



Neutrality in Upledger CranioSacral Therapy

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A cornerstone of Upledger CranioSacral Therapy (UCST) is the belief that knowing how best to help someone resides within the client instead of within the practitioner. Rather than using predetermined agendas, the practitioner uses techniques designed to support the client in utilizing their natural processes and inherent knowing to achieve an improved state of well-being. Neutrality is essential in this client-directed, process-oriented approach. It allows for the moment-to-moment discovery and use of pathways of change that are unique to the individual client.

The concept of therapeutic neutrality, also known as “neutral,” in UCST has three aspects: 1) the practitioner’s inner state, 2) the client-practitioner relationship, and 3) the therapeutic process. These aspects are discussed along with the importance of the practitioner embodying neutrality.

The practitioner’s inner state

Practitioner neutrality is a physical, emotional, and energetic inner state of balanced receptivity and action. It is as though the practitioner is a compass and the client is a magnetic field, and this field represents the client as a whole. Their field moves the compass needle to point the practitioner in the direction of how to best support the client’s natural self-regulatory and self-healing processes. In other words, the client focuses and shapes the practitioner’s attention toward how best to facilitate the client’s inner work. In this way, during a session, the practitioner’s beliefs, expectations, attitudes, and past experiences settle into the background of awareness, while the client’s guidance, referred to as the Inner Physician (IP), is in the foreground and leading the process.

The client-practitioner relationship

The IP is based on UCST foundational beliefs, such as:

- inherent within every human being and all living biological systems are natural adaptive processes that contribute to survival, functioning, and self-healing;
- within each person is an understanding of each health problem and how best to resolve it, which is the IP (John E. Upledger 1999, 2003);
- the practitioner facilitates a client’s self-healing by communicating with and being guided by the IP, either verbally or nonverbally, consciously or non-consciously, to best facilitate the client’s natural processes (John E. Upledger 1999);
- the IP is the voice of wisdom, the part inside all of us that maintains awareness of our inner state and outer conditions;
- and the practitioner releases assumptions and melds with the client through touch and other senses to listen to, follow, and support the client IP’s guidance (John E. Upledger 2009).

In this regard, the client-practitioner relationship requires neutrality on the part of the practitioner because the process is conducted by the client’s IP, not the practitioner’s agenda.

The therapeutic process

The therapeutic process is framed within an overall intent to facilitate a client's natural self-corrective process based on fundamental UCST beliefs, such as those discussed above, and the application of CranioSacral Therapy (CST) techniques. Techniques fall into three categories: those used only for assessment, those with a defined objective (core intent) focusing primarily on reducing disruptive structural or energetic patterns, and those with the primary purpose of supporting a less structured, aka open-ended, process.

Assessment techniques include the craniosacral rhythm listening stations, arcing, and fascial glide. Techniques with defined goals are the Ten Step Protocol, Still-Point Induction, specific techniques to reduce sphenobasilar lesions, the intra-oral CST protocol, regional tissue release, techniques to address facilitated segments, balancing chakras and meridians, re-aligning vectors, the direction of energy technique, and releasing energy cysts. Techniques with an open-ended goal are SomatoEmotional Release (SER) and therapeutic imagery and dialogue.

An overlap of technique categories is often the case. For instance, techniques with a defined objective begin with an assessment phase that leads into an active phase of facilitating self-correction, and at any point in the work, SER may arise.

Among all the techniques is a requirement for a neutral approach to the therapeutic process, which is a combination of listening to, feeling, and supporting the client's distinctive bodily tissue patterns and responses without preconceived ideas for how or when the tissue will respond; an open-ended attentiveness to the person as a whole without bias or judgement; and moment-to-moment guidance by the client's inner knowing, aka IP, with acceptance of the client's individual process and outcome.

The importance of the practitioner embodying neutrality

Neutrality is a quiet, still, aware, centered, compassionate, and receptive practitioner state. It is also an active state through which the practitioner relates to a client and aligns with, is led by, and follows the client's unique inner guidance. The client-practitioner relationship is referred to in UCST as melding with a client.

Melding begins with the neutrality of acceptance without judgment of all aspects of the client as a totality, which includes accepting and caring for their desires for a specific outcome. Neutrality allows the practitioner to view the client's goals as an aspect of their entire being rather than using client goals to devise a preconceived template for how to achieve those goals. For example, Mary Ellen Clark was a platform diving specialist who won bronze medals on platform at the 1992 and 1996 Olympics. While training for the 1996 Olympics, she developed vertigo that drastically disrupted her training. She tried many different therapies, but none helped until Dr. Upledger treated her. In the article, "An Olympic Comeback" (Lyttle 1996), Dr. Upledger shared that Ms. Clark's symptom was vertigo, but her problem stemmed from an old knee, and ankle injury that caused tension and restriction through the pelvis and up the spine then was transmitted to her brain. By mobilizing the knee and ankle, Mary Ellen's balance was restored, and she resumed a full training schedule to go on to win a bronze medal in 1996.

In Mary Ellen's case, the cause of her vertigo came from her knee and ankle, and the effect was on her brain, which was expressed as vertigo. How many people with vertigo, or any other problem, have exactly the same nuanced patterns and history of cause and effect? I'd venture to guess none. Neutrality releases the practitioner from assumptions and preplanned approaches, so as to be able to see, feel, accept, and support the client as a unique individual.

The opposite of neutrality is an approach in which a practitioner assumes to know the probable cause of a particular problem (symptom/pathology) and uses preconceived ideas or agendas to address the cause. What if Dr. Upledger followed such an approach and focused on Ms. Clark's brain and her vestibular (balance) system instead of a neutral whole-person approach? The actual cause may never have been found.

Causes contributing to a client's symptoms are multilayered, interlinked, and involve the whole person. Due to this complexity, it is essential that the practitioner embodies neutrality and embraces the client as an individual, unlike anyone else who has their particular path of self-correction. The path is the client's and is not designed by nor led by the practitioner. The practitioner's role is to facilitate the client's process and accept that whatever the path may be, it is guided by the client's unique nature, even if their journey seems mysterious, circuitous, confusing, resistant, erratic, or has paused.

Summary

Neutrality frames the client-practitioner context in deep, open-hearted respect for the unique nature of each person. It cultivates an active relationship where the client's natural processes and inner wisdom guide the therapeutic process. Some of the qualities of neutrality are respecting, accepting, trusting, being open to, and following the moment-to-moment guidance of the IP and client process, whatever it may be; seeing the client as a totality that includes all aspects of the person; adopting a practitioner state that is balanced physically, emotionally, and energetically, and one that is non-judgmental, without bias or preconceived agendas; and facilitating the client process while accepting the outcome as a step in the client's unique path of self-improvement.

References:

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