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Cranial Wave

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Biodynamic Craniosacral Therapy Association of North America

Special Set of Articles on Somatic Trauma Resolution

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News Affecting Members: Policies, Benefits

The board has developed some new policies that affect members. For information about the direction the organization is headed, and for the minutes of our annual member meeting and our board-teacher meeting, please turn to the articles beginning on page 56 .

Members Who Live Outside the U.S.

In order to streamline our costs, we have consolidated our banking in an US account. Now that we are online, for equity and ease of handling, we need to request that all payments be made in U.S. dollars, whether credit card or check. We hope that this will not be inconvenient for you, and we thank you for supporting our efforts.

New Sabbatical Policy

If you are needing or planning a sabbatical, our new policy in support of you is:

RCST on sabbatical—pays the yearly Associate renewal fee of \$50 and is listed as “on sabbatical” on the website.

Teacher on sabbatical and plans to continue practicing—pays the yearly RCST renewal fee of \$120 and is listed as “on sabbatical” in the teacher listings on the website.

Teacher on sabbatical from teaching and practicing—pays the yearly Associate renewal fee of \$50 and is listed as “on sabbatical” on the website.

Corporate/Business Membership

Do you know a client, family member of a client, etc. who is a business owner and would love to support our work and association? We have a category of membership for them! For \$250 they can support our work and also have their business listed on our website on the Corporate/Business Member page.

Teachers on the Board

In 2012, the board passed a bylaw stipulating that teachers can be voting board members and that all board members must comply with a clear conflict-of-interest policy. See page 56 for details.

Member Handbook

Our Member Handbook will now be online. This will save the costs of mailing and making the Handbook and will provide you with consistently up-to-date information. For those desiring a hard copy, we will ask a fee consistent with preparing and mailing it.

E-Newsletter

The e-newsletter keeps you informed about cranial and association news. *Watch for our monthly editions, as they often contain important updates and information.* See page 42 for more information.

Your Membership Dollar

Interested in knowing where your \$120 yearly membership fee goes? Here is a breakdown for the last three years. Numbers are approximate. For the 2011 and 2012 financial statement, please turn to page 66.

Expense Category	\$/Member 2010	\$/Member 2011	\$/Member 2012
Board and Teacher Meetings			
Office and Administrative Services			
Cranial Wave and E-Newsletter			
Website and Telecommunications			
Conference (biennial)			
Handbook (one-time expense)			
Professional fees (tax, legal, etc)			
TOTAL			

And the Grass Grows Between Us

An Exercise in Dynamic Stillness

This is a poem that came into my mind during a dynamic stillness exercise at the advanced training with Franklyn Sills in Washington, DC, August 2011.

With me standing beside you

You on the table

The grass begins to grow between us,

Little blades of green, root systems spreading.

Beneath the grass there is the earth

And insects, chewing, squirming.

The grass grows and I put my hand on your sacrum

Your midline going up like a sapling.

And there we are, two saplings standing beside each other

The grass growing, roots connecting in the earth.

Sun shines in from the horizon, the mountains touch our hearts

And for a moment there is an ocean of light on the horizon.

Night falls.

The grass still grows.

And then all is still, even the insects.

The night pulses.

The stillness is alive.

And still, the grass grows.

The earth connects these things together, the growing, the connection

Of roots, saplings, day into night.

As dawn begins, there is a glow

I see a bird on the wing.

What have we learned this night?

That the grass grows between us in this place,

Connected yet separated, supported and a part of a whole.

Kate White

STILLNESS

A star shoots across the sky, leaving her mark
on the incandescence of my pupil.

Fireflies dance in the trees, mirroring
the perpetuity of light and dark flickering
within my soul.

Crickets, unseen in the dark, demand
attention with their constant and unfettered
conversation like the corridors of my mind.

Trees, intermixed with the wild and uncut grass,
create a circular refuge, reminding me that ancient
wisdom lies in the serenity of roots reaching downward.

A slight breeze brushes against my cheek, felt only in the silence—
a traveling gypsy for over twenty years, I ran from my inner
stillness afraid of what I might find.

Tonight, I hear *quiet* lapping against the seams of
my body and breathe to myself, "This is not so bad."
Surrendering to what is, I close my eyes
and welcome myself in even further.

Amiel C. Landor ©2011



Introduction to This Special Set of Articles on Somatic Trauma Resolution

This issue of the Cranial Wave continues our exploration of the fruitful intersection of Biodynamic Craniosacral Therapy and other modalities. In addition to the article on BCST and tai chi by practitioner Susan Bloye exploring how biodynamic understandings and principles can deepen and inform the practice and teaching of tai chi, this edition of the Cranial Wave brings you a detailed and intriguing set of articles on Somatic Trauma Resolution (STR), a modality developed by longtime energy practitioner and teacher Sharon Porter, RCST®. Based on Somatic Experiencing®, STR has the inherent treatment plan and the long tide as its underpinnings. It uses both Biodynamic Craniosacral and Polarity Therapy principles and energetic phenomena to understand our energetic system and increase its healing capacity. STR is an effective and amazing therapy. It provides a way for clients to begin to take control of their own process rather than solely relying on a practitioner. I learned some of the tracking skills associated with it while taking the Foundation training, and so, for me, these tracking skills are part and parcel of biodynamic work. They provide my clients with a way in to understanding their own processes rather than just “receiving” a session. By noticing arising activations in the office, and tracking them, they learn skills that they can then apply in their daily lives. This allows them to manage arising activation more and more skillfully and to catch arising activations sooner and sooner.

STR is about much more than tracking sensation in the body. Building resources, so that the system is strong enough to gently discharge the trauma, and building boundaries so that it is safe for a person to be in their body and to have their feelings, are important first steps in STR work.

As Sharon will discuss, traditional biodynamic work does not always provide an effective means of dealing with trauma. The approach of “going under it” can sometimes lead to greater traumatization because it may suppress what the Intelligence of the inherent treatment plan is bringing up. STR provides a way to allow frozen and suppressed material to surface and be discharged within a biodynamic context. Once that frozen material is acknowledged and the nervous system defensive responses are allowed to complete, the system automatically drops into deep stillness on its own.

These articles grew out of an interview Sandy Smith did with Sharon Porter after Sandy became fascinated with the work during Sharon’s presentation at the 2010 Breath of Life Conference. STR is complex and, of course, non-linear, so presenting its essence via the writ-



ten form is a challenge, one that Sharon has risen to, working closely with Sandy and then myself to present to the members of our community a valuable series of articles that illustrate aspects of the work and that may instigate many practitioners to add STR skills to their toolkit. In this series of articles and interviews, the intention is to elucidate the tracking, resources, and boundaries aspects of Somatic Trauma Resolution.

We begin with Sandy’s fascinating account of her first session with Sharon, at the 2010 conference. She weaves practitioner detail and client experience together seamlessly and beautifully, providing an incredibly informative introduction to the work that is STR. Following that is a document Sharon gave to 2010 conference attendees, which provides a further description of certain foundational aspects of the work. Reading these two pieces first will give you a roadmap for the detailed interview that follows them. In this interview, Sharon touches on myriad aspects of the work, providing much detail and food for thought for biodynamic practitioners, so much so that it is almost a mini-course on some of the fundamental aspects of the work—though of course nothing ever replaces experiential learning. Finally, we end this series with the self-tracking hand-out Sharon gives to clients, which provides a useful summary of much that was discussed in the interview and articles. Sharon provides even more information on her website, HealthWaveInstitute.com, including an article entitled “The Energetics of Somatic Trauma Resolution” (found under the Free Articles tab).

I hope you will enjoy reading these articles as much as I enjoyed editing them.

*Linda Kurtz, RCST®
Editor*

Sensations in the Body: A Somatic Trauma Resolution Session with Sharon Porter

Sandy Smith

Sandy Smith is from the Slocan Valley in British Columbia who, with her partner, Mait, runs a small cafe in Silvertown, BC, where her community comes to eat and connect. She currently works with clients on a part-time basis. Sandy has a rare ability to notice and recall her own deep experience while reporting on what the practitioner is doing. She completed her BCST Foundation Training in 2010 and has become a Somatic Trauma Resolution practitioner.



After witnessing Sharon Porter's seminar on lifting trauma off the body at the 2010 BCTA conference, I knew I must see her for a session. I was amazed by how much energetic movement I felt just by watching her demonstration. I knew I was holding a lot of shock and trauma in my body and that it was continuing to wear me down and hold me back. I was very hopeful that the therapy Sharon calls Somatic Trauma Resolution (STR) would be just what I needed.

I approached Sharon to book a session. She had one opening available after lunch on the last day of the conference. I left the dining hall early to prepare for the session. I concentrated on settling my nervous system and centering in my midline. I wanted to be as open as I possibly could. I knew I had been carrying around this trauma for a long time, and I wanted to have the best opportunity to lift it.

Sharon asked me what I would like to work on. I told her I wanted to lift some trauma from my body as was demonstrated in the seminar. She had thought I was looking for a session that was strictly BCST and was somewhat taken aback. She asked me a few questions about boundaries and what it was that I wanted to lift. I told her it had to do with trauma I had experienced as a child. I left it vague, as I really didn't want to get too involved with the story line. She began to work with me in a sitting position. We faced each other and she had me feel into my body and report the sensations I noticed. I had become quite adept at sensing my own energy and fluid tides during my BCST course and found it easy to transfer this to an awareness of physical sensations in my body. As it turned out, I would be coming back to the felt sense of my body time and time again during the session.

As soon as I began to focus on my physical sensations, I felt nauseous. Sharon instructed me to ask this feeling where it wanted to go. I immediately felt a surge of energy go down my left leg and out my heel. "Oh," she said, "you could feel that, could you?" It was then

that I realized that she could read my energetic body. At the same time, I knew that it was *my* process and that it was only through my own awareness and acknowledgment of my sensations that the energy would be released. Sharon would sometimes give hints about what she noticed, but mostly she remained present, holding space, tracking tides and energy, and witnessing my process. I found this to be very comforting, as I realized that this was her way of keeping any hint of her own agenda and ego out of the session.

The nausea arose again as we were discussing boundaries. She asked me once again where that energy wanted to go. It came up my throat and out my nose, particularly my right nostril. She laughed and said she will never cease to be amazed by the Breath of Life, as she had never before witnessed this response. As I tracked this feeling of energy rushing out my nose, the nausea subsided.

As part of a boundary exercise, Sharon instructed me to choose between the statements "That's my limit!" and "No!" to indicate when I did not want to go any further. "That's my limit!" felt most comfortable. The word *no* has extreme negative connotations and associations for me, so I thought for the sake of clarity I would steer clear of it. Sharon then asked me to tune in to my body to discover what, if any, sensations were tied to the phrase.

"What would it feel like to simply *imagine* saying those words?" she asked. Just imagining the phrase caused energy to begin releasing from my body. Once we worked through all of the sensations and discharging energy, she instructed me to imagine bringing my hands up in front of me in a "stop" gesture while saying, "That's my limit!" She then had me engage my muscles—not make the action, but just engage the muscles as if I were about to throw out my hands in the "stop" gesture and say, "That's my limit!" More energy released down my legs and off my arms; it felt like cool air running just beneath the surface of my skin. My fingertips became bright red and hot. As we moved through the material, the redness began to subside.

These exercises took place in a seated position. Once we drained the charged energy from the imaginal and preparatory stages of using the boundary phrase "That's my limit," I stood up and faced Sharon and we proceeded to the "do" portion of the exercise. She explained that I was to raise my strongest hand and that I was to check in with my sensations first to see which hand was in fact the strongest, that I might be surprised by the answer. I did check in, and the left hand was tell-

ing me it was the strongest. I found this unusual, as my right is my dominant side. It was interesting to think one thing and then check in and find another answer.

Sharon had me take a semi-lunge stance in preparation for pushing her back with my left hand with all my might, both energetic and physical. We each established our readiness. I felt the contact of her hand on my mine and followed the feeling of that contact all the way up my arm, into my shoulders, and down my torso and legs into the ground. This was the step of engaging before doing. I pushed her with all my energetic and physical might, and she moved rapidly backward, meeting my resistance the entire time until she could no longer feel the push of my energy. I probably pushed her 20 feet. We repeated this exercise a few times to drain all of the bound energy held in my left arm from times when I was overpowered by another and unable to state my limits.

Once we finished with the left arm, we moved on to apply the same exercise to my right arm. Going slowly by using one side and then the other enabled my nervous system to remain resilient and thus open to further energetic discharge. I still pushed her quite far with my right, but I was amazed by the difference in the quality of the push. With the left, it all worked smoothly and together, coming through my body from the ground and my legs. With the right it felt as though the physical and energetic bodies were not working in sync. Sharon asked me to track how this felt and to know and acknowledge how it felt in my body: "Let your body know you got that," was the phrase Sharon used, and would use frequently throughout our session. The phrase seemed to get deep into my cells, and I began to feel energy lifting from deeper and deeper levels with each boundary and tracking exercise.

Sharon asked me if I would like to try pushing with both hands. I wanted to, and when we did this it was much smoother, but also it did not have much more power than when I used only my left hand. After tracking the energy through to its release, we did the exercise once more with both hands. This time my ability to push was much stronger and much more coherent.

Sharon then instructed me to use the phrase, "That's my limit!" with the push. Boy! That was powerful! The first time I did it, I could hardly get any energy behind the words. It came out so small and quiet I could hardly hear it. I tracked my sensations and felt very contracted, scared, and insecure. I acknowledged this to my body, and with that I felt great emanations of energy from my body and watched as Sharon's arms whirled around in a windmill fashion away from my body. She was following the force of the energetic release with her hands and arms. We went through this process a couple more times until all of the energy had drained away and I could firmly and with strength push her away and tell her, "That's my limit!" I was amazed at how much energy could be lifted by simply giving myself the permission to say this phrase. The ability to say, "That's my limit"

is amazing, powerful, and transformational.

At this point and throughout the session, Sharon was there to help lift this shock energy off my body. Sharon's hands are informed by her client's energetic movement and as they enter the client's field they are physically moved by the energy. Sometimes she would make great scooping motions, other times her arms would act as windmills, rapidly moving as if a vortex were pushing her arms and hands. At other times she would sweep the energy away with smooth, sweeping motions or make figure eights with her hands.

Once past the boundary exercises, I mentioned to Sharon that I had been feeling energetically stagnant in the right side of the body for the past year-and-a-half. During several previous BCST treatments I had noticed the right side to be even and relatively clear while the left side had felt swollen and sluggish, like a fully inflamed arthritic joint. It was a piece that would just not shift.

We proceeded to the table, the boundary work complete. I felt resourced and very present. Sharon began with cranial work, starting with a vault hold. I immediately began to feel the bones in my face moving, particularly the right maxilla and the ethmoid, vomer, and frontal bones. My front teeth and upper palate also began to shift and move. Simultaneously, my pelvis began to shift in a number of ways. The soft tissue was bubbling, shifting, and gurgling, especially in the vicinity of my bikini-line scar, a remnant of two surgeries. The energy and movement lifted upwards, and my scar was prickly and hot for a short time while the discharge of trauma-bound energy completed.

Sharon remained with this hold for some time and then said I had quite a lot of potency built up and asked if I would like to proceed with some of the trauma work that she had been demonstrating in the seminar. I said yes, and she asked me for a situation I wanted to work on. I briefly told her of a severe trauma that occurred when I was two years old. I recalled the memory and we worked specifically with the piece where I had had a near-death experience from drowning. She had me recall that piece in detail and then imagine how I would have

Sharon continually had me track the sensations, speak the sensations, and then really acknowledge to my body how the shock trauma was lifting.

liked it to go. I imagined a situation with an entirely different, non-traumatic outcome.

Sharon instructed me to go ahead and imagine that scenario as if it actually had happened. This sent cascades of energy streaming off my body. It was racing down my legs, off my chest, off my back, and especially off my shoulders, the back of my neck, and my triceps. Heat also began to build in my shoulders and triceps. Sharon continually had me track the sensations, speak

the sensations, and then really acknowledge to my body how the shock trauma was lifting. It moved off very rapidly and with ease. This was my indicator that my intuition was right on in pursuing this session. My body was really ready to let this stuff go! This gave me the courage and the openness to move forward. I continued to track sensation for quite some time. Sharon continually tracked my tides and at times went back to working only with my tides. She wove BCST and STR together really

I would be coming back to the felt sense of my body time and time again during the session.

well. She kept track of my ability to manage my activation level by tracking my potency.

The process throughout the session—tracking sensations, acknowledgment of the felt sense of the sensations, energetic release, settling—was always the same. Astounding amounts of shock energy released from my body in all different directions and ways. At one point I had great surges of shock energy discharging off my chest and lungs. Out of the blue, Sharon asked me, “Who was the smoker in your family?” I told her my dad and mom smoked and that I had smoked for 15 years. Sharon said she could smell the smoke very distinctly. [Editor’s note: See *Summer 2008 Cranial Wave*, p 3 for Sharon’s Porter’s article “Only the Nose Knows: Smells and Substances Eliminated During Healing.”] I told her about riding in my parents’ car and feeling suffocated as the smoke from my dad’s pipe or cigar would waft into the backseat and choke me and take my breath away. She asked me to imagine a different scenario. At first my mind froze. I couldn’t think of even one way to tell my dad how harmful his actions were. I told Sharon this with a bit of embarrassment. She said this was normal and helped me figure out what I might do by asking me questions. She was very adept at not telling me what to say. I imagined a situation where I was able to inform my dad of what he was doing in such a way that he refrained from smoking in the car because he really heard that his actions were causing me a great deal of discomfort. Once I did this, Sharon said, lots of smoke came pouring out of my lungs, pushed by the potency. Not only was energy releasing from my lungs, but my hips were prickly and tingly with the release of energy. My right side was releasing 90 percent of all the energy, and I felt an incredible joy move through my body as I realized I might have found the healing I needed to finally bring my two sides into balance.

A very curious and strange thing then began to happen. Between my right shoulder blade and ribcage, around the fifth or sixth thoracic vertebra, I felt a curled index finger tap, tap, tapping, along with a male voice saying, “Let me in!” over and over again. I tried to ignore it. I told it to get out of my energetic space and body. I did

everything I could think of to get it to go away without having to tell Sharon that this was happening. However, it was very demanding and persistent, so I had to tell Sharon about it even though I was afraid she would think I was crazy. She held no judgment. We played with it some. I would zoom in with my focus, then back away when the sensations became too intense. As we focused on the site from a manageable perceptual distance, Sharon began to ask me questions about this area. Was there a shape to it? A color? A texture? Focusing in this way made the area burn intensely. It felt like someone was holding a lit match to the spot. This went on for quite a while. A lot of energy lifted off, but the intense burning persisted.

We moved on to other areas and sensations in my body. The area continued to burn even as I was releasing energy from other areas of my body. I mentioned this to Sharon, and she had me move my attention back to the burning sensation. She instructed me to move my attention to the outer edges of the heat, where the burning was less intense. As I did this, great wafts of shock energy began to lift from that spot and from my chest. I experienced heat, trembling, and cold as I probed the edges of the burning sensation. Even though a great deal of energy was released, the burning sensation persisted for about a day-and-a-half after the session, although its intensity greatly diminished. At the end of my session, Sharon had given me a set of instructions on how to continue to track my sensations. I used the instructions over that day-and-a-half and noticed that energy kept releasing and that eventually the burning went away. It was incredible how much energy had been held in this one small location. I remembered that this very location had caused me a great deal of pain in the past. Twice I had been taken to my knees by a severe muscle spasm in that area and just recently, during a strenuous emergency medical responder’s course that I was taking, the fifth and sixth rib heads had popped out. *Coincidence?* I wondered. Not likely. It was probably an instance of what in trauma work is called *overcoupling*.

After the release of energy from my chest described above, Sharon went back to tracking my mid-tide. She could only track it to my chest. We did more tracking of sensation, and at one point I began to notice the taste of the powder from the steroidal inhaler I use to relieve my asthma symptoms. The potency was pushing the meds out of my body. I felt grateful about this. Once this happened, I felt a great shift, and movement in my sternum. It felt like my sternum was being released from a depressed position I had not been consciously aware it was in. Sharon felt the breath of life enter, and the ensuing mobility and motility.

Drawing from a visceral motility training with Franklyn Sills, Sharon began to use a vibratory approach that pulled fluids into the top lobe of my right lung. I had sensed my lung as brittle. With the slightest bit of vibratory pressure, the brittleness shattered and the

lobe became much softer. It was like an outer coating or layer that had a glass-like hardness burst apart in thousands of pieces, disappeared, and was replaced by fluid, tender, pink flesh. Sharon affirmed my felt sense when she informed me that my lung tissue had become more motile. All these sensations and changes happened within seconds of each other.

She moved to the top lobe of the left lung with the same approach. The left lobe was not nearly so willing to let go. It had a much different quality to it as well. It felt very goopy, thick, and sticky. Sharon had me move my attention between the newly healed lobe and the goopy lobe. Eventually, as I continued to alternate my attention between the lungs and as Sharon continued the vibration, the goopy fluids became more liquid, began to drip, and then finally moved out. Sharon reported a return of mobility and motility to the left upper lobe.

Sharon then went to my ankles and held them firmly on what I know from my reflexology training as pelvic reflex points. She said this was a Polarity Therapy balancing point that allows excess energy to drain from the body. It worked. Streams of energy began running down my legs. The pent-up energy that was still in my system from our work was leaving, and I felt both my energetic body and my physical body come into greater balance. She then worked with my toes. First she manipulated each toe, causing it to pop and release the old, stagnant energy. She then put her fingers between all my toes and began rocking my whole body quite vigorously. As she did this, I felt even more energy lifting off my chest and lungs, as well as energy releasing from my right iliac crest. I also began to feel energy bubbling up in waves from my scar. The sensation was much more intense than before but did not last long.

At two years of age and at seven years of age, I experienced severe bouts of juvenile rheumatoid arthritis (JRA) in my right knee joint. In both cases, my right leg was put in a cast in an effort to immobilize the joint and reduce the swelling. These experiences had a significant effect on the development of my right tibia and fibula, leaving me bowlegged. Sharon asked me if I would like to reimagine these two scenarios. I knew how beneficial this reimagination technique was from my experiences earlier in the session, and I began to imagine new scenarios. I imagined that I had never had JRA nor casts on my leg.

With this reimagining, my tibia began to burn and let go of extreme amounts of heat and energy. I imagined with all my might what it would have been like to be a child who had not been faced with these restrictions. I imagined being able to run and jump and play just like all the other kids. It was quite liberating, both energetically and in my mind, and a new sensation of peacefulness began to settle in.

We went back to working with my sternum. As more motility came in and I felt a settling, I saw a large, blunt object come straight at my chest, hit me in the solar

plexus, and snap my xyphoid process. It came up so fast and unexpectedly that I gasped. Sharon asked about it, so I told her what I had seen. She put her arm out perpendicular to my chest and said, “What is it you want to say?” I immediately and forcefully pushed her arm away and said, “That’s my limit!” Then the most bizarre thing happened. The xyphoid—energetic xyphoid, that is—snapped back into place!

I am sure I am forgetting some of the details of the session, but this covers most of what happened in the course of these two hours. At the end of the session, I felt so very aware and present in my body. There were no feelings of being blown apart, there were no feelings of confusion, no feelings of being shaken to my core, scared and unsure of all that I had previously known until that moment. Overwhelm was not a part of this process. After this session and the energetic releases that were part of it, I felt fully in my body, grateful for Sharon and her work, and grateful to myself for my courage to give this a try. I felt tremendous strength, peace, and ease enter my body, as though it were being downloaded from another source.

The session did not end there. In fact, one week later I could still feel my facial bones moving, and for three weeks I felt energy releasing at different times during the day. The first day following the session I felt vulnerable and fragile. I noticed I did need some extra time and space to integrate all that had happened and to come

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more fully into my body. Sharon had said this might be my experience, and luckily my travel companions and I had planned to make our way back home slowly, spending a couple of days by the ocean.

The feeling of presence, awareness, and general ease with my person continued to increase. In addition to this, my feelings of chronic anxiety continued to fade away. For five days following the session, I did not need to use my inhaler, and even now I do not need to use it as much, even in the presence of allergens. I noticed that I also had an increase in lung capacity. I was able to get the air right to the top of my lungs, where I had not been able to in the past.

I am impressed and inspired to learn this work, tell others about it, and to help others lift their own trauma-bound energy from the body. After the session, I felt so grateful and could not stop smiling and saying “thank you” to Sharon. When I got home, my husband asked me several times, with a great and beautiful smile, what had gotten into me. I responded by saying, “Me!” I had gotten into me, fully, for the first time in 44 years. I feel so tremendously blessed. ♦

When Your Client Gets Antsy: Releasing Frozen Defensive Responses in the Midst of a Cranial Session

Sharon Porter, RCST®

Sharon Porter, developer of Somatic Trauma Resolution (STR), is an innovative integrator of effective therapeutic modalities. Her certifications and training include Somatic Experiencing Practitioner, Registered Polarity Practitioner and Educator, and Trauma Releasing Exercises Instructor. Through four decades of clinical practice and training practitioners, she continues to get excited about the possibilities of consciousness and healing and is considered something of a pioneer in the field of energy medicine. She is based in Los Angeles.



The following is an edited version of the handout for Sharon Porter's presentation at the 2010 BCTA Conference. It gives a very brief overview of a small segment of the work than can be done with Somatic Trauma Release (STR), the work that Sharon has developed for trauma release and resolution. We have presented it here so that readers can gain an outline of STR before reading the extensive and detailed interview with Sharon that follows. The interview fleshes out many of the techniques and concepts that are touched on here. Sharon notes that using STR during a cranial session can help force vectors discharge, build potency, and control activation levels to bring the system into the zone where shock discharges most completely. Importantly, it is also a way to work with content while doing cranial work yet still stay with the inherent treatment plan.

The practice protocols outlined in this handout were demonstrated during the conference presentation.

Having practiced Polarity Therapy since 1973, cranial therapies since the late '80s, and Somatic Experiencing® (SE) since the early '90s, I blend them in clinical practice, as I'm sure that many of you do with the modalities you have learned and love. I increasingly see Biodynamic Craniosacral Therapy as part of the sattvic (stillness) approach in Polarity Therapy. Sattva is one of the three gunas in Polarity Therapy and ayurveda, the other two being rajas (active movement/pressure) and tamas (using pressure to invoke a reaction to break up a blockage). Below is one example of the ways movement—an important and necessary part of life—organically creeps into stillness, and vice versa.

Sometimes during biodynamic work, the inherent treatment plan brings up responses that can make the

client uncomfortable, irritated, or impatient. *Antsy* is the word I use to refer to these and other signs of tension that might arise during a session. Because most of our clients are used to just lying there quietly when a disturbance is arising, they will try to be “good” and lie still. You, as the practitioner, may notice some muscle tension or restrained attempts by the client to stretch their spine or limbs. They may show suppressed tension in their face. If this discomfort goes on without relief, the client may eventually twitch and move or bend the legs or other parts of the body. These movements and expressions are different than the expansive stretches and sighs as the system settles into deeper layers of stillness. Some clients might actually get angry and want to jump off the table, might criticize the treatment, or might simply not come back. Lack of genuine contact and presence on the part of the practitioner can also cause these responses, though I will not be covering that in this seminar except to remind you to check in with your client, listen, and keep your eyes open so that you know what is happening with them. When you slip away, they can, too.

The antsy state I'm referring to arises when the inherent treatment plan, driven by the potency in the slower tides, hits a layer where frozen defensive responses from past overwhelm are suddenly pushed to the surface to be resolved. I have seen two practitioner responses to this phenomenon: (1) respectfully work with it as it comes up or (2) ignore it and drop under it with the hope or expectation that the potency will find a way to quietly resolve whatever is trying to come up. This latter response is the one generally taught in Biodynamic Craniosacral courses. I know that it can bring profound transformation. I have also personally experienced—and seen in clients—times when it appears to work but in fact creates further problems. Maybe you have noticed this too.

When an appropriate defensive response is not possible during a trauma, the body goes into one of three states: a hypotonic/collapsed state, a hypertonic/tense state, or a combination of both. If the inherent treatment plan brings the trauma back up to the surface of consciousness as a desire to complete the truncated expression and it is instead pushed back under, the client can go into an even more exaggerated hypo state—“I give up. What's the use!”—along with an underlayer of rage that can express explosively in self-sabotaging or outwardly aggressive ways. Tension may be more obvious

in an outwardly angry client. In the combination state, some muscles may be tense and others may be flaccid. When the well-meaning biodynamic practitioner tries to get under antsy states of tension, the client may regress into early states, developing internal pressure that ruptures tissue or causes the impulse to bury itself even deeper into the system. Both these responses may cause new anguish for the client, who, usually, doesn't understand what is happening.

WORKING WITH IT

Working directly with the antsy behavior brings relief for the grateful client, who is amazed to find long-held tension and behaviors simply disappearing. As a Somatic Experiencing® Practitioner, I often choose to do some boundary work (in and out of the client's historical context [see Interview, page]) in a seated and standing position before taking the client to the table. Boundaries make it safe to be in one's body and to let the practitioner know when something further is coming up. But even careful SE work does not prevent some of the surprises that can show up at the bodywork table. For instance, as I worked with one client, his nose became bright red. As I gently questioned him, it became clear that his inherent treatment plan had brought up a 20-year-old accident. While driving in an inebriated state (red nose), he had crashed his vehicle into a telephone pole when he stepped on the gas pedal instead of the brake to avoid a collision. We slowed the accident down. He was able to imagine himself sober and was able to get his foot into the right position to slow the car down and bring it to a safe stop. His whole life changed during that session; his mind cleared of its 20-year fog. He never needed another treatment. Many fascinating and even wild things come up for resolution in sessions where one is open to assisting the frozen, truncated responses to thaw out so they can be completed. This completion allows reorganization in the nervous system as well as in other parts of the physiology.

THE TIDES IN TRAUMA WORK

Some of my colleagues have surprised me by assuming that whenever I am doing my style of trauma work, I must be working primarily with the cranial rhythmic impulse (CRI) because they see some quick energetics and some strong client movements or sounds. Most of the trauma I work with presents in either the long tide or the mid-tide. Brief excursions into the CRI are followed by drops into slower tides and periods of stillness. I often tell the client, "The stillness you are experiencing right now is of great benefit. It is the ground from which all potency arises." This helps the client stay with the stillness as a productive state, not a waste of time that they should pull themselves away from.

The focus in today's seminar will be the limbs, since these are what we would have used to defend ourselves

if we had been able. I'll set up some common scenarios and act them out for you. I will show you how to offer enough resistance to allow the muscles to feel triumphant but not so much resistance that they are discouraged because they lack strength. You can then practice these skills in the afternoon practice session so that you are ready for their emergence when they naturally show up in your treatment room.

THE GENERAL PLAN FOR WORKING WITH A FROZEN DEFENSIVE RESPONSE THAT IS EMERGING IN RESPONSE TO THE BREATH OF LIFE

The general plan for working with an emerging defensive response is to find out where the client feels the disturbance in the body and what sensations let the client know that something wants to move. Ask the client, "And if it could move, what would it want to do?" If a limb is tight in some way, express interest in that tightness and say to the client, "Let the muscle show you what it wants to do." In this way you tease out the response. Muscles tighten to do something, whether to brace, pull back, reach, attack, etc. If the client still can't identify the muscle's intention, have them slightly exaggerate the tension in the muscle. This usually clarifies the intention. I may also put the tension of the muscle into my own body enough to get its intention. Are the shoulders lifting to keep the head from falling off? Does the foot want to kick when the front of the knee is tightening up? What does that fist want to do? The palm? Sometimes the legs are frozen straight with no impulse for movement at all. Ask, "What is your history with your legs?" Pause. If it seems appropriate, you might ask, "Were they ever put in braces?" Pause. If yes, you then might ask, "What would your legs like to do now?"

When the client discovers the intention of the muscle, it is important that they make the connection between mind and body. I have found the following statement to be very powerful for making this connection and opening new neural pathways: "Let your body know you got that, that your [leg, arm, etc.] wants to [kick, stomp, crawl, etc.]."

Strengthen your voice as needed so the client can stay connected with their sensations instead of being pulled down into a hypo state because they are not being met.

POSITIONING

If the client has already slipped into a hypo state and is having difficulty responding, you may need to sit or stand her up. It's good if the feet are on the floor. You can tell her to open her eyes and look at you. But if you've caught the activation soon enough, your client may follow the impulse better by remaining supine and enjoying, for instance a push against your hand in whatever way the body part wants to push. The push enables the limb to complete its impulse and is often followed by the body sinking into a state of deep relaxation, with slower tides and neural reorganization. Story may or

may not be needed. Taking the client to standing for a completion is rarely necessary when standing-push boundary work is done before the cranial treatment on the table, but be alert and open to the need [see “Interview with Sharon Porter,” page 24 of this issue] .

BIRTH

Sometimes a moment of the client’s birth arises where their head was stuck against a bone and compression is being felt. With the client in either supine or seated position, I’ll ask if they would like to bring their hand up to their head, with my hand behind theirs, and push against my hands to create some space that was not available in the womb. This lowers the activation enough that the cranium will actually begin to soften or become more spacious.

This exercise can also be used when the cord was caught around the neck during birth. The client imagines gently releasing the cord from around the neck. I find that it is often not necessary to get into a whole birth process if there is just a simple glitch that needs to be worked through. If the system settles afterward, you know that’s all that’s needed for now. Those with more sophisticated birth skills can go further, but in my view it is better to do the piece that is up than to suppress the whole impulse, which can implode the power that is trying to emerge.

If drugs or other causes left the legs unable to push during the birth, that pushing impulse may arise. It feels great as the client to be able to push your feet against a resistance, perhaps even to feel your strength being used to push you up the table a little, imitating the process that was unable to fully complete during birth.

TITRATION: IMAGINE, PREPARE, DO

Titration the integration of truncated responses using the stages of imagine, prepare, and do is a classic SE way of emptying all the activation out of a frozen defensive response. The idea is that if the response is still frozen, there must have been a really scary reason for not expressing it in the first place, in which case going right to the action may miss part of the charge, causing a frustrating need for repetition or reenactment. Peter Levine says that approximately 80 percent of the activation is in the imaginal and preparatory stages. You titrate the release thusly, saying to your client:

- “Let your body show you what it wants to do. If it wants to scream, get the pitch, the volume, the words (if any).”
- “Imagine doing it—but don’t make any physical movements yet—and as you imagine it, let me know what sensations arise for you.”
- “Prepare to do it by engaging the muscles so that the body part that wishes to express in a certain way is just about to make the movement. As you do this, track sensations.”

- “Make the movement/expression and track sensations.”

There are times when the client jumps right in to make the movement. Let them go ahead, and then have them track the sensations arising from that. After they track the sensations of the movement, have them go back through the imagine and prepare stages to get that 80 percent of the activation.

These are great skills because they usually enable the client to really clean out all of the activation that is mucking up the system over a particular incident or suppression.

PRACTICE PROTOCOL

During this practice protocol, something may arise on its own. If it doesn’t, have the person on the table pretend to have an arising impulse for expression, and then play out the release so you get used to doing this in the midst of a cranial or other bodywork session, even if you don’t know how to do the boundary work I usually do before giving a cranial session. Since this will be a short practice session, you may not be dropping down as deeply as usual.

When the movement or obvious suppression of expression begins, dialogue about it.

- “What’s happening for you just now?”
- “Where is it?”
- “What does it want to do?”
- “Would you like some resistance from my hand?”
- “How is that for you? More pressure? Less?”
- “Does it feel complete or is there another way it wants to move?”
- “And as you say that, what do you notice in your body just now?”

Incorporate the titrated “imagine,” “prepare,” and “do” stages as appropriate.

When the system begins to settle, return to your usual bodywork session. ♦

Write for the Wave!

We are seeking submissions for the next issue of the *Cranial Wave*. I hope that you will contribute to our next issue. Articles, poems, book reviews, questions, and accounts of your experiences are all welcome. So are drawings and photographs. Share your thoughts and questions about BCST with your fellow members.

Please send your contributions to Linda Kurtz, at lindakurtz@netzero.net by January 5, 2014.

Somatic Trauma Resolution: An Interview with Sharon Porter

Sandy Smith

Meeting Sharon Porter for a session after the 2010 BCTA conference changed my life. I attended the conference as a student and was drawn to her presentation material entitled “When the Client Gets Antsy on the Bodywork Table,” which is reprinted beginning on page 8 of this issue. The title and description of her seminar drew me in because I wanted to know how to ease arising activation in my clients. I had several clients who were unable to be with the intensity of their arising sensations during BCST sessions and felt the urge to flee, not settle. No amount of resourcing seemed to help them regulate enough to feel safe.

As I watched Sharon’s demonstration, I felt my whole system respond. My facial bones began to move and my fluid drive increased—simply by watching! I knew I had to understand her work and booked what became a life-changing session. I was so impressed by the amount of material processed and the gentle and complete nature of the release that I wanted to share information about Sharon’s technique, Somatic Trauma Resolution, with other BCST practitioners. Over her many years of working with clients, Sharon has refined Somatic Experiencing into her own form of the work, developing specific techniques for the release of trauma-bound energy that she finds more efficient and effective than some of the practices she learned in SE. Her work, which she calls Somatic Trauma Resolution (STR), combines SE with the energetics, practices, and principles of Polarity Therapy and Biodynamic Craniosacral Therapy, as well somatic adaptations of many other modalities, including Gestalt therapy, Inner Child, and pre- and perinatal therapy.

This interview provides an introduction to the basic concepts of Somatic Trauma Resolution (STR) and describes ways it can help BCST practitioners manage arising activation in their clients during a session. The interview has gone through several iterations and has been extensively fleshed out during the editing process, with the questions of the Cranial Wave editor, Linda Kurtz, RCST® added into the interview. Preceding this interview is a write-up of a session I had with Sharon. Reading it should help elucidate the concepts presented here, as it provides an on-the-ground description of STR from the client’s point of view. Following that write-up is the hand-out Sharon provided at the 2010 BCTA conference, which broadly outlines the concept of “frozen defensive responses” and gives some detail on some of the techniques used in STR. It serves as a good introduction to this interview. Finally, following this interview, is the form Sharon gives her clients on how to track their sensations.

Sharon has given very generously of her time throughout the interview and editing process and has



shared, and even developed, materials to include in this extensive introduction to STR. I hope that this interview and its accompanying materials will provide useful concepts for BCST practitioners and inspire many of you to pursue further study of this amazing work.

How did you come to blend the modalities of Biodynamic Craniosacral Therapy, Polarity Therapy, and Somatic Experiencing?

I always felt with my Polarity Therapy and BCST background there was something I was not getting about the nervous system. I began to explore Somatic Experiencing (SE) because I wanted to be more precise and effective with arising activation. I had gone through several years of horrific body memories of early trauma that seriously disrupted my life and that neither cranial nor Polarity could resolve. Peter Levine discharged most of that activation in one session, to my great relief, so I took a two-day SE intro with him. I saw enough of what he was doing to provoke me to fold up my bodywork table for six weeks and make all my clients track their sensations. The results my clients achieved were good enough to convince me to take Peter’s training. At first I practiced on my own nervous system, with great results. I then began to apply it clinically, as a separate modality. I wanted to see how far I could go with it. That’s when I discovered I could follow the cranial system and other energetics while I was doing the SE work. I now teach the combination of the energetics and SE as Somatic Trauma Resolution (STR). I’ve been refining my teaching of the combined perspectives since the ’90s. I teach a few manipulations and exercises from Polarity Therapy

to my STR students, and I still use lots of Polarity in the later stages of recovery for my clients.

I began to blend the cranial and SE because there were many opportunities that would come up while I was doing craniosacral work where it was so easy to insert a few questions or statements into the session that would allow the session to move along much more easily. For example, when I was practicing BCST, the in-

I don't want to limit myself to only bodywork if very carefully placed language, tone of voice, and so on can make the client's process much easier, safer, and more complete.

herent treatment plan would bring forth old events that would either come to mind in the client as a memory or show as tension or pain in the body. I found that by helping the client notice and track the sensations they were experiencing, there would be discharge from the nervous system and resolution, where this might not have completely resolved by just sitting with it. After some practice, I found that the most predictable, good results came if I did a little STR in the form of resourcing and boundary work with the client *before* they got on the table. This ensured they would be resourced and their nervous system would be more resilient when the inherent treatment plan brought something up. Doing this work made it much more likely that the client would not dissociate on the table and would be empowered to express what they were experiencing. Once some layers of shock are discharged, the system settles deeply on its own, going into expansive long-tide states and stillness. The inherent treatment plan then scans for the next thing to work on, which I recognize by the energetics and the client recognizes from shifts in sensation. I personally prefer this way of working with some activations as opposed to a goal of “getting under it,” which sometimes feels artificial to me and forces the system to be still when it is trying to show what it needs. If the system is showing that trauma needs to be released, and if we allow upper layers of truncated responses that may be arising to release and complete their original intention, the system can then drop down into a more authentic stillness. Meanwhile, the client isn't struggling to lie still while feeling antsy. Throughout the process, I hold the potency that is the source of the impulse for completion.

I found that by using STR with clients before they got on the table, the clients were better able to stay in their bodies and stay present. Because of the prior discharge of trauma-bound energy, defensive responses were no longer manifesting nor was the client dissociating due to high activation levels. Their nervous system would stay resilient and the activation level would remain in the resiliency zone for a quick and easy dis-

charge of the shock and trauma related to the experience brought forth.

That being said, there also have been situations where clients have not been interested in doing STR work—they just want bodywork or cranial work. But if something comes up out of their tissues that needs trauma resolution to make the work most effective, then I will see whether it is possible to start tracking their sensations on the table without any pre-training. Many times that is quite possible, and they do beautiful work.

At the BCST conference in 2010, you expressed concerns regarding frozen defensive responses. You stated these need to be worked with more directly than we are often taught in our foundation training. Could you explain that further?

That was a piece of work that I presented because I thought it would enable people to experiment with some of the trauma techniques right away, without a great deal more training. A frozen defensive response is an impulse that was not completed in the moment and was not discharged later. It has been truncated, and the energy remains bound up in the body in a high activation, often covered over by a freeze. For example, if we wanted to break a fall with our arm and were unable to do that successfully, the incompleteness is stored in our body, and our body keeps attempting to complete this action—even decades later—because the impulse is still in the body.¹ Or perhaps we wanted to say “Stop! Don't do that!” but it wasn't safe to do so. These are frozen defensive responses—they cause a freeze in the nervous system. A frozen defensive response often causes a lock-up in the muscles or dissociation of a whole limb or other part of the body. It can contribute to a feeling of helplessness. All a frozen defensive response needs is to be heard. It wants us to recognize exactly what it is that it wants to do and then be supported to complete its expression.

When BCST practitioners put their clients straight on the table and only do the cranial work, attempting to get underneath everything, it is my impression that they often miss impulses that want to complete.

When responses are brought to completion and the energy is fully discharged, the whole system goes through a profound reorganization that can change behaviors, thinking, and physiology.

When BCST practitioners put their clients straight on the table and only do the cranial work, attempting to get underneath everything, it is my impression that they often miss impulses that want to complete. It was my intention at the conference to show the cranial community what some of these impulses might look like and to

offer some other options. Although there is much more to SE and STR, I kept my demonstration to the release of frozen defensive responses.

How do you work directly with these impulses?

An event that originally had a lot of fear or anxiety connected with it, and in which one's natural impulse to protect or attack was suppressed, still holds the magnitude of that charge. It can be released in smaller, titrated stages by using the "imagine, prepare, do" technique taught to me by Peter Levine, who developed Somatic Experiencing. He said that 80 percent of the charge in a frozen response is in the imaginal and preparatory stages. Peter's 80-percent estimate was a stunning game-changer for me. I suddenly understood why the yelling and hitting pillows I'd learned in my early Gestalt therapy days, when we went straight for the "do" stage, was only temporarily relaxing. Most of the high charge was still driving the nervous system; it wasn't emptying out or transforming in a lasting way. Some people get addicted to their anger and are dependent on cathartic (high emotional intensity) therapies or reenactment of their unresolved trauma as a way to manage the undischarged activation.

Peter taught me how to hold people back from immediate physical expression that would probably frighten them and shut their system back down or allow only a partial or temporary discharge. He taught me to take the client through the three stages I just mentioned, which allow an easy, titrated release:

1. *Imagine* saying the words and making the physical expression.
2. *Prepare* to make the movement by engaging the muscles so they're ready for that action.
3. *Do* the actual movement.

During this, both the client and I track sensation. The process may take place over minutes or hours. By going through this sequence, the charge is emptied out of each stage, and by the time the client gets to the full physical expression there is usually very little charge left. It is important to note here that if the client does each of these stages in sequence, what the client needs to say or do to complete the frozen defensive response is a lot smaller now than it would have been if they had started by making the gesture right away. The charge has been peeled off, and by the time they say the words or make the gesture, they can do so very simply, without a huge charge. By the time they make the gesture, they have a different relationship with the energy. It has been transformed into a state in which it serves, rather than dominates, them.

There have been times where the client gets ahead of me and naturally goes right into the "do" stage, which we then track. If that happens, I will take them back through the "imagine" and "prepare" stages so that the

energy being held in those stages can be completely discharged.

And, by the way, flight responses can also be put through an imagine, prepare, do process where the legs "run" while the client is supine or seated.

You gave a demonstration of imagine, prepare, do at the conference.

Yes. I took my "client" into somatic tracking with each arising and then helped her complete the movement or sound that was being pushed out of her. If needed, I offered her my hand to push against with her arms or legs. Then I'd name the drop into stillness that naturally occurs after each release, along with some of the energetics that typically move my hands. I wanted to show that assisting the release of a frozen response doesn't have to take a lot of time and verbal skill, and that you can have fun with it. I said that it is better, in my experience, to do something toward release than to ignore the expression in a way that causes internal rage, further implosion, or collapse. I also gave the attendees some language and a three-stage titration process of how to track the client through the imagine, prepare, do phases of release. I demonstrated one of the boundary exercises I teach in my first module, because once these boundary exercises have been completed, the person is more free to recognize and complete other frozen defensive responses. The boundary exercises make it safe for a person to be in their body and to have their feelings.

The presentation started some interesting conversations. There was a lot of interest from practitioners who were grateful that I was naming and offering solutions for problems they had long felt but didn't know how to name. Specifically, I've observed that our cranial work is brilliant at bringing up unresolved trauma material but we have not done so well at teaching the students how to



Kittens allowing their impulses to complete. Says Sharon: "If we wanted to break a fall with our arm and were unable to do that successfully, the incompleteness is stored in our body, and our body keeps attempting to complete this action—even decades later—because the impulse is still in the body."

work with it.

Many BCST teachers advise students about trauma, but not many actually model in their demonstrations how to work with it, even though some of them routinely do trauma work in their own private practice. Classroom demonstrations are usually short and focused on cranial dynamics and perceptual skills. When the

Going deeper into stillness often drives that which is attempting to arise deeper into the system.

students go to the tables to practice, they may not know the difference between a freeze and stillness. They don't recognize their own dissociative states or notice that the person on the table is floating out of their body. They don't know there are other treatment options. They whisper, between long silences, so they don't disturb the concentration of others in the room, so real verbal processing or sound-making is difficult to impossible, and on the table they lie still with their eyes closed because that is what is expected of them. I believe they are subtly led to think that cranial work accesses such a high healing intelligence that it should be able to do almost everything that is needed, which I believe is not always true.

Some years back, I was questioning my own competency because I brought in other modalities to enhance BCST. Once when I was assisting Franklyn and wondering whether BCST could resolve everything, I asked him to tell us about a real case from his private practice so I could see how it all fits together. He thought for a while, then told us about a client who was so locked up that Franklyn had to do three sessions of deep Polarity structural bodywork on him, using his elbows, before the man was ready for cranial work. *Wow, I thought, that's really helpful! He's admitting that clients may need*

All a frozen defensive response needs is to be heard. It wants us to recognize exactly what it is that it wants to do and then allow be supported to complete its expression.

some preparation before they can benefit from cranial work. I really admired his honesty, and I agree with him. Besides BCST, Franklyn does seated psychotherapy with clients, as well as using numerous trauma skills. I still do plenty of Polarity bodywork because it reduces symptoms and increases confidence while opening up the body and helping people to feel alive. It also creates energetic sensations that are so noticeable and interesting that it is easy to get the more numb and withdrawn clients talking about and noticing their sensations, which can lead smoothly into doing STR on the cranial table. As our field has developed, more and more practitioners

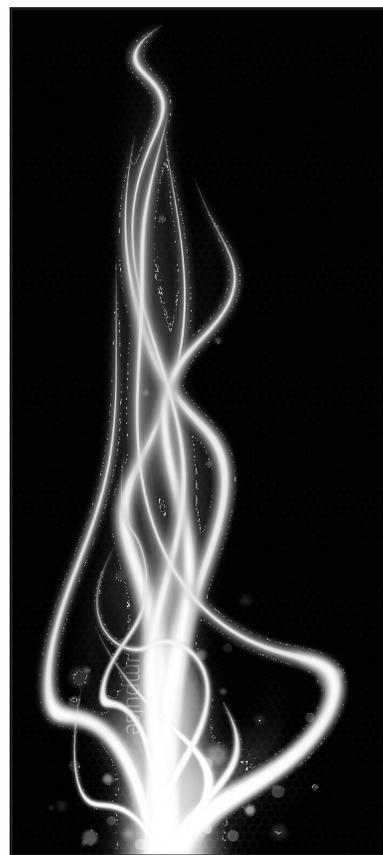
are blending modalities, weaving Polarity, pre- and perinatal, and other modalities into sessions where techniques from those modalities will move the client's process forward.

When I took the BCST training, we were taught to acknowledge what was arising and then ask what is deeper. You are dealing directly with the arising impulse. Can you speak more about that?

Going under it, giving higher value to what is deeper can sometimes be an artificial suppression of what the Intelligence in the inherent treatment plan is bringing up. I have directly experienced—and have seen in others—what I consider to be damage from not working with what is showing up, especially when the body wants to complete responses that have long been suppressed. Frozen defensive responses are often pushed up by the Breath of Life and the inherent treatment plan. What I have seen in my work with clients is that once the truncated responses have been allowed to complete, discharge, and reorganize, the system automatically drops into deep stillness on its own, without the practitioner having to work so hard to get it down there. Spiritual connectedness, insights, dissolution of pain, and other positive responses are common. The body knows what to do once the shock has come off. The client often has some conscious awareness of what is happening.

This awareness, and the knowledge that their body can do this—can direct this process—increases their sense of autonomy, their trust in themselves, and their willingness to take better care of their health and listen to the wisdom of their body.

Going deeper into stillness often drives that which is attempting to arise deeper into the system. Some think that when we work with that which is attempting to arise, we are working with “surface” stuff, CRI. But we're not. Let me give an example. During a BCST session where I was the client, I experienced



Arising impulse.

a restlessness in my body. My body was actually attempting to complete a part of my birth process that the Breath of Life had located and brought to the surface. During labor, my mom was repeatedly given gas with a mask over her face, and it drained the labor of energy. Even when she didn't want the gas, they put the mask on her face. They thought they were helping her.

When we can guide people to be mildly curious about their sensations, this awareness opens their neural pathways and allows the discharge of shock and trauma.

My adult body wanted to get through the gas and express the *movement* that was unable to be fully expressed at the moment of my birth. So when, during my biodynamic session, my practitioner held steady with "getting under it," rather than allowing my body to complete a truncated response, it actually caused me to deepen into the freeze I have struggled with since birth. It pushed me into a prenatal state where I withdrew further and further and further away from . . . life. I became very dissociated because I wasn't able to let my body give the push that my legs were finally coming to. Once again, I disappeared.

To hold expressions of our natural defensive responses back when the genius of the system is bringing them out creates frustrations and deeper problems. Instead, when the inherent treatment plan brings these defensive responses up, it is important that we are able to make the gestures and movements, say the words, and make the sounds that have been suppressed for so long. As another example, a friend of mine felt anger coming up during a biodynamic session. It had no place to go. He ended up with a hernia that required two surgeries.

Of course, release needs to be done with discernment and a real understanding of how frozen defensive responses resolve. As a teaching assistant in earlier craniosacral courses, before biodynamics was taught in this country, I saw instances where people were jumping on frozen defensive responses too quickly. They were not controlling the activation level and were inadvertently retraumatizing people. Really, it is about balance and learning to be as skillful as we can with working with what arises.

Also, I want to say, I do sit through changes in the cranial system as it is moving. I do drop down through those layers and see what is underneath. What I am speaking to are responses where it feels important for them to come forward. I don't ignore those anymore, and I feel more satisfied as a practitioner because I am not trying to do something that feels artificial to me.

Is the BCST foundation training a prerequisite for the STR training?

No. People come with skills from many different modalities. BCST is an extraordinary way to access the intelligence of the system, and our biodynamic skills greatly enrich the trauma work, and vice versa. Franklyn taught me to follow the inhalation of the mid-tide as it scans for the next place to work, noticing where it pauses, and then working with it to resolve the restriction. After it pauses and starts working on a restriction, I invite the client to tune in to their sensations. The long tide may also bring up material that can be successfully discharged. Sometimes it is a strong emotion that is beginning to overwhelm them. In STR we teach people how to track the sensations of their emotions with questions like, "Where in your body do you feel that sadness?" "What are the sensations that let you know it's anger?" I tell people that riding an emotion is like riding a big wave all the way into the beach instead of doing a face-plant in the sand.

Could you describe the process of a typical session using STR?

There are lots of ways a session can look. I'll give you one of the most common. Most people I work with are willing to send me a trauma history that I can study before the session so that we can begin working neurologically in the first session rather than spend time hearing stories they have usually already told many times and that may only deepen the groove of the trauma. Specifically, in my email I ask them to list overwhelming events and the ages at which they occurred, which helps me to see them at that age developmentally. These events include falls, accidents, injuries, abuse, traumatic emotional losses and relationships, medical/dental trauma, moving house, and birth and prenatal incidents they are aware of, as well as periods of sadness, drug use, and bad relationships. I also have them list symptoms by the age they first occurred. The list of events and symptoms gives me clues as to how the traumatic events might have energetically coupled on to each other according to their similarities of energetic frequency or because they look, feel, smell, or sound enough like another experience that they are magnetically drawn together to create a charge that is bigger than a single incident would warrant on its own. On the other hand, there can be several losses or unrelated shocks close together, so that there was not enough time to recover from one loss before the next one happened, and then the next one. For example, a person may list several different traumatic experiences involving one area of the body, or they may experience one accident after another. Things like these indicate a possible pile-up of trauma-bound energy. They are clues that show me when to use caution, as the actual combined energetic charge of coupling held in the body has the potential to be much more powerful than an uncoupled event the inherent treatment plan brings forth in the session. We call this



Sharon tracking the energetics of a client's system with her hands.

held-in, powerful charge a *high-activation freeze*. Because the client knows I have studied the list, they don't need to talk about their past as much and can get down to more somatic work in the first session. If they don't write the history, we can still do good work, but it usually takes more time. In either case, I usually start with resourcing and boundaries

[discussed on page 20 et seq.], then may go to my somatic version of inner child/younger-self work for connecting with early and lost parts of self.

I usually begin doing STR work with the client in a seated position. My hand is in the client's off-body field, where I can catch the energetics of several systems at once. I track the chakra system, the midline potency, the fluids, the energetics, and resonance and reflex systems named in Polarity Therapy, to name a few. I generally use my right hand to track the client's off-body field at the same time that the client and I track a resource. Some of the energetic patterns I sense include figure eights [see figures 6 and 8], pulling and pushing movements, discharging force vectors, and chakra spins and spirals. I use my left hand if there is too much going on for my right to show me all of it, such as when there are 3-D figure eights in all directions [see figure 9]. My body is mainly moved by transitions and shifts, so I'm not as active as this sounds. Once the pattern completes, my hand stops moving.

At the same time that I am following the energetics, I am periodically tracking the tides. I'm often interested in the mid-tide in its arising, because its arising builds potency. The mid-tide comes to a pause where it wants to do some work. After having taught new clients to follow their sensations during the boundary and resourcing component, I can then help them notice sensation in relation to where their cranial system has decided to work. My knowledge of their history, combined with tracking their field, voice, words, gestures, etc., enables me to make choices about where to direct their attention. I can stay away from certain things until I know they are ready for them, or I can start unhooking things quickly.

For example, the client and I might notice that energy that has just released from the pelvis is getting stuck at the left knee. As I look through my client's written history, I might see a knee injury and the

emotions and relationships related to that injury. There are generally two alternatives that I might use here. If we need to create an alternative scenario because the activation level is too high or too low to discharge, I create a corrective experience that I call a *redo*. In the redo, the client brings in an ally, such as their supportive mate or Superman. In the case of an overwhelming fall, I ask them what they would rather fall into, and they might choose dense foam instead of the concrete they really fell on. Redos are one of the many ways we can lower the activation level in the nervous system enough to discharge shock, dissolve the block, and allow the system to naturally settle [see figures 1–5]. Also, the more you track and deepen the sensations of the redo, the more the redo becomes neurologically more real than the historical experience. This is like a tennis player visualizing her tennis stroke again and again—it becomes the reality.

Or, if the client feels a sensation of something stuck, I'll ask, "If it could move, what direction would it want to go?" Here I'm aligning with the physics of their original impulse. They usually show me the direction with their hand, which is beginning to resonate with their field the way my hand does. There is discharge and reorganization, which usually moves my hand. Both the client and I track sensation, which speeds up the healing process. When I feel we have completed a piece of work seated, I will put them on the table, continuing to monitor their energy and tides and make statements, where appropriate, to facilitate the discharge of energy. I also continue to help them notice subtleties in their sensations and internal experience, which keeps the neural pathways open.

Another way this can go, especially if their history indicates injuries to the cranial system, is that I do a cranial evaluation before I do any STR, so I have a baseline. However, once I'm into the cranial system, I usually want to see what the Breath has in mind, which may lead in another direction. Generally, when I do a cranial evaluation, I try to get some seated work in on the first session because this will increase the resiliency and potency of the system. If there is time, I'll recheck the cranium and cranial system after that to see what has changed. This is my way of doing the science on my work as it develops. I want to know what is affecting what, and how.

Why is tracking sensations so important?

Sensations are the language of the hindbrain, which is the "hard drive" for the ways we respond to perceived or real danger in order to survive. When we can guide people to be mildly curious about their sensations, this awareness opens their neural pathways and allows the discharge of shock and trauma. Trembling is one of the main ways in which a person can feel that discharge, but there are many others. Nausea, tingling, heat, cold,

vibration, tightness, pressure, and expansion or lengthening are some of the more common ways that trauma-bound energy discharges. If the client is feeling an emotion, I have them notice the location and sensations of the emotion—again, to get the activation into the discharge zone where the client can ride the emotion in a truly transformative way. Sometimes cathartic emotions can be helpful, but mostly we want to develop more of the witness state that is gained through tracking. This is where mindfulness meets Somatic Experiencing.

As I carefully observe the client's body, I may notice a muscle group beginning to contract with a desire to make an action. I gently bring the client's awareness to this area if I find they do not notice it on their own. There are several things I ask the client in order to determine what message is attempting to be relayed. I ask them to follow the contraction of their muscle and let it show them what it wants to do or which direction it would like to move. I then ask if there is a direction to the movement or a specific gesture the muscle would like to engage in, like making a fist. Bringing the client's awareness to physical sensations in this way enables the body to communicate what is required to complete incomplete—i.e., truncated, frozen—defensive responses and release the bound energy. At first the client may edit out the real intention and give one that sounds "nicer" or is a desire. So I ask, "Is that what *it* wants to do, or what *you* want it to do?" They quickly get the difference and come up with the gesture that arises from those muscles, often surprising themselves with movements or expressions that are aggressive or somewhat socially unacceptable. "Let your body know you got that," is a good line here. [See pages 9 and 27 for a discussion of this phrase.] Once their body has completed the movement from long ago, we might track the beliefs or meaning they have ascribed to that experience. With the completion of the movement, those beliefs can begin to change to something more positive. You need to give a lot of time and spaciousness to this physical and mental reorganization, which is usually accompanied by a deep stillness. As we work with each of these layers, there is reorganization at subatomic, cellular, tissue, and organ levels.

There are times when something is beginning to happen, like muscular tension or a stall in the mid-tide. When I feel it will further my client's process to take notice, I will gently say, "You might want to pay a little attention now to what's going on, because there is some significance to what is happening And when it's not distracting, let me know what you notice." In this way I am using their consciousness to focus the potency and assist discharge. There are also times when the resolution happens without talking about it or bringing their attention to it. However, often a little bit of awareness is helpful and results in the client's ability to

release the trauma and then drop back down and settle even more deeply.

In short, a typical session involves several rounds of settling, perturbations, applied STR skills, and energy discharge, followed by settling and perhaps more reorganization, often on a deeper level.

This seems to be different that what you said in your presentation at the conference. In your presentation, I understood you to say that you brought a client's attention to something—saying to them, "You might want to pay a little attention now to what's going on, because there is some significance to what is happening"—when something was resolving. Here, you seem to be saying that you bring their attention to something that may be a block.

I'll have to answer that generally because the answer is complex. When the system is resilient enough to not lose momentum by tracking the block, you can track either side of the loop. The loop is a schematic of how energy goes back and forth between two vortexes spinning in opposite directions [see figures 1–5]. It looks like the infinity sign. In the SE model, when a person is traumatized, they are spinning out in what is called the *trauma vortex* [see figure 1]. When someone is in the trauma vortex, they feel things like "tight," "shut down," "cold," "blocked," "scared," or "highly agitated." In order to change this, we have to develop a counter-vortex—known as a *resource* [see figure 5]—that is spinning the opposite way and is associated with warmth, relaxation, safety, and expansion. As the resource spin becomes bigger than the trauma vortex [represented in figures 1–5], the body can discharge the shock by staying mainly with the resource while dipping briefly, off and on, into the trauma vortex. Another way to draw that would be a big circle [figure 5] that dips into the trauma vortex [figure 1] and then uses that discharge to return to the resource side, where it builds up more energy



Sharon working with a client, tracking the energetics of his system with her hands.

How the Resource Vortex Discharges the Trauma Vortex—A Schematic Representation

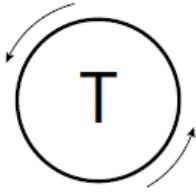


Figure 1. Spinning out of control in the trauma vortex.

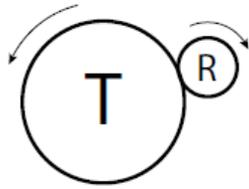


Figure 2. Beginning to track a resource that becomes the counter-vortex.

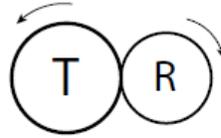


Figure 3. Now the trauma vortex is shrinking as it discharges and the resource vortex is growing.

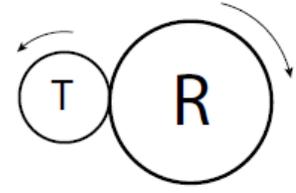


Figure 4. Only a weak charge left in the trauma vortex, while the resource becomes more powerful.

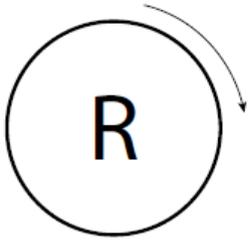


Figure 5. The trauma vortex has dissolved, and the strong resource vortex is scanning for a new trauma to discharge according to the inherent treatment plan.

to take a bigger bite out of the trauma vortex, until there is no charge left.

If the client describes two sensations—one contracted and the other expanded—we go for the expanded one first, because it has momentum and will often open up the block more quickly. As the energy moves, it will automatically go to the contracted trauma vortex. However, if it keeps hanging out in the resource vortex to the point where not much is happening, I will say or do something to revisit the trauma vortex, because that's where the bound up potency will be. This is important. Healing doesn't happen by staying only on either side of the loop. The engine of healing is driven by moving back and forth between the two vortices. Some people are resourced enough to go straight into the trauma vortex without ever developing a formal resource, and they just go into discharge. An example of that would be men with football injuries they fondly recall when I touch tissue that is bound and defended. I'll just have them slow down the crash and fall and follow their sensations as they do so. The bound tissue dissolves, and they regain mobility while losing pain. This is because the inherent resource of their love for football provides the resiliency needed for discharge [see figures 4 and 5].

Whether it is a block or is building potency toward perturbation and eventual release, the client's very act of

following sensation assists the journey. In either case, my attention is with the health inside—the vibrating, shimmering light force within the freeze. The client's consciousness is the major driver of the process, although to the degree that I can notice what is happening, their system may respond exponentially to being seen.

What are coupling dynamics?

Coupling dynamics is a term that comes from the way train cars can be hooked together or unhooked by a coupling device. Our nervous system survives high activations it doesn't know how to discharge by either coupling activations together, which is called over-coupling, or splitting them far apart so one dynamic doesn't know the other exists, which is called under-coupling. Both are survival strategies. A panic attack, a tight TMJ, or having a hair-trigger anger response is an example of *over-coupling*. Being spacey, dissociated and ungrounded, with poor memory and lack of awareness of parts of our body, is an example of *under-coupling*. Some people go back and forth between the two.

In my training, I demonstrate over- and under-coupling with a toy train set. Each car has a positive magnet at one end and a negative magnet at the other end. I create different scenarios: pile-ups, cars spread way off the track, and cars that can't hook together because their magnetics are off and they push each other away. The pile-ups are an example of over-coupling and the latter two examples illustrate under-coupling. There are ways to work with each of these coupling dynamics to discharge the shock holding both the under- and over-coupled patterns so the train can then choo-choo on down the track singing its little song.

The neurology behind this is that some people have a very resilient nervous system from the get-go, and they automatically discharge each thing that happens and easily return to a neutral state of regeneration. Others have a less resilient nervous system, often as a result of early unresolved traumas. When something overwhelming happens to those with less resilient nervous

systems, it may get stuck as an adrenaline charge that creates some level of chaos in their health. If a person tends toward over-coupling, later traumatic events will couple on to earlier ones as nature's way to manage an increasingly high activation level so that the organism can keep going—something like hiding it under the rug. If we were constantly aware of the degree to which we were damaged, we'd just give up, or go crazy. How can

Healing doesn't happen by staying only on either side of the loop. The engine of healing is driven by moving back and forth between the two vortices.

you work normally if you know that your left arm is dissociated from the rest of your body? My clients only know how strange their adaptations are when those parts start to come back together in a functional way, when the emergency is truly over, which happens when the system has discharged the trauma and reorganized.

However brilliant a person's compensations are, they eventually cause chronic physical and emotional problems, which may motivate the person to seek help. Somatic Trauma Resolution discharges the energy from the under- and over-coupling adaptations, which allows the system to immediately begin to reorganize cellularly at a higher level. By doing trauma resolution work, clients learn to recognize the signs of activation in their body and their behavior. They learn how to, in their daily lives, discharge the activation from one event before another happens, which prevents a lot of future pile-ups and gives them a sense of taking charge of their lives. They also learn to recognize when they need further help from their practitioner to complete a discharge.

The coupling dynamics are really interesting once you understand how to work with them. When you have the ability to uncouple things that got over-coupled, and bring things back together that were under-coupled, then you have some very sophisticated ways of working with the nervous system to promote advanced healing. This takes years to master, partly because the nervous system can switch from over to under many times in a session, and figuring out where you are and what approach will work can be dizzying. Fortunately, one of the SE exercises, called "Waving Back and Forth," works for both under- and over-coupling, so students have a way to work with coupling while they are still learning these complexities [see figures 6 and 8]. The Waving back and Forth exercise is not physical. It's a way to direct the client's attention between a trauma vortex and a resource vortex in a way that gets the energetics to ride the loop, discharge the shock, and change the neurology. I direct the client to find a sensation or body place that is opposite to the distressing symptom. We then "wave"—or

The Eight and the Lazy Eight (Infinity Sign)

Figure 6 The naturally occurring *lazy eight* (so called because it's lying on its side) that reconnects two parts of self that have split off from each other laterally because of overwhelm. It usually crosses the midline at its center and may work its way up and down the body, as in figure 7.



Figure 7 The lateral lazy eight as it works its way up and down the body, connecting the right and left sides when they have dissociated, or split off, from each other as a response to trauma. This lazy eight usually crosses the midline. This representation is as I actually experience it, with the loops getting bigger as they go up the body.

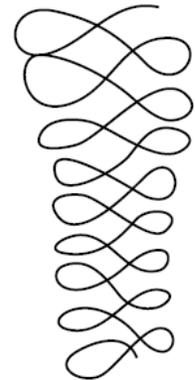
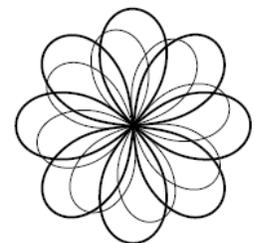


Figure 8 This is a *vertical eight* that brings inferior and superior (top and bottom) parts back into relationship.



Figure 9 This is a *three-dimensional eight* that is connecting on all planes and moves my hand quickly in all directions: top-bottom, side-side, diagonals, and front-back.



“pendulate,” to use the SE term—between the trauma and the resource.

I gather that resourcing and boundary work are important to STR.

Yes, they are. They lay the groundwork for getting good results. One of my first priorities with clients and students is to help them be safe to be in their bodies, which is where their sensations are. Then they can learn to ride their sensations in therapeutic ways. The two steps that consistently work for my clients, who usually

The two steps that consistently work for my clients are resourcing and boundaries. If these aren't well developed, there are limits on the release of frozen defensive responses.

have trauma symptoms, are resourcing and boundaries. If these aren't well developed, there are limits on the release of frozen defensive responses.

Every client has unique qualities that change the way I work, so keep in mind that any protocols I describe vary according to the needs of the client in that moment, and that there are always choices to be made. Remember the loop I described earlier? We need to create a resource that is strong enough to allow us to touch into the trauma vortex without sending the nervous system into a freeze. We want to keep the system open, fluid, and able to discharge easily [see figures 1–5].

For the first session, the best question I've found for locating a strong resource out of the client's life is, “What is one activity you do, or have done, that is *empowering* for you, that you feel *successful* with in some way, and that you *enjoy*? Please find something that moves your body, not just your mind.” I want the resource to engage their muscles and bones. For instance, if they tell you, “I can feel my heart chakra opening,” you need to follow that up with: “*What sensation tells you that that's happening?*” They may touch their chest vaguely. I ask, “*Is it tight there? Expanding?*” The client tunes in and says: “It's a little warmer and tiny tingles are expanding forward.” Now you have got them tuned into bodily sensation.

Let's look at why these three words work. Finding something *empowering* is good because it is a counter-vortex to the power imbalances inherent in trauma, and it also builds potency. *Success* implies completion, which is the opposite of being stuck and helpless. To *enjoy* is to engage the heart in a positive way. I'm looking for a client-centered answer. They might name swimming, playing with a child, walking their dog, completing a work project, or a time that they acted on their intuition and it turned out well.

Then we link that past action with their present body. I might say to them, “*And as you recall swimming . . .*,” and here I might repeat some of the qualities of swimming they have noted, qualities that are empowering, successful, enjoyable, “. . . *just let that experience come into your body . . . And, when it's not distracting, let me know what you're noticing in your body just now.*” If they are describing things they felt at another time, it's my job to gently coach them to link the *past* experience to the *present* body, because that's when the neural pathways start opening for discharge. For example, I might say, “*As you recall walking your dog in nature . . . just let that experience come into your body.*” I pause, giving it time to come more fully into their body. Then I will say, “*Let me know what you notice in your body just now.*” They respond. . . . “*And what happens next?*” We then track one sensation after another until their system can discharge and go into a relaxation response. [Many of these tracking questions can be found in Sharon's Self-Tracking for Clients sheet, which is reprinted on pages 30–32]. There may be waves of discharge that create a counter-vortex to the traumas and stresses in their lives. The clients are greatly comforted to know they can take charge of their activation by just recalling, e.g., how they walk their dog and then following the sensations that arise [see figure 5].

After the system discharges and settles, I mention their resource again—perhaps several times—until they are resilient enough to go to the next exercise. Their system will eventually pendulate on its own between their more contractive, painful, fearful, or numb sensations—these sensations are common in the trauma vortex—and the sensations associated with their resource [see figure 6]. I'm educating them as we go, so that soon they are looping back to their resource on their own when they hit a sensation or thought that scares them [see figures 1–5]. Once the loop is established, it



Recalling an activity that you enjoy—playing with your cat, walking in nature—helps dissipate the freeze.

works its way up and down the body, usually along the midline [see figure 7].

In cranial resourcing, we look for and support the health in the system through a subtle level of resonance, which I do almost continuously when I'm working, no matter what modality is primary at that moment. In both cranial and STR, the resource may eventually become

**By doing trauma resolution work,
clients learn to recognize the signs of
activation in their body and their
behavior and discharge
the activation on their own.**

the progress that they have made since the last session. You help them to identify that progress and then track it at the beginning of the session.

In your presentation at the 2010 BCTA conference, you talked about being in and out of a client's historical context. Can you explain what you mean by that and why it is important to boundary work?

The art and science of trauma discharge is that it can only happen when the activation level is in the zone where the neural pathways open up. If the activation level is too high, the nervous system freezes or locks up and the client can be retraumatized. If the activation level is too low, there is not enough juice to drive the discharge. We use various tools to bring the client's system into the discharge zone by bumping the activation up or dropping it down, and *context* is one of these tools.

In context is a term used to describe working directly with the client's life history—the particular traumatic events or memory fragments from their life. When the client brings a traumatic event to mind, such as being unable to protect themselves when being threatened and overpowered by a bigger person, it will raise their activation level, sometimes very quickly. And once it goes too high, it won't discharge. They go into terror and deepen the groove of their trauma. The freeze in their muscles, organs, nerves, and thinking increases. This is why talking about a trauma over and over, as is done after disasters, or in talk therapy, is often counter-productive. The most conservative approach when working with people who have symptoms of unresolved trauma—which is practically all of us—is to establish resiliency and safety by discharging as much of the charge as possible *out of context*, that is, where one is *not* bringing the activating circumstance to mind. By first working out of context, the activation level is easier to control. The client then gains confidence in their growing ability to work with their activation and to enjoy the discharges, instead of being unnerved by them. They are reminding their being of what it used to know

how to do—to naturally recenter itself—and, as they practice, the process of recentering, of regaining their boundaries, begins to feel natural, organic.

When I teach boundary exercises to clients, I teach them out of context. So at first clients are saying “No!” or “That’s my limit!” to the air, usually while pushing their palms away from their chest while tracking their sensations. This is not about pushing away their mother or their teacher or some other person who had authority over them and breached their boundaries. They’re pushing against the air (or, if they need resistance, a therapist’s safe hand) in order to allow their muscles to experience success in creating a physical boundary. What I am doing is helping them wake up parts of the body so the muscles know it is safe now to express a boundary. This successful, empowering experience lowers the activation into the discharge zone. By working out of context, they are able to discharge energy and establish boundaries, which lowers the charge inherent in the activation. That in turn enables us to progress to working with the material *in* context. Most people are surprised at how *much* charge pours out of them, little by little, when they are working out of context, and how their physiology changes in minutes: their jaw softens, their spine lengthens and better supports their structure, their shoulders ratchet down, often one at a time. They feel strength coming into their limbs—strength that they couldn’t get by working out. Their facial expression begins to relax. They look forward to practicing the statements and gestures at work and in their relationships. Even in that first session, many of them report feeling hope and inklings of the return of their sense of humor. Joy, gratitude, and feeling whole, instead of parts, are expressions that spontaneously come out of them. Perhaps most important of all, they begin to trust the wisdom of their

**Our nervous system survives high
activations it doesn't know how to
discharge by either coupling activations
together, which is called over-coupling,
or splitting them far apart so one
dynamic doesn't know the other exists,
which is called under-coupling.**

body, often after decades of feeling betrayed by it. It is much easier to prepare the client *before* the historical context comes up in the body than for the client to erase the response once it has arisen, unless they are using force of will or dissociation, neither of which is helpful for discharge. Once people have done the out-of-context work, they are surprised to find that when they process their material in context, the issue now has less charge than before, and they can speak, gesture, push, or kick without terror or rage.



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From an RCST[®] and recent STR graduate:

STR has greatly improved my Biodynamic work, so that I'm better at being in the neutral space with no agenda and just curious about what comes through the client. I surprise myself with my creativity and confidence. The referring doctor is so impressed with the speedy progress of her patients with serious conditions that she is referring more to me: fibromyalgia, panic attacks, depression, people on psychiatric meds, debilitating endometriosis. The doctor can't believe the results with these patients who can now control their pain levels and emotional states just by tracking! Whether they are on the cranial table or seated, my clients are tracking all the time. They have safety and trust that they can take charge of themselves.

I'm doing lots of phone and Skype sessions now and having no problem doing them in other languages—even with my own relatives, which is the hardest!

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Signs of energy discharge include various autonomic phenomena, such as trembling, temperature changes, pressure or discomfort as energy pushes through injury sites or places of congestion, perspiration, more expansive breath, and feelings of heat or cold. Many of my clients get something they call “minty” or “icy” hot, a mix of hot and cold. Heat indicates that

We do things out of context when the material is too activating, but also because when we are working out of context we are often releasing the charge from many different incidents simultaneously.

molecules are becoming more spacious, which causes a heat exchange when coming out of a freeze, so sometimes they are feeling both the freeze and the heat in the same area at the same time or alternating quickly. They may experience pressure going both in and out, or they may experience it in one direction at a time. You can help these and other forces to exit by asking what direction they want to go. When you get the question just right, the forces respond instantly!

How do you know when to work out of context and when to work in context?

Once enough energy is discharged out of context, we can begin taking the material in context, a little at a time, to get further discharge. This is at the point where clients are mildly curious about their sensations. So we often use in-context material to bump up the activation level when it is getting too low to have enough juice to discharge. We do things out of context when the material is too activating, but also because when we are working out of context we are often releasing the charge from many different incidents at once. How many times have we all wanted to say, “That’s my limit,” but didn’t say it. Knowing when to do something in context and when to do it out of context is an extremely useful skill that takes training and experience. You have to learn the signs of over-activation and under-activation, which are related to hypertonic and hypotonic states, respectively.

Can you talk more about boundary work?

Trauma often ruptures our human energy field, which is our natural boundary. The ruptures leave us unprotected and vulnerable to further accidents or abuse. If there is major trauma that has ruptured a client’s egg-shaped human field and I know of it from either their history or symptoms, I will not put the client on the table until I’ve done both resourcing and some of the boundary exercises I teach. This is particularly true for clients who have experienced sexual abuse. Asking the client to

lie still in the supine position is often too reminiscent of the past trauma and has the potential to cause dissociation and overwhelm if resourcing and boundary work are not completed beforehand. This is not only about sexual abuse but can include all kinds of overwhelm. Many of these overwhelmed clients love to plop onto the table and zone out because that’s what they’re used to doing.

When our boundaries have been ruptured, there is still a part of us that wants to be able to say “Stop it!” and be listened to, or a part that wants to cover our ears and not hear what is being said. I want these impulses to be able to come up in a way that is neither frightening nor numbing. If I don’t do the boundary work out of context, that is, not in relationship to the trauma, the memory/impulse may come up as terror that is too high an impulse to discharge, or it won’t come up at all because the nervous system is keeping it frozen to protect itself from that terror. If I see either of these responses, I go back and do the boundary work, first out of context and perhaps later imagining a much more empowered reenvisioning of the scene that includes tracking sensation in order to bring the activation into discharge.

When I do the boundary work out of context first, it prepares the system and opens it up so it is more responsive to the impulses of the cranial intelligence. There have been times where I have not done boundary work when I later realized I should have. Instead, for whatever reason, I have gone straight into a bodywork session. I have noticed it is generally three sessions later when the material arises again, and I think to myself, “I should’ve done that boundary work!” When I proceed to do it at that time, the whole system opens up—it is amazing.²

Many times, if the boundary work is not part of the sessions, frozen defensive responses won’t present because the body does not feel safe to recognize and act on them. It is also true that our internal intelligence can

When our boundaries have been ruptured, there is still a part of us that wants to be able to say “Stop it!” and be listened to, or a part that wants to cover our ears and not hear what is being said. I want these impulses to be able to come up in a way that is neither frightening nor numbing.

keep us from bringing up our trauma material until our body-mind knows that we have a practitioner who knows how to work with it safely and effectively. Once the practitioner is trained to do trauma work, they will see more of these frozen responses coming up for resolution—as thoughts, impulses for movement, experiences of freeze or numbness, emotions, etc.

Now, having said that, boundary work doesn't solve everything. I'm thinking of a client who suffered from PTSD as a result of an auto accident in which she, at the last second, was able to get her car out of the way of a direct head-on collision with a semi truck that had skidded into her lane. When she saw the semi coming toward her, she thought, "I'm going to die," and that thought froze in her nervous system, even though in actuality she had escaped into a ditch. Two months later, she couldn't work; she could barely even get out of bed. So the first task was to convince her nervous system that she had, in fact, survived, and to track that through to discharge. I had her say to her whole being, "I survived. I made it!" after which she had several layers of tremors and tears, followed by relief and joy. Once she could speak, she told me that her body was coming back to life, and that she'd had no idea that a big part of her had been stuck in the moment when she thought she would for sure die. So there are no hard-and-fast protocols, but the principles work when you understand how to use them.

So after you've retrained the nervous system toward resiliency by doing the resourcing work, how do you move into boundaries?

I say to the client, "Now that you're better at noticing what's going on inside your body, and your nervous system is more resilient, I'd like to teach you some boundary exercises that I think will be helpful for healing your symptoms. How does that sound to you?" The client gratefully agrees.

How do you teach the boundary work?

When I teach boundary exercises to clients, I teach them out of context, that is, not in relation to their life experiences. So at first clients are saying "No!" or "That's my limit!" to the air, usually while pushing their palms away from their chest while tracking their sensations. When the push is over, they continue to track their sensations. Usually I start with verbal boundaries. Here's one way that scenario might look. I give the client a choice between two boundary statements, either "No!" or "That's my limit!" One of the qualities of trauma is that it felt like there was no choice, so just offering choices is healing; it's a neurological reframe of their experience. I'll ask them to pick one of the two phrases. Once they choose the phrase they want to work with, I demonstrate a gesture in which their palms push away from their chest at the same time that they are making the statement. I tell them that doing the gesture and statement may strengthen their sense of safety. I explain that we'll be titrating the statement and the gesture in order to release a little of the charge at a time, which they like, because another hallmark of trauma is "too much too soon."

I go through the three-stage process I talked about before of imagine, prepare, do. "So just *imagine* saying 'No!' or 'That's my limit!' [whichever statement they chose], without actually making sound or moving your arms. . . . and then track it." The sensations and discharges might go on for many minutes as they release the charge on imagining having a boundary, with self-sabotaging belief systems beginning to dissolve. "Now *prepare* to make the statement and the gesture by engaging the muscles that are involved, firing them up so they are ready to move and to vocalize." This stage begins to bring dissociated parts back on line. I may have them prepare and discharge several times, until it feels like we've gotten out all the charge on being connected to their body. I'm a stickler for precision and thoroughness in this titration process, because it really pays off.

Once enough of the charge has peeled off in "imagine" and "prepare," we move to "do." I say to the client, "This time you're going to make the statement aloud at the same time you make the pushing gesture with your arms." I pause for a moment. "Engage your muscles, and when you're ready, *do* it." If at the do stage there is still a big charge, like terror that doesn't discharge—usually because they have been imagining a



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real threat when I told them not to—we'll go back to an earlier stage and get more discharge there, then return to the do stage. There are new sensations and sequences with each stage of the titration, and new sensations and sequences as they do one stage over and over again.

In another boundary work example, called the *standing push*, the clients are pushing me and I am offering them enough resistance so they can feel the

Undischarged impulses may be very simple. They can sometimes be resolved in a few minutes. Allowing their completion has a profound effect when the client tracks the somatic experience all the way through to reorganization.

success of their push. What I am doing is helping them wake up parts of the body so the muscles know it is now safe to express themselves. This is not about pushing away their mother or their teacher or some other person who had authority over them and breached their boundaries. Working out of context, they are able to discharge energy and establish boundaries, and that lowers the charge inherent in the activation and enables us to progress to working with the material in context.

Discharge takes place when clients do out-of-context expression, that is, when they are able to state their feelings, state their boundaries, and then physically express those things. When the client can do this, we can then work in context and it is not overwhelming. The client is able to stay mildly curious and the body can go through natural charge-discharge cycles [see figures 3 and 6], a skill that is part of self-regulation. It is expressed as a wave or looping back and forth. This cycling eventually starts to take over, such that I don't even have to regulate them after a while because their body has learned how to self-regulate. This is because the work has reminded their body of what it already knew. This ability to regulate is inherent in us all. Once a person is able to self-regulate, they are able to do a lot of work and it becomes easy for them. In fact, a lot of it is fun for them. They would never have expected that. They become fascinated by the process.

I had a potter who used to work in the yard outside my office. She used to be a therapist but left that because she found it so depressing. In the summer, the windows would be open and she could hear all of these peals of laughter coming out of my office. She finally said, "I don't understand what you are doing. People are laughing so much and I know you are a trauma therapist. What is going on?" So, I did a session with her and she was able to understand. The work speaks for itself. It is so fun to be able to do this work in a way that is empow-

ering from the beginning. I don't have to go into the terror that retraumatizes people.

I teach several boundary exercises in the first module of my STR training because I'm interested in making sure the students are present in their bodies. I want the students to be safe to practice with one another when their skills are minimal. The students later practice on clients at home, and when they come back to the second module, they say, "I had no idea so many of my clients were not in their body. I am just getting amazing results." In the second module, I begin introducing the basics of the coupling dynamics—which weren't taught to me until toward the middle of the second year in my SE training.

Here are some boundary exercises that repair ruptures in the field:

- Standing Push, in which they push me away from them—one arm, other arm, both arms
- Supine Push with the Legs—one leg, other leg, both legs
- Coming Towards them until they say "Stop" at the point at which they sense their activation level rise as I approach them
- Clearing the Directions by moving incrementally around the client and doing tracking in each position that brings activation
- Standing Back to Back and leaning against each other to know what it feels like to have someone "have your back"

At some point, the client and I both feel confident to allow some of their own traumas to be recalled and tracked through to discharge, because the charge and reactivity in their body has been whittled down to a level where they can track sensations and stay in their body while they complete remaining defensive responses from their real, historical life, which by that time are much less frozen than they were before this work.

Is this the "mildly curious" point?

Yes. All of the work is done in the "mildly curious" realm, whether we are finding a resource, working out of context, or working in context. By going through these stages, by the time we get to "in context," the client is *able* to be mildly curious, whereas if we started in-context, the client would not be able to be in the mildly curious stage. The activation would be too high and they might become overwhelmed dealing with the material, or they might tune out on it.

Can you give an example of tracking sensation?

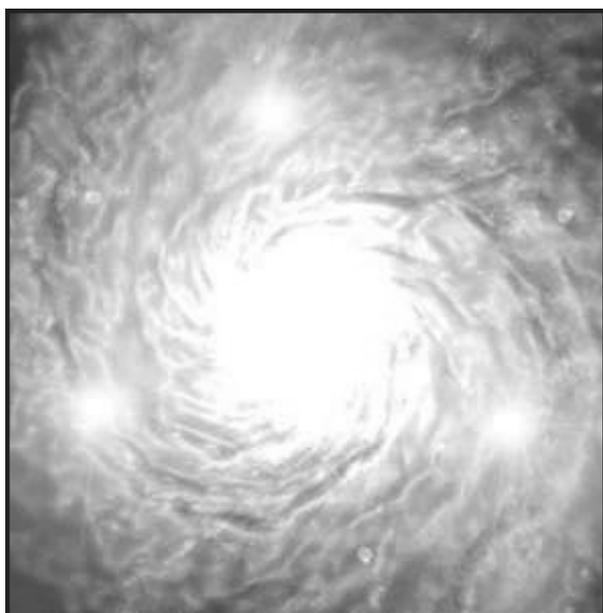
In the middle of tracking, they notice the start of a headache. I ask, "*Is there pressure in that headache?*" "Yes." "*Does the pressure go from inside out, or outside*

in?” “From inside out.” “Great. Let your body know you got that, that it’s going from inside out . . . And then just let me know what happens next.” “It’s gone! It went out the top of the left side of my head . . . Oh, that’s where I hit my head on a branch when I was climbing!” “Let your head know you got that.”

Here’s another one. The client has been doing great tracking, energy is flowing nicely and they’re feeling good. Then they tell me, as they touch their belly, that they are suddenly feeling yucky. “Yucky,” I say with interest. “Like nausea?” “Yes.” “Okay, ask the nausea what direction it wants to go.” “What, are you crazy? Of course it wants to go out my mouth! That’s what nausea does.” “It’s just energy moving through a digestive area. Humor me just this once, please, and ask it what direction it wants to go.” A pause as they tune in. “It just went out my back. Now the nausea is completely gone. How weird! And something is shifting in my torso, like I just gave myself an adjustment.” “As you say that, what happens next?” (By using the word “next,” I’m inviting the client’s consciousness to realize that changes can happen, that things don’t have to stop here. This is important to do because trauma freezes time as well as space. As the time freeze discharges, behavior that was locked in by trauma at a certain age begins to melt away, and the client can be more in present time. They might notice things in the environment: “Wow, those flowers on the table are beautiful. Have they been here the whole session?”

When a strong emotion arises in a client that you think they might not be able to handle, what do you do?

As soon as I see an emotion arising, such as sadness, I teach the client to notice it as a body experience. I might say, “I’m seeing an emotion building in you, and I’m going to teach you how to ride it, to get the most



healing out of it. What is the emotion?” “Sadness.” “So just notice where it is in your body.” They may touch the areas. If they don’t seem to know where the area is, I’ll name a few body areas. Sometimes I know where the area is, other times I don’t. If I *do* know where the area is, I name that area and two other places as well so that I am not telling them where it is. The value is in them finding it themselves if at all possible. If I need to confirm the area they name in order for them to begin to trust themselves, I will do that.

So, let’s say they name their chest. I say, “Your chest. And what is the sensation there that lets you know it’s sadness?” I ask them for the sensation that lets them know it’s sadness because we want the client to begin to notice emotions as body sensations. This is how the trauma will release. “Tight. . . heavy.” “Good, you’re getting it. What else are you noticing?” “Something in the throat . . . liquid pushing through my eyes and sinuses.” Pause. “That’s it . . . Yes, breathe . . . Stay with it . . . You’re doing great . . .” They sigh. “Thaaat’s it. Now it’s settling . . . You did it! Good work! You rode the wave! This is the way you’ll learn to follow any emotion.” They smile. “You rode the wave!” This new ability becomes a resource for them to recall and track. I’m coaching them to be like a surfer who knows how to ride a big wave instead of getting pounded into the sand.

When they embody the emotion, they relate to it in a way that lowers the activation into the discharge zone, and then we both watch their body discharge one shock after another. Once they get that skill, and the emotions are more manageable, they’ll name the feeling of, say, anger: “I feel anger.” “Where in your body?” “Down the front of my leg.” Pause. “What’s the sensation that lets you know its anger?” Pause. “Umm, I want to kick something! Wow, that’s weird. I don’t think of myself as a violent person.” “So let your leg know you got that, that it wants to kick something . . . And let me know what happens next.” This might lead into preparing to

My attention is with the health inside— the vibrating, shimmering light force within the freeze

kick, then letting the leg move slowly in exactly the way it wants to in the kick, which might be out of context or in context. They will then settle deeply for a few minutes, unless there are more parts of their body that want to join the completion party! Depending on the activation response, some stages of “imagine, prepare, do” may be skipped, or the client may feel completely resolved by just imagining it. The energy that was released is no longer driving their system and leaking out at their family members and other people they interact with.

So, for example, a male client was referred to me because of unresolved grief that had debilitated him

since he lost his wife to cancer after a long illness. Two years later he was still seriously debilitated by his grief. I resourced him in his good memories with his wife, teaching him to follow them as sensations instead of just emotion. He learned to ride each powerful emotional wave in a way that was less racking to his body. I also taught him Trauma Releasing Exercises. Every time he

**“Let your body know you got that.”
This phrase moves healing forward
exponentially.**

felt a wave of grief, he put his body into tremor position. He was functional in about 17 days.

Is boundary work useful in working with birth trauma?

Absolutely. Birth is often about boundaries, but birth trauma may not come up unless boundary work out of context has already reduced the charge. To give an example of work I did with a client: The client has strengthened their boundaries so that now the inherent treatment plan is bringing forth the unresolved trauma of the umbilical cord being wrapped around their neck during birth, which means that the further they descend in the birth canal, the tighter the cord gets. This is potentially a life-threatening situation, yet the baby has to get out. On questioning, the client’s sensation in present time is of something tight around their neck, with a feeling of being choked. It seems to originate from outside of them. It feels more like a cord than like hands. They are able to let me know all of this because we have done enough resourcing and boundary work and the associated tracking of sensation so that the client is able to watch these things rather than be overwhelmed. I let them know they can slide their hands up their neck, between their neck and the cord they are still feeling, and widen the cord enough to slide it over their head, which they slowly do, with discharge and great relief.

Or, if a client is feeling some pressure coming in against their temples, they can take their hands and push out against the pressure until they feel the pressure in their head disappear. They are usually pushing against my hands, which are standing in for the maternal pelvis or the forceps. They can feel the sense of having the power—finally!—to get that channel opened up so they can complete their birth without such a problem. These things don’t have to be big interventions. Sometimes these impulses are very simple and may be resolved in only a couple of minutes, but allowing their completion has a profound effect when the client tracks the somatic experience all the way through to reorganization.

Sharon, can you talk about the importance of both the practitioner and the client being mildly curious when

tracking sensation?

Mild curiosity is a key to the process of allowing our impulses to move and fully discharge. If the client becomes *overly* curious, it begins to compress the system. It comes down to trying too hard instead of allowing the system to reveal the healing sequence. The first time I touched Franklyn’s head when I was a cranial student, he said, “Don’t glom on.” It is the same thing. When you or the client begin asking, “What’s going on?” or think, “I gotta figure this out,” there is too much curiosity, and the client will not be able to get into the discharge zone or will start to come out of it if they are already there.

Sometimes this is just a habit, where the client is *trying* to make things happen. By the time clients find me, they have usually gone through a lot of different types of therapy and they know how to do things like put a white light around themselves or tell their body to relax. They are so used to *doing* things to their bodies. They are used to being able to perform well. They often think they should be ready to work hard, and some of the work they are used to doing is actually not effective for opening the neural pathways. So I teach them.

Part of the art of doing this work as a practitioner is to be able to be mildly curious about what is happening in a client’s system while at the same time being able to consider several options, minute by minute, and to use your voice to support self-regulation.

Let’s say I can see they are trying to do something with their arm and I ask them what is happening. They say, “I’m trying to make it relax.” I respond by saying, “So, that is what *you* want it to do, but what does your *arm* want to do?” After some observation they, might say, “Oh well, actually it wants to make a fist,” or, “It’s trying to grab on to something, and I don’t even know what that’s about.” I am taking them from thinking about what they *think* their body *should* do to what it actually *wants* to do. I am getting them to be curious about it in a way that is more effective for the nervous system. It is a subtle difference, but it is a very big difference. After they tell me what their arm wants to do, I will say, “Just let your body know that you got that—that it wants to make a fist.” This response back to the body brings on more layers of wonderful processing—establishing a conversation back and forth that keeps driving the engine of the loop.

I give clients a handout called Self-Tracking for Clients (see pages 30–32). It gives them a lot of clues on ways to continue following what is going on in their body when they go home after the session. I let them know it will save them a lot of money if they use it. Many of them are able to keep their neural pathways open by periodically checking in with their body between sessions, and they proudly return with a report on their progress. I also let them know not to track things

that are overwhelming, because that is when they will need a bit of help. I don't ever want to have them feel unsafe when they are on their own.

Why is the phrase "Let your body know you got that" so important?

It's interesting. You'd think it wouldn't make any difference, but it does. The energetic and sensate response is two to three times stronger, especially for a significant insight, when the client takes their awareness back into their *body* rather than when the client just tells *me* what they are noticing in terms of internal experience. I think it has something to do with restoring the relationship between our consciousness and an aspect of self that has been split off, overridden, or ignored. I know it sounds odd, but the body does not necessarily have the connection to the mind. So even though the client can pay attention to and bring to consciousness a sensation in the body—such as a burning sensation in their right abdomen—and even say it out loud to their practitioner, their body doesn't necessarily get it as fully as it could. You would think the body would overhear what you are saying to your practitioner, but this is not necessarily the case. I have found that when a person takes the awareness directly back to the body by saying, for example, "Belly, I get that you're burning," it increases communication between mind and body in a way that has a much better therapeutic response. It is a direct communication, not just an awareness. Awareness can be amorphous. For your body, when you really get it, it's like being the little boy climbing on the school jungle gym who yells, "Teacher, Teacher, look at me!" And the teacher turns and looks directly at him and he is so happy. She *noticed!*

And then he is motivated: "Let's see what else I can show her!"

After the body gets it, there is stillness as the body goes through further reorganization.

After someone lets their body know they got it, I might add, "Let's see what happens next." This last line tells the client's system that it is no longer frozen and that it is free to keep going. For example, the belly stops burning, and next the spine decompresses. One healing sensation after another may follow in this vein.

This is one of the major ways in which my work is different than the SE taught at the Somatic Experiencing Trauma Institute.

An unusual aspect of your work is that your hands are sometimes moving around. What are you doing?

As I mentioned previously, my hands are moved by the energy of the client's system. Whether or not I am physically touching the client, my hands let me know the precise effect of my words and tone, and that feedback continually improves my efficacy. This has been useful in being able to know in the moment the effec-

tiveness of the phrase I use and whether or not it is improving the client's system. I am able to simultaneously follow about 30 different energetic phenomena that can occur. This gives me instant feedback on what works for me, and I have found the phrase, "Let your body know you got that," to be one of the most effective things that I as a therapist can say.

My hands are also a non-verbal way for me to help my students and clients see the unseen part of the session, which gives them patience and curiosity to wait for the full reorganization to occur after a discharge, because my hands have shown that there is a lot going on in what is also stillness.

In my sessions with you, particularly the first session, I was amazed by the amount of material we processed. We were able to get more done than I could have ever imagined, and in such a thorough way. The process continued for a couple of weeks—even a month on a more subtle level. What is it about STR skills that allows this to happen?

In addition to all that I have already talked about, I think it is my familiarity with the energy system and being able to work with it so directly. It directs my timing in precise and refined ways through both the cranial system and the electromagnetic field. That is where my background in Polarity Therapy comes in.³ I'm also fearless and creative as well as being genuinely fascinated.

I never stop learning, and my enthusiasm and confidence transfer to my clients.

I also attribute the effectiveness of what I do to what I've learned directly from Peter Levine and Pat Ogden, who were both teachers in my SE training. Pat has gone on to co-found Sensorimotor Psychotherapy, another modality based on SE. Peter and Pat taught me a lot about how the energy system is affected by words and why it is important to choose our words carefully. They

Birth is often about boundaries, but birth trauma may not come up unless boundary work out of context has already reduced the charge.



also taught me how, why, and when to adjust the tone and pace of my voice, the level of presence I carry, and the way I move. They also taught us about the micro-movements that some practitioners need to do to keep their bodies from freezing up when they are sitting so long and resonating with traumatized people, because a

**There is a point of contact
where the client's system lights up.
It is not simply contact that is
comfortable. It is coming into contact at
the place where the client's system
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freeze held in the practitioner dulls or deadens the client's system. For the same reason, I am automatically tracking my own body while I'm working with the client, so nothing gets stuck in my field that would slow down the process in my client. It is a sophisticated combination.

Could you tell us about the importance of having your eyes open and having genuine contact and presence in a session?

It is important as a practitioner to be at a level of contact that provides the maximum therapeutic benefit to the client. There is a point of contact where the client's system lights up. It is not simply contact that is comfortable. It is coming into contact at the place where the client's system starts to move and becomes alive because of the connection being made. I think many people are scared to get to that place where the system lights up. Maura Sills taught us how to make this contact during a short version of the Core Process Psychotherapy she teaches at Karuna Institute. We did exercises with each other where we would sit opposite a partner and question each other about what we were experiencing when we moved in and out energetically. This helped us see the importance of not backing up so far—either physically or psychically—that contact would be lost.

Keeping your eyes open is also very important as the practitioner. The body presents many clues, and if your eyes are closed, you may miss those important clues. It is also much more difficult to stay present and not dissociate or go into trance states when your eyes are closed. Standing up while working with your client also helps maintain presence, grounding, and contact.

An interesting sidelight: The vagal nerve is a big part of the connection between the eyes and the neck. Dr. Stephen Porges, who developed the polyvagal theory, points out that when the client's head is slowly, unconsciously turning during a trauma session, improvements in vision and neck mobility will be greater if the

client keeps their eyes open during these micro-movements. This is because of the influence of the ventral vagus on the eye and facial muscles. Lori Parker discusses how to talk your clients through imitating sadness, anger, and fear by holding tension in the muscles that make up these three expressions. You then track each of these contractions to release the “false self” masks that formed as survival mechanisms.

Do you track your own system while you are working with a client?

Yes, I track myself just about all the time that I am following them. Some of their energetics pass through my body on the way to resolution because their field expands a lot as they work with me. Sometimes I can feel their pain physically, or the emotional tones and so on. I thank my body for the information and let it pass through so I don't hold on to it. Tracking my own system also enables me to take notice of places in their story that have resonance with my own experience. Having this awareness allows the energy to move through my body and not become stuck in a way that slows down the client's process. As I mentioned, Peter taught me to do micro-movements if I felt myself starting to freeze up around a client's work. Little turns of the head, maybe the mouth, maybe slight changes in the position of my pelvis, in order to be more present if my body is feeling like it is numb or asleep.

Also, I want to say that as a therapist, it is very important to seek therapy and supervision and to practice exercises such as meditation, as well as continually improve on your own system's clarity. Doing this enables you to be more present and clear with yourself and clients.

What about when, as a practitioner, one begins to feel floaty or ungrounded?

My general suggestion for practitioners would be that when you feel floaty, ungrounded, sleepy, or woozy—perhaps from anesthesia being released—get back into verbal contact with your client, because you may be resonating with anesthesia that remains in their body. Once my students have discharged all or most of their own anesthesia, they can learn to identify how anesthesia shows itself in the client's field as a particular energy signature. The shock is in minute particles that need to be discharged by the practitioner (and client if they can) focusing on the health in that same field. As you sustain that concentration, the anesthesia floats away from the body and the client describes clarity of vision and consciousness that can be quite extraordinary. We resource that clarity, of course, whether we deal further with the medical intervention or not. Here I am combining my own explorations with what I've learned from Franklyn Sills and Ray Castellino.

As primarily BCST practitioners, how do we integrate this work without becoming talk therapists? I bring this topic up because I have often heard craniosacral practitioners say they are resistant to doing any type of talk therapy. Can you expand on this?

A lot of the bodyworkers I train are not used to talking very much. They don't want to, so I have to lovingly push some of them, and it takes a while for them to learn how to do it, but when they are trading sessions with each other and working with each other in class, they experience the benefit of using language that works in this way, and they dig in and take my corrections seriously. I also make them copy my intonation and phrasing so that they get used to giving the benefit of using their voice with the precision of an instrument for healing, the way they have already learned to use their hands and their heart. They will still give some sessions in which they don't talk very much, but if talking will help, they eventually find it coming naturally to them.

The bodyworkers also learn that I am really talking to the nervous system, not the mind, and I am talking in a different way than a talk therapist talks to the mind. Talking in STR is not done to analyze or fix things, or to go into cathartic emotional states, but to allow the client's system to open up and frozen responses to complete. Telling the story over and over is not helpful in any kind of therapy. When we, as STR practitioners, hear a story, we listen in a way that allows us to gather elements of story we can later work with neurologically. I don't want to limit myself to only bodywork if very carefully placed language, tone of voice, and so on can make the client's process much easier, safer, and more complete. I don't have any problem talking where it is needed.

Your trauma training is only 18 days spread over a year. I am wondering if anyone off the street can come in and take your training and be able to navigate it?

It's a challenging and rigorous course, no doubt, because I'm teaching on many levels and cover a lot of ground. I've kept it as short as I can to make it affordable. However, I've added several new skills to the course, including the vagal work and Trauma Releasing Exercises (TRE). TRE consists of six simple stretches, followed by lying down and adjusting the legs in such a way that the body tremors off trauma and overwhelm safely, under the regulatory control of the client. TRE is amazing for opening up the cranial system. I also want to teach more about how I do distance Skype sessions via computer, which means you can live anywhere and do STR that includes using many of your cranial skills by tracking the cranial system on Skype without having to touch. So I'm redesigning the course and will add six more days to it the next time I teach it, to give it more spaciousness. Many students benefit from taking STR more than once, even skilled STR practitioners. Some experienced bodyworkers or licensed therapists have a

lot of unlearning to do because they have learned so many therapeutic things that are not as effective when working with certain levels of trauma and freeze responses in the body. It is not always the people that know the most that have the easiest time learning STR. I'm also asking potential students to do more of their personal trauma work before taking the course.

My training is what I would call a basic, foundation training. It gives the beginning skills. If students practice enough, they become quite good. I am also available to mentor my students in person or by phone or Skype if they are having trouble with the material. One student paid me to watch her give Skype sessions while I corrected her in front of her practice client. Students can also bring one of their challenging clients to me, watch me give the client a session, and then get advice from me on how to continue. And lastly, I have video of most of my modules that students can review repeatedly to help them absorb challenging material. This is making a huge difference for some. I'm also planning some process workshops to help people go through more of their own work before they take the training. Sometimes they are going through so much of their own discharges during the training the first time that it is hard for their analytical brain to function some of the time, so they need to repeat the material again to get how to actually do this with other people. These are options that help people get the material, whether they are fast learners or not.

In general, biodynamically trained people can learn it fairly quickly if they can adjust to my different way of working. I help practitioners integrate their modalities with the STR. People do need to commit time to practicing between modules. If they don't, it is very difficult for them to continue to grow because the skills I'm giving are layered upon each other and if you don't know the first layer, then the second layer doesn't work. Most of my students are not RCSTs, unless I'm teaching for a BCTA school, but that background surely helps. From my experience of training cranial practitioners, I've found that their ability to notice the cranial tides, the direction of force vectors, lateral fluid fluctuation patterns, midline dynamics and other cranial phenomena increases and gives them a real advantage in client work, especially since they find themselves beginning to notice these cranial phenomena from off the body as well. BCST is an extraordinary way to access the intelligence of the system. ♦

FOOTNOTES

1. This incompleteness, by the way, causes a high shoulder.
2. Peter Levine has said that, aside from Trauma Touch, which he developed, Biodynamic Craniosacral is the best touch work he has seen for working with trauma. Even so, Peter says that he doesn't do even supine Trauma Touch until he has done as much non-touch trauma work as he can.
3. See article on The Energetics of Somatic Trauma Resolution on Sharon's website, healthwaveinstitute.com/articles.html.

Tracking Sensation: Information for Clients

Sharon Porter, RCST®

Sharon Porter has generously provided us with the information on tracking sensation that she provides to new clients in her emailed welcome packet. She requests that the clients print it out and keep it to refer to later. She tells them it will make more sense once they have experienced her work. In this way, the clients are encouraged to use STR at home to move themselves along more easily in the process.

SELF-TRACKING FOR CLIENTS

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A Reminder on how Somatic Trauma Resolution works: I usually track a Resource with you that creates a counter-vortex to the trauma vortexes in your life. I help you to become mildly curious about the sensations that arise, in such a way that your neural pathways open up. This allows trauma-bound energy to discharge from your body in many forms: electrical shock, heat, nausea, trembling, and shaking, along with a Relaxation Response. Time is given for reorganization of your body/mind at all levels. In a session, we may go through several rounds of this process.

There is much that you can do to allow your nervous system to adjust to and be empowered by change rather than freezing up around it. If you get stuck, just call me.

1) Track a Resource that you can refer back to when you are feeling stuck. Ask: What do I do (or have done) that I enjoy, that I feel empowered by and successful at? Best to choose something that has body action to it (hiking is usually better than meditation). Then follow the sensations in your body. Keep going for a while, noticing the effect on your body *overall*, then checking in to the muscles, cells, organs, *molecules*.

Then Recall or Visualize the incident you want to discharge, then discontinue the stimulus (memory) and just go into sensations. This is usually enough technique to sail through several layers if the incident was recent.

If not completing:

2) Ride an Emotion: When an emotion arises, ask "*Where is it in my body?*" Once you get the place, ask, "*What is the sensation that lets me know that it is there?*" Once you're into the sensation, just take a curious interest in it and watch what happens next. Your curiosity will help to keep the activation level in the Zone where energy can move. Follow it.

3) Appreciate discharges: As shock or stuckness is discharging, it is often felt as trembling, vibrating, shaking, expansion in the chest or elsewhere, temperature changes, twitching, and nausea. The more you pay attention to it, the more the neural pathways open for discharge. If your mind wan-

ders off, bring it back with questions like: "What's happening next?" "And then what?" "What's it doing now?" (These carry it forward through time.)

If nausea comes up, ask it, "What direction do you want to go? Then acknowledge that to your system and watch what happens. If a place is tight and doesn't seem to be going anywhere, ask, "Tight like what?" A metaphor will pop up and get things moving again.

If there's pressure, notice the direction of the pressure. (Does it want to go from inside to outside? Outside to inside?) Then acknowledge that direction to your system and watch what happens. The direction will usually clarify the intention of the molecules so they can get sailing again.

When more than one sensation is obvious, first pay attention to the one that is moving the most, or feels lighter or more lively. That will usually get the whole system moving. Or you can wave back and forth with your attention between the lively one and the stuck/frozen one.

If you are tracking as first aid, about something that is happening in the present, the sensations will usually be moving very easily, without much need to question or clarify. Just follow them into the sense of stillness or peace or completion.

You may feel tired after a discharge, as the nervous system is reorganizing. That is perfectly natural, and a good sign that you did something that is enabling you to heal. Take rest when your system is calling for it, then enjoy the energy when it is in a more outward form. Your system may wave in and out between needing rest and feeling outwardly energetic.

When you have followed a discharge to what seems like its end, you can re-challenge the system by thinking of the upset and then tracking again. You can keep doing this until tracking the upset has no more charge and in fact brings feelings of warmth/power/ expansion/peace.

If you feel too charged by something to be able to get into the Discharge Zone, try walking out into nature, or ask a friend to put their hand on your upper back. Opening your eyes may also help.

Sometimes the tension in a muscle or body area does not go away but intensifies as you track it. This is usually a muscular organizing toward wanting to complete an action, an expression, or to say something that was frozen in space. So you can let the muscles show you what they want to do. A specific movement or gesture may come up. Just allow your body to complete the movement and track throughout the action and afterward. It is often helpful to first Imagine doing it and track that, then Prepare to do it by engaging the muscles (push your Pause button and track that), and then Do it, followed again by tracking. This will usually bring expansion.

Large gymnastic balls are available from 1-800-PLA-BALL, which has a great catalogue. Balls are great because they introduce subtle movement and discourage freezing. They work well with reinstating balance, opening the pelvis and legs, repairing falls, regaining childlike joy and spontaneity, and restoring physiological function. You can sit on a ball while at your computer or talking on the phone, for example, while rocking around or back and forth now and then. (Our bodies are not de-

signed to sit still for hours.) Take breaks to roll around, bounce up and down (Romper Room!!!), arch back over the ball (yoga stretches), lie over it on belly (being pregnant, embracing the world are common metaphors), or use it for abs and back-strengthening exercises (Pilates-type movements are good). The balls are also sold at numerous discount stores.

When sitting on a ball with feet on the floor, the thighs should be parallel with the floor. A 75 cm ball fits most mid-sized people when blown up more or less—more is more challenging/fun for balance but less cozy and stable. Buy a \$5 hand pump with it to make adjustments for size and need. 55cm for children, 65cm for older children and small adults, 85 for really tall people. Clear balls take up less visual space in a room. If you buy several sizes you may need to hang them in a net from a corner of the ceiling.

After each session, be sure to drink plenty of pure water to support elimination of toxins from the cells as old patterns are dissolved and the body seeks a higher level of productivity and wellness.

You are also welcome to call me for help if you can't work through something on your own. I would rather you call me than that you are in discomfort unnecessarily. For calls of a few minutes there is no charge. Beyond that the rate is the same as for a private session. I can often follow your body from a distance.

For more about this work, go to HealthWaveInstitute.com.

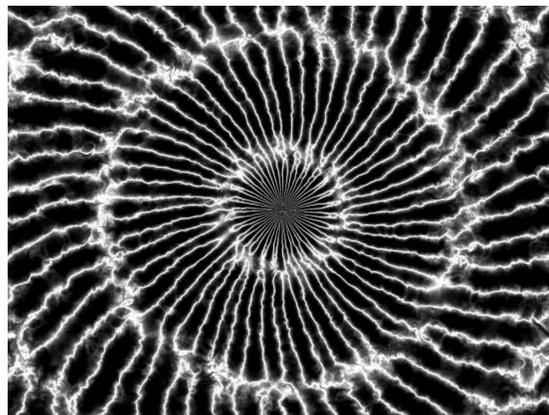
Discovering Fire

Mary Maruca, RCST®

I love this statement by Pierre Teilhard de Chardin, the 20th-century Jesuit priest and French philosopher:

The day will come when, after harnessing
space, the winds, the tides and gravitation,
we shall harness for God the energies of love.
And on that day, for the second time in the
history of the world, we will have discovered
fire.

These words open my heart and remind me that as I give or receive BCST, I come a little closer to what is most true in myself. My mind slowly quiets like a restless child in the arms of love, and sometimes, over and around me (and, thankfully, more and more often), a wind or tide or wave of seemingly motionless eternity fills the room and makes me indistinguishable from itself. On these days, as the energies of love transport me, I draw nearer and nearer to the verge of discovering fire. ♦



Dancing with the Midline: Tai Chi and Biodynamic Craniosacral Therapy

Susan Bloye, RCST®

Susan Bloye is a lifelong artist with a yearning to help others experience the wholeness that comes with a connection to creativity. An art teacher for many years, she discovered the power of chi gung and tai chi as a source for grounding in her own life and became a committed practitioner and teacher of these arts. To further understand the healing power of the subtle energy that she experiences in her practice of tai chi, she studied Polarity Therapy, homeopathy, and Biodynamic Craniosacral Therapy. She lives and practices these arts in the Ann Arbor, MI area.



As I practice my tai chi, I am continuously amazed at the body awareness and intuitive wisdom embodied within this martial art developed by the ancient Chinese. I started my tai chi practice about 25 years ago, soon after I graduated from college. The teaching and practice of this form, or exercise routine, has taken me through many passages in my life. Tai chi is a martial art, a meditation, and a dance that brings health and balance to one's life. Even though I have studied the martial art interaction of tai chi chuan (which is the formal martial art name, meaning *Grand Ultimate Fist*), my practice now is more similar to chi gung (qigong), a physical exercise that practices aligning the breath and movement to build health. Many of the movements between the two practices are similar, with tai chi chuan having influenced the development of chi gung. I continue to use the term *tai chi* when I talk about or advertise this work because it is more familiar to people than chi gung.

For the last 15 years, I have had the good fortune to teach tai chi and chi gung movement through my local community college, mainly to senior citizens. It is a tool that helps my students become more aware of their physical bodies, connect into their systems' inherent intelligence, and perceive a larger wisdom in the world. My long-standing appreciation of tai chi grew as I went through Biodynamic Craniosacral Therapy training a number of years ago. In Biodynamic Craniosacral Therapy, we connect to the underlying fluids that bring inherent wisdom to our system through the midline. In practicing tai chi, we are dancing with the same fluids that bring us both into a centered calmness within our core and connect us to a wider awareness of the universe. There are many similarities between BCST and tai chi, with the key link being a midline awareness of the body.

In this article, I will introduce the reader to some of the concepts, principles, movements, and health-building

benefits of tai chi and talk about the intersection of BCST and tai chi. I will also provide the reader with a tai chi exercise, Stroke the Bird's Tail, that I have modified so that practitioners may more consciously connect with their midline.

THE PRINCIPLES OF TAI CHI

One of the gifts of tai chi is the set of principles that have been set down by the ancient masters. One place these are clearly laid out is in a small book called *T'ai Chi For Health and Self Defense: Philosophy and Practice*, by Master T.T. Liang.¹ The principles lay down the foundation for how we can come into right relationship with our bodies to more fully move from the midline and allow energy to flow freely within our system. The stance for tai chi requires our body to have the head straight, as if suspended from above, and the pelvis tucked under; these things allow the torso to move as a unit (figure 1). The knees are always kept bent, with the feet shoulder-width apart and parallel, which allows the pelvic area to relax and open (figure 3). The jaw is encouraged to be kept loose, the shoulders relaxed down as the overall weight of the body is lowered. By taking the correct stance, all movement naturally comes from the *dan tien*, an energy spot just below the navel. By initiating movement from the *dan tien*, the limbs move with greater freedom, one's balance can shift from leg to leg with greater ease, and the body can stay in alignment and move from the central core or midline without any twisting in the torso. One continuously integrates the breath with all movements, allowing the breath to flow with each expansion and contraction of the body.

BCST AND TAI CHI VIEW THE ENERGETIC FORCES OF NATURE IN SIMILAR WAYS

Both craniosacral therapy and tai chi have the ability to bring one's spirit into a grounded centeredness within the body while at the same time deepening one's awareness of the interconnectedness of the universe. Both forms do this by tuning into a fluidic essence within the body. In tai chi, this natural flow is reflected by dancing slow-moving figure eights and circles. The body continually rises and falls with these movements, the pelvic floor and girdle rocking side to side in the same way that the pituitary gland is gently rocked front-to-back in the sella turcica during inhalation and exhalation.

BCST and tai chi both connect into the forces of expansion and coalescence (centrifugal and centripetal forces), the interplay of opposites (yin and yang), and

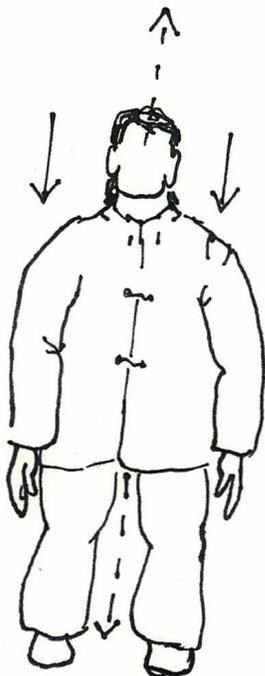


Figure 1

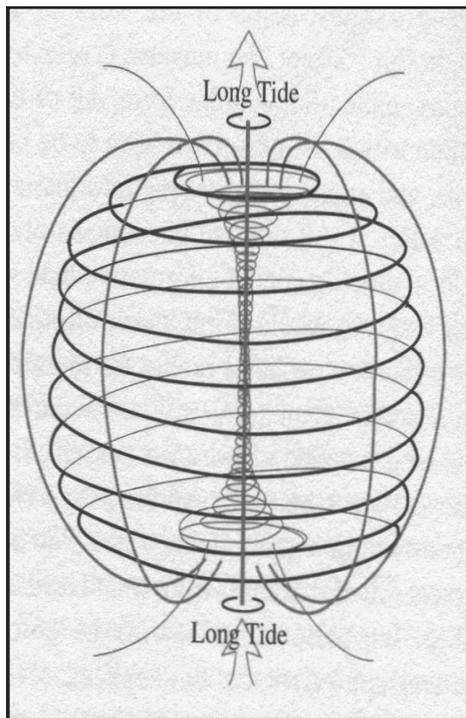


Figure 2

Reprinted from Sills, Franklyn (2001). *Cranio-sacral Biodynamics*, Vol 1, Figure 5.2, p. 56.



Figure 3

the idea of the system moving as a unified whole. “Centrifugal expansive energies flow out from a universal source . . . and centripetal motions and forces coalesce within this huge outflowing field to generate form. This . . . is an expression of the deepest Creative Intelligence at work” (see figure 2).² As I practice my tai chi, there are places where I am allowing the movement to flow up the center as I bring my body in closer to my core. This I feel as a centripetal (coalescing) motion, with the rising up of the *dan tien* on the midline as I lift for a strike or a kick. There are other instances where the movement flows outward from my midline as I turn with another kind of kick or punch. Whether I am drawing in the energy as potential energy while I rise (potential energy is coalescing or centripetal energy) or turning on the midline, allowing the arms or legs to flow outward with a centrifugal force, I am aware that I am working from my central core. This is when I am able to experience the effortlessness that is talked about in tai chi literature, a feeling of being connected to a “Creative Intelligence.”

The interplay of expanding and coalescing energies while dancing tai chi is one example of working with the yin and yang through movement. Other examples within the tai chi form include sinking and rising; breathing in and out; one arm down, one arm up; one hand open, the other a fist; and one side back, the other forward. The continual alternation between one side of the body and

the other allows us to experiment with nonattachment to one way of being. The concept of yin and yang is part of most tai chi forms, and playing with the concept is useful in connecting one into a midline relationship. In order to shift from side to side with knees bent and pelvis tucked under, one naturally comes into a midline relationship each time one shifts. In this way, physical, emotional, and spiritual balance is slowly developed through tai chi, just as it is developed in practicing and receiving BCST.

As we connect into primary respiration in BCST, we also connect into our breathing. In tai chi, it is very important to allow the breath to be continuously integrated with our movement. As we dance with coalescing and expanding forces and allow our breath to gently flow in and out, our system becomes more of a unified whole. As we know, “craniosacral motion occurs around specific fulcrums which act as leverage points for the rhythmic movements expressed by different tissues. The potency that provides the power for craniosacral motion [and thus primary respiration] is found at these fulcrum points.”³ All of these points are located on the midline of the body. We have learned that the natural fulcrum for the central nervous system is located at the front wall of the third ventricle of the brain. The cranial bones naturally fulcrum at the sphenobasilar synchondrosis. The reciprocal tension membrane system naturally fulcrums around the front part of the straight sinus (Sutherland’s fulcrum). When

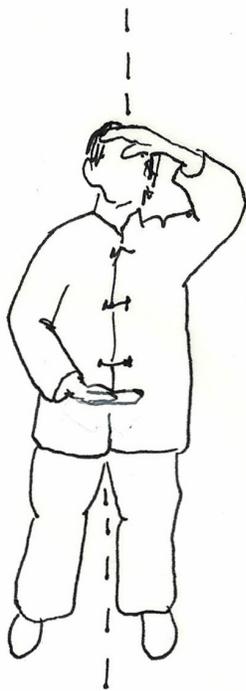


Figure 4

we use the midline to generate our movements in tai chi, we are connecting into these fulcrums. As we integrate our breathing with our movements, following the tai chi principles laid down by the ancient masters, we begin to move as a unified whole. When we come into contact with a sense of unity, inherent health comes forth to bring us into more balance.

WORKING WITH THE MIDLINE IN TAI CHI

As I trained in Biodynamic Craniosacral Therapy, I became aware of the importance of the midline as a source of focus for moving through life. While tai chi places great impor-

tance on the midline, it does so in a less direct way than does BCST, and many tai chi practitioners are less aware of the midline as a place from which to move or as an energetic aspect of the body. Tai chi, as a martial art, sees the midline as a more external and physical phenomenon, a way to gain the upper hand when leveraging your body against that of your opponent. As a fulcrum for moving through life, tai chi does not pay so much attention to the midline.

An observer of long-time tai chi practitioners might see people performing an exercise that seems to flow gracefully through space. As an instructor working with senior citizens who have not related to their bodies in this way before, I find myself seeking alternative ways to teach the joy of the tai chi form. I very deliberately get the students to focus on their midline by incrementally teaching the various moves and meditations from midline awareness. This allows for a focused awareness and disciplined movement from an internal place. It simplifies making the movements by providing a simple point of reference—the midline. My teaching in this way evolved as a result both of observing my students and becoming aware of the midline through my cranial training. Some students lose track of which arm is up and which is down. This seems to happen because they conceptualize the movement as the arms moving off to the sides of their bodies rather than keeping them centered. Some students have their dominant side strongly established, and the movement keeps getting repeated on the

same side rather than being executed symmetrically on both sides of the body. Having them bring their arms in to the center of their body, using the forehead and pubic bone for the top and bottom of the midline, helps keep them focused on moving the hands up and down, while bringing more centered balance to their practice (figure 4). I also feel that learning the form using the midline as a point of reference guides students to a more centered focus and helps them experience the movement as something internal rather than external. This is important in helping students relax. If they spend most of their learning time worrying about how they are doing or being judged, a layer of shame may be added to their experience. Simplifying the movements, breaking them down into small, sequentially added steps, and having the focus of the movements come from the midline creates more comfort in them while they move their bodies. Simply moving hands up and down the midline is easy for most people and a safe place to start. Though I don't mention it to the students, I believe I am helping them find a sense of resource by simply getting them into relationship with their midlines.

I was fortunate in my own tai chi learning to have an instructor who constantly encouraged us to find the tao, or natural flow, in each movement that we practiced. I have observed other classes where the instructor explains the correct position the student is to take and even walks around adjusting individual student's body positions. This has merit, especially when learning the form to use in martial art interactions, where one needs to use the physics of leveraging one's body against an opponent. I choose to encourage my students to process the form from a more internal place rather than be externally judged. I strive to set the tone right from the beginning, encouraging them to trust the inherent wisdom and health of their own bodies. This is the first step in helping the student connect into the fluidic aspect of their own being. For many people it is challenging to connect into their physical body, let alone the fluidic essence of themselves, and experience a sense of wholeness. I believe a beginning step to feeling safe in doing this is to allow the pressure from outside judgment to fall away. Slowly one begins to let go of self-criticism and treat oneself with gentleness and self-acceptance.

One of the first ways I deliberately have my students come into relationship with their midlines is through a set of warm-up exercises where I teach body awareness. First, I explain what the midline is, using the perspectives of a few different modalities. I discuss the midline from an anatomical perspective, noting, among other things, that it is a point of reference running down the center of the body. During the beginning set of warm-up exercises, I talk about how the midline can be used as a meditation focus and discuss the importance of having the midline gently stretch up above and connect below. I do exercises that incorporate some acupuncture meridians, and I talk specifically about the central and

Stroke The Bird's Tail



Figure 5



Figure 6



Figure 7



Figure 8a



Figure 8b



Figure 8c

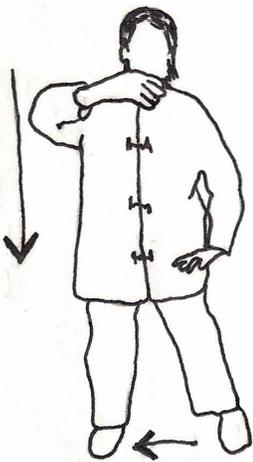


Figure 9a

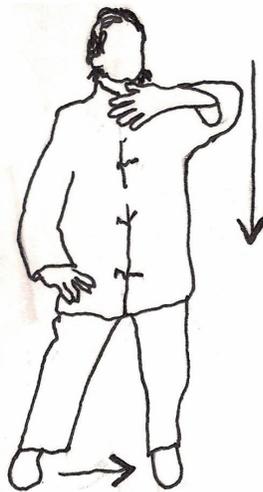


Figure 9b

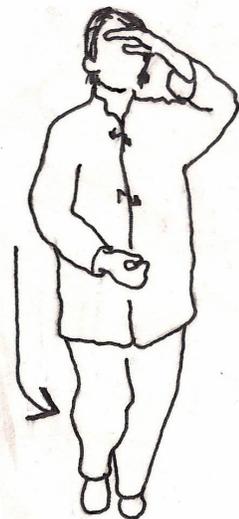


Figure 9c

governing meridians (the former runs up, and the latter down, the center of the body). I also talk about the dorsal and ventral midlines that are discussed in BCST.

Good resources for exercises that deal directly with the midline are those used by Brain Gym International. Brain Gym is a set of 26 exercises developed by educator and reading specialist Paul Dennison and his wife and colleague, Gail. “The exercises recall movement naturally done during the first years of life, when one is learning to coordinate the eyes, ears, hands, and whole body.”⁴ Working with these movements increases cognitive, physical, and interpersonal abilities. I was already doing some of these exercises as part of the simple chi gung warm-ups we do at the beginning of the tai chi classes, but as I became more aware of the importance of the midline through my biodynamic training, I added a few others that have proved to be very effective in bringing the students to a midline focus. Two that I especially like are the cross-crawl and hook-ups.⁵

Now I focus much of my tai chi teaching from a midline perspective. In addition, I have found success in helping the students learn tai chi by teaching a movement through repetitive, fluidic exercises that gradually build on a concept, rather than teaching a movement all at once. These methods have two benefits for the students. They have the opportunity to feel a little of the joy and beauty of flowing with the tai chi movements while at the same time learning the specific move in a deliberate, sequential way. Early in my form is the move “Stroke the Bird’s Tail.” Below is an example of how I teach this movement. I have gradually developed sequential lessons that build on previous concepts for many of the moves in my form, all focusing on understanding movement from the midline.

WORKING WITH THE MIDLINE WHILE LEARNING “STROKE THE BIRD’S TAIL”

I have modified the tai chi exercise Stroke the Bird’s Tail to help students get in touch with their midlines and thereby have an easier time keeping their arms moving alternately up and down throughout the exercise. Learning the first part of the lesson, which promotes continuous, fluidic, bilateral movement, is especially important before learning too much of the tai chi form, as it helps a practitioner learn to easily and fluidically alternate sides.

Stroke the Bird’s Tail

Try to do this exercise with an internal focus rather than looking at your movements with judging eyes. For some people, these movements are very complex. *Be very gentle with yourself. Go slowly, bringing fluidity into your movement while you integrate your breathing with the expansion and contraction of your body.* Allow your torso to move as a unit, while your pelvic girdle rocks in figure eights or circles.

The lesson starts at the midline, with one hand near the forehead and the other near the pubic bone. In accordance with the principles of tai chi mentioned above, place your feet shoulder-width apart and parallel to each other and gently bend your knees. Stretch your spine up toward the sky, and in a relaxed and gentle fashion, tuck your sacrum under. Keep reminding yourself to relax both shoulders down. Move your arms so that your hands pass by each other like two elevators passing in elevator shafts (figure 5). Remember to breathe and to bend your legs, so that the movement continues to be a full-body experience. It is important to periodically pause to shake out, as shoulders, knees, and waist tend to tighten up.

After a while, have your palms turn to face one another to get to the top and bottom position. This begins to create the feeling of holding a ball of energy (figure 6). Pause and imagine you are holding a big ball of energy between your hands.

Then, when you are comfortable with this, imagine squishing the ball, having the hands pass one another and go to the top and bottom of the midline (figure 7). Continue to alternate positions: one arm up, one down. As your hands move from top to bottom and bottom to top you will find them naturally turning so that the upper hand that is facing down begins to face up as it moves toward the floor and the lower hand that is facing up begins to face down as it passes by the other hand. Remember to breathe and to bend and unbend your knees periodically, as squishing the ball may create some intense energy sensations. Bending the knees and breathing will allow you to embody the energy.

After you are comfortable working with this, begin to “stroke the bird’s tail” (figures 8a–c). Imagine that a large bird is sitting on the forearm of your arm that is lower. Begin petting down the back of the bird (figures 8a and b). The lower arm moves upward as the upper arm moves downward. Remember to return to the forehead and pubic area (i.e., the top and bottom of the midline) each time (figure 8c). By the time your hands get to the bottom and top of the movement, your palms will be facing each other again. Do these movements for a bit, until you feel comfortable. Remember to bend and unbend your knees periodically. Notice how the exercise builds slowly and incrementally with the simple bilateral movement of arms up and down the midline.

Now, you will begin shifting your legs in rhythm with your arms. You will have most of your weight on the leg that is on the same side as the arm that is up (figure 9a). Begin to shift your weight to the other side as you stroke down the bird’s back (figure 9b). Continue this motion. As you alternate sides, you will always find that your weight is on the same side as the arm that is up, making this side of the body the yang side, or the side that is up and weighted.

Finally, as the above exercise begins to get comfortable, allow the yin (unweighted) foot and hand to shift into center just before beginning to transition to the other side (figure 9c). I usually say something like, "Bring the foot and hand into center." Once it is into center, the foot then is placed back where it just came from, heel first, without weight on it. We call this placing the foot without weight on it "empty step." After a brief pause, the weight shifts slowly onto that side by bending the knees and sinking, the arms making the movement of "stroke the bird's tail." Repeat this many times, shifting from side to side. Remember to relax your shoulders, breathe, come back to midline each time with the palms facing each other top to bottom, bend your knees, and sink as you transition from side to side. You will notice that as you continue to do this, your pelvic girdle rocks in a figure eight or a circle.

Again, for some people, these movements are very complex. Be very gentle with yourself. Go slowly, bringing fluidity into your movements while you integrate your breathing with the expansion and contraction of your body. Allow your torso to move as a unit, while your pelvic girdle rocks in figure eights or circles.

THE BENEFITS OF TAI CHI

Many people come into my classes because either their doctors have told them tai chi would help them or they have read about the health-building aspects of the practice. Many have said that their balance has improved and that they have less pain with their connective tissue or bones. I have experienced the whole room shift into a deep quietness, and students have reported that the practice helps them with stress levels. Even some of my very elderly students with compromised health who find it challenging to alternate between both sides of the body comment that they feel better after tai chi class. As men-

tioned above, my approach to teaching tai chi developed from a yearning to share its many health-building and relaxation benefits right from the first class. I strive to connect students into a sense of fluidity and inherent balance right from the beginning by helping them learn to connect into their midline.

Orienting to midline awareness in both Biodynamic Craniosacral Therapy and tai chi brings forth the inherent health of a person's system in a gentle, organic way. In practicing tai chi, we come to appreciate and trust that inner core that contains our inherent wisdom. Teaching tai chi through a midline focus helps students have a point of reference to process the many different moves. This helps them keep returning to studying the form because both their minds and muscles build memory after repeating a simple move. Slowly building on each concept helps the students feel the energetic rewards that tai chi offers while at the same time building bodily strength and flexibility. As we know, healing comes in layers as the system processes and integrates our experiences. Teaching tai chi with an awareness of moving from the midline allows our body to draw resource from the greater wisdom of the universe and the inherent healing power offered to our systems over time while at the same time exercising our physical body. ♦

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E-Newsletter Going Strong

In addition to this professional journal, we also have our monthly e-newsletter. This online publication serves as a forum to keep our community in touch about current events and issues and to share informative articles, resources, and inspiration. *Watch for our monthly editions, as they often contain important updates and information.*

If you have articles of interest, would like to write a book review, have online resources or poetry or stories to share, feel free send them in. We love your contributions! If for some reason you are not receiving the e-newsletter, please let us know. For contributions, questions, or address corrections, contact Robyn-Michele Jones, editor: robymichele@sbcglobal.net.

Liability Insurance for Members

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

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

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

With Hands Floating on Tissues

Kate White, RCST®

Kate White is a Biodynamic Craniosacral and massage therapist and a prenatal and early childhood educator. In 2009, she completed a training in pre- and perinatal therapy with Myrna Martin. Her work combines somatic therapy with brain development, attachment, and trauma resolution therapies.



Franklyn Sills offered an advanced course in Biodynamic Craniosacral Therapy in Washington, DC in August 2011 that supported his new book, *Craniosacral Biodynamics*. Five days of training led therapists to a new level of practice. Here are some highlights from the workshop.

“Letting go, letting be, highest practice.” Franklyn began his workshop with this quote from *Cultivating the Empty Field: The Silent Illumination of Zen Master Hongzhi*, explaining that we live in relationship with others and with what he called Source, an energetic place of connection with life. He lectured that life is reclamation of being and that the therapist’s job is to provide a safe holding field for the client as well as to establish an awareness of a “being-to-being field.” He said, “In the being of the other, I sense my own being.” A human life involves the seeking of the Other for survival, for contact. The responsibility of the biodynamic practitioner is to just simply be with the client with unconditional acceptance. “This is a basic need at the level of being,” Franklyn explained. “What needs to emerge is already present. Don’t analyze or try to understand.” Hence, the beginning of biodynamic work is about letting go of our desire to fix, seek, or understand what is going on in the client. Let it be. Trust that what needs to emerge, will. This is the highest form of therapeutic intervention.

Three bodies: client body, fluid body, tidal body

Building on this basic need for being, Franklyn taught that the practitioner then orients to the client’s three bodies: midline in the body, the fluid body, and then the greater tidal body. His method to establish resources was with the question to the client, “What tells me I’m okay? Is it an image or a feeling, or both?” The practitioner can bring in the felt sense of these resources if needed. Then the practitioner’s hands become suspended on tissues, in the wider tidal body, and “see what emerges.” There is a progression from the physical plane to fluid to potency, and it can take 30 minutes or so before the client enters holistic shift, or neutral. Each exercise students did had this pattern: establish contact; orient to the three bodies’ then, with hands floating on tissues, see what emerges.

Holding within the whole

Each exercise and lecture involved the awareness that life incarnate is organized within fluid by potency. The practice was to hold this thought like holding the whole person in that fluid and tidal body. Don’t narrow your focus (let go, let be). Then, listen for change. Practitioners are working 95 percent of the time in the perception of this wider field and what is happening in it, and then 5 percent of the time they have a more active role, such as augmenting space. Fulcrums appear then, and a particular fulcrum will become the treatment plan that time.

There were lectures and exchanges for every day. The practice was consistently:

- Presence.
- Generate a trustworthy field, resting in presence.
- Settle and organize a relational field.
- Make contact with the client and establish resources.
- Orient to the three bodies.
- With hands floating on tissues, wait for a particular fulcrum to appear that wants healing.
- Follow the tide, wait for holistic shift (neutral). Let go, let be.
- If needed, augment space; if not, resonate unconditional acceptance in the field.

Lectures were rich in information about the territories within the tides and what emerges. The sequences that lead to the holistic shift and reorganization were outlined, with variations of what happens in sessions presented and discussed. Exercises and lectures included orientation to Dynamic Stillness, embryology, how concepts become reality, levels of perception, inherent treatment plan, primary respiration, holistic shift, healing process, repatterning difficulty, holding the whole, review of the tides, skillful right relationship, and much more. It was a rich and vital time. ♦

Join the Primarywave

We would like to invite you to join the Primarywave. Members of the BCTA/NA sit with Primary Respiration and the intention of peacefulness, 1:00–1:30 p.m. EST, every second Sunday of the month, as a way to strengthen our biodynamic community and perhaps encourage a shift toward world peace. Contact Sarajo Berman for more information: sjberman@me.com.

Science and Spirituality Conference
In partnership with the American Polarity Therapy Association
September 11-14, 2014

It is with great joy that the The Biodynamic Craniosacral Therapy Association of North America and the American Polarity Therapy Association announce a shared retreat-style "Science and Spirituality" Conference. This event will be held at Mt. Madonna Retreat and Conference Center in the Santa Cruz mountains, on the central coast of California.

Please save the dates and plan to attend! Online registration will be available. Watch our monthly e-newsletter for details and updates.

In addition to the Conference, APTA will host a Pre-Conference event on Thursday, September 11th, and BCTA/NA will host a Post-Conference Workshop Sunday eve, September 14, through Tuesday afternoon, September 16th.

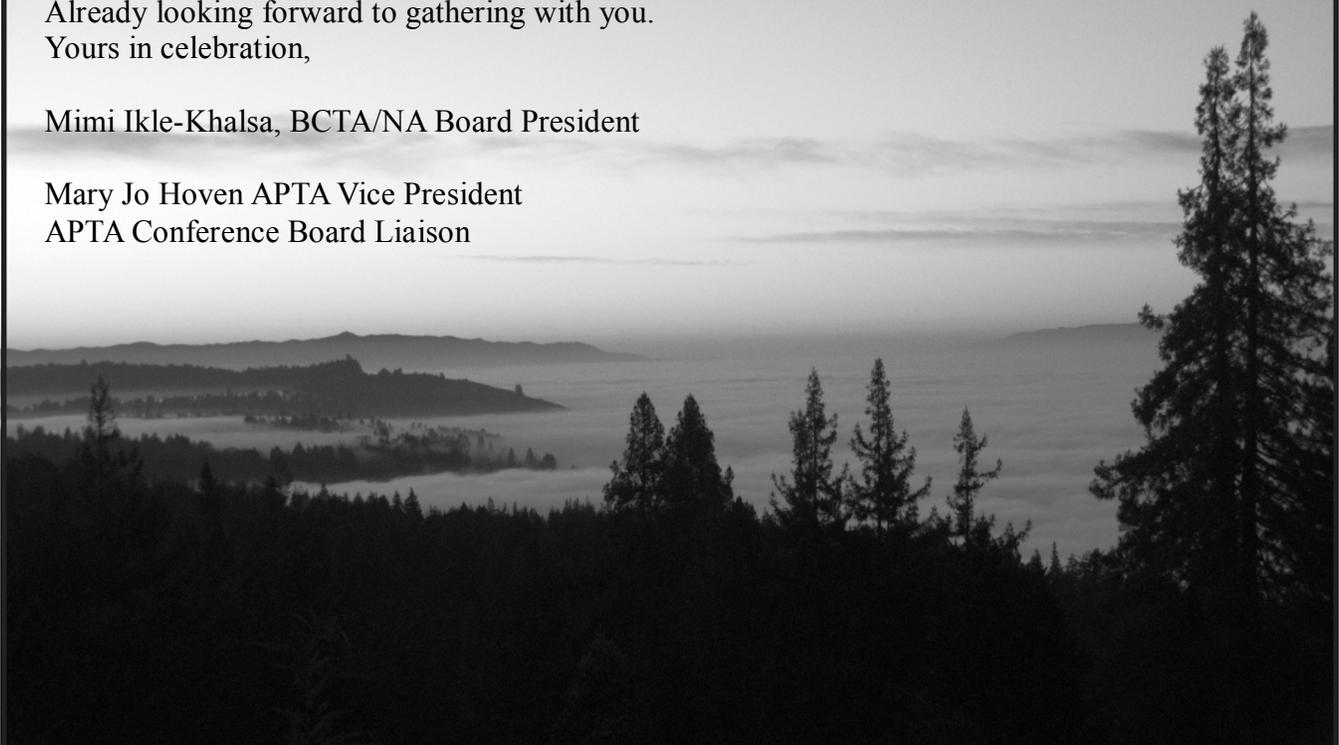
Given that this collaboration and setting is in a retreat style, each speaker will be presenting to the entire community during their talk. These conference classes will be lecture style with three sessions of 90 minutes each followed by experiential trade sessions in the afternoon supervised by the daily speakers.

This Conference promises to offer depth and resource that can embrace and refresh us all as we continue to gather and revitalize this work which we all love.

Already looking forward to gathering with you.
Yours in celebration,

Mimi Ikle-Khalsa, BCTA/NA Board President

Mary Jo Hoven APTA Vice President
APTA Conference Board Liaison



The Inherent Treatment Plan

Franklyn Sills, RCST®

Franklyn Sills, developer of the biodynamic work taught through the BCTA, has been a major influence in the worldwide development of *Biodynamic Craniosacral Therapy*. He is a prolific author, including such works as *The Polarity Process (2002)* and *Being and Becoming: Psychodynamics, Buddhism, and the Origin of Selfhood (2008)* as well as numerous volumes on BCST, or as it is known in the U.K., his home, *Craniosacral Biodynamics*. His recent studies include the neurophysiology of stress and trauma. He is co-director of the Karuna Institute and teaches frequently in the U.S.

The following article is from Franklyn's latest volume, *Foundations in Craniosacral Biodynamics: The Sentient Embryo, Tissue Intelligence and Trauma Resolution*, vol 2, pp 4–11 (2012 North Atlantic Books), and is reprinted here with his permission.

In biodynamics, the practitioner learns to hold a reciprocal awareness of primary respiration in his or her own system, along with its expression relative to the client's system and midline. Within this framework, the practitioner also learns to hold the conditions and patterns sensed within the client's system within the context of primary respiration. As a client's system deepens into its relationship to primary respiration, healing processes naturally unfold in its own time and sequence. As we saw in *Foundations* volume one, Rollin Becker, DO, called this the emergence of the *inherent treatment plan*.

Thus the heart of biodynamic work orients to the unfolding of the inherent treatment plan. In *Foundations* volume one, I used this concept to outline the development of a biodynamic mental set and clinical process. In this understanding, as the practitioner enters a state of presence oriented to the client's system in certain ways, the healing process unfolds in a precise and unique fashion that I, as practitioner, could not have analyzed, motion tested for, or anticipated. The central orientation is to primary respiration, the health that manifests as a primary ordering and healing principle in our mind-body system. The conditions of mind and body are held in this wider context until a dynamic equilibrium of the forces involved clarifies, and healing intentions emerge from a deeper source than our human mentality. This is the heart of a biodynamic approach, no matter how it is taught or oriented to.

In volume one, I outlined ways to describe this unfolding process, which I would like to review here. The first and most primary intention is to settle out of one's conditioned mental states and ego-processes, into a more basic state of presence. I called this state a *being-state*. From this state, we first orient to primary respiration relative to our own system. Sutherland

stressed that knowledge of primary respiration in our own mind-body system will support our awareness of primary respiration relative to the client's system. We then negotiate our relationship to the client's system and tissues, and maintain a wide perceptual field, with the client's midline in the center of that field. We then hold the intention to orient to the deeper being-state of the client, which I called the *being-to-being field*, and to primary respiration relative to the client's system, which supports our incarnation in this body as a particular human being.

Very commonly, when a practitioner first contacts a client's system, a multitude of information is present. Various inertial fulcrums and patterns of experience and history are communicated and the more superficial rhythm—the cranial rhythmic impulse (CRI)—presents. The CRI is a variable manifestation of history, autonomic activation and the unresolved conditional forces still active in the client's system. As practitioners deepen into their wide perceptual field oriented to stillness and primary respiration, they discover that the waveforms of history and conditions, and the related expression of the CRI, settle over time as primary respiration and the wholeness of the human system comes to the forefront. I call this the *holistic shift*, a shift from history, conditions and waveforms, to primary respiration, wholeness and new potential. This territory is sometimes called the *patient's neutral* in osteopathic practice.

As the holistic shift deepens, particular healing intentions emerge, which I could not have analyzed or motion tested for. Indeed, analysis and practitioner intervention at this point only gets in the way of this process unfolding. As the system deepens into its relationship to primary respiration, we discover that healing decisions are made from within and our role is to facilitate and support this process. We also discover that our human system is truly suspended in the universe by the presence of primary respiration—within what Becker called the Long Tide—and everything is, in turn, suspended in stillness—stillness so deep and pervasive that it is called the Dynamic Stillness in biodynamics.

It is from this depth that healing processes clarify and the inherent treatment plan unfolds. We also discover that healing intentions may clarify from any level of primary respiration and stillness—the potency or ordering forces within the fluids of the system may initiate healing processes, the Long Tide may come to the forefront and initiate processes and, likewise, the system may deepen into Stillness from which healing intentions then emerge. We learn to trust the unfolding of this process, with the realization that appropriate

expressions of healing may emerge from any level.

As the inherent treatment plan unfolds, a basic healing phenomenon that Becker described as a three-phase awareness, also unfolds. In volume one we described these three phases—*Seeking, Settling and Reorganization and Realignment*—largely in terms of physical body-fluid body, mid-tide processes. However, the three phases manifest in some way in all healing processes and I would like to review and clarify this

**It is from this suspensory system—
physical body suspended in fluid body,
suspended in tidal body, suspended in
Stillness—that healing processes
emerge.**

very basic understanding within a wider orientation.

As the system begins to access the holistic shift, the practitioner may perceive a quality of *seeking*. The system begins to settle out of the waveforms of history and CRI, and a seeking of equilibrium may be sensed. You may perceive the tissue field shifting, expressing various historical forms and seemingly begin to seek a deeper stillness. You may sense the tissue field becoming suspended in fluid as a settling of waveforms and patterning occur as all fields—potency, fluids and tissues—seek equilibrium. This is Becker's first phase of his three phase healing awareness—the seeking phase.

As equilibrium deepens, a settling into the holistic shift is sensed and any level of healing process may then emerge. This is Becker's second phase of *settling* into a state of balance—a state where all forces and fields of expression enter dynamic equilibrium. This occurs over a number of minutes, or even a number of sessions, where the system may shift to one level of settling, clear some autonomic activation, deepen again, with more clearing occurring, until a much deeper state of equilibrium is accessed.

As the holistic shift deepens, the three bodies—the physical, fluid and tidal bodies—express their suspensory nature and healing processes emerge from any level (see below). Basically the tissue field is now suspended in the fluid body, suspended in Long Tide, and the tissues orient to the biodynamic forces that have been organizing the body since embryological development occurred. In many ways, the tissues are returning to their embryological origins and entering a fluid state.

As this state deepens, healing processes are engaged in many ways. Commonly, a particular issue uncouples from all others and comes to the forefront as an inertial fulcrum clarifies. As discussed in detail in volume one, an inertial fulcrum is a locus of forces, where the potency of the Breath of Life has become inertial in order to center and contain a conditional force of some

kind. Conditional forces impinge on the mind-body system in some way and are myriad—the forces of trauma, genetics, accidents, birth, toxins, pathogens, etc.—indeed any force which impacts upon the system in some way. If these could not be resolved at the time of the experience, then potency coalesces and becomes inertial in order to contain their effect on the system to as local an area as possible. Locally this generates tissues changes of various kinds, and will also have wider repercussions—lowering a person's energies and vitality, facilitating nervous system sensitivity and activation, and even initiating a stress response within the system.

As the system continues to settle around the inertial fulcrum, a further seeking process is initiated where the forces within the inertial fulcrum seek equilibrium, a *state of balance*, within the suspensory field of the three bodies. Commonly, as the state of balance deepens, the fluid tide may subside as potency shifts within the fluids and orients to specific inertial issues in the system. Healing intentions may then may emerge from any level of action—from within the fluid body via the shifting of potency, from the Long Tide as it shifts through the client's midline and field, and/or from a deepening into the Dynamic Stillness. Commonly healing may entail a number of interactive processes emerging—Long Tide initiating the action of potency within fluids, intentions emerging from Dynamic Stillness initiating Long Tide and fluid body-tidal potency healing territories, etc. As healing processes complete, the practitioner will sense potency, fluids and tissues *reorganizing and realigning* to midline and natural fulcrums—Becker's third phase. Commonly sessions complete with a surge in the fluid tide or a deepening stillness. (Fig. 1.1)

The Suspensory Nature of the Three Bodies and the Holistic Shift

In *Foundations* volume one, chapters 3 and 10, we learned to orient to the human system by holding a wide perceptual field oriented to what we called the three bodies—the physical, fluid and tidal bodies. The physical body is the tissue field as a whole, the fluid body is the body of fluid and the ordering forces within the fluids—the potency—and the tidal body is body of the Long Tide as it moves towards and away from the client's midline. The boundary of the physical body is the skin, the fluid body is a fluid-energetic field that extends anywhere from 25–30 centimeters (10–12 inches) to 50 centimeters (20 inches) around the body, and the tidal body is the vast torus-shaped form of the Long Tide, which seems to move from the horizon towards and away from the client's midline, while the whole system seems to be suspended in its wider field.

As the holistic shift deepens, we may discover a fascinating process, which is also a key to understanding the emergence of healing forces and intentions in clinical work. As I settle into my relationship to the

The Inherent Treatment Plan Unfolds

The First Setting: The Relational Field

The practitioner orients to primary respiration and the relational field is negotiated and settles.



The Second Settling: The Holistic Shift

As the practitioner settles into a receptive state oriented to primary respiration and to the client's midline and biosphere, a holistic shift from conditional processes and CRI level of expressions to wholeness and primary respiration occurs and deepens. The three bodies manifest their suspensory nature - physical body suspended in fluid body, suspended in tidal body - and healing intentions may emerge from any level.



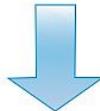
Holistic shift deepens and the Long Tide clarifies as healing intentions emerge as a direct expression of Long Tide phenomenon.



Holistic shift deepens and healing intentions emerge at a mid-tide level mediated by the tidal potencies. Becker's phases of seeking and settling into dynamic equilibrium emerge.



Holistic Shift deepens into the Dynamic Stillness and healing intentions emerge within and from a ground of emergence that is both dynamic and vibrantly alive.



Becker's third phase of reorganization and realignment to midline clarifies.

Fig. 1.1 The Unfolding of the inherent treatment plan

client's system, I set up a wide perceptual field with their midline in the center of my orientation. As I touch the client's body, I allow my hands to float on the tissues, suspended in fluid, as both the client and myself are suspended in a wider tidal field. As I settle into this field while oriented to primary respiration—I begin to sense a wonderful phenomenon as the holistic shift clarifies.

The physical body seems to settle, soften and deepen, and becomes suspended in the fluid body. It literally feels as though every cell and tissue is now suspended in a fluid field, while the client's body is also sensed to be unified and whole. It is as though the tissue field is returning to an earlier, more fluid embryonic state, as cells and tissues reorient to the forces of primary respiration around which the embryo formed and which maintains tissue organization throughout life.

As the holistic shift continues to settle, one can perceive that the physical and fluid bodies are suspended in the wider tidal body of Long Tide—field within field suspended in the wider universe! As this again deepens, one can also perceive that all three bodies are further suspended in Stillness—the Dynamic Stillness that both Sutherland and Becker pointed to. It is from this suspensory system—physical body suspended in fluid body, suspended in tidal body, suspended in Stillness—that healing processes emerge. All fields are interdependent, mutually support life in this form and contain, as Sutherland maintained, Intelligence beyond my human mentality.

Inertial Fulcrums and the Suspensory Nature of the Three Bodies

Another fascinating process may also be sensed as this suspensory system clarifies and deepens. Not only is the physical body perceived to be suspended in the fluid and tidal bodies—but all inertial fulcrums within the client's system are also now suspended in this wider field. As healing intentions clarify—and potency shifts within the fluids towards a specific fulcrum—the inertial fulcrum being attended to is uncoupled from all other fulcrums in the system and becomes suspended within the wider tissue field and fluid body. The tissues—now suspended in fluid—shift as a unified fluid-tissue field and organize around it. The inertial fulcrum literally becomes suspended in all fields and the body's tissues—which are suspended in the fluid and tidal bodies—will holistically organize around it for healing purposes.

As this occurs, all three bodies are now oriented to the inertial fulcrum being attended to and the forces within the fulcrum can enter equilibrium—the *state of balance*—and, as this suspensory state deepens, any level of healing process may emerge relative to the fulcrum being attended to. The state of balance is thus not just a local phenomenon, it is systemic and extends to all levels of action: tissues fluids, forces and tidal

fields—all oriented to the healing of the inertial issue that has clarified. As the state of balance deepens, potency within the fluids will orient to the inertial forces within the fulcrum, Long Tide phenomena may come to the forefront and the whole process may deepen into Stillness and an interchange between the Stillness, potency and tissues may be perceived. Becker called this *balanced rhythmic interchange*. (Fig. 1.2)

One way to image this, if you have not yet perceived it, is to imagine that a wool blanket is a fluid-tissue field. Imagine that two friends are holding the blanket upright very tautly, suspended in space. Further imagine that you are standing behind the blanket and press a finger into it from behind. This is like potency within the fluids shifting to a specific fulcrum within the wider field. Notice how the entire blanket organizes around the place you are pressing. It is not really like this, but the image may help to conceptualize the process—the blanket, suspended in space, will naturally organize as a whole around the fulcrum you create as you press its fabric. Likewise, as an inertial fulcrum within the body uncouples and clarifies in the wider field, the tissue field—which is now suspended as a whole in the fluid and tidal bodies—will naturally organize around it. The whole healing process can then deepen. ♦

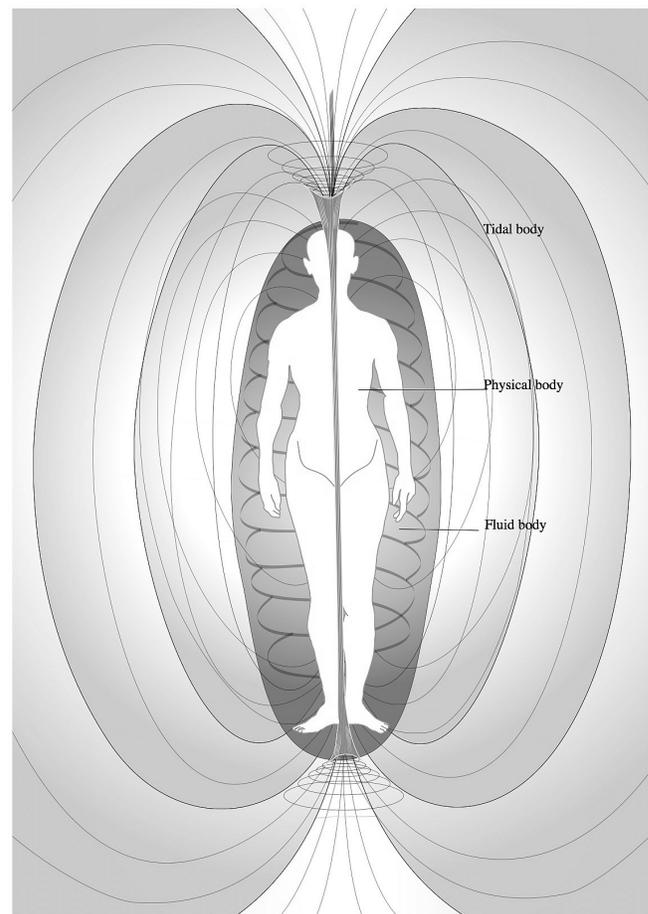


Fig. 1.2 The Three Bodies

Smart Meters and Your Clients' Health

Linda Kurtz, RCST®

Linda Kurtz is a Biodynamic Craniosacral, Polarity, and massage therapist with a private practice in Ann Arbor, Michigan. She currently spends much of her time educating people about smart meters and electromagnetic frequencies as the coordinator of the Smart Meter Education Network. Linda is editor of the *Cranial Wave* and a past president of the BCTA.



Tinnitus, TMJ issues, insomnia, autism, and depression can result from EMF exposure.

spiky, pulsed, highly variable electrical current that is generated when a high voltage is stepped down to a low one, as is done by all digital devices. The spiky pulses ride the clean, continuous wave of electrical current. The magnetic field generated by the current radiates out perpendicular from the wave.

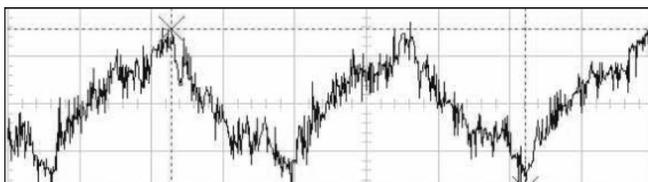
Both the wireless current and the dirty electricity that are a part of smart meters (and most laptops) create a host of health problems. As these meters are increasingly installed around the world, you may find that more and more clients are coming to complaining of health problems of unknown etiology. There are several reasons why these devices cause many people to experience problems they never had before, even though non-natural electromagnetic fields are already so prevalent: 1) the microwave frequencies emitted by these meters are much stronger than cell phone frequencies²; 2) the meters transmit continuously day and night; 3) every building will have one; 4) the waves they emit intersect with each other and amplify; and 4) inside of a building, you are closely surrounded by wiring that encircles you in an electromagnetic field.

For some people, the effects of these meters on their body are immediate and obvious. They can actually *feel* the effects of the meters or other EMF-generating devices. Some people feel, for example, a crawling feeling around their heart, pressure in their body, or a feeling that something is shooting through their head or body (it may feel sharp, shocking, or “empty”). Many other people experience problems but don’t realize the origin. Some of the most common health effects experienced by individuals exposed to smart or digital meters are tinnitus; unremitting insomnia; fatigue; anxiety or agitation (sometimes physical, sometimes mental, sometimes both); difficulty focusing, concentrating, or remembering; heart palpitations; and nausea. Other problems include headaches, migraines, TMJ issues, eye problems, breathing problems, depression, and blood pressure increases. For an extensive list of the health effects experienced by individuals, go to smartmetereducationnetwork.com/healthsurvey/surveyshort.php. This site has other pages that also go into extensive detail on health effects, and includes the testimony of six people on the health effects they have experienced from exposure to these meters and other EMF-generating devices.

Very few people even think of their laptop, cell phone, or electric meter as the possible source of their

When a client comes in complaining of tinnitus, TMJ issues, insomnia, anxiety, or a variety of other problems, there is a novel culprit you should consider in your evaluation: the effects of non-natural electromagnetic fields (EMFs) on the body. Electromagnetic fields consist of both an electrical field and the magnetic field produced by the electrical field. They are generated by all electrical and digital devices. There are natural electromagnetic fields, including those generated by our own bodies, the sun, and the earth, but in modern society, we are constantly exposed to human-created fields. Epidemiologist Sam Milham, M.D., has shown that the “diseases of civilization” have largely followed the introduction of non-natural EMFs into society. In his book *Dirty Electricity* (2010), he notes that as the U.S. was increasingly electrified, the diseases of civilization followed. At first these diseases were found just in the cities, but as electric power was brought to rural areas, the rates of heart disease, suicide, diabetes, and cancer increased in a statistically significant fashion.

Since the 1980s and the introduction of wireless (microwave) frequencies into our environment, rates of many heretofore uncommon or rare diseases have skyrocketed. This includes such diseases or disorders as autism, Alzheimer’s, and Parkinson’s.¹ Cell phones and, in a particular, cell phone towers, are a major player in this. But a new, and even more dangerous, source of EMF emissions is being introduced across the country: smart meters. Smart meters are wireless, digital electric and gas meters that utility companies across much of the world are installing to replace the analog meters that have traditionally been used to measure electric and gas usage. They emit a very strong wireless current and also create what is commonly known as *dirty electricity*. You can see a recording of dirty electricity riding the electrical wave in the picture below. Dirty electricity is a



health problems, particularly because they do not feel the effects. Here is an interesting and telling example: I received a call from a woman in September 2012 (I coordinate a group that is working to change the status quo regarding smart meters). She had been unable to sleep for over a month, but didn't know why. She began talking to her friends about it, and someone asked, "Do you have a smart meter on your home?" "What's a smart meter?" she asked. She discovered that the meter had been put on her home the day she began to be unable to sleep. She began to sleep outside in a tent because she was unable to sleep in her home. Meanwhile, her son was sleeping just fine. He has been diabetic since age 14, and had had stable blood sugars since his diagnosis. Four months after the meter had been put on his home, he went to the endocrinologist. His blood sugar levels had shot into the danger zone. Nothing else in his life had changed. Six months after the meter had been put on her home, this woman had it removed and replaced with the traditional analog meter. By the time of his next check-up, a month later, her son's A1c levels had returned to a normal level, though they were still higher than they had been originally. Eight months out, his blood sugar levels have continued to decrease. His mother's sleep was better for some time, but one of the hallmarks of EMF sensitivity is that one becomes more sensitive over time. This woman works in buildings with smart meters and is also exposed to their radiation in the ambient environment, and beginning in April of this year, her ability to sleep well has deteriorated dramatically.

WHY DO EMFs CAUSE A HOST OF SEEMINGLY UNRELATED HEALTH PROBLEMS?

There are a variety of mechanisms by which EMFs act on the body. EMFs alter hormone levels, including levels of melatonin³. They break van der Waals bonds, the extremely weak electromagnetic force that holds the DNA double helix together.⁴ Simply put, in a van der Waals interaction, one electromagnetic force interacts with another, and the stronger force wins. Breakage of the van der Waals bond is implicated in cancer. There is also an interesting paper on the role EMFs may play in disrupting the mirror neuron system, leading to the increased incidence of autism we now see.⁵

It is, in large part, the effect of EMFs on calcium that accounts for the wide variety of seemingly disparate health effects caused by EMFs.⁶ Calcium ions (properly called *cations* because they have a positive charge) are the primary messengers of cellular activity. They relay vital signals from hormones, the immune system, and neurotransmitters. Calcium is the major regulator of nerve impulses. When the calcium gradient is disrupted, it affects nerve transmission in multiple ways, disrupting cells' ability to communicate with each other. This, of course, has consequences for brain function, muscle contraction, and other physical and physiological processes.

In addition to their role in neurotransmission, calcium ions keep the contents of our cells from leaking out. Each cell is surrounded by a membrane that is just two molecules thick. The inside of that membrane has a negative charge (created by the phosphatidyl-serine molecules that help comprise it). The outside has a positive charge because of the calcium ions that are bound to it. Calcium ions hold cell membranes together like the glue that holds together a mosaic of seeds. Alternating electromagnetic fields, such as those produced by smart meters, tend to dislodge the calcium ions. This weakens the cell membrane and makes it more inclined to leak out the contents of the cell. Cell membranes keep apart materials that should not be allowed to mix. Leakage can result in a host of problems. These include disruption of the blood-brain barrier (which makes non-natural EMFs a likely contributor to diseases such as Alzheimer's and Parkinson's); problems with attention, as activating calcium ions flood the brain; sleep problems for the same reason; and allergies and inflammation.

Calcium is the ion that controls messages within cells, thus controlling a cascade of cellular functions. When the cell membrane becomes leaky, too much calcium can move into the cell. This affects the cells' ability to produce energy and pump out appropriate enzymes for digestion and other metabolic processes.

WHAT CAN BE DONE?

So far, the puzzle of how to deal with the harm of non-natural EMFs has not been solved, and for good reason: Our bodies, as well as the bodies of all other living beings, have not evolved in an environment saturated with these frequencies. Not only humans, but bees, ants, worms, rats, and other creatures have been shown to be severely harmed by EMFs, and it is my contention that the incredible decline in insects is due not only to pesticide use and the degradation or elimination of natural habitats but also to the radiofrequency (wireless) signals that now cover all but the most remote parts of our landscape. Andrew Weil, MD, said it well when he noted: "Electromagnetic pollution may be the most significant form of pollution human activity has produced in this century, all the more dangerous because it is invisible and insensible." There are some treatments that are said to work, but no scientific—or even lay—research has yet been done. Most devices that claim to eliminate EMFs are bogus, as can be easily discovered if one uses an EMF meter to measure whether there is any change the field emitted. Some people have reported help, if not resolution, from NAET treatments. Some people also report that a plug-in device made by a company called EarthCalm, has greatly helped their symptoms. The device emits a field that is the same frequency as the earth's natural electromagnetic field, and they claim that they human body begins to resonate with that field.

The question as to why some people are phenomenally sensitive while others are not remains unanswered. I wonder whether there is something in an individual's energy system that causes some people to be more sensitive than others. As workers in the field of energy, perhaps we can begin to come up with some answers. Meanwhile, it is worth noting that ants and worms—free of psychosomatic baggage, unhealthy food, and the stress of modern living—are severely affected as well. Even humans who do not *feel* the effects, as illustrated in the story above, can still be affected. Reducing or eliminating your usage of these devices is advisable. ♦

FOOTNOTES

1. Good sources of information include the articles cited at bibliotecapleyades.net/scalar_tech/esp_scalartech_cellphonesmicrowave17.htm; the literally thousands of studies in the *Bioinitiative Report* (bioinitiative.org/research-summaries/); and the thousands of studies listed at justproveit.net/studies.
2. Daniel Hirsch, Comments on the Draft Report by the

California Council on Science and Technology "Health Impacts of Radio Frequency from Smart Meters," available at committeetobridgethegap.org/pdf/110212_RFrad_comments.pdf

3. See, e.g., C Graham et al, "Examination of the melatonin hypothesis in women exposed at night to EMR or bright light", *Environ Health Perspect* 2001, 109 (suppl 6):911-933.
4. One study is Henry Lai & NP Singh, "Acute low-intensity microwave exposure increases DNA single-strand breaks in rat brain cells." *Bioelectromagnetics* 1995: 16:207-210.
5. Ian Thornton, "Out of time: A possible link between mirror neurons, autism and electromagnetic radiation." *Medical Hypotheses* (2006) 67: 378-382. Can be found at ianthornton.com/publications/pubs/Thornton_ASD_MN_06.pdf.
6. Andrew Goldsworthy, Ph.D., is the man most responsible for developing a cogent explanation of how EMFs affect calcium ions in living beings. Citations to most of his work can be found at smartmetereducationnetwork.com/smart-meter-health-effects.html#HPASL.

Practicing BCST During an Earthquake

Submitted by Bhadrena Tschumi Gemin for Yuriko T.

Bhadrena Tschumi Gemin has been teaching BCST in Osaka and Tokyo, Japan, as well as elsewhere around the world, since 1993.

Yuriko T. studied BCST with Bhadrena Tschumi Gemin and now practices in Japan.

On my recent teaching trip to Japan, I received a moving account from one of my students, Yuriko T., that I'd like to share with you. My students were writing their final projects for graduation, when the earthquake and tsunami hit. In the aftermath of those events, this student changed the subject of her thesis and wrote about her experiences as a craniosacral practitioner during the quake. When she presented her project and talked to us about her process, we were all moved to tears. Here is what she reported, in the introduction to her thesis.

At the very moment the earthquake hit, I was giving a craniosacral session. It was by far the biggest earthquake I had ever felt in my life. There were many aftershocks, and people were very afraid. I was giving sessions to neighbors, who were very afraid. We were just taking 20 minutes on the massage table to come to neutral together. The aftershocks were strong, and at the beginning the massage table was shaking. After a while I felt so strongly connected to the earth, rooted in trust, that the tremors of the earth went on without affecting my innermost core. My neighbor, who was on the table, rested and felt rejuvenated after 20 minutes.

That night at the hotel, I was sensing the sense of "me" that was placed in the midst of deepest silence I had ever experienced, and inside was a water-like light that was so bright until the morning came. What was it that I was sensing? Something I had not experienced before. It was a feeling of being protected. I was groping for the word to describe it, until finally I found myself moved by the discovery that it was health that was present. I was feeling it in a way I never had before.

With that experience, I wrote this thesis about forces and health. Because they made me aware of why I kept learning craniosacral biodynamics.

Yuriko called her thesis "Spring of Life—Forces of Health." ♦

Liability Insurance for Members

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

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

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

Wellness Day for Soldiers' Wives

Kathleen Morrow, RCST®

Kathleen Morrow is the director of and a teacher and practitioner at the School of Inner Health in Manitou Springs, CO. She is a graduate from the Upledger Advanced Lymphatic Training and an Approved Teacher of Foundation trainings for the BCTA. Kathleen has been developing and teaching bodywork programs for 35 years.



In November 2011, my friend and I walked down the main street of our small town, Manitou Springs, Colorado, brainstorming about her idea to help the wives and families of recently deployed soldiers. My friend, Maria Cristina Hernandez, was a recent graduate in lymphatic therapy from my School of Inner Health. Her husband, Peter, an Apache helicopter pilot for the army, along with several hundred of his buddies, had just received their papers telling them they were leaving for Afghanistan before Valentine's Day. As we talked excitedly, shop owners who overheard our conversation immediately said: "Count me in!" Cristina started to go into all the little shops in our town at the foot of Pikes Peak, telling the owners about the idea, and everywhere was the immediate heartfelt response: "Count me in. I'll do food." "I'll do coupons." "I'll have gifts!" I finally said: "Cristina, this is bigger than us. We need help. Let's go see my friend, Leslie, director of the Manitou Chamber of Commerce." After hearing the story, Leslie said: "Count us in!" and the idea took on a life of its own, exploding from a place of human heart and a wanting to support these young men and women sent out to protect America.

We were invited to present our idea at the Gunfighter Battalion's Deployment Fair. These deployment fairs can be a difficult time for families, as spouses learn to put together wills and fill out power of attorney forms. I said to Colonel Moga, who was organizing the fair: "Please let me do an exercise with the participants to get them to breathe more. They will feel better." He said "Great, I'll open the program and then call you up." When he handed me the mike, I told them we were going to open the respiratory diaphragm/breathing muscle just below the ribs so they could breathe better and feel less stressed. I instructed them to look in someone's eyes and say "HA!" loudly and from the guts. Well, they looked at me like I was crazy until Colonel Moga grabbed the microphone, looked them all in the eye, and gave a huge "Huurahhh!" That got them!....an officer doing that! Immediately, the whole room was "huurahh-ing" and laughing hysterically—and, yes, breathing. After a sweet talk from Mayor Snyder and his wife, young soldiers were pushing their wives up to the beautiful table Cristina had put together

saying, "Honey, sign up. I want you to do this. Here, I'll hold the baby." And so it became a reality—a day of wellness and support for the families of all deployed soldiers from Gunfighter's Battalion!

Wellness Day--February 15, 2012

The day dawned cold, with a beautiful sun shining from behind Pikes Peak. Our teams of volunteers gathered at city hall, Manitou Springs: among them, 25 therapists with skills in different modalities, and all with the base of Biodynamic Craniosacral Therapy as a primary aid to help settle the nervous system.

The wives started to arrive, and the program began. Our mayor welcomed everyone and thanked the spouses for the job they were doing to support our soldiers and our country. Chaplain Bob also welcomed and offered a beautiful blessing for all. Marilyn Angell, RCST®, was flown in from Pennsylvania to represent our association. She talked about her son, a vet from Iraq and how he is doing all right since coming back with the help of this therapy called craniosacral therapy. (Most had never heard of it.) Her message: "Please resource and take good care of yourselves. What we are finding is that only a couple of biodynamic treatments are not adequate to allow the release of deep stress and trauma." She suggested strongly that each of them connect with the therapist assigned to them and call them for future treatment. The therapists were offering many special deals for soldiers and their families.

And then, the surprise Cristina had promised. She introduced a team of soldiers who had brought a gift to present to the mayor—a framed picture of Cristina's husband flying his helicopter over Afghanistan, waving an American flag out the window to show that that was what he was doing at the exact moment of our ceremony on the other side of the world. Along with this was a message from Colonel Moga from his station in Hawaii, a glass container to hold the flag when it arrived from Afghanistan and a plaque from the battalion expressing their thanks. Many hearts were touched and soft tears glittered in many an eye.

Write for the Wave!

We are seeking submissions for the next issue of the *Cranial Wave*. I hope that you will contribute to our next issue. Articles, poems, book reviews, questions, and accounts of your experiences are all welcome. So are drawings and photographs. Share your thoughts and questions about Biodynamic Craniosacral Therapy with your fellow members.

Please send your contributions to the editor, Linda Kurtz, at lindakurtz@netzero.net.

I watched as young men and women, their faces tight, their speech fast, and a demeanor that indicated they were carefully holding themselves together, lay down on a therapist's table in the various venues offered around Manitou Springs. An hour later, I would see them roll off the tables with bright eyes and a beautiful glow on their faces. What a transformation! Yes, this was the dream that Cristina and I had seen that first day in November.

Later, as the families walked around town, wandering into all the shops to receive the gift waiting there for them, there were suddenly, three police cars that appeared from behind buildings onto the main street of town. With sirens going and flashing lights, they drew the people and started to circle the roundabout at the west end of town. There they stopped, turned off the sirens, kept on lights, stopped traffic and—out of nowhere—dancers and musicians ran to the center of the roundabout. A flash mob! The mob played and danced and spun and laughed and invited all those watching to join in. People started to hold hands and dance in the street around the main dancers. At the end of the dance, the flash mob members stopped, faced inward, slowly raised their arms in a gesture of thank you to the One Who Holds All, then slowly, slowly turned to the audience: the soldiers, the wives, townspeople. They put one hand on their own heart and opened the other hand to someone in the audience and said aloud, "Thank you." The dancers then disappeared into the crowd. I ran out to thank the police for their help, and as they left, the young lieutenant who had done the presentation in the morning ran up, gave me a huge hug, and with tears in his eyes, said: "Thank you. Thank you."

The final heart touch for me was that night. Tired but happy, I arrived home, just as my phone rang. It was Kelly, the mayor's wife. She told me the story of how she had been talking to Chaplain Bob and how, at one point, he had looked deeply into her eyes and said: "You can't leave this company, this Gunfighters Battalion Say you will stay with them." And, as the wife of our mayor, she committed. "So I'll be the point person", she said, "Let's get together next week and see what's next." And so it goes on. ♦



REMINDERS

Trademark Reminder

The trademark symbol ® serves to distinguish us in the marketplace as highly trained biodynamic practitioners. It indicates that the mark has been awarded to the user and is protected by copyright law. It is *required* to be used with the RCST designation; thus, RCST®. Preferably the trademark symbol ® will be superscripted; thus ®. The ® need appear with RCST only once in an article and once on a web page, even if *RCST* appears more often. In places where it is not possible to add the trademark symbol, such as in the Yellow Pages, it may be omitted. See the Member Handbook or the Fall 2006 *Cranial Wave*, p 5 for more information.



Spelling Reminder

The approved name and spelling of the modality is *Biodynamic Craniosacral Therapy*. Please make sure that you are spelling it correctly and not using the spelling used by the Upledger Foundation.

If you are using the RCST® designation, you *must* use the term *Biodynamic Craniosacral Therapy*, not simply *craniosacral therapy*. However, on business cards, Yellow Pages ads, and other places where the entire term will not easily fit, you may omit the word *Biodynamic*.

Testimonials

Under our Ethics Code (adopted in 1999), RCST®s may use testimonials from clients regarding the client's experiences with Biodynamic Craniosacral Therapy as a modality. However, practitioners may "not use testimonials from clients regarding the quality of their clinical services; nor do they use statements intended or likely to create false or unjustified expectations of favorable results; nor do they use statements implying unusual, unique or one-of-a-kind abilities." [Principle 4.c.] Please see the Member Handbook and the Fall 2006 *Cranial Wave*, p 2 for examples of the type of testimonials you may use.

Name of the Association

The name of our association is the *Biodynamic Craniosacral Therapy Association of North America*. Please update your website and written materials. The acronym is *BCTA/NA*. Note that there is no *S* in the acronym: B-C-T-A / N-A.

Recognizing Those Who Have Contributed to Our Association

It is with honor and gratitude that our board of directors recognizes those who have made special contributions to the well-being of our organization. The Pioneer Award is a recognition for those who have been an integral part of forming the BCTA/NA and/or for those who have made a significant contributions to our organization.

Pioneer Award: Mary Louise Muller

Mary Louise and her husband, Christopher, have been involved in BCST since before our organization was formed. They brought Franklyn Sills over from England to teach classes in 1992. The next year they sponsored Franklyn's first full Biodynamic Craniosacral Foundation training in the USA. Mary Louise has been of great service to our association since its inception: She was active on the Conference Committee for the very first Breath of Life Conference in Winter Park, Colorado, in 1999, and she has been active on many of the conference committees since. She served on the Curriculum and Teacher Review Committee for many years and contributed to creating a rounded vision for the committee. She was teacher liaison to the board, and is now serving as a voting board member. She is a teacher representative and also serves on the Teacher Approval Committee.

For many years, she has been the course director for LifeShapes Institute. She and Christopher offer introductory classes in Biodynamic Craniosacral Therapy. The LifeShapes team also teaches advanced classes in visceral biodynamics and pre- and perinatal biodynamics.

Mary Louise continues to see private clients and loves working with all ages, from babies to seniors. She has developed Resonant Healing, a healing system related to BCST. At the heart of this work is Presence—a centered relationship with one's self and the Breath of Life—with deep listening, reflection, and loving compassion an integral part of the work.

Pioneer Award: Jennifer Song

Jennifer was a founding board member of the of the Biodynamic Craniosacral Therapy Association. Jennifer was the treasurer for years and has been an integral part of the Conference Committees. She has shown a commitment to stand by the organization



through all of its transitions, holding us in a loving, clear relationship to health.

Reflections from Jennifer:

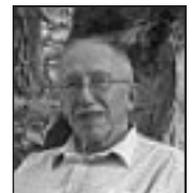
It was very exciting to be involved in the early days of this wonderful association. June Crinnion was the president and had a lot of business experience, so she was a great leader. Elizabeth Hammond, Michael Shea, and Scott Zamurut were the wonderful teachers who were on the board. They all had a really good sense of what they wanted and what this association needed to be. Shelly Worrall was the organizer of our first conference. I was kind of amazed that I was invited to be on the board. I had just graduated from Elizabeth's training. I wasn't sure what I had to offer, but I was an eager beaver and I became the treasurer. My husband designed the website which has just been replaced with the new one. One of my clients designed our logo.

Some of the best moments on the board were when we all were able to get together to meet each other. The first conference in Winter Park, Colorado, was amazing. I met Franklyn Sills for the first time and actually got to hang out with him and his daughter—then three years old, I think—outside the conference doors. I had brought my daughter, too, who was 13 months old at the time. We would try and listen in on the conference and entertain our daughters at the same time. I have been to all the conferences except for one. When I think of all the amazing presenters that I have learned from and all the kindred spirits I have met, it is truly remarkable. I have a great sense of coming home when I go to a conference.

The association has been through several peaks and valleys in its short lifetime, and there have been many wonderful, wonderful volunteers who have come in at the right time to pick it up and allow it to flourish and grow. I enjoy continuing to volunteer so that I get to stay connected to such warm-hearted spirits. Currently, I live in Burlington, Ontario, Canada (half way between Buffalo and Toronto), where I have a home practice.

Recognition of Service: Mike Boxhall

Mike Boxhall served on our board from 2002 until 2007. It was Mike's belief that to do such deeply personal work as BCST, practitioners must work on their own issues and on transference and counter-transference issues with clients so that they could be as clear a container as possible. That belief led him to lead the board in instituting the requirement that all practitioners receive regular supervision sessions with



well-seasoned therapists. That requirement has since morphed into the self-care sessions that are now required of practitioners.

Mike, who is now in his late seventies, shares that he still wonders, "What is this thing called Craniosacral Therapy?" He says, "It is always difficult to get it to keep still to analyze it. I still feel that if we ever finally get it defined, we will have lost it, because then it will have stopped growing and ceased to be organic."

Recognition of Service: Dave Paxson

Dave Paxson volunteered to join our Board of Directors in March of 2008, and shortly afterward he became our treasurer. In June of 2011, he became our president and generously gave his time through June of 2012.



Dave is a networker and a promoter. He has worked tirelessly to raise awareness about Biodynamic Craniosacral Therapy and the BCTA/NA. Under Dave's leadership, the BCTA initiated and sponsored a 2011 mini-conference with The Association for Prenatal and Perinatal Psychology and Health. He was the driving force in getting the association invited to join The Federation of Therapeutic Massage, Bodywork and Somatic Practice Organizations, a forum for communication among nonprofit professional organizations with related concerns.

In addition, Dave was instrumental in the association's efforts to clarify supervision. Members were confused about what the term meant and what was expected of them. By talking with others, and because he had a background as a social worker, Dave suddenly realized, while walking through a parking lot with then-president Linda Kurtz at his first board meeting, that the board that had instituted the supervision requirement had been trying to get practitioners to become aware of issues of transference and counter-transference in their personal and professional lives. He put tremendous amounts of time into clarifying the supervision requirement. The next board morphed that requirement into the self-care requirement we now have of practitioners.

Previous to his tenure on the board, the association had gone through a period of dysfunction due to "growing pains," and many teachers were alienated. While he was vice-president, Dave assiduously continued an effort that was begun by the earlier board to reinvolve the teachers in the association. In 2011, the board and teachers met in a productive collaboration that continues to this day. He also spearheaded efforts for suggesting and collecting relevant research.



Recognition of Service: Margaret Rosenau



Margaret Rosenau was a teacher liaison to the board from 2008 through 2011. She was invaluable on the website committee and worked hard to move that project forward. She enjoyed contributing her perspective on the monthly board conference calls. Her additional background in Polarity, Somatic Experiencing, pre- and perinatal work, and gerontology made her a well-rounded member of the board. It was our pleasure that she presented at our 2008 and 2010 Breath of Life Conferences.

Margaret maintains a private practice in Boulder, Colorado, and is grateful for the ongoing opportunity to do deep and transformational work with clients. After several years of being a mom instead of a teacher, she is planning to teach several introductory courses in the fall of 2013. This past December, she completed a Master's degree in gerontology and is now poised with her teaching and bodywork experience to support people in their aging process. She is starting a business where she will bring all her skills to the table to support people who are dying and their families. She is grateful for how her gerontology degree expands her capacity to work with early material, as recent scientific advances have shown that the template for one's aging process begins in the womb. She has always been interested in both birth and death and how to support people in new ways that amplify the sacred. She is very interested in finding ways to bring BCST to the trenches—i.e., to train doctors, nurses, and caregivers.

Recognition of Service: Michael Brightwood



Michael Brightwood joined the BOD in November of 2009 and continued to share his experience and wisdom through January of 2012. He feels that having resolved the supervision issue by understanding it as "self care" was a significant achievement. He also enjoyed helping set up the board-teacher meeting in San Jose prior to the 2010 Conference. He is grateful for the healing that has come to our Association around the continued mending of the relationship between the teachers and the board.

Letters: Share your thoughts

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

FROM THE PRESIDENT

News from the Board and Some BCTA History

Dear Members,

We are pleased to welcome to the BCTA/NA board three new members. **Joyce Harader** is joining us as board secretary and chair of the Ethics Committee. We welcome again to the board founding board member and teacher, **Elizabeth Hammond**. Elizabeth will be our new Research Committee chair and will continue her service on the Teacher Approval Committee. We also welcome again **Peggy Reynolds**, who is serving on the Teacher Approval Committee. We were sad to lose our previous board members, **Marilyn Angell**, **Janet Carstarphen-Skeels**, and **Liz Heron**. Their service over the past years has been invaluable. We would particularly like to recognize Marilyn, who supported the board for many years. Continuing to serve on the board are myself (**Mimi Ikle-Khalsa**), **Debra Hodgen**, and **Fred Snowden**. A complete listing of all board members and their contact information is found on page 67. You can also find a list of all committees and their members on pages 66–67 .

In 2012, an important revision of our bylaws took place. Between 2006 and 2012, teachers served on the board but were not voting members, although they fully participated in decision-making. In 2012, the board passed a bylaw stipulating that teachers can be voting board members and that all board members must comply with a clear conflict-of-interest policy. This change was prompted because of my (Mimi Ikle-Khalsa) intention to become an approved teacher before my nomination as president. I suggested that a clear conflict-of-interest policy be put in place at the same time to ensure that no board decisions could be to any individual's gain. There are now six teachers on the board and two regular members, for a total of eight board members. A full board consists of nine directors.

The following summary is an attempt to review the highlights of the board and its accomplishments over the past six years. I apologize if I have forgotten anything or anyone. All of the volunteer hours that our members provide are in service to our community and our profession. I hope that each of you reading this will consider taking a turn doing a tour on the board. It is a wonderful way to give back, learn and grow with your colleagues.

A bit of history that **Edwin Nothnagel**, our immediate past president, shared with me is that **Linda Kurtz**, during her two years as president from 2007–2009, served as a stable mid-line for BCTA during a difficult transition, when the association was in an existential and financial crisis. Linda helped shepherd the association to

a firmer financial footing by instituting a number of cost-saving measures. She, **Edwin**, and **Sharalee Hoelscher**, the three people who made up the board in 2007–2008, took on a great deal of time-consuming administrative work (work that is normally contracted out) to help the association build its financial reserves.

Linda also raised the standard of communications to our membership, including re-instituting the Membership Handbook, which she designed and laid out (we are planning to continue to keep the content of the Handbook available to members online to both keep material up to date and reduce the environmental and financial impact of mailing them out). Since 2006, when she joined the board, she has served as editor of the *Cranial Wave*, taking it from a newsletter to a publication of journal quality. She redesigned the layout of the *Cranial Wave* and instituted many cost-saving measures in its publication. Linda and **Dave Paxson**, who joined the board in 2008, started the effort to bring clarity and fairness to supervision.

Sharalee Hoelscher served invaluable for one year as vice president, during the organization's time of transition. She offered a consistent presence and a willingness to do whatever work was needed. She pioneered the effort to make the board more accessible to the membership.

Edwin Nothnagel gave over five years of service. He was our secretary for two years, president for two years, and treasurer for one. During his term as president, Edwin and his vice-president, **Dave Paxson**, attended, and Edwin presented at, the Federation of Therapeutic Massage, Bodywork and Somatic Practice Organizations. Shortly after, BCTA/NA was invited to become a member, which we have maintained.

In 2009, **Michael Brightwood** volunteered to join our board. He then chaired the project to drop the required signatures from the consultation forms for the RCST®s. This was a requirement at the time that was quite off-putting to many members and therefore did not serve the association's overall goal of supporting all of our members in getting the type of care and/or supervision that best serves them as individual and unique practitioners.

In 2010, **Debra Hodgen** and **Mimi Iklé-Khalsa** both volunteered for the Conference Committee, Debra becoming the chair of the conference held that year at Mount Madonna, California. In November 2010, they both joined the board of directors. Debra took over as Membership Chair, an office that had been held by **Marilyn Angell**, and Mimi took on the conference chair position for the 2012 conference in Maryland.

At the 2011 teacher-board meeting, Edwin stepped down as president but accepted being the interim treasurer. We sent him off with a lovely tribute of words and pictures of his presidential term. In his place came last year's president, **Dave Paxson**, who made a point of opening new alliances and reaching out to complementary bodywork associations. It was in his term that we finalized the wording for the new self-care form to replace the old professional consultation (supervision) forms. You can read more about Dave's work on the board in the article "Recognizing Those Who Have Contributed" on page 55. At this meeting, we welcomed board members **Janet Carstarphen-Skeels** as our new secretary, **Liz Heron** as our Research and Ethics Committee chair, and **Fred Snowden** as our treasurer. **Debra Hodgen** took over as vice-president for Dave, and **Margaret Rosenau** stepped down as a board member and chair of the Website Committee.

Immediately following the board-teacher meeting, we hosted a two-day conference with Association of Pre- and Perinatal Psychology and Health, which gave a chance for the folks interested in that specialty time to understand more about that organization. William Emerson, a pioneer in the field of pre- and perinatal therapy, was one of the many guests attending. Following that, there was a four-day workshop with Franklyn Sills. Our goal was to offer enrichment to our community and continue Dave's quest to link our communities with those with complementary missions.

In 2012, shortly after the first of the year, Michael Brightwood resigned from the board. In June, Dave finished his one-year term as president, and I stepped into the presidential role. **Robyn-Michele Jones** joined as a teacher liaison to the board and took over the e-newsletter from Fred so he could take over the treasurer role from Edwin. Edwin agreed to stay on in a support capacity for the teachers. He also assists Fred with finances as assistant treasurer, an important role providing backup and review of transactions.

Peggy Reynolds returned as a teacher liaison to the board. Peggy is a member of the Teacher Approval Committee, which reviews and makes recommendation to the board about which teacher applicants to approve. She will be coordinating a new addition to our member

benefits: webinars conducted by teachers. These will be a way to enrich our members with informative discussions on current topics in BCST. **Elizabeth Hammond** joins Peggy on the Teacher Approval Committee.

Although **Liz Heron** stepped down from the board, she remains a part of the Research Committee and is actively pursuing a study. More information will be published on this and other research efforts in future e-newsletters. Full listings of our committees and committee members can be found on our website at www.craniosacraltherapy.org/committees.

We have finished the first phase of the new website, which will allow us to do many more of our financial and other transactions on-line. A second phase of the website will happen this fall. We have become a much more stable, strong, and financially sound organization through all of these massive efforts from our board.

We on the board welcome your comments and feedback: email us at admin@craniosacraltherapy.org. This is one of the many ways we can learn and grow as a community. Again, we hope you will all consider taking a turn doing your part to make this association grow and thrive.

In Light,

Mimi Iklé-Khalsa

President of the BCTA/NA



The board and some of the teachers attending the 2013 board-teacher meeting in California. Back row, left to right: Joyce Harader, Debra Hodgen, Peggy Reynolds, Mimi Iklé-Khalsa, Elizabeth Hammond, Mary Louise Muller, Fred Snowden. Front row, left to right: Kristy Endo, Robyn-Michele Jones, Christopher Muller.

Minutes of the BCTA/NA Member Meeting

Every year we open up a dialogue between our members and our board and teachers at our General Membership Meetings. The point of this is to answer any questions you may have for us, for us to ask you how we can serve you better, and for folks to get a chance to put a face to a name and get to know who is acting as the volunteer leadership for our organization in any given year. We were pleased to have had two students and two members join us in person or by phone. We hope to see many more of you at our next general membership meeting in September 2014 at the Mount Madonna Center, California. Please read our e-newsletter in July and August 2014 for specific dates and times of the meeting, and if you cannot attend in person please look in those same issues of the e-newsletter for how to direct your questions.

GENERAL MEMBERSHIP MEETING MINUTES – AUGUST 22, 2013 CARLSBAD, CALIFORNIA

1:00pm – 2:10pm PST

Attendance:

BOD members: Mimi Ikle-Khalsa, Fred Snowden, Debra Hodgen, Peggy Reynolds, Elizabeth Hammond, Mary Louise Muller, Joyce Harader, Robyn- Michele Jones
Teachers: Chris Muller, Kristy Endo, Debra Bochinski, Kathleen Morrow
Members: Bob Endo in person & Michelle Reesman on the conference call line

BCT students: Prue Jeffries & Sonya Goodwin

Proposed topics of Discussion:

Student guests shared they appreciating the timing and spacing their Foundation modules

Prue and Sonya expressed a strong interest in having “technical” languaging of this work for interface with the medical/professional community

It was suggested that the association could go to specific professional conventions (dentists, for example) and speak of what we do, and offer 20 min. sessions to the professionals

The Teacher and Board shared what was suggested what we had come up with in our meetings, and what benefits they might be interested in us prioritizing, ideas discussed were

- Recording and posting to the website case studies and anecdotal testimonials
- To get more assistance in the marketing area, so we all know how to sell our services
- Videos of teachers talking/modeling the language necessary to speak with medical professionals
- Getting an RCST to possibly be a speaker on Dr. Oz if we all agree this would serve our community
- Specific topics that might be useful for bringing BCST into the mainstream: addressing PTSD or TMJ related issues

More Than Just Fun in the Sun: What the Board and Teachers Got Done

We held our annual board-teachers meeting this year in California. We were happy to have all of our board members: Fred Snowden, Debra Hodgen, Peggy Reynolds, Elizabeth Hammond, Mary Louise Muller, Joyce Harader, Robyn- Michele Jones, and Mimi Iklé-Khalsa, along with teachers Christopher Muller, Kristy Endo, Debra Bochinski, and Kathleen Morrow. We had a big agenda and tried our best to pace the work so as to get as much done as possible. We also had a pilot program this year where we had small-group discussions with a dozen other teachers that either called or Skyped in. We had three full days of board discussion, and the last half day was given to teachers to discuss the field. We ended with a general meeting of the membership.

Congratulations to our secretary, Joyce Harader, who during the meeting was approved as a new teacher.

That makes our board now comprised of 6 teachers and 2 non-teachers.

Listed below is a summary of the agenda items and their outcomes. Feel free to direct questions to the board by emailing Joyce, our board secretary, at joyce@bluearue.com.



Work Session topics

1. Finances—Current finances and projected annual budget, what should our priorities be, can we cut costs, or add benefits?

OUTCOMES

We will

- Look into buying online accounting software
- Find a “cloud dropbox” structure for organization info archiving and current documents
- Notify all Canadian members about how the new online membership affects them
- Find a membership database plug-in so we can utilize all membership info collected
- Create a budget committee for board/teacher conferences to plan future conference goals and expenses
- Create an oversight, planning, and budget committee for all areas of expense

2. Revising our Standards of Practice document—what are the objectives and how do we reflect that?

- We voted in a process document (called a *charter*) proposed by the current committee working on standards revision. This charter describes how they will go about revising the Standards of Practice, laying down the ground rules for creating and getting feedback from teachers and board on the new Standards.

OUTCOMES

- We have approved a charter on how to proceed, We are looking to have three documents created for different uses with different populations.
- We will solicit teachers for feedback for the first draft.

3. Phase 2 of the website, what are the objectives and timeline for implementation, what do folks want most?

OUTCOMES

- Change the picture on the front page to therapist with eyes open
- Create a blog space for members only
- Create a box “Has your information changed?” for members to let us know of personal info on website changes. Eventually, members will be able to change their own profile information
- Create a “Past Conference” page with YouTube snippets and/or a photo montage
- Create a “Recommended Reading” page
- Create a policy on what is acceptable to be offered on the website
- Devise a page on the website for connection to stores, if we get a small % for the referral from our website
- Have links to pertinent online stores links
- Research an insurance provider resource to be added to the website

4. Procedure and policy reviews

OUTCOMES

Policies for Promotions

- Related courses (those that aren't BCST courses) go on a separate website page
 - Action Points
 - Create a definition for *related course*
- The following can request advertisement with their fee
 - A Member (non-teacher) of BCTA/NA teaching a related course can list that course on the related courses page for a \$50 one-time fee
 - One Constant Contact listing to members- \$100
 - Teacher/Member of BCTA/NA (teaching the course being promoted) - free
 - One Constant Contact listing to members \$100
 - Non - Member sponsored by a member and/or teacher - \$300.
 - One Constant Contact listing to members
 - Listed on website on related courses page

Policy: Biodynamic Craniosacral Therapy Introductions , Foundation Courses and or Advanced Craniosacral Biodynamics Courses:

- must be an Approved Teacher to list courses on the website (no fee)
- ONLY approved teachers can advertise with the BCTA/NA for: Intro., Foundation, or Advanced Biodynamic Craniosacral Therapy courses.

Policy : Lead Approved Teacher (must be teaching 50% or more) with a non-member co-teacher

Create 1 annual membership mailing to include Treasurer's report, call for BOD, membership renewal reminder, and Conference save date/reminder on March 21 of every year.

Promote the Corporate/Business Membership

- Benefits are: Listing name, address, website, logo

We adopted a resolution to change the fiscal year from May 31 to December 31, of each calendar year.

New Policy: If a Member goes on sabbatical, they pay the associate fee of \$50 and teachers that go on sabbati-

cal pay the RCST fee of \$120 which will be indicated on the website

5. How do we best expand our membership, their benefits, do we need a member survey/feedback system?

OUTCOMES

Proposal: Member survey

- yes through Constant Contact

Action Point

- Write up all proposals we are ready to move forward with, and ask members to prioritize them
- We could also gather info to feed into a different program
 - For example: Mentorship
- Solicit members to help coordinate/host biennial teacher-board meetings & Conferences
 - Find and secure a venue
 - Request best time of year for you to attend conferences & teacher-board meetings
 - Send out a poll to teachers first, then give the membership specific options on when we can host our conferences in hopes of finding the time that most members can join.
- What members need is the BCTA/NA to find ways to promote them
 - Bring in a professional to present that topic at conferences. Archive recording onto the website
 - Pay someone to create a brochure, training flyers with precise wording and high-quality photos to be used on their personal website, and logo
- To align with other organizations to get our members out into the public view more
- Create a graduate welcome letter for teachers to distribute
- Find another student liaison
- Create a confidentiality statement to go into member package

6. Future Conferences, teacher-board Meetings, 2014 BCTA/NA conference with the American Polarity Therapy Association, how do we need to prepare for this and future conferences?

OUTCOMES

- Create a yearly conference template (certain things we will always discuss: teachers, website, finances, membership benefits)
- 2014 TEACHER individual skype calls done

prior to the in person meeting

- 2015 teacher-board regional meetings in small groups
 - Make time for table sharing
 - One representative from each group then skype together (at least a day's worth of meetings)
 - Sept board meeting all info brought to board to discuss
 - Proposing last 2 weeks in August for conferences

7. Association communications including E-newsletter and Cranial Wave, are they working well, do they need any adjustments or changes?

OUTCOMES

- We are very pleased with the e-newsletter and want it to continue as is.
- What we want for The Wave
 - Multiple editors
 - Ability to proof it before it goes out
 - Consider simplifying the construction of the Wave, creating less time taken
 - Annual production in the Fall

8. Potential Mentor program

OUTCOME

- We will create an Available Mentor page on website
 - Create criteria for being a mentor, job description/expectation for mentoring and legal disclaimer and solicit from our teachers/membership for those who want to act as mentors.

9. Current research projects and future research possibilities, what are our options, who can we partner with?

OUTCOME

- We do not have a lot of leads right now but will look into possibilities for the future.

10. Shall we continue printing the membership handbook or just have it archived on the website?

OUTCOME

- We will archive the membership handbook on the website and strive to keep all of the information correct and up to date. ♦



NEW BOARD MEMBERS

Elizabeth Hammond

Currently, I make a living from following my heart and listening to the unseen. I have developed and taught bodywork programs for 25 years. My introduction to energy and bodywork began with the study and exploration of shiatsu and Polarity therapy in 1978. I was licensed as a massage therapist (LMT) in Hawaii in 1986, and the American Polarity Therapy Association (APTA) grandfathered me in as an Registered Polarity Practitioner (RPP) around 1988.



My interest in and study of craniosacral therapy began with Franklyn Sills's presentation at the 1989 APTA conference and continued with his first Biodynamic Craniosacral foundation course in the U.S. I assisted Franklyn's next two U.S. foundation trainings in Boston and Boulder.

The teacher trainees and students in Franklyn Sills' Boston foundation three-year course came from diverse regions to participate. As pioneers, these students were often isolated from other Biodynamic practitioners. When my first BCST foundation course was nearing completion, I, along with three Canadian graduates and four U.S. practitioner-teachers, created the Craniosacral Therapy Association of North America (CSTA/NA) to offer support to fellow graduates and teachers. CSTA/NA incorporated as a non-profit in Canada in 1998.

I served as a founding board member for three years. I have served on the Teacher Review Committee for the past 13 years, and served several terms as a teacher liaison to the board.

I have accepted the invitation to join the current board of directors. I bring my varied background as a social worker, artist, teacher, mother, healing arts practitioner, and organizer.

My school, the ICT Institute of Complementary Therapy, and private practice is located in Honolulu. ♦

Joyce Harader

I started my massage and nutritional consulting practice in 1992 after a profound health breakdown/gift at the age of 28 started me on a powerful journey to discover how to holistically heal myself—mind, body, and spirit. I built a successful home-office-based practice while being available to my two young daughters as a single mother. In 1999, I began receiving regular craniosacral sessions and was blown away by the results. I *had* to



bring this work into my practice. Soon after this, I met a woman who was going to serve as a teaching assistant in a Biodynamic Foundation Training that was beginning in Chicago, and immediately registered for the course, which was led by Scott Zamurut, RCST.

I have a passion for horses, including my own, and started using Biodynamic Craniosacral Therapy with horses and other animals. Upon graduating from the foundation training in 2003, I began transitioning my practice away from massage therapy and into BCST. After three years in practice, I began to feel the urge to teach this work, and began working as a teaching assistant and a teacher trainee with Scott. Since then, I have taught four Apprenticeship Programs (Foundation trainings with six students or less), including one that was for both people and horses. Several years ago, my husband, horses, cats, and I relocated to Cave Creek, Arizona from Illinois. I now teach this work to naturopathic students in the area and am in the process of becoming an approved BCTA/NA teacher.

I am excited to step on to the Board of Directors as the new secretary. My training in team-building, leadership, and accountability structures has taught me how to goal-set, create structures to fulfill those goals within specific timelines, and hold myself and others accountable to commitments with grace and compassion. I'm honored to bring these skills to BCTA/NA and to be able to support the continued professionalism and integrity of the association. ♦

Robyn Michele Jones

For many years, when the call came for volunteers for our board of directors, I wished that I had skills to offer. Last May, within a year of becoming a certified teacher, I was invited to become a director as a teacher representative. I was so grateful and eager to serve our association! After writing articles promoting the 2012 Breath of Life Conference, I was asked if I would like to take over editing our e-newsletter, which I have gladly done since last July. Additionally, in order to serve our 2014 conference being held in Central California, this year I became co-chair of the Conference Committee.



Through volunteering this last year, I have discovered that I bring to the board strong verbal and written communication skills and am well organized.

NEW BOARD MEMBERS, cont.

I have a deep dedication to supporting our BCST family: members, teachers, and directors. It means so much to me to be serving the good of our association and the holding field of our profession. With the board, I see us working hard together to strengthen the foundation of our organization through correcting the mistakes of the past, improving communication with our members, and streamlining our administrative functioning. I am very inspired by the hard work and commitment of each of our volunteer directors and feel privileged to know and work with them. ♦

Peggy Reynolds

Peggy Reynolds has been a healing arts practitioner in the San Diego area for the past 20 years. She is a licensed Holistic Health Practitioner (HHP) and Registered Biodynamic Craniosacral Therapist (RCST®), as well as an approved teacher through the Biodynamic Craniosacral Therapy Association of North America. She is also certified in trauma healing as a Somatic Experiencing Practitioner (SEP) with the Somatic Experiencing Trauma Institute. Peggy has an additional five years of training with Dr. Ray Castellino in the field of pre- and perinatal psychology, as well as training with Maura Sills in core process psychotherapy and relational field.



Peggy specializes in the treatment of trauma for all ages. She has a particular focus on the treatment of early developmental trauma, attachment, and bonding issues. She integrates biodynamic craniosacral therapy, trauma work, and pre- and perinatal psychology to facilitate the process of trauma resolution for individuals and families.

As the founder and director of the Universal Alliance for Family Health, a not-for-profit 501c3, Peggy supports and educates families in healing. She is also an internationally certified Lactation Consultant through the International Board of Lactation Consultant Examiners (IBLCE) and a certified parent educator through the International Network for Children and Families.

Peggy is the mother of two grown daughters and is lucky to have a four-year-old granddaughter. When she's not teaching or working with private clients, Peggy can usually be found spending time with her family, riding her horse, Rox, or playing with her dog, Lilly.

Fred Snowden

I began my study of bodywork at the National Institute of Massotherapy in 1994 and was licensed by the Ohio Medical Board and Certified in Reflexology in 1996. Soon after, I met Polarity Therapy teacher Gary Peterson and completed my RPP training with him in 1997, adding Polarity Therapy to my client practice. I began my craniosacral training at the Upledger Institute, and added work with babies and children to my practice. When Gary returned to Cleveland to teach BCST, I joined his first class and received my RCST® certification. I then worked with Gary as a TA and as administrator of his teaching institute in Ohio. My practice includes adults, children with special needs, and infants.



My 40 years of management experience includes both corporate and nonprofit organizations, where I specialized in finance, planning, and internal controls. I currently serve on the BCTA board as Treasurer, with responsibility for finances, automating member records, and expanding the functionality and usability of our website. ♦

COURSE LISTINGS

Oct. 27–31, 2013. Stillness: Getting In Touch. Mike Boxhall, Portland, OR. Spiritual opportunity. Five-day residential retreat for joint practice of Stillness. Size limited to 22. To register: coease@macforcego.com, 503-287-8579. More info: www.nurturingtheheart.org.

Jan 10–13, 2014 (first of six sessions). Somatic Trauma Resolution Certification Training, Sharon Porter, RCST®, SEP, RPE. Los Angeles, CA. This advanced class will dramatically improve your cranial outcomes by blending neurologically effective trauma skills into your clinical practice, using language that enables your clients to participate directly in their own healing. Cranial and energetic phenomena are referenced throughout. \$3,900. Size limited to 24. To Register: danburgess602@gmail.com More info: 310-821-8212, healthwaveinstitute.com.

Reviews

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

New Foundation Training Teachers

Sarajo Berman

My biodynamic inquiry probably began at the age of eleven, when as a dancer I became aware of something that moved me and had different emotional tones. I didn't have the words to express what it was until the 1970s, when a group and myself lay down on the studio floor and began to explore sloshing our fluids. I have continued to be fascinated with the perceived sensations brought to my attention by my dynamic fluid-body during stillness and/or while moving through space. The dance of balance continues to be my mantra, and deepens with every Biodynamic Craniosacral experience. I have spent years exploring my soma and how to come into relationship with those I have the honor to come in contact with. The human spirit, in all its forms, captivates my attention and provokes my inquiry into its never-ending dance of "becoming".



I have practiced different forms of body therapies since the '70s: rebirthing, effort/shape, energy work, therapeutic massage, Pilates, Alexander Technique, Biodynamic Craniosacral Therapy, and Somatic Experiencing® and have developed my own embodiment practice, Moving Contemplations, that I bring to others in a five-class series several times a year. I founded my private practice, Body Revitalizations, in 1995, seeing private clients and offering classes to assist individuals in broadening their perceived sense of self through somatic inquiry. I have had the pleasure to assist Michael Shea with various Biodynamic classes since earning my RCST® in 2003, and completed my teacher in training with him this August. In 2002, I served as the first student representative to the association's board of directors. In 2004 I joined the board as a full board member, serving as RCST chair and as secretary until my retirement from the board in 2006. ♦

She shares some thoughts about Biodynamic Craniosacral Therapy and teaching the Foundation Training:

The orientation of Biodynamic Craniosacral Therapy to the experience of Inherent Health as a reliable resource and reservoir of wisdom captured my attention and commitment immediately. I came to appreciate this therapy as healing in the truest sense: reconnecting to an experience of essence, a sense of Self that is deeper than the impressions of our history. BCST informs my work with clients and also how I try to live each day. The skills we learn and practice in this work are skills for living as well as for healing. I believe it is a good way to be of service to others and to myself.

The experiential nature of the learning process and the commitment to personal development that the work requires are two things from my own training that influence my teaching. I learned that we don't experience the potency of the Breath of Life through a process of acquiring information, nor do we work with it through a mastery of techniques. The skills of being and relationship, maintaining a practitioner neutral, staying in relationship to the midline and in the slower states of the mid- and long tides, and trusting the inherent health within the client to direct the work are all things that must be acquired through a process of experiential integration. I believe, therefore, that the teaching of BCST needs to be a dance between the didactic and experiential, with the experiential ideally taking a larger part. Ultimately, the Breath of Life and its expression teaches us. I believe that the essential requirements for students of BCST are a willingness to be taught by experience and a commitment to the personal development needed to be authentically present to ourselves and our clients. I feel it is a privilege to do this work and to teach it to others. It is, in my view, a sacred work, a humbling and awesome experience, and always a learning adventure. ♦

Jennifer Corlett

Jennifer Corlett holds a doctorate in Clinical Psychology and is a holistic psychologist licensed in the State of Ohio. She is a Gestalt-trained clinician and group facilitator. Jennifer is a member of the Ursuline Sisters of Cleveland. She has been involved in the practice of energy therapies for over 25 years. She completed her BCST Foundation Training and Teacher Training with Gary Peterson, RCST®. She is currently teaching a Foundation Training in Cleveland, Ohio.



Joyce Harader

Please allow me use my board bio on page 61, as a jumping off point for this bio on myself as a new Approved Teacher. In my holistic practice, I have been a teacher in many different capacities in the last 21 years. During my foundation training I was asked to teach introductions to Craniosacral Biodynamics at the massage school I graduated from. My "class project" became creating a four-day Introductory Class curriculum. I taught this intro course at the



New Foundation Training Teachers, cont.

massage school for the next three years, until the school was sold at the end of 2005.

Soon after that, Scott Zamurut, RCST®, my mentor, and I started talking about teaching Foundation Trainings in a different way. Scott invited me to help him co-design a new curriculum based on the Standards of Practice of the BCTA/NA, and from 2006–2009 I completed two Foundation trainings as a teaching assistant and teacher trainee, working with this new curriculum. We confirmed through experience that teaching in a simple, direct, and efficient way, in smaller groups, positively impacted the learning curve for our students while still meeting the training goals defined in the standards.

At that time I had no intention of applying to be a BCTA/NA-approved teacher. I had heard that the organization was having internal struggles that I did not care to explore. With Scott's "teaching blessing," I started organizing my own Foundation Apprenticeships with a max of three students, in Illinois. The very first included additional training in equine biodynamics—biodynamic sessions with the horse, my love and passion. Currently I live in Arizona, and have been teaching biodynamics to students from a local naturopathic college. Working with these students has deepened my appreciation for the holistic nature of our work, especially in seeing how it connects seamlessly into their world view.

My work with horses has deeply informed my practice and teaching and has given me a unique perspective on biodynamics. Because horses totally live in instinct and emotion, rather than cognition, they demonstrate the need for simple, direct, and efficient communication. Horses demand a very high level of presence in all interactions with humans. The level of moment-to-moment awareness is as much about meeting the moment-to-moment instinct of the horse as it is about remaining safe working with, and being present with a 1000-plus pound, magnificent being. It is necessary so that I don't get bit, kicked, or stepped on. The lessons I have learned with horses have translated directly into my practice and teaching with humans. I have learned that teaching biodynamics is as simple, direct, and efficient as working with horses. In particular, I have sought to find this direct simplicity in the design of my training methods and curriculum.

Over time, I got word that the BCTA/NA had turned a corner in its internal affairs, and I have found myself drawn to serve on the board of directors and to increase my commitment to the organization as an approved teacher. It is my intention to bring the wisdom I have gained from my equine clients to my work in this community. ♦

Mimi Ikle-Khalsa

Mimi Iklé-Khalsa started her career in bodywork in 1995, when she graduated from the Potomac Massage Training Institute. She pursued a full-time massage practice until 2000, when she began her one-year apprenticeship in Polarity Therapy. During the last part of her Registered Polarity Practitioners course, she met a therapist who was assisting in an upcoming Biodynamic Craniosacral course with Roger Gilchrist of the Wellness Institute. The therapist was trained in both Polarity and BCST and explained how well they worked together. Because Mimi was coming to the end of her polarity training and had more questions about energy medicine and was interested in understanding what craniosacral was, she enrolled in a two-year professional training in 2001 with the Wellness Institute. She graduated from that program in 2003 and applied to become an RCST®. Since 2003, Mimi has been assisting in cranial classes held by both the Wellness Institute and the Polarity Center & Shamanic Studies.



Mimi joined the BCTA/NA board of directors in 2010, after helping the Conference Committee put on that year's conference. In 2010 she became the committee chair of the Maryland-based Breath of Life Conference. She has been BCTA president since June 2012 and an Approved Teacher since September 2012. It was Mimi's intention to become an approved teacher before her nomination as president that prompted the board's decision to create space for a board members to be a teacher by amending the by-laws to allow all of the teachers on the board to be full voting members. Mimi suggested a clear conflict-of-interest policy be put in place at the same time to ensure that no board decisions could be to any individual's gain.

In 2012 Mimi started her own school, Heartwaves Healing Institute, to bring the beauty of Biodynamic Craniosacral Therapy to more people. She remains on the teaching staff for the Wellness Institute and hold monthly classes in the Washington DC area.

Mimi loves taking the basic biodynamic principles of presence, relational fields, holding space, and supporting integration into her home life as the mother of a six-year-old girl, her volunteer life as the co-chair of a charity organization supporting alternative gift fairs, and into her corporate life as the owner and chair of the board of the energy conservation company left to her upon her mother's passing.

New Foundation Training Teachers, cont.

Robyn Michele Jones

Robyn Michele Jones has been studying craniosacral therapy since 1998 and did her BCST Foundation Training and teacher training with Gary Peterson. As a consummate student, she thrives on learning and thoroughly enjoys taking workshops and courses from a variety of teachers. One of her greatest joys was to do her Master's degree at Karuna Institute with Maura and Franklyn Sills in Core Process Psychotherapy. She has been doing bodywork since 1984, having studied Swedish massage, Polarity, acupressure, and herbology. She is a Reiki Master Teacher. For many years she specialized in myofascial release and studied extensively with international teacher John Barnes, PT.



Robyn Michele's teaching experience began with 25 years as an early childhood educator. During that time, she also led women's retreats and courses in personal spiritual exploration. She began working at Twin Lakes College of the Healing Arts in 2002, teaching core curriculum and creating her own classes in Intrinsic Touch, a biodynamic fascial approach. Currently, in partnership with TLC, she is teaching a BCST Foundation Training. Her teaching style is collaborative and collegial. She delights in bringing variety to the experiential and didactic aspects of the training. Robyn Michele is deeply inspired by this work. She is delighted to experience that, just like in a session, the preparation for and teaching of the BCST modules is shaped and carried by the Breath of Life.

As a practitioner, Robyn Michele finds BCST to be personally energizing and uplifting while gently revealing and healing for her clients. The ability of this work to meet those seeking help in just the right way is profound. She feels that the capacity of BCST to assist healing in all aspects of our being—physical through spiritual—is a huge gift that we all get to participate in. For Robyn Michele, the core of BCST is the return to our originality: as the pain of the past releases, we are freer and freer to be our authentic selves and to serve life as the love and joy we are. ♦

Kate Klemer

Kate Klemer has been utilizing cranial work in private practice since 1989, seeing many cranial patients a week. Her educational background in chiropractic college has given her a strong base in clinical and basic sciences.



She has taken courses with the Upledger Institute, British Osteopathic Association, Dr. Stober/Nasal Specifics, and advanced courses with Michael Kern and Franklyn Sills. Her foundational training was with British osteopaths Michael Kern and Katherine Ukleja and Polarity Teacher Scott Zamurut. She has trained as a teacher by assisting Michael Kern, Franklyn Sills, and Cherionna Menzam-Sills. She is a certified teacher with the Biodynamic Craniosacral Therapy Association of North America. She has been training to teach since 2003. She has spent 200 hours in a teaching setting, and 23 years in private practice. Being in nature is her spiritual practice. Her interests include biking, Pilates, hiking, reviving houses, and making art from found objects. She plans to write a book some day. Kate lives in the five-college area of Northampton MA with her wife and their dog. ♦

Michael Shea

Michael Shea has over 35 years of experience teaching different forms of craniosacral therapy internationally. In 1986, he earned an M.A. in Buddhist Psychology from Naropa University. In 1995, he earned a Ph.D. in Somatic Psychology from The Union Institute.



His postdoctoral study was in psychophysiology and embryology. He currently teaches internationally in the field of Biodynamic Craniosacral Therapy and pediatric applications. He is adjunct faculty at the Santa Barbara Graduate Institute teaching in the pre- and perinatal psychology doctoral programs. He has served on doctoral committees at both the Santa Barbara Graduate Institute and the International University of Professional Studies. His Biodynamic Craniosacral Therapy school is recognized by the International Affiliation of Biodynamic Trainings (IABT), and he was a founding board member of the Biodynamic Craniosacral Therapy Association of North America (BCTA/NA). He has been a licensed massage therapist in the state of Florida since 1976. He is the author of five books on Biodynamic Craniosacral Therapy. He has been married for the past 22 years to his wife, Cathy. ♦

Advertising

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

BCTA/NA Financial Reports: 2011 and 2012

Fred Snowden, RCST®, Treasurer

Membership Revenue in 2012 was \$45,331 slightly below the \$49,224 received in 2011. The Breath of Life Conference 2012 brought in revenue of \$48,685, with expenses totaling \$47,919.

A special program was scheduled in 2011 for the annual board and teacher meeting held in Washington, DC, with an objective of rebuilding the organization's momentum. The added costs were covered by surplus accumulated over several prior years. The Cranial Wave was not published in 2012, with an expanded edition planned for 2013.

We closed 2012 with net assets of \$25,575.

A summary of revenue and expenses for the two years appears below.

	2011	2012
Membership Fees	\$49,224	\$45,331
Conference Revenue less Expense		\$766
TOTAL REVENUE	\$49,224	\$46,097
Board & Teacher meeting	\$29,114	\$13,621
Publications (Cranial Wave and Newsletter)	\$3,518	\$407
Office and Administrative services	\$3,952	\$2,698
Membership Processing	\$5,735	\$4,903
Website & Telecommunications	\$3,081	\$1,900
Professional Fees (tax filing, insurance, legal)	\$1,238	\$440
	\$14,006	\$9,941
TOTAL EXPENSES	\$46,638	\$23,969
INCREASE IN NET ASSETS	\$2,586	\$22,128
NET ASSETS (ending)	\$3,447	\$25,575

BCTA/NA COMMITTEES

Committees are part of what help keep our organization running. They give you a chance to connect and work with others to promote the health and growth of our organization and Biodynamic Craniosacral Therapy. We'd love to have you join. To join a committee, please contact the chair of that committee.

The Website Development Committee

Cochairs:

Frederick Snowden, fsnowden@windstream.net

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

The Membership Committee

Chair:

Debra Hodgen, Nirmaladeb1@aol.com

The Ethics Committee

Chair :

Harader, Joyce, joyce@bluearue.com

Member:

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The Research Committee

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The Publications Committee

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The Conference Committee

Cochairs:

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 Edwin Nothnagel
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 Mary Louise Muller
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 Sheryl York
 Stephanie Rogers
 Tamara Starr

The Volunteer Coordinator

Stephanie Rogers, stephsbodyworks@mindspring.com

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The Military Project Committee**Chair:**

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Contributions, including advertising, articles, illustrations, and photos, are welcome. Please forward all material, with authorization to publish, to the editor, Linda Kurtz, at lindakurtz@netzero.net.

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STILLPOINT PRESENTS

CRANIOSACRAL BIODYNAMIC EDUCATIONAL PROGRAMS

Behind the Smile: The Vagus Nerve and Emotional Expression

with Katherine Ukleja

OCTOBER 24-27, 2013



Katherine Ukleja practiced osteopathy for many years before studying with Franklyn Sills at the Karuna Institute and qualifying as a Craniosacral

Therapist in the 1980s. Her extensive worldwide teaching career has included senior teaching at the Karuna Institute. This workshop will focus on the Vagus nerve, the Social Nervous System and implications for addressing these systems therapeutically. Feelings and emotions are revealed on our faces and in the tone of our voices. Musculoskeletal structures of the face, the ear and throat share a network of nerves, known as the Social Nervous System. This system co-ordinates facial expression and vocalization with the regulation of heart rate and breathing. It enables orientation, communication, cooperation and empathy. Disregulation of this system results in dysfunction which can lead to depression, isolation or anti-social behaviors. Central to the Social Nervous System is the Vagus Nerve. Not only is its motor output complex but more than that, the nerve is 80% sensory. Vagal input to our brains is fundamental to our sense of safety and our emotional adaptability.

4 DAY WORKSHOP FEE: \$700

Foundation Training In Craniosacral Biodynamics

with Franklyn Sills

STARTING SEPTEMBER, 2014



STILLPOINT is proud to present this practitioner training in Biodynamic Craniosacral Therapy consisting of ten five-day modules. Franklyn

Sills is the course director and leading instructor. Franklyn has pioneered the theoretical and clinical teaching approaches used in this course. He is considered to be one of the innovators in the field and his energy has helped nurture the development of the work by making its principles available to teachers and practitioners worldwide. This is a rare opportunity to study with Franklyn in the United States.

Successful completion of this training leads to a diploma in Biodynamic Craniosacral Therapy and eligibility for accreditation by the BCTA/NA. The training is also affiliated with other biodynamic training institutions worldwide via the IABT, the International Affiliation of Biodynamic Trainings, and confers the graduate designations of RCST and BCST.

**10 MODULE FEE: \$9250 IN
10 INSTALLMENTS OF \$925**

Mindfulness in Relationship: A Course for Personal and Professional Development

with Maura Sills

STARTING IN MARCH, 2014



This course is grounded in the essential principles and practices of Core Process Psychotherapy which offers an innovative psycho-spiritual

approach to psychotherapy. Co-created by Maura Sills and Franklyn Sills at the Karuna Institute, it integrates western psychotherapeutic models with Buddhist psychology and mindfulness practices. Drawing on over 30 years of experience, Core Process Psychotherapy offers a deep understanding of what helps and hinders healing, insight and transformation.

The course is made up of three five-day modules. The intention is to help participants feel more resourced, whole and protected, both within themselves and when with others. As such, time and space is given for cultivating personal well-being and resiliency through reflective exercises, mindfulness practices and inquiry into what supports and hinders their well-being. Participants often find that the course helps them to deepen into a state of presence and learn to bring this state of awareness into relationship.

**3 MODULE FEE: \$2700 IN
3 INSTALLMENTS OF \$900**

For more information, prerequisites, and to request an application please visit www.stillpointcst.com or contact Clara Favale • E-mail: cfavale@stillpointcst.com • Telephone: 212.532.8539