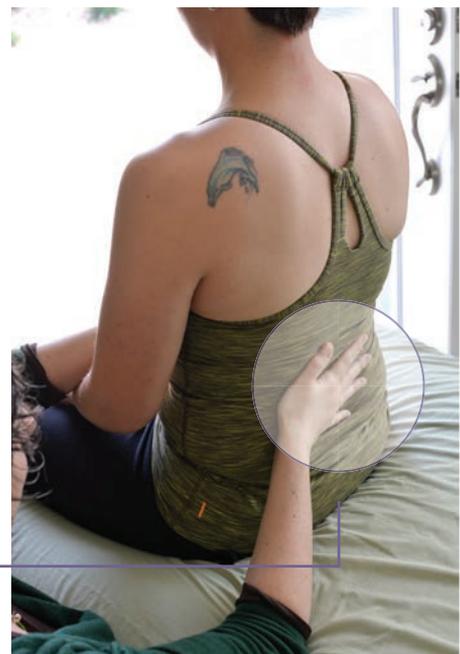
Fascial Diaphragm Release

This technique looks similar to Direction of Energy in that hands are placed on either side of a body structure. It's specific to the transverse fascia, and therefore can be used to address all the diaphragms (hyoidal, occipital base, pelvic, respiratory, and thoracic) and joints. For this example, I'll present the respiratory diaphragm. It's particularly helpful in a massage context, because it's calming to the adrenals, helps lengthen the back, and eases breathing.

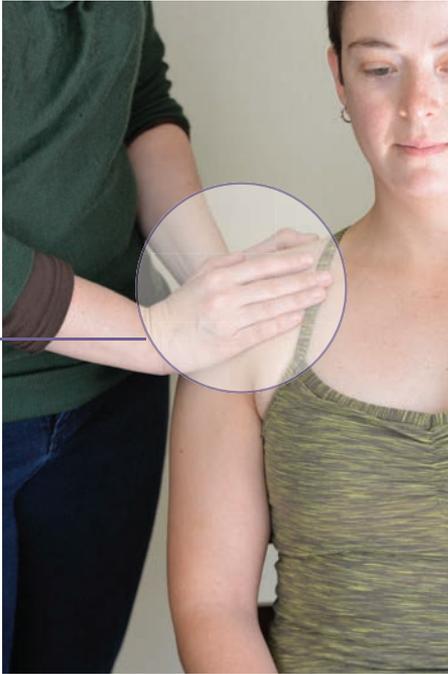
With your client supine, slide one hand (left hand if you're at your client's right side, right hand if you're at your client's left side) under the bottom sheet at the thoracolumbar junction, so your hand covers the last thoracic vertebra and the first lumbar. (The image below shows a seated client in order to illustrate hand placement.) Maintain contact with the body, but do not press up into it. Settle your other hand at the front of the respiratory diaphragm, contacting the xiphoid process, which ensures that your hand will be touching some portion of the left and right ribs. Notice that your hands are offset a bit: the posterior hand is somewhat inferior to the anterior hand.

Soften your hands, arms, and shoulders. Allow your hands to contour themselves to the tissue they're contacting. Let your hands have their natural weight; don't hold them off the body and don't press into the body with any effort.

Once you've settled, imagine your top hand adding in just enough pressure to engage the transverse fascia. With most clients, this is much less pressure than you'd imagine, usually less than the weight of a nickel. Add pressure in, gram by gram, until you feel the fascia move under your hands. If your hands are relaxed, they will move with the fascia. Keep that amount of pressure, and allow the fascia to move you. Maintain contact as the tissue moves. When your work is complete, you'll feel the diaphragm soften and/or spread, and you'll notice there's no longer fascial movement under your hands.



Technique photos courtesy of Racelle Campanelli.



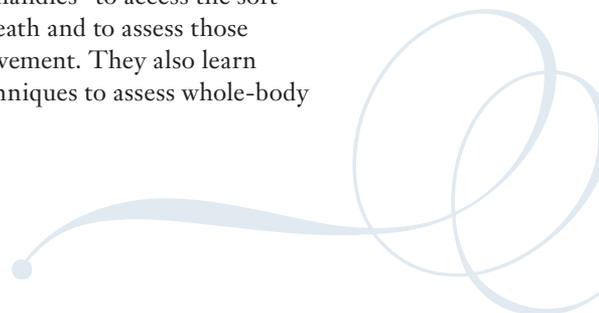
follow the osteopathic principle that given proper resources and support, bodies correct themselves with very little, if any, intervention. We believe everyone's body has innate wisdom and knows just what is needed to heal. So, rather than acting to try to resolve a situation or "fix" a client, the therapist becomes a facilitator and witness who supports the body's knowing.

pulse



This process-oriented approach demands focused but noninvasive touch—what Upledger called “blending and melding with the tissue.” To help beginning practitioners learn this new approach, he created a detailed protocol aimed at safely affecting change in the body with very little force. He developed techniques laypeople could master. Each technique has the core intent of releasing specific structures in the most easeful, least invasive way possible.

The protocol of techniques aims to normalize tissue function and fluid and energy flow throughout the body, focusing on the components of the craniosacral system and the fascial connections that influence and affect it. Students learn how to mobilize membranes using light touch on the bones as “handles” to access the soft tissue beneath and to assess those bones’ movement. They also learn fascial techniques to assess whole-body



restriction patterns and release the held effects of insult and trauma, all performed with pressure that does not overwhelm or overpower the body.

CST techniques are taught by the Upledger Institute as a series of three classes, which can then be built on with further training. When practiced correctly, these techniques allow practitioners to do a lot of good with little chance of doing harm. And because the only contraindication for CST is when a transient change in intracranial pressure would be harmful (when it's unsafe to go from lying supine to sitting upright, such as when someone has active bleeding in the brain or a cerebrospinal fluid leak), the techniques are applicable in all sorts of situations.

Upledger often said anyone with soft hands and good intent can practice the protocol of CST techniques. This makes them great tools for bodyworkers of all stripes, as is evident in the following examples.

The Esthetician: The first time I visited Annie for a facial, I was running late. Traffic was bad, parking was more difficult than I had planned for, and there was a line at her front desk. When she greeted me, I was sweaty and flustered. I wanted to have a relaxing experience, but my adrenaline was still pumping. To calm my nervous system quickly, I got on her table and gave myself a still point—a therapeutic pause in the craniosacral rhythm. Still points take us from “fight or flight” directly into “rest and digest,” clearing stress and preparing the body to heal.

Annie noticed right away how I went from agitated to relaxed. I taught her how to perform the technique, and now all her clients have the benefit of moving directly from the stress of daily life into the calm that makes facials feel so delicious.

The Physical Therapist: Deanna Savant, a physical therapist from Oakland, California, uses the CST techniques called Fascial Glide (assessing fascial mobility) and Arcing (precisely locating areas of entropic energy) as assessment tools during her otherwise traditional PT work-up. Savant says, “CST helps me to feel the full myofascial pathways and identify trigger points that may be far away anatomically from the pain site, but when palpated are tender, and when released greatly improve the primary pain. Even if I am doing joint mobilization, I monitor for therapeutic pulses (signs of tissue release) and the nuances of the craniosacral rhythm to make sure I am on the right track.”

The Massage Therapist: Kelly Vogel, a massage therapist and yoga instructor in Walnut Creek, California, combines CST techniques with her deep-tissue work. She says, “I bring CST into my massage sessions when people have tissue-guarding. I’ll do a diaphragm release and hold space for that area of holding to ‘melt’ and release the way it wants to release. Then, I can go directly into the remaining trigger points or tight areas, and the work goes more easily because the body is not ‘blocking me out.’”

“Many people come to me requesting deep work, but that doesn’t mean it’s what they need, or even what they really want. They may not know about CST, or think subtle work isn’t for them. When I can incorporate it into the type of work they’re more familiar with, they can really see the benefit. Many times people will say, ‘That quiet stuff was exactly what I needed. How did you know?’”

TUNING INTO THE CRANIOSACRAL RHYTHM

As I transitioned from massage therapy to performing CST full time, I worked much the same way: I incorporated techniques when they were useful in my clients’ deep-tissue sessions, as I perfected how to engage without overpowering. I also made time in my week to practice complete protocols. Kate Mackinnon, PT, CST-D, describes the path many craniosacral therapists take in her book, *From My Hands and Heart: Achieving Health and Balance with Craniosacral Therapy* (Hay House, 2013). “Beginning craniosacral therapists often follow a 10-step protocol. It is a safe yet effective practice that still has the potential to bring much benefit to recipients. There is minimal risk of harm to clients: for the most part they notice improvement, and, in a worst-case scenario, they notice nothing at all.

“When I first started courses at the Upledger Institute, my classmates and I were advised to practice this protocol at least 70 times before taking the next class in the curriculum. I bought a massage table and asked almost everyone I knew if they would be guinea pigs. In fact, at the end, many of my volunteers wanted repeat sessions and reported results like relaxation and less joint pain. One friend, who had been trying to conceive for quite a while with no success, got pregnant.

“I found that my commitment to practicing the protocol 70 times paid off, as it helped me understand the logic behind it. I became skilled at feeling the kinds of changes that each step creates in the body.”

Some CST students stop their studies after learning the techniques. These practitioners still do a lot of good, but they miss out on learning

the therapy itself, which is the way Upledger practiced. After more than a dozen years in CST, the techniques are second nature for my hands. The concept of adding zero grams of pressure, to just meet the tension in the tissues without adding to their burdens, is deeply ingrained in my nervous system. At this point in my practice, I don't use the techniques often, though they always inform my touch. For those of us who move on through the curriculum to become craniosacral therapists, the protocol techniques function like scales, drills, and theory function for musicians: they keep our skills sharp, but aren't the "music we play."

The upper levels of the Upledger curriculum stress precise, noninvasive palpation, following nuances in the craniosacral rhythm to engage with each body's inner wisdom and unique process of healing. Therapists learn to support and track changes in tissue, fluid, and energy with their refined palpatory skills. The work is no longer about applying force (even force as little as a gram), but about becoming exactly what the body needs in that moment: perhaps a barrier to work against, an aide to bolster, a supportive companion, an enhancer, and a knowledgeable, nonjudgmental witness.

Like Savant, Vogel, and Mackinnon, I had a lot of encouraging success with clients while mastering CST techniques. But when I gained the skills and depth of experience to practice the therapy, my clients started to experience astonishing benefits.

For example, my client Paul has had chronic obstructive pulmonary disease (COPD) since his mid-30s, after contracting a fungal infection deep in his lungs. When he first came to me, he presented with the immobile,

barrel-like chest that's common in folks who have trouble breathing. During his first session, his respiratory diaphragm and the tissues it attaches to softened markedly. Slowly, his breath deepened and quieted. Paul was nearly asleep when he came to with a start. He suddenly realized he couldn't hear his own wheezing; it had become so familiar, he was frightened for a moment at its absence. As he settled into his body sensation, he realized that while he couldn't *hear* his breath, he could *feel* the motion of it.

After more than 30 years of labored breathing, he was filled with new, relaxed, pleasant sensations. Paul was able to immediately get permission from his doctor to stop using his breathing machine at night, resumed hiking the local hills, and noticed a big improvement in his golf game.

At a subsequent session, I was working at his diaphragm again when I noticed a slight tightening of his hamstrings and calves. Curious about what was happening to him, I asked Paul what he felt. He was silent for several moments, and then tears began to run down his cheeks. He told me how he had loved bounding up hills before he got sick, and how, because it was so

difficult for him to catch his breath once he became winded, he had shortened his strides for decades. Paul hadn't realized that his entire body had adapted to his breathing problems, but on the table he could really feel it. Over several sessions, we worked with his newly free breath and his shortened limbs. They slowly lengthened, and his stride and arm swing increased dramatically. He now comes for occasional "tune-ups" to keep his tissue supple.

THE POWER OF TOUCH

I'm inspired every day by what the Upledger Institute calls "the power of a gentle touch." Moving my practice from a "doing to" approach to CST's "supporting and being with" approach empowers my clients in ways traditional manual therapies simply aren't set up to do. I find this process-oriented work to be extremely effective and efficient. But both ways of working are needed in the world. CST techniques help clients get more out of their sessions, with less effort on everyone's part. I encourage you to add them to your repertoire. And for some of you, like me, CST will become a passion. I welcome each of you to CST, however you wish to practice. **m&b**

 Robyn Scherr, CMT, is diplomate-certified in CST, the highest level of education in the field. In practice since 2001, Scherr uses craniosacral therapy to help her clients recognize and respond to their bodies' unique needs, harnessing their inner wisdom and resilience to create lasting change. Find out more at www.livinginthebody.net.

