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INTRODUCTION TO THIS SPECIAL ISSUE ON

The Integration of Pre- and Perinatal Therapy and Biodynamic Craniosacral Therapy

Kate White, RCST®
Guest Editor

Kate White, RCST® is a Biodynamic Craniosacral and massage therapist and a prenatal and early childhood educator. She is the mother of two children (she is pictured here with her daughter Ella) and holds an MA in communication. She completed her Biodynamic Craniosacral Foundation Training with Michael Shea in 1999 and a professional training with Myrna Martin, RCST® in prenatal, birth, and attachment therapies in 2009. Her work combines somatic therapy with brain development, attachment, and trauma resolution therapies. For more info, see www.belvederearts.com.

Just after I graduated from my BCST foundation with Michael Shea in 1999, a pattern of clients remembering their births began in my private practice. It all began with one particular client I shall call Diane. She was in her mid-50s at the time, a beautiful tall woman with long white hair and brown eyes. She originally came to see me because she had been assaulted by a police officer. The resulting trauma left her confused and hurt, and she thought craniosacral therapy might help. My intake form included questions about birth that she never before had considered. At our next appointment she said that after thinking about her birth, she realized that its difficulty was probably the root of her lifelong depression, and she wanted to heal it with me.

Not knowing what else to do, I gave her craniosacral treatments, during which she would process her breech birth. She was a large footling breech (i.e., born feet first) in the 1940s. When her mother began to hemorrhage, there was little hope for her or her mother's survival. She recalled the panic, the fear, the anger, the determination—and the triumph of her birth. She had turned herself around mid-labor and in so doing saved her life and the life of her mother. Then I started having panic attacks during sessions with her. Unsure about what this meant or what to do, I called William Emerson, whom I had heard speak at the first BCTA/NA conference in Colorado, and explained the situation to him. "Why are your clients remembering their births?" he wanted to know. I had no idea. "So," he told me, "you need to be trained." And he sent me to study with one of his students. Eventually, I came to understand that my own breech-birth experience had been triggered by my client's pattern.

Thus began a decade-long search for teachers, books, and seminars and finally the manifestation of a

prenatal, birth, and attachment professional training taught by Myrna Martin that I completed in February 2009. In that time, I have witnessed the fields of pre- and perinatal (PPN) therapy and Biodynamic Craniosacral Therapy start to come together in the classroom as well as the treatment room. When I tell my story to experienced craniosacral therapists, they all nod in agreement. It makes sense that the deep patterns left from difficulties in utero or during birth linger in the tissues of the body. In the classroom, some cranial teachers include in-depth explorations of embryonic development. At the very least, birth and its impact is covered in one of the modules. In the treatment room, therapists have said that many patients enter into states that access their younger selves (their "little poopsies," as Franklyn Sills says). I now recognize that there is a baby in everyone that, if its wounds are unhealed, influences the decisions the adult makes today.

Having practiced craniosacral therapy for 10 years now, with all those years including intense educational searches and instruction in working with babies and birth, it is clear to me that the integration of PPN into our BCST practices is vital, just as vital as the integration of Biodynamic concepts into pre- and perinatal work. Studying prenatal, birth, and attachment therapy is deeply healing for the practitioner. Without it, the practitioner's history is likely to be triggered from an unconscious place, like happened with me when I worked with my client Diane. It is equally important for our clients, since, for many of them, true healing will come only when they are able to approach and integrate their own—conscious or unconscious—prenatal, birth, and attachment issues.

This integration is the theme of the upcoming Biodynamic Craniosacral Therapy conference in California. In this issue, you will read the words of those who are pioneers in both fields—Ray Castellino, William



Emerson, Franklyn Sills, Myrna Martin, and Cherionna Menzam—and in their stories you will see the pattern of growth of our discipline. You will also learn about different approaches, practitioners, and case studies that show the efficacy of the PPN-BCST combo. The importance of the Biodynamic approach in pre- and perinatal therapy becomes clear when you realize that an introductory level Biodynamic Craniosacral seminar is the sole prerequisite to taking a PPN training.

Pre- and perinatal psychology trainings were first developed by William Emerson. Some of his students have built on his work, developing trainings of their own. One of these is Ray Castellino. Castellino has integrated what he learned from Emerson with the energetics of Polarity and Biodynamic Craniosacral Therapy. Myrna Martin, a student of Castellino and Emerson, has used her psychotherapeutic knowledge to deepen the neuroscience and attachment information in the training, and Cherionna Menzam, a Castellino student with a PhD in pre- and perinatal psychology, brings her base of knowledge of movement to the work. Michael Shea, also a graduate of Castellino's training, completely integrates the perinatal period into his craniosacral training. He has developed a standards of practice for work with infants and children that he has kindly allowed us to reprint in this issue.

Our field has changed so much since 1999 and the birth of the Biodynamic Craniosacral Therapy Association of North America, broadening and deepening just as the precepts of our work advise us to do when working with a client. So, read. Enjoy. Process. Learn. And feel free to email me with your comments and feedback at katercst@gmail.com. ♦

Breath of Life Conference Integrates BCST and Pre- and Perinatal

This issue of the Cranial Wave focuses on the importance of prenatal, birth, and attachment psychology, and how it integrates with BCST. This same topic is a significant part of the agenda for our upcoming conference in September. If you find this issue resourceful, you will find the conference even more so. At Mount Madonna, you will not only learn more about the subject, but address it in an experiential and interactive manner. Myrna Martin, one of the BCST and PPN practitioners interviewed in this issue, will be presenting “Holding the Whole: Baby, Mother, Father” at the conference, and Gary Peterson, a BCST Foundation teacher and PPN practitioner will present “Settling the Family Nervous System of the Newborn.”

The conference will also include a focus on the issue of the importance of gaining trauma resolution knowledge and skills, a skill set vital to those doing

Oh, Great Heart

*We formed embryologically
in mother's amniotic fluid*

*Her essence woven into
our innermost neural tube
imprinting her fears, sadness, and pain*

*Until with your love and our own karma
we began to make our own
cerebrospinal fluid*

*Let us touch this place
again and again
and return on breath to you*

Janet Evergreen



the deep work of BCST. And, we will look at how BCST integrates with other modalities, such as Polarity, Continuum, Alexander Technique, structural integrative therapies, and stress management.

This conference will take place in a beautiful natural location that has a retreat-like resourcing and nurturing environment. It is quiet and away from the city. Vegetarian meals are included. We have worked to keep the cost lower than for previous conferences. A detailed announcement and registration materials are included in this mailing. We hope you can join us. The most significant personal growth and healing often takes place in community. ♦

PIONEERS INTEGRATING BIODYNAMIC CRANIOSACRAL THERAPY WITH PRE- AND PERINATAL THERAPY

An Interview with Ray Castellino

Kate White, RCST®

*I consider Ray Castellino, RCST®, RPP to be the Original Integrator, the practitioner in the field who first began integrating Biodynamic and pre- and perinatal therapies. He trained with Randolph Stone in Polarity Therapy in the late 1960s and early 1970s. Wanting to go on and study cranial osteopathy, he enrolled in chiropractic school. The years he studied Polarity and chiropractic were also the years his children were born and so, too, his interest and fascination with the birth process. His colleague and friend, Franklyn Sills, was with him in the Polarity workshops taught by Jim Said, DC. He began studying and collaborating with William Emerson, PhD, one of the early pioneers in healing birth trauma, in 1979. Ray assisted Franklyn with the first U.S. Biodynamic Craniosacral Therapy training in the late 1980s. In 1993, he started the BEBA (Building and Enhancing Bonding and Attachment) baby/family clinic with Wendy Anne McCarty, RN, PhD. His work with colleagues holding space for families in the baby clinic was the model for what Ray calls the “womb surround and birth process workshop,” or “birth process” workshop. The collaboration he has with midwife, Mary Jackson in *About Connections* is providing an innovative approach for preparing families, supporting them through birth, and following up after birth to ensure the best possible beginnings for babies and families.*



How did you develop your work?

Biodynamic cranial work is about attention to midline and fluid-tide movement; it's attention to the life force in the body. My own background started out with Polarity Therapy with Randolph Stone, who was also a cranial osteopath, chiropractor, and naturopath. I went from Polarity Therapy to craniosacral therapy work via chiropractic school. I really wanted to study cranial osteopathy, inspired by Dr. Stone. In those days, Franklyn Sills wasn't out, John Upledger wasn't out. The only access to that material was in books from Dr. Sutherland's work, Harold Magoun, DO, or Robert Fulford, DO. Cranial osteopathy was in written form or you had to go to chiropractic school or osteopathic school. I didn't want to prescribe drugs or do surgery, so I chose to go to chiropractic school in 1978. But I started studying Randolph Stone's Polarity Therapy in 1968, ten years before. I had the privilege of studying with Dr. Stone directly, along with fellow classmates Jim Feil, Cindy Rawlinson, Sharon Porter, Jim Said, Chloe Wordsworth,

Sandra Castellino, Rod Newton, and several others.

I was always interested in birth and the questions about how consciousness comes into physical creation. In 1969, my son was born. I got to be at his birth and hold him. He was born in a hospital, and, in hindsight, I don't think we needed to go to the hospital. Though at the time we didn't know it, all we needed was good midwifery care. So it was the combination of these two pathways—studying Polarity Therapy and chiropractic, on the one hand, and the birth of my children, on the other—that planted the seeds for the work that I do.

So my son was born in a hospital. Ten years later, my daughter was born at home with midwives. I was fortunate to be at both of my children's births. As a father, I've experience both a hospital obstetric birth and a home birth with midwives. As I sat with my son, and later my daughter, after they were born, they would move their bodies in ways that appeared to me like they were showing us how they were born. And the same thing happened with other babies when I practiced my version of Polarity and cranial work. Babies would move their bodies and act like they were being born. Sometimes they made sounds similar to the sounds their moms made in labor.

When Franklyn did his first American cranial training, I assisted him, along with Claire Dolby from England. Mary Louise and Christopher Muller organized that training. Franklyn and I had studied Polarity Therapy together. I have known him since 1979/1980, before he went to England. During the cranial training, Franklyn shared with us how he and some of his colleagues had run a free baby clinic one day a week for a year. They took anybody that came. That gave me the idea to start the nonprofit research clinic that I began with Wendy Anne McCarty in 1993 that we called BEBA, Building and Enhancing Bonding and Attachment. BEBA now has two clinic sites in California.

When I first studied Polarity Therapy, craniosacral therapy, and chiropractic—through the 1970s and 1980s—I practiced as a solo practitioner with individual clients. When babies came, they always came with someone else, usually their moms. It did not feel right to me to make the baby or a child the identified patient or client. If I was doing something useful with the baby or child, I wanted the people that came with them to be able to do that with their babies themselves. This caused me to rethink how I practiced. What became most important to me, more than what I was doing with those babies and

children, was the relationships they had with their mothers, fathers, siblings, and other caregivers. It became increasingly clear that how healthy the baby's growth was is dependent on the quality of relationship the baby had with the people that held them, as well as the quality of relationships between the people who held the baby. Later, in the 1990s, it was scientifically proven that the baby's nervous system, physiology, and growth are dependent on the quality of the energy in their primary relationships. It is these relationships that organize the baby's body in terms of how that baby is going to function physiologically and psychologically in the future—not just when they are growing up, but when they are adults.

The focus of my practice became the energy and the relationships in the family, not on a single client with me as the practitioner. If someone asks me, "Do you do baby work?" I would say, "No, I pay attention to relationships."

If someone asks me, "Do you do baby work?" I would say, "No, I pay attention to relationships."

I pay attention to the quality of the energy in relationships. I attend to my midline and anchor in the long tide. The crucial difference between traditional craniopathy or Biodynamic Craniosacral Therapy and what I am doing is, I am focusing on the relationships between the members of the family and tracking the family's fluid-tide system as well as what is going on in an individual. This is a "social" or "family" nervous system approach. In this context, it makes space for babies to show their stories and heal in relationship to the people who are holding and raising them.

I've also developed a way to do this with small groups of adults in what I call Womb Surround Process Workshops. The womb surround workshops have seven adult participants and take place over four days. Each participant has a two- to three-hour turn as client, or "turn person," while the remaining people participate as surround members. These sessions are very powerful and are often corrective experiences that help heal early wounding for both the turn person and the surround members. These workshops require the facilitator to exercise all of the basic craniosacral skills. Except there is a difference: The skills are applied to the social relationships between members of the group. So it takes the same set of skills to facilitate families with babies and children as it does to facilitate a Womb Surround or small group of adults.

These skills are giving attention to the health in the family system or womb surround, to the vital energy and the potency in the family system or group. We do this as cranial practitioners by sitting in our own midline, having the practice of returning to midline, and giving attention to the fluid tides, especially the slower long-tide and mid-tide rhythms. Again, these skills are applied to the social nervous system of families and small groups of

adults. Doing this seems to have the basic effect of supporting our clients to view the world from the perspective of their own midlines and to move at tempos that allow family members and group participants to integrate their experiences as they are having them in real time. This then tends to have the outcome of building harmonic healing resonances in the families and small groups. During the womb surround workshops with adults and in family work, the participants get to learn to function while being held in a resonant field. This seems to naturally encourage each member to rally around the health in their family system or social group. This is classic biodynamic craniopathy and Polarity Therapy, right out of Dr. Sutherland. Right out of Randolph Stone. You sit with your attention on the health in the system. The difference here is that the osteopathic and Polarity Principles are applied to small groups and families. Central to my practice is to sit with my attention in my midline and attend to the health in resonant fields of the small groups or the relationships in family systems.

I apply this principle by paying attention to the health in the energy of the relationships of the people. This is so important for babies because the way we are being with babies directly influences how the babies will grow and function now and in the future. As practitioners, by being in our own midline while supporting the baby's relationships with mother and other primary caregivers, we directly influence the baby to grow and function from their own midline and in relationship to their loved ones. Remember, a pre-nate in the womb and a newborn baby are growing and functioning during the time that they are dependent on their relationships with their caregivers. If the parent, caregiver, or family-group facilitator are in their own midline, attentive to the Breath of Life, self-regulating in their nervous system, and connected in their relationships with the baby and others, the baby learns how to be that way and do those things.

This is no little statement! It is a primary principle. When a baby's system is able to organize and grow in this relationship to this kind of field, as the baby grows into a child, teenager, and, finally, adult, they will have full access to their full human potential. We have seen this with the children that are now teenagers that we worked with in the early years of BEBA.

When I worked with families in my chiropractic practice in the 1980s, babies would show their stories. I found that I



was facilitating how the babies and moms—or how the babies, dads, and moms—were all connecting. That became the organizing principle for how we started the baby clinic. Prior to starting the BEBA clinic in 1993, I was looking for someone who could speak the same language and came across William Emerson. And interestingly enough, and without my knowing it, William and Franklyn were already good friends. The three of us began a collaboration, and I became a student of William's.

In those years there was a lot of confusion in the pre- and perinatal field about how to practice between appealing to the health in the family's relationship system and where a person had to go emotionally to feel some healing. It is valuable if, after being taught to track themselves, a person can go into their emotions in a strong way and while doing that be held in a way where they

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can reflect on themselves—have witness. But at the same time, if their system is so strong at the emotional level, the effect of the work is on the midbrain level in the autonomic nervous system (ANS). It doesn't get down to the lowest levels of the brainstem, or to the hindbrain, amygdala, and vagal function level. It stays more toward the midbrain, where emotions manifest.* The consequence of this is that the system doesn't get a chance to settle throughout. In order to get the level of ANS regulation with deep settling, balance, and integration in the system, the work must deeply affect the lower brain centers. This is a big concept and would take some time to fill out. But in terms of the history of the work, I think I am getting the chronology there for you.

Yes, the evolution is important because it helps us understand what we are becoming. That is what this edition of the Cranial Wave is about.

William has contributed a tremendous amount. He is a champion of viewing the process from the perspective

* The amygdala is part of an emotional-regulation triad, of which the cingulate gyrus and the frontal cortex form the other two parts. In this triad, the amygdala functions to mediate whether or not the system stays more connected to higher brain functions or reverts to primitive survival and vegetal functions.

of the baby, and his work with sequencing and early imprints is substantial.

Yes, and your work is so significant. It seemed to me that none of this talk of the health in the system was in the cathartic method when I studied it with William Emerson and Karlton Terry. You were the one that brought that language in, it seems to me. Is that right?

I think that is accurate. I really brought the notion of the midline, fluid tides, and the slow rhythms into the pre- and perinatal world and to APPPAH [the Association for Pre- and Perinatal Psychology and Health]. I did that very intentionally. It seems that the rhythms that govern healthy autonomic nervous system function are rooted in the long tide. It is my observation that when we do not slow our own tempo down and track in the fluid-tide rhythms, clients are more apt to express emotionally and move into the stress of the trauma memories rather than moving at a tempo that supports integration of the traumatic history. Peter Levine's influence has been very helpful here. The key, I think, is for practitioners to attend to their own midlines, track at the fluid-tide levels, move at a tempo that supports integration, give attention to the potency in the system, and be with the life force.

I want to add another piece to the journey here, and I also really want to honor everybody's contribution. When I was studying with William, in the late 1980s and early 1990s, and he, Franklyn, and I were collaborating, William raised the question, What is the baby's experience of the conception journey, gestation, and birth? He was looking at the birth process from the point of view of the baby. What I had done by that time—this is one of my private studies—is collect a series of nursing and obstetrics books from the end of the nineteenth century, through the twentieth century, into this century. So, I have a library of obstetric books. I studied my nursing, obstetrics, and midwifery library. It appears that about every 10 years obstetric practices change. There seem to be 10-year fads. In the 1920s, '30s, and '40s, a lot of attention was given to pelvimetry. The obstetricians and radiologists looked at what the mother's pelvic shape had to do with cranial molding. In the 1920s a group of radiologists—Caldwell, Moloy, and D'Esopo—applied the existing knowledge of pelvimetry to images obtained with the use of X-ray. Medical artists then drew very accurate images of babies' positions as they moved through the birth canal and co-related babies' birth presentation and maternal pelvic shapes. They even had accurate images of cranial



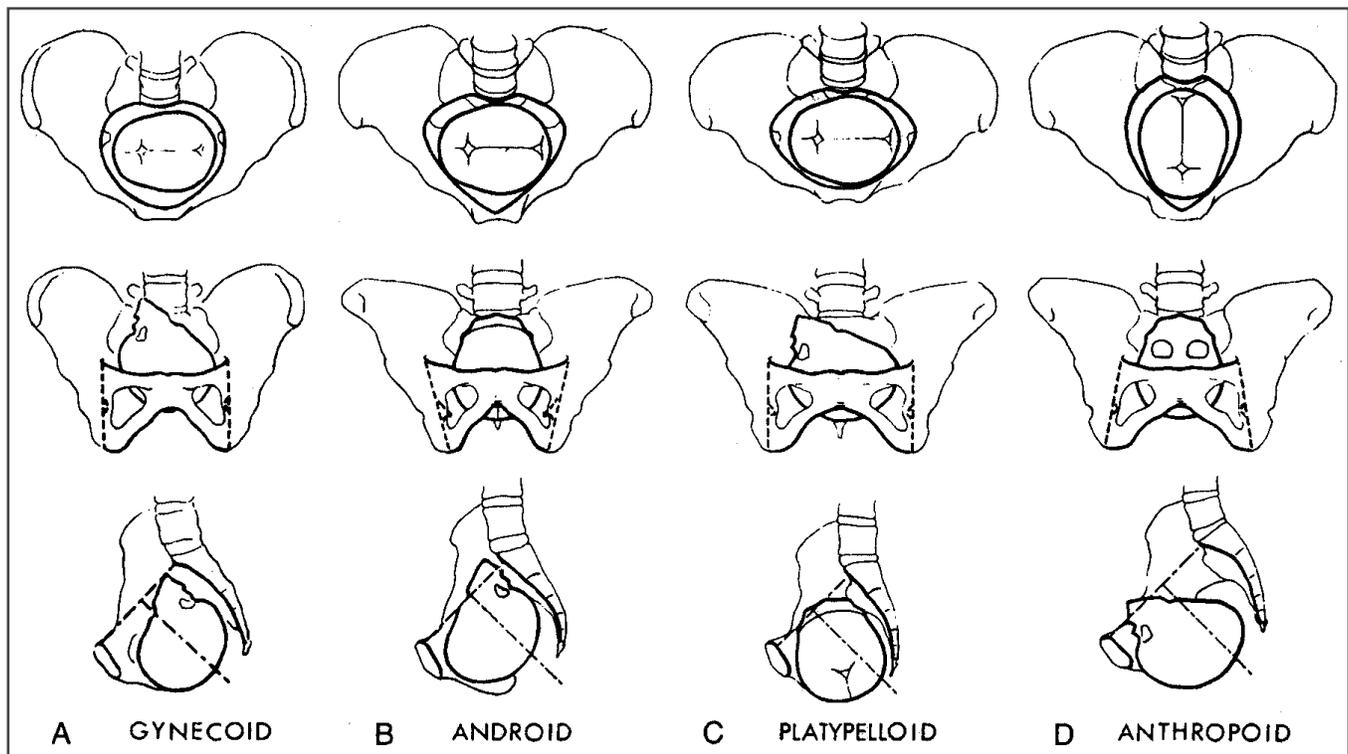
molding patterns. I must say that I deplore that 3000 pairs of moms and babies were X-rayed while they were in labor. They did not know they were putting moms and babies at risk for leukemia, nor did they observe the effects they were having on labor by doing the procedure. Lastly, there was no attention given to the bonding and attachments of mom and baby and the long-term effects on the babies as they grew up to become adults. They did not have a clue about the long-term effects that these studies and birthing practices would have on the mental, emotional, and physiological growth of the child into an adult.

Without knowledge of these early medical researchers, William and Franklyn were looking at the phases of birth not from the point of view of obstetrics but from the point of view of what the baby was experiencing, especially how the baby came into the mom's pelvis—how the baby came into the inlet through the mid-pelvis, the outlet, to birth. In my recollection, William really wanted to discover and articulate the patterns solely from what people were showing during therapeutic experiences. William and Franklyn were looking at these patterns by taking into account only the gynecoid pelvic shape. They did not take into account the other three basic pelvic types of anthropoid, android, and platypelloid. As a result, when they were attempting to articulate the patterns, many of the patterns were not making sense. They kept having to explain these variations as exceptions. Since I had gone through all those obstetrics books, as well as early radiological studies, and had studied chiropractic, I said, "Look, there are different pelvic shapes. Each pel-

vic shape has an effect on the way the baby moves through the pelvis, and that molds or shapes the baby's head and body." I have observed that the molding process has profound effects on how, as biped creatures, we roll over, crawl, sit, stand, walk, and run. The pattern of molding imprints on us and affects how we repeat common movements throughout life, moment to moment, day to day. Through repetition of the movement patterns, they become our signature patterns. How we repeat our individual molding patterns in our movements then shapes and directly influences how our body grows and how we move and feel today.

William at that time was looking at what he called *conjunct pathways* and *conjunct sites* as the baby's head moved through his or her mother's pelvis. What that means is that the places where the baby's head makes contact with mom's pelvic structures create imprints at specific sites or pathways on the fetal cranium. William's premise was that if you knew those sites and pathways, and stimulated or stroked those places, you could activate the baby or an adult into his/her birth memories. Or if you put the grown-up into the position of how they were born, or a major birth position of how they were stuck in the birth canal or stuck in mom's pelvis, the person would have access to that feeling level.

Looking at the different pelvic shapes did indeed clear up the variances that William and Franklyn were looking at. As a result, we were able to categorize and correlate movement pattern, cranial molding patterns, conjunct sites, and conjunct pathways for babies, children and adults. Often we could even predict backwards



Birth mechanism according to pelvic type (from Scott et al. 1999, chap.7, fig. 4, *Danforth's Obstetrics and Gynecology*. New York: Lippincott, Williams & Wilkins).

the mother's pelvic shape just by observing the person's cranial shape and key movement pattern during somatic regressions or movement patterns that show up during bodywork sessions. This really helps us to observe and recognize movement patterns from babies, children, and adults that come from birth imprints. With babies, this knowledge leads to observation skills that allow us to see when babies are showing their story *after* birth. This research confirmed my early realization that I learned with my children when they were babies—that they were showing their birth stories with their movement and emotional expression.

In my subsequent work, I found that with babies, children, and adults, while it was more than helpful to understand the conjunct sites and pathways, it is not necessary at all to use them to stimulate a person, especially a baby, into a birth pattern. My earlier experience of my own children and with how babies show how they were born was reaffirmed. If I tended to my own midline, tracked the slow rhythms of the long and mid-tides, established harmonic resonance with the client or the group of people present, and attended to the intention of the person present, the baby, child, or adult would naturally show us his or her own birth pattern or they would show us an early imprint pattern that was in keeping with their intention. This process inevitably leads to healing.

And yes, I believe that babies as well as adults demonstrate intentionality. Intentionality with babies is a whole discussion that would take too much time to go into here. Just to say that deep within each of us, no matter our age, is the wisdom to seek higher and higher levels of health. By holding presence in the ways I've described here, the deep, innate wisdom of the baby, child or adult is appealed to and supported.

Paying attention to intentionality is another contribution that I made to the pre- and perinatal movement. Rather than attempting to bring up early memories by using some external means like continuous breathing or



by putting a person into a position that evoked early memories, I work by first establishing a baseline. I just used a key osteopathic word there, the word *baseline*. For me the baseline gives the starting point for a session and is intricately associated with the health emanating from the Breath of Life. By establishing a person's intention for a session, the intention becomes part of the baseline. So

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By having a clear intention at the beginning of a session, it became possible to check at the end of the session and have a very clear perception of how much of the intention was completed. This, then, contributed to formulating next steps for the client.

often clients would complete what appeared to be a very dramatic session, but, in the end, unless we had a way to measure where we started, there would be no way of knowing how much we actually had completed. By having a clear intention at the beginning of a session, it became possible to check at the end of the session and have a very clear perception of how much of the intention was completed. This, then, contributed to formulating next steps for the client.

In about 1990, I remember an experience I had with one of the families I worked with after I closed my chiropractic practice. I won't go into the whole story, but it was a family that arrived with three children from four months old to five years old. Early in the session, the mom handed me the baby, sat down on a couch, and went to sleep. The two older children began playing with toys, and the dad went into what appeared to be a spontaneous cathartic regression. I didn't have all the group finesse that I facilitate with today. So, by myself, I was facilitating this whole family without the form that I developed after that. When the session was over and the family left, they felt they had had a meaningful experience, but I was a wreck. Subsequent to that session, I immediately did two major things. First, I really gave a lot of thought to what it takes to prepare a family before they come in to do sessions. Second, I realized I needed to do something substantial for myself that would put me on a fast track so that I could sit with a family and do a much better job of tracking myself and having access to the felt sense of my own midline. For the 20 years before that time, most of my practice was one-to-one or was with a mom and baby. My practice was much less complicated. In order to handle more people in a session, and apply the cranial and Polarity principles, I needed to open some neural pathways within myself so that I could self-regulate and integrate my experience as a practitioner while I facilitated a session with a family. I hypothesized that if I got a small group of friends together with the intention of exploring through process workshops how very early imprints and ancestral imprints affect our present-day lives, I could work with a small group of adults in a much more contained way than what had happened with the family I described above. Moreover, because we were adults, we could debrief the sessions in

ways that we were not able to with babies or children.

It turns out that my hypothesis was accurate. Doing these small womb surround workshops rapidly helped me become way more capable of being with babies and families. What was a really awesome surprise was that folks found those workshops so valuable that they wanted to do more of them, and they started telling their friends about them. This led to the development of the small-group (seven participants) womb surround process workshops that I now conduct. Since that time I have led well over 400 of those workshops—that includes now about 2100 individual sessions within this workshop setting. During the early 1990s, I transitioned out of my cranial, Polarity Therapy, chiropractic, eclectic practice into working with families with babies and young children and to doing the early version of the Womb Surround Process Workshops. At the time, working with babies and families with the intention of healing early traumatic imprinting and supporting healthy bonding and attachment was not valued by the community that I lived in. If I had attempted to earn my living just with families, I would never have been able to make it. But, facilitating about two three- or four-day workshops a month with adults who did value the growth work made it possible for me to financially support my own family.

When a practitioner starts sitting with new babies and has some level of empathy for the new baby, it opens up their own history. The countertransference

We discovered, sitting in the womb surround workshops, that we are sitting in Birth Time, we are sitting in long tide, we are paying attention to the life force.

issues that are activated in the practitioner in relationship to their own early development are huge. My identification with what the babies were going through was so acute and so strong that, in the beginning, I would do a session and then it would take me half an hour, forty-five minutes—and sometimes longer—of working with myself before I could see the next client. I reasoned that I had to find a way to get some practice and discover how to do this so I could actually feel better at the end of the day or a session. So, like I said, I got a group of my friends together in Santa Barbara in the early 90s and started doing these groups where we explored pre- and perinatal influences. That inspiration led to the development of the womb surround workshop form that I use today. I have been refining that form since I first began doing them in 1992.

In 1992, '93, '94, '95, I was teaching weekend workshops, teaching people what I was learning, and Mary Louise and Christopher Muller said, “Why don’t you just put a training together!” So I put a training together. In a profound way, I began training professionals

because I wanted to see the work grow—and because I have a deep need to have peers.

Conveniently, I have a background in education and curriculum development. I used to be a choir director and humanities teacher in the California public school system. “Okay,” I said, “if we are going to have a training, we are going to need clear educational objectives.” As a result, I created a several-page taxonomy of skills that represents a synthesis of decades of work. I knew what I was going to teach, and it wasn’t going to look like Polarity Therapy and it doesn’t look like traditional Biodynamic Craniosacral Therapy. The chiropractors had a lot of trouble with me, so I let my license go. What I was doing did not fit that scope of practice.

I discovered that it takes the same skills to facilitate a womb surround with adults as it does to sit with a family. And so I made my educational objective for my training to give people a foundation in sitting with families, womb surrounds, and adults. The training that I developed—what Myrna Martin, and others in Europe have based their trainings on—doesn’t focus on one-on-one relationships, i.e., practitioner-client. It focuses on the relationships that happen in families, that happen between adults, and that happen in small groups that include a practitioner and some assistants. We look at how the Breath of Life manifests itself in these different groupings and the effect early traumatic imprinting has on individuals and relationships. So the training that I do is the first training that really pays attention to the needs of the small group and family relationships in this way. I think that is a major contribution.

Then, somewhere around 2000, a midwife in the Santa Barbara area, Mary Jackson, whom I had known for more than 20 years, took a womb surround workshop. She had attended 2500 or 3000 births, and I had done about the same number of sessions with adults and families. In addition, I had been to maybe a dozen births by that time. We realized that we had discovered the same basic principles and concepts about the needs of babies and their families to birth, grow and heal from challenging beginnings in each of our different practices.

We discovered, sitting in the womb surround workshops, that we are sitting in Birth Time, we are sitting in long tide, we are paying attention to the life force, which a midwife will come to do if she doesn’t get too constricted around all that she has to do



from an obstetrics point of view; if the midwife is able to sit in present time and really have faith that the mother's and baby's bodies know what to do; and if she is able to make space for the health in the system to show itself. One thing sure: at a birth, a baby is going to be born.

Mary ended up studying craniosacral therapy with Michael Shea and taking my training. After she graduated from my training, Mary and I began collaborating. As a result, we have created a system for preparing families for birth. Mary and I prepare all the families that become part of her midwifery practice. We do a minimum of two sessions, and sometimes more, with families. And sometimes I get to go to the birth, sometimes not. We created a support system not only for the families, but also for the midwife and the midwifery team. So we created layers of support systems so that the baby and mom can cooperate to birth in the most optimal way possible. The consequence of this new program is that at the time of this writing, Mary has completed more than 120 births with the families that have done the program we developed, with less than a 5 percent transfer rate to the hospital and only 3 caesarian sections for the mother who have

Our work requires that we have some knowledge of our own history so that when it shows up or is activated we can differentiate it from what is going on in our client. This means that we must have skills that allow us to know the difference between then and now. And that we have the skills to be able to transform our own activations, our countertransferences into useful therapeutic behaviors that benefit not just our clients but ourselves also.

completed our program. The common transfer rate for midwives is now about 15 to 45 percent, depending on the region the midwife is practicing in. Prior to that Mary reports that her transfer rate to the hospital was about 20 percent. In addition, Mary had a run of 63 births where there were no transfers at all!

Now, why did that happen? The reason why that is happening is because she, myself, and her midwifery team are learning to sit in midline, attend to fluid tides, stay out the way, attend to the life force, give attention to what is going on in the relationships, give and receive support, and have faith in the health of the system.

What a beautiful story. What I am trying to give the cranial community through this publication is a sense of where we are. What would you say to a new cranial practitioner once they are set loose in the field?

Excellent question. First of all, in order to do one's

As practitioners, so many of us have the mistaken belief that we have to do it all ourselves. So many of us are affected by isolation wounds that set so many of us up to avoid—and sometimes not even know—when we need support. So the PPN training is not just to learn about how to work with early trauma in others but to make sense of and to develop the felt sense of open possibilities and a relaxed perspective about our own history. Working with others takes not just knowing how to give others support but, in a very deep way, the knowing of how to receive support for ourselves.

best job, one has to know about one's own history. By this I mean making coherent sense out of one's own history and having some level of somatic integration with one's history. As body-oriented therapists, working with others certainly activates our own wounds and early traumatic history. To do this work, we develop the skill to be mindful or have awareness of subtle, and often not so subtle, sensations in our body. We know that the mind, emotions, and our body, all function and work together. This is a somatic and psychological process. The two are inseparable. Each of us needs solid support and accurate reflection; we need solid training and supervision. In addition, our work requires that we have some knowledge of our own history so that when it shows up or is activated we can differentiate it from what is going on in our client. This means that we must have skills that allow us to know the difference between then and now. And that we have the skills to be able to transform our own activations, our countertransferences into useful therapeutic behaviors that benefit not just our clients but ourselves also. That is a major reason why I created the Castellino Prenatal and Birth Training. This training is



designed for a very wide range of practitioners, and especially those with backgrounds in Polarity Therapy and Biodynamic and other forms of craniosacral therapy.

As practitioners, so many of us have the mistaken belief that we have to do it all ourselves. So many of us are affected by isolation wounds. We were separated from our mothers at birth, kept in glass or plastic boxes called isolates, left alone in cribs to cry it out, then later as children sent to our rooms to get our acts together. This was all done when what we really needed was skin-to-skin's welcoming contact with our mothers at birth, human touch, compassion, and adults around us that perceived that we were sentient beings from the beginning. As children, we needed understanding, protection, guidance, boundaries, and loving attention. Our common history of isolation sets so many of us up to avoid—and sometimes not even know—when we need support. So the training is not just to learn about how to work with early trauma in others but to make sense of and to develop the felt sense of open possibilities and a relaxed perspective about our own history. Working with others takes not just knowing how to give others support but, in a very deep way, the knowing of how to receive support for ourselves.

In a way, part of the training is to learn how to turn our own traumatic histories into a working asset so that we are able to effectively sit with our clients, our own families, and ourselves. We learn how to turn what brought separation and isolation into compassionate loving connection with our selves and others.

So, what you are recommending is that once practitioners go through the 10 modules of craniosacral training, they go on and take another training with you. Is that optimal?

Yes, that is optimal.

And if they can't go and take a training with you or someone else in pre- and perinatal issues, what would be your recommendation?

Well, I don't take shortcuts. The life force, the way I experience it, doesn't allow me to take shortcuts. Every time I try and take a shortcut, I am short-changing myself and the people I am working with, so I don't take shortcuts. At least I try not to. I like to do things in as full a way as I can.

So what do I recommend? I recommend exactly what I have done myself. I put together a training that replicated what I needed to do myself to be able to do what I do. And even if someone did the cranial training and is working one-on-one, it is going to take them five to ten years to fully develop the cranial skills. Integrating the pre- and perinatal layers can be done at the same time, and it takes having really competent support to do that. Now, someone says, "That is way too much time," but listen, I'm 65! And I didn't start this work until I was in my mid-twenties. So what does it take? Let's do what it takes! And as we evolve, as we grow, we become more



Janet Evergreen teaching in Quito, Ecuador.

efficient. I can teach someone way more efficiently than 10 years ago, and way more efficiently than it took me to learn it.

I see things speeding up, Ray. I am seeing this interdisciplinary wave. There is you, Somatic Experiencing (SE), neuroscience, attachment, all coming together. My objective in this interview is to bring awareness and an understanding of the integration between BCST and pre- and perinatal.

Yes, what we are doing is interdisciplinary. The work is very eclectic. Dr. Randolph Stone's work, as one example, is very eclectic. My work is very eclectic. We are a present-day Renaissance movement. We are integrating so much from so many different disciplines. It is such a rich time.

You mentioned Somatic Experiencing. In 1995, I went and studied with Peter Levine, and the Somatic Experiencing work has a profound influence on what we are all doing, and a profound influence on what I am doing. Many SE Practitioners come through my womb surround workshops and have taken my training. The practitioners are integrating my work into their work. Yes, absolutely it is interdisciplinary.

I am grateful to all the exquisite teachers from so many different fields that I've been privileged to study and work with—so many wonderful resources. With all

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.

We encourage you to share your experiences during Primarywave with the community. Emails may be sent to sjberman@mindspring.com (Sarajo Berman) with "Primarywave" in the subject line.

those teachers, the people I've personally learned the most from are my own children and all the people, whatever their age, I've been blessed to work with.

In your opinion, what are the top five things a pre- and perinatal practitioner needs to do?

Well, you asked for five, I'll give you nine. I think that each of these is equally important so, they can be in any order. They are all important for me to be able to do my work.

1. Have access to and receive effective support and supervision.
2. Give consistent attention to your own midline.
3. Give attention to the self-regulation resources within yourself.
4. Name what you are experiencing in ways that support your clients and yourself.
5. Track the slow rhythms of the long and mid-tides. Tune yourself to the awareness of these slow tidal movements.
6. Pay attention not only to the patterns being perceived within the person but also to the quality of the energy between the people of the group or family. Do this by sensing what is going on in you.
7. Establish the intention and/or baseline of the client or clients as part of the beginning of the session.
8. Learn as much as you can about your own history and work to turn that history into a coherent narrative or story. Make sense out of your own life.
9. Trust the Breath of Life.

Thank you Kate for doing this interview with me. I've very much enjoyed the process of talking and preparing the article with you and Linda. Thank you to all the readers that have taken time to read this article. ♦

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.

LETTERS

Whether to Renew Membership

I considered this spring not to renew my membership because I like to be involved actively and to reciprocate within the communities that I engage in. I practice massage and biodynamic craniosacral therapies full-time, six days a week, and cannot at this time get away to a conference or help the board as a volunteer. I do stay in touch with three local practitioners, and receive almost monthly energy and acupuncture self-care. I also have written for the *Cranial Wave*, including published comments on association policy changes. I nominated Dave Paxson for board membership, and I think he is doing an outstanding job of pulling together a current and practical focus for the community.



Two recent events, though, make me see clearly how important membership is within the association.

(1) Reordering my business cards, I discussed the RCST designation with the business manager who handles our business and promotion materials at Aveda, a multi-national company where I am independently contracted. Just hearing the sound of our voices and hearing the energy behind the RCST statement showed me how seriously I take myself, how seriously the manager takes me, and how seriously the clients will continue to regard me as I continue to offer our modality to them. Our work is included in each of my massage sessions, with client consent; and I also offer it independently at a higher price for an hour-long session.

(2) I also called my foundation and advanced (CEU) training teacher, Roger Gilchrist, and asked his opinion on membership renewal. He said simply that it is professional to be a member of an association, and that our modality is still very young and needs our support. I wholeheartedly agree with this, and in thinking that we in the USA and Canada are "pioneers" of it in this generation. I now feel validated that I can be the most supportive at this time by working in the field as much as I do. I do not take it for granted. Each session is an honor, and brings a revelation. Today, I worked with a police officer. We talked about neutral touch. She took from the session what she verbalized as "kind touch, planting little seeds in the community." She said that our session gave her a new way to look at her job, in her community. "This is as deep as we could go today," I told her. "And it is just the beginning." She scheduled another session in two weeks.

*Ginger Ingalls, LMT, NCTMB, RCST®
Washington, D.C.*

Advertising

Submit all advertisements to lindakurtz@netzero.net. Ad specifications are found at www.craniosacraltherapy.org under the tab *Newsletter*. Contact the editor for ad submission deadlines.

PIONEERS INTEGRATING BIODYNAMIC CRANIOSACRAL THERAPY WITH PRE- AND PERINATAL THERAPY

An Interview with William Emerson

Kate White, RCST®

William R. Emerson, PhD is a teacher, writer, lecturer, and pioneer in the field of pre- and perinatal psychology. Dr. Emerson's involvement in pre- and perinatal psychology includes the recovery from and transformation of problems stemming from prenatal and birth traumas. He is a pioneer of treatment methods for infants and children, a renowned expert in treatment methods for adults, and is recognized world-wide for his contributions. He conducts treatment and training seminars throughout the U.S. and Europe and is a frequent key note speaker at psychology conferences. He has published dozens of articles and seven videos on psychology and birth. Dr. Emerson is a member of the American Psychological Association, a former board member for the International Primal Association, and president of the Association of Pre- and Perinatal Psychology and Health (APPPAH). He was named an honorary fellow of the National Science Foundation for his scholarly excellence and his therapeutic contributions to the field of psychology.



I would like to first thank you, William. You have had such a significant impact on the pre- and perinatal world and on me personally. You have been pivotal. You have contributed so much to the work of working with babies and moms. I really want to thank you and honor you for all the contributions you have made.

I'd like to tell you about a current contribution, a book entitled *The Light and Dark Sides of Childbirth*. The subtitle is *Healing Our Children, Healing Ourselves*. It's a book that looks critically and carefully at the maternity care system. It provides data that doctors need to hear that they don't normally get because these data are in alternative journals. There are research studies that show that 30 percent of mothers have birth trauma at least and up to 18 percent of mothers have first-time PTSD after childbirth. Various researchers find that between 30 percent and 90 percent of babies are traumatized by childbirth, and the causes are often determined to be multiple interventions, unnecessary interventions. There is a huge power trip that is happening within medicine, where childbirth is medicalized. It's a research-based book with lots of case studies and poetry. I also incorporate solutions. The book will be out this year.

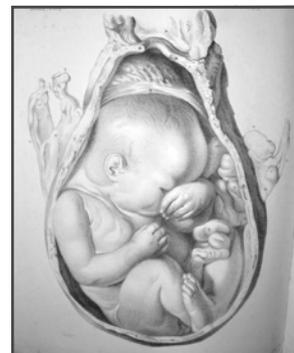
That is what we have been wanting out here on the frontiers: bridge-building with the medical world. It is hard to show up and tell them things, and we need information to back up what we are saying.

It includes others researchers, not just my own research, which I have been doing for years. It's real exciting. I share it with doctors, and they are actually taken aback, and most of them are very appreciative. They say, "My god, I had no idea." Because the research is convincing, and some of it is research involving physiological measures. So we have a big new way into the medical community with this book.

I am so glad! That is what we need. It is also what we need for the Cranial Wave. This issue is about the integration of the pre- and perinatal work and Biodynamic Craniosacral Therapy. It is clear to me that your relationships with Ray Castellino and Franklyn Sills have been formative for our profession. When you reflect back on your history and things that have led you to this point, what do you see as the most important parts? What are the high points for you?

It was significant when I went to Europe after I had my first birth memory in the 1970s. That was very profound. I spent two years after that memory working things through. I had amazing results! My body was a lot healthier. A lot of my psychological issues cleared up. So, I went to England. I wanted to meet Dr. Frank Lake, who was the pioneer of pre- and perinatal psychology in Europe. He and I just instantly connected and started teaching workshops together. I recommend that you reference him. He was like the Arthur Janov of the European community [*Ed note: Janov is the American psychologist who developed primal therapy.*]. He was a Christian, and a priest—a minister—and he promoted pre- and perinatal work in Europe.

Also, I went to India to study with Baba Muktananda, who was my spiritual teacher for decades. You know, in India, it was wonderful for me. If you can imagine, in the 1970s when I would talk about pre- and perinatal work, people thought I was nuts. No one



was listening. So to have a connection with Dr. Frank Lake—we actually ran workshops together, shared research, concepts, and theory. Then from England, I went to India.

In India, as part of their religious cultural practice, they believe that prenatals are conscious. Mothers in India are given mantras. In the first trimester, they pronounce a mantra called “So.” They chant “Sooooooo.” They meditate with that. It stimulates pure existence. It means a pure “I” with no object. I usually call it pure existence. The reason they do this is that they are trying to mirror

It is really important to do your own work, to spend time in your field of being so that you become very familiar with it. Not going there to do any work, but just dropping in and being there. When you are there, that is contagious.

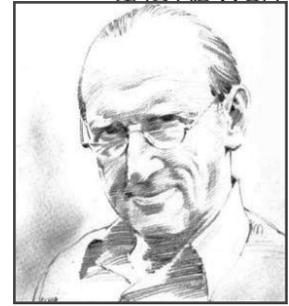
the baby’s existence. In the second trimester, the mantra changes to “So ham,” which means “I am.” It begins to bring in awareness of one’s own being. In the third trimester, the mantra is “Go ham,” which means “I am”—and then fill in the object: “girl,” “boy,” or “a person who does well in crowded spaces.” So I had that wonderful experience of going to India.

I also have some wonderful pictures of my guru talking with babies. He is talking to the babies, and the babies are talking back. They are having these wild conversations, and the babies are talking back with wild gestures. That emblazoned itself on me. I knew that prenatals were conscious because of my own experiences before I went to England and before I was with Dr. Frank Lake. But when I saw my guru relating to babies, he would stop and look at me as if to say, “Do you see? Are you seeing this?” I used to get so excited. He would tell me what the babies were saying to him, and I would have read the conversation exactly the same way. So Muktananda and I were in that space that one could get in with cranial work. That space—I now call it as if I was holding his field. I was in my own field of being and extending it to include him, and he was doing that with me. We were both communicating with the baby at the same time. I heard everything the baby said, even though he wasn’t speaking words. You can’t imagine what a great teaching that was!

I had some great master, considered one of the greatest gurus of our times. He was the real thing! I traveled with him, taught for him, became one of his teachers. He authorized me to awaken kundalini in people, and run meditation centers for him. He has been a huge part of my life. I learned a lot about communicating nonverbally from him. I learned about altered states of consciousness.

For example, with cranial work, you’re dealing with the fluid tides, with Breath of Life, a certain vibration of energy that is very deep and extremely valuable. There are about 100 other levels of consciousness.

Those were some of my early experiences. Then I met Franklyn and Ray, and that was like heaven.



Frank Lake (from the cover of the 1989 book *Frank Lake: the Man and His Work* by John Peters, London: Darton, Longman & Todd)

Ray very thoroughly went over his history and his contribution, and because I am a big fan of yours, I know a little bit about your story. What I would like to do is skip ahead and talk about the last 10 years. Things have really changed in the last 10 years. I got my cranial degree 10 years ago, and I have really noticed the changes in how it is being taught. For example, embryology is now being merged with Biodynamic teaching. So I was wondering if you would reflect on the last 10 years and also on your passion for the integration of pre- and perinatal work and Biodynamic work.

There is a merging with cranial work and embryology. As you may know, when you are holding a person’s system, not only the structural system is available to you if you hold the system gently enough—that is, if you hold like you are holding clouds. If you make your fingers like ether, and you hold from a distance and you really surrender, what can happen is that the embryology and the prehistory of the whole system can begin to tell its story. This is the profound discovery that I made some decades ago: Whatever embryological process is in critical development prenatally will be impacted by any trauma that happens at the time.

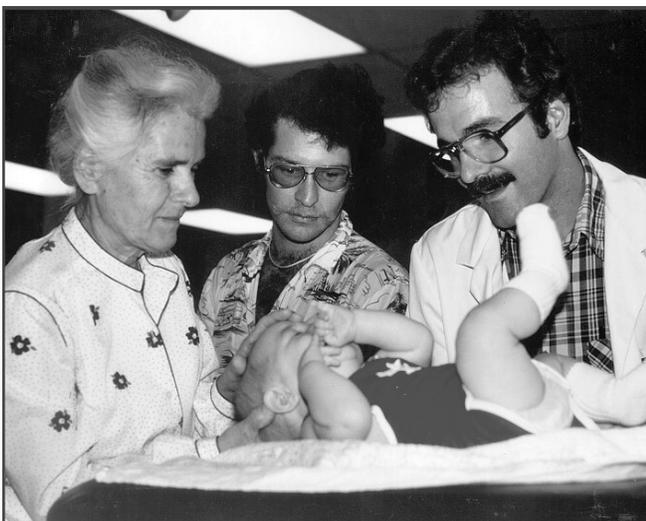
I have this amazing story about my son. When he was about five-and-a-half months old prenatally, my wife was told that she had some kind of a virus that could result in him dying when he was born. We just reeled, and collapsed in sadness. So we took off to the mountains for a week and went into woods and held him, held each other. We were mourning him and praying. It turned out that she didn’t have that virus. The test was negative even though the doctor was quite sure she had that virus. When my son was born, he had congenital cataracts—one eye in particular. They had to do cataract surgery and he would be blind in that eye. Well, he is not. That is another story.

When I went back and did some research, embryologically at five-and-a-half months there is a blood vessel that feeds the retina that is suppose to slough off and stop feeding the retina. But because of the trauma, that blood vessel did not slough off. What I learned from that was that whatever is happening during critical embryological processes impacts the development of that system. Now, I have many case studies that confirm that.

It is very important when you are doing cranial work that you be open to embryological aspects. You study embryology so that you know it. Once you know embryology, then that information is in the Intelligence of the baby/client/adult, and it becomes available to you just through intuition. You can actually do prenatal healing just by getting information from that level of consciousness. That is one level of working with trauma.

More directly, you can use biodynamic cranial work in terms of obstetrics. We need to tell people who work in obstetrics. There was an old structuralist—Viola Frymann, D.O. She said years ago that whatever position the head is in the longest during birth, it fixates and causes a lot of problems. Well, she was right. I don't approach birth as a structuralist. If you are present at birth as a CST, if you can hold a baby's field as they are being born, you are having double the effect of a doula. Become familiar with the research on doulas and how valuable they are for mothers. What we need to have are "baby doulas" to hold the baby's field while they are being born, to be available to information from them on that level of consciousness you can get embryologically but also to be aware and hold that cranial and structural system. That holding allows that system to normalize. You can prevent a lot of problems from happening on a structural level. You can prevent cranial lesion patterns on an external level. You can help maintain the Breath of Life through the process of presence and holding.

You know what is true about babies? If you hold their system and regulate your system in response to theirs, then you are helping them self-regulate. It is the same with the mother. She does that by being with him, stroking him, showing him things. You can actually do that during birth. It's your allowing. You're holding a baby's system during birth, and you differentiating your system from the baby's system, and you finding ways to self-regulate the baby's from yours prevents birth



Viola Frymann teaching class in the 1970s.

The value of biodynamic cranial work is that the rhythms are the most consistently reliable in the whole body. So if you are ever insecure working with a person holding their field, you can always drop back to holding the midline, the tides, use that as a fulcrum. I am always inviting people to drop into midline when I am teaching them cranial work.

trauma. In other words, you are differentiating the experience you are currently having while working on the baby that's a result of your own birth trauma from the baby's experience. If you can recognize and self-regulate your own trauma memory, then you will be able to help the baby resolve and self-regulate its trauma. Here's how you do it. You are holding a wide perceptual field. You extend your energy even farther—you go into the ether. Differentiation is extremely healing of prenatal trauma because of a lot trauma happens between mothers and babies because there is a lack of differentiation. First of all, you are differentiating your system. Literally, your body is a vehicle that is palpating the baby's system. Then you allow your system to interact with the baby's system within your system, and you find a way to regulate *your* system consciously. The baby will pick up on that and start to regulate their own system. You are also tracking. There are other rhythms you can track. There are deeper rhythms if you go further out. Many cranial practitioners are too tied to the structural system in a certain way. You can certainly go to that and track what is happening. Then the cranial system self-regulates. But you can go a lot further.

Healers use the same thing with cancer. I use the same thing when I work with a lady who has cancer in Tucson. Every morning when I work with her, I get up, drop into my field of being, check for anything new in my system. Then I ask permission and extend my field to include hers. I check whether I am holding the system just right. What begins to happen, I begin to experience her chemo, experience her response to it, experience her cancer cells, her tumors. I am experiencing her value system.

She is really into cranial work. She often just wants me to hold her cranium, just track the Breath of Life. But she really believes in the light being the healing system, so I begin to feel her light in my system and pray that the light gets more intense. Then I begin to feel it in her system. So there is a whole way of extending biodynamically beyond just the fluids or the cranial structural system.

The value of biodynamic cranial work is that the rhythms are the most consistently reliable in the whole

body. That is what is so valuable about cranial work. The heart rate is very reliable, but it has huge rate changes; respiration rate changes; the cerebrospinal-fluid rate changes. You have a very solid system. So if you are ever insecure working with a person holding their field, you can always drop back to holding the midline, the tides, use that as a fulcrum. I am always inviting people to drop into midline when I am teaching them cranial work. The people I am teaching are baby doulas, doulas, midwives. They can come back into tracking the potency and the tides. Then I invite them to let go of even that and extend their field more broadly.

What I am saying for cranial practitioners and the *Cranial Wave* is that you don't know what you are sitting on! You are sitting on an energetic healing volcano. I don't think you have any idea where you are at! It is extremely powerful, what you are attuning yourself to. And right next door are other levels of consciousness. There are 106 levels of consciousness! You are tracking *three* out of 106! And you are right next door to energy systems that are more potent than you can ever believe. They are close in vibration to the Breath of Life.

If you can recognize and self-regulate your own trauma memory, then you will be able to help the baby resolve and self-regulate its trauma. Differentiation is extremely healing of prenatal trauma because of a lot of trauma happens between mothers and babies because there is a lack of differentiation.

Can you say a bit more about the practitioner regulating their own nervous system while working on a baby?

If you hold the baby's system and regulate your own in response to the baby's, that's healing, but that is a special type of healing. It usually means that the practitioner's system has been activated by the baby's trauma, and therefore the practitioner needs to do a bit of work outside of session. But at a minimal level, if the practitioner can self-regulate in response, that is very helpful to babies. It provides a healing bond, and actually both baby and practitioner know that the practitioner is differentiated and has been activated.

Another type of healing that needs to occur, especially with severe trauma to the baby, is that something else is added to the practitioner system, but the practitioner system is not activated in any way. There's no extra compassion because there is resonance, no extra understanding because the practitioner deeply under-

stands from personal experience, there is just something added to the mix, and it does not affect anything in the practitioner's system, except hopefully to activate understanding and compassion. That is the deepest state of healing: When there is no dysregulation in the body of the practitioner; when the power of love, compassion, and understanding are present; and when the practitioner clearly differentiates the input from the baby as other, not self.

There is an exception. For the practitioner who does not work from a spiritual base of compassion, who does not have an active spiritual practice, who is challenged by a busy mind, it can happen that an identification with the client and a resonant physiological somatic response without differentiation between self and other *can* be healing, but there are dangers. This is a special topic to be addressed under a different venue. I just want to name it. An added piece is that it is very valuable for the practitioner to have a spiritual practice so that presence and compassion, facilitated by meditation, are available to the baby and other clients without the practitioner needing to have personal identification with, or wounding similar to, the clients being treated.

If a practitioner's trauma is activated but is unconscious—and then, of course, the practitioner isn't regulating her/his system because the practitioner doesn't know her/his system is dysregulated—a number of things may happen. I'll name just a couple. The practitioner may "fall out of presence" because s/he is activated, and lose focus. The treatment loses focus, or takes place on a level that is superficial to the wounding that has occurred. Or worse, the practitioner pathologizes the baby, client, or parents, and decides he can't treat them, or tells them they need something largely irrelevant to the trauma-healing process, like Vitamin C or supplements—helpful but not to the deepest point. Worse, practitioners may implement or advise procedures that are actually—or symbolically—similar to the agents that traumatized the client in the first place. For example, a practitioner who was herself claustrophobic from birth and had not dealt with it, was treating a child with cranial work. She referred the symptomatic child to a behavioral psychologist, who set up a reward system that controlled every aspect of the child's life—something the child did not need—and that, by its controlling nature, recapitulated the claustrophobia.



You leave me wanting to hear more! It is good to have readers hungry! So what are the top five things every cranial practitioner should know, have in their repertoire, or be?

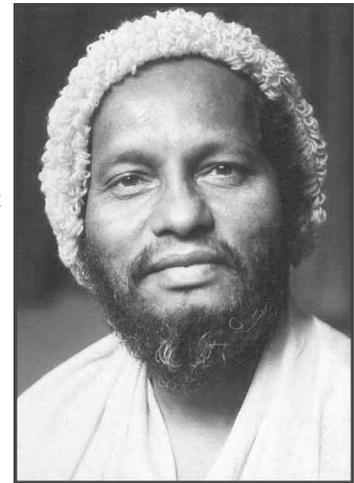
1. The top thing is to have Right Understanding spiritually. It is spiritual work. It works because it is spiritual. It works because it involves surrender to a higher force.
2. It is really important to do your own work, to spend time in your field of being so that you become very familiar with it. Not going there to do any work, but just dropping in and being there. When you are there, that is contagious. When you are with a client—if you are with a baby or a cranial client, or you are a doula—if you drop into your field of being, then that is contagious. Shock and trauma are also contagious, but it is more so with dropping into your field of being. Be sure to practice what you preach every day. Spend time being, not doing.
3. Spend time in stillness because dropping into your field of being is one kind of intention. Dropping into stillness is another—a neighbor, a cousin. The Vedics and the ancients use that word *stillness* often. They use it for a reason. Stillness is a pathway to the other side where we leave our bodies and our egos behind—and our souls, too. We are travelling at a whole other level. Spend time everyday being still. Just surrendering. Stillness is a window to a whole phenomenological world. There is another world there. Climb out of the spaceship and climb into the cosmos!
4. Compassion, compassion.
5. Empathy and compassion!

Psychic communication and synchronicity become an aspect of life. One of the things that you will find if you do the first three things, you will find more synchronicity. You will be thinking about a person and they will call. You will be missing a person and they will write you a card and they will mail it. When you get it, you will see that it was written on the date you were thinking of them. You'll start worrying about a person and think they need some attention and, wow, a few months later you find out they have cancer. If you contact them ahead of time, you can do some preventive work. It is a psychic level.

I will just tell you a quick story. I was in the ashram with Muktananda, and I had this longing to look into my teacher's eyes. I am a psychologist, and I work with people for years. I had this extreme desire to look in his eyes. One morning—and we are talking early morning here. In the ashram, you get up at 3 a.m. That was really hard, because you go to bed around 9 or 10 p.m. So one morning, I work up at 2 a.m. and something told me to get up. And I said to that something, Are you kidding! I

put my head under the pillow and tried to get back to sleep.

I had this strong feeling to get up and go for a walk. So I said, Okay. I got up and went for a walk around all these beautiful tropical gardens and came around a building, and there was Muktananda at the back of the building. I was kind of stunned. We didn't have a friendship. We didn't drink tea to-

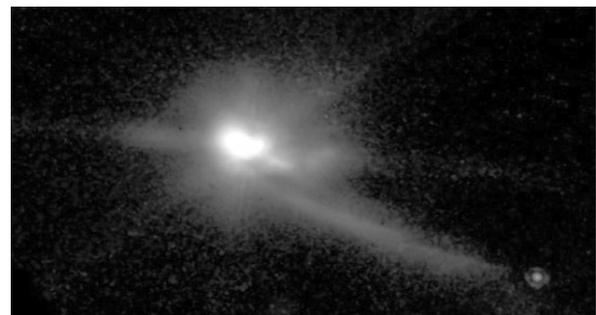


Baba Muktananda

gether or anything. He is my teacher. He walks two steps towards me and I am wondering, What is going to happen here? He takes his glasses off. Oh wow, there are those eyes. He motions for me to come closer, and I take about a three-inch step. I am kind of scared of him. He said, "Hurry up!" (in Indian; he speaks no English). "Come closer, come closer!" It took me about a minute to get right up close to his eyes. So then, he tells me, "Look at my eyes." So I looked into his eyes. At first I was so touched, but not surprised that he knew. What happens when you drop into your field of being and you surrender, and then you let stillness be that window into another world, synchronicity and wonderful things happen. So I looked into his eyes. His eyes became these whirlpools of depth, and I kept going deeper and deeper and deeper. I had dropped into his level of being. The most amazing thing, there was nothing there. Nothing. There was nothing.

Yes, sit and drop into your level of being and seek stillness. Sitting and stillness. They go together like your mom's apple pie and ice cream! ♦

Stillness is a window to a whole phenomenological world. There is another world there. Climb out of the spaceship and climb into the cosmos!



PIONEERS INTEGRATING BIODYNAMIC CRANIOSACRAL THERAPY WITH PRE- AND PERINATAL THERAPY

An Interview with Franklyn Sills

Kate White, RCST®

*Franklyn Sills has been a major influence in the worldwide development of Craniosacral Biodynamics. He has been teaching in the field for over 27 years and has influenced many of the current trainers in the U.S. and Europe. Franklyn has a long history of study and clinical practice in psychotherapy as well as in craniosacral therapy. His original psychotherapeutic orientation was in humanistic psychology, working with neo-Reichian and prenatal and birth psychotherapy. He has studied and collaborated with Dr. William Emerson, one of the major developers of pre- and perinatal psychology. Franklyn was a Buddhist monk in the Northern Burmese tradition, and also studied in the Zen and Taoist traditions. He has helped to develop the integrated paradigm of “being and selfhood” used in Core Process psychotherapy trainings. His recent studies include the neurophysiology of stress and trauma. His experience in the cranial field has convinced him that the body must be included in any form of therapy. His published books include *The Polarity Process*, *Craniosacral Biodynamics*, and, most recently, *Being and Becoming: Psychodynamics, Buddhism and the Origins of Selfhood*. He is currently writing a new text, *Foundations in Craniosacral Biodynamics*.*



The most important basic need of the little one is for its love to be received. The deepest woundings occur when the baby’s love is not received.

Lake. Lake was the grandfather of perinatal psychology, if you will. So, in 1979 we were in California and Maura came back one night, and she was deeply sharing about her experience. I went into a prenatal birth-place, and she ended being my midwife for a few hours. So I thought, *There is something to this!* I started studying with William Emerson then, in 1979. When we went back to England in 1982, he came here and worked with us. I went to osteopathic school around that time, too.

I assisted William, and influenced him regarding the birth stages. At that time, he had many birth stages in terms of the baby’s experience, and I helped him narrow the stages down to four. This was different than obstetrics. And we talked about psychological correlates with the birth stages. I got very involved with William and cranial work. I had been teaching Polarity work for a while when, in 1986, an osteopathic colleague, Claire Dolby, suggested I organize a cranial training outside the osteopathic profession. I think it was like the saying “Fools rush in where wise people fear to tread.” It was quite a mixed training—a mix of biomechanical with aspects of biodynamics. We didn’t have the term *biodynamics* then, either. We thought we should be teaching classic stuff and building other things in, offering other stuff in postgraduate courses. It really wasn’t working. In 1992, we had a meeting at Karuna [Institute, Franklyn

I have been tracking this story about how Biodynamic Craniosacral Therapy is being integrated with pre- and perinatal therapies: the historical perspective and how it used today. You have been pivotal in the creation of Biodynamic Craniosacral Therapy as practiced here in North America. I can see that your early relationships with Ray Castellino and William Emerson have been formative for the discipline. I was wondering, where would you like to start?

I can tell you about my history around that! I met Ray in 1975, when we were trying to figure out what Dr. Stone [Randolph Stone, developer of Polarity Therapy] was about. So it goes back a long time. Then I got very interested in what Dr. Stone called the *neuter essence* and *sattvic* work [neutral and very soft-touch work] around the cranium and the core of the body. Then I went to osteopathic college and also apprenticed with some osteopaths. There was a cranial osteopath in the office who was very into fluids and fluid tide and the receptive state, or states, of being. In 1979 my wife, Maura, had been studying with William Emerson. William was in England working with Frank Lake, and so he got into pre- and perinatal work through the work of



and Maura Sills' teaching institute for Biodynamic Craniosacral Therapy, psychotherapy, and mindfulness practice] where we acknowledged that we weren't teaching what we were practicing, which was much more in relationship to the deeper tides. We were teaching CRI [cranial rhythmic impulse] work. This CRI is not a tide; it is a variable rhythm generated by the forces at work in the system. It's like the waves on top of the tides.

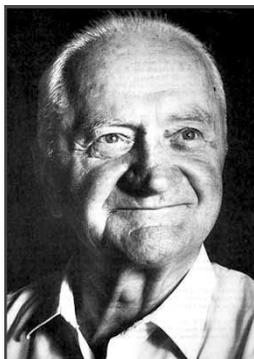
It took 10 years to shift the curriculum slowly each cycle. We shifted to a two-year training, and the trainings overlapped, and everyone had to bring their own understanding. We are run as a collegiate organization where everyone co-teaches. So it is not about one teacher. I always try to encourage schools and training organizations to develop a co-teaching approach. So it took ten years for us to deepen into the intention, for us to learn a language. There was no language at the time, so I had to develop a lot of the language along the way.

I brought Dr. Becker's work into the craniosacral field. He was known in the osteopathic profession but not in craniosacral therapy. I used his idea of the *inherent treatment plan*, and I expanded on that. Then I had to coin terms like *midtide* and *states of balance* and develop perceptual exercises to get to people aware of the tides within themselves and in relationship to the client's midline. I had to do a huge amount of work re-languaging things and developing perceptual exercises in training situations.

I came to learn through Michael Shea and graduated in 1999. Where were you in relationship to your process then?

In 1999 we were still very much in transition. It wasn't until 2002 that I started to feel comfortable with the training course. It was around 2005 that everything was layered in a way so that by the end of the training, a student rests into primary respiration in themselves and in relationship to the client's system. The student could settle into stillness and deepen into the holistic shift, which is another term I came up with. I like that term better than the *patient neutral*. [Ed note: *The holistic shift is when the client's system quiets down. Then the treatment begins.*] They could deepen into the holistic shift and see what level of the healing process emerges

and have a right relationship to it. So we use the holistic shift really as a gateway to the mystery of the healing process and the wide perceptual field. Along the way, I developed a lot of contemplative exercises around sensing primary respiration, exercises around sensing in yourself, the tide, the long tide. So it has been quite a journey. Even in this current training we have made changes in how



Randolph Stone

we are layering the work, even how we are using the language. I think everyone in the field is doing that. It is a very vibrant, alive field. I think different people are finding their own way in it. Around



Potency works within space.

1996 at Karuna Institute, we stopped teaching any biomechanical processes. We stopped teaching the engagement of the system outside primary respiration. I stopped teaching motion-testing. I stopped teaching following patterns to edges or functional technique. We just left that stuff until we can get the students into a space where they are very resonant with the pacing of primary respiration and learn appropriate skills at the different levels of unfoldment. Like when a person can't get out of the CRI because of shock in the system or dissociation, how do you resource a person, help them deepen into primary respiration to help them clear some of the shock. Or, what skills are appropriate once a person can move through the holistic shift and get into the tides? If processes arise at midtide, how can a person deepen with that in such a way so that the whole healing process deepens? We teach certain augmentation skills of natural processes in the midtide when they are appropriate or helpful, largely in terms of primary respiration/long tide and dynamic stillness at work through resonance and holding and entering a state of presence with the emergent process. In terms of the pre- and perinatal territories, what I find very powerful is that as you deepen with a client's process over some sessions, what starts to emerge are the deeper expressions of their conditions, the various conditions and contingencies they have had to meet from the very beginning of life. Being resonant with that is very important because it allows the practitioner to have an appropriate relationship to it all. It can be Right Relationship, knowing that they are holding the embryo, the pre-nate, and the birthing infant while they are holding an adult (if it is an adult that they are holding).

There is something about holding those deeper processes with love and awareness that helps the whole healing occur, because most of the pain from those territories was when we as little ones—prenate, embryo, birthing infant, young infant—lost a sense of being received by the other because of the conditions present. There is a wonderful analyst named Ronald Fairbairn—he is not alive anymore—who said that the most basic need of the pre-nate and infant isn't to be loved. Because in his understanding, and certainly mine, they already know love if they haven't been traumatized. If they have not been overwhelmed, their hearts are naturally open. The most



Ronald Fairbairn

important basic need of the little one is *for its love to be received*, for its love to be seen as love and received. The deepest woundings occur when its love is not received. I find this to be true in life, also. When you are working with someone at the table, these processes of loss of connection, loss of being received, loss of love itself start to emerge in the field. We are also holding that wounded little one in our hands. The pre- and perinatal work helps to create a field for holding that territory relationally. One thing that may be different between a Biodynamic Craniosacral approach and a classic osteopathic approach is that we are relational: We hold the relationship, and we hold the relational wounding in the field. I think that is important. So we also need relational skills in those territories.

So you stopped teaching anything biomechanical and functional?

Yes, we are purely biodynamic in terms of the tissues and working in relationship with tissues. If you enter the holistic shift and things deepen and a healing process starts to emerge through the tidal potencies within the fluid field, the tissue field, very commonly a form begins to organize around an inertial fulcrum. The potency shifts towards a fulcrum, the tissue field starts to organize holistically around that. As you deepen with that particular fulcrum, ideally the system then organizes a healing intention as a whole and in relationship to that. Dr. Becker used to say that it's as though a new fulcrum is now organizing for healing purposes. The intention is to deepen and widen until a state of balance—a dynamic equilibrium—emerges and to keep deepening with that. If the system can't manifest a healing process at that level because of the level of shock or inertia or density of forces in the fulcrum, then certain augmentation skills can be helpful, like augmenting space or augmenting fluid tide and tidal potencies. So skills taught are *not* about following patterns to edges or the effects of those forces, or about engaging the tissues in mechanical ways. Potency works within space. A classic approach is to follow the surge or potency of inhalation and, at the height of the surge, augment space—if there was a lot density there, the potency can then shift more easily. Another classic approach is to augment or amplify fluid drive towards a fulcrum. Within the context of the midtide and the territory of the system not being able to deepen, these are the kinds of skills I teach. They are not biomechanical skills, they are very much in relationship to the biodynamics of the system and are used only in this context.

One of the things I didn't learn as a biodynamic practitioner about working with babies was working biomechanically and functionally to relieve compressive forces. I am wondering if you could clarify this for me?

It is about differentiation. If I am working with a baby and there is occipital compression and some vagal nerve involvement—maybe the baby is having colic or respiratory difficulty, and I am holding the little poopsie in my hands. Hopefully, we have developed a relationship and a family field [see Castellino interview, p 5]. I will settle with the little one and then sense an inhalation phase, and in that phase I will feel a natural augmentation of space in the tissue field at its height. I will augment a little space in the tissue field, whether it is a sutural area, or an interosseus force, or at the occipital or mastoid area—that is quite common. So I am not saying not to do anything, but how I am teaching people to do it is within the natural arising of space as the potency manifests it. Rather than grabbing on to the tissue and say, just disengaging the suture, what I am waiting for is the forces to manifest it.

I always wait for the potency to make the decisions. Sometimes I will help that along in various ways if the system is locked at a certain level.

One of the places where I have gotten confused is that there is lots of information out there from different sources—in books, etc. Exactly how is it that you help a little one? What I am trying to do with this newsletter is to bring a lot of things together. How did we get here and where are we going?

My big learning of working with babies was probably 18 or 19 years ago, when I opened a free clinic in my hometown. We were all cranial practitioners. There was myself, an obstetrician who was trained by the Sutherland Society and also trained by me. And we had another cranial person. We had this wonderful family clinic. We had a lot of teenage mothers come in who had been abandoned. We had young families. The intention was to generate a holding field for the whole family and form a relationship to the little one with the knowledge that the little being is a sentient being. It may not understand our words, it may not have the language, but it will understand our intentionality. One of the things that we tried to do is to model that for the young parents so that they would not speak over the baby or about the baby, but speak with the baby. That was really wonderful. I had been doing that for years but not in a clinic context. I had been doing it on my own—noticing the compressive patterns from birth or even deeper, like umbilical shock from the prenatal period from the mother, like whatever was going on with her.

The Inherent Treatment Plan Unfolds

The First Settling

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 the CRI level of expression to wholeness and primary respiration occurs and deepens. Healing intentions may emerge from different levels.



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



Holistic shift deepens and healing intentions emerge at a mid-tide level mediated by the tidal potencies. Becker's three-phases of (1) settling into a state of balance and (2) reorganization and realignment 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.

The Inherent Treatment Plan Unfolds



Then, invariably, with whatever compressive issues are generating, there are always the emotional and psychological issues for the baby. There is a need for reassurance, contact, containment—and reconnection with mom sometimes. I find what really helps with babies is a combination of our empathy and offering space when it is helpful,

especially through the midline. There is commonly a lot of midline protection. If the system is overwhelmed in birth process or even earlier, the potency will act to protect the midline. That is one of the first things that will happen. It tends to feel like the whole midline is closing down. So I find offering space along the midline for babies extremely helpful, especially along the phase of inhalation. And offering space to the patterns, within the pacing of the tidal potency, is really helpful.

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For the craniosacral community, it still may be confusing, although I am getting a better sense of where we are by completing these interviews. Can you clarify even further?

Well. This can be very political. People get very split about it all. For me, that is very sad. For me, it is not about what you are doing, it is more your mental set. If you have a biomechanical mental set, finding things that are wrong and making it right is your mindset. You tend to look at effects of forces. It goes back to the old classic A.T. Still: Find it, fix it, leave it alone. So there is a certain biomechanical mental set where you are orienting to following patterns to edges, where you are orienting toward decompressing. That is not necessarily bad if the system is resourced enough. If the client can take up the intention and you're not imposing something that is inappropriate. The edge I have is that sometimes the system actually needs to maintain that fulcrum. If you do force it to shift, then the whole system shifts. It is not just about that fulcrum. I always wait for the potency to make the decisions. Sometimes I will help that along in various

ways if the system is locked at a certain level. It can take six to ten sessions. People can come in off the street very inertial. It can initially be about shock, really. And resources. I do a lot of felt resources: Peter Levine resourcing work; stillpoint work; deepening; orienting to long tide in myself, to their midline. Waiting for their system to make that shift. That can take five to ten sessions. Once they can make that shift then things take off. Then, I find that a good 90 percent of the time, I am in resonance with the forces, and 10 percent of the time I am augmenting space or whatever. Once the system can deepen into the holistic shift and primary respiration, the Breath of Life takes over. Does that make sense? It is a mental set. A biodynamic mental set is one where you are oriented towards the organizing forces that are generating the patterns. You don't need to motion-test or analyze because, as the holistic shift deepens, the appropriate sequencing of the healing process will naturally emerge. I cannot analyze or motion-test for that. Actually, that will get in the way. I haven't had to motion-test in years because what is happening is already



there. Just like you know someone is wearing a sweater that is green. It is already there. Within the resources of a person, a lot of things can help. I am not against doing things, either. I just find I don't have to do things, like adjustments or whatever.

In terms of trying to help the practitioner understand the influences of how the biodynamic is being wedded with the pre- and perinatal work, in PPN we include a lot of biodynamic language and vice versa. Do you have anything more you want to say about that?

It's funny because for me it is *one* thing. As you deepen into relationship with the person, the early organizing fulcrum—which is of the psyche not just the body, of the psycho-emotional form of our self-system, the way we defend ourselves and the way we continue to defend ourselves even if we don't have to—that will naturally emerge as we are holding a person's system. I find that I am holding the embryo, the pre-nate, the baby a lot of the time when I am holding the adult. Sometimes, I will help the person on the table find that pre-nate for themselves and form the relationship to him or her: In the end, we will all have to parent ourselves. If I have a client who knows how crazy I am, I may be holding a pattern of the baby within them and I



will say, “Hello, little poopsie! Gee, your poopsie is here.”

I think that is what I wanted to know. I am curious about your clinic. How long did you do that?

We did that for three or four years. One young woman, she was 18. I remember this particular woman. She came in with a newborn. They were having a hard time bonding. She desperately wanted to bond. The baby girl was turning away from her and crying a lot at night. She came to us weekly for almost a half a year. It was weekly, then every other week. We had dealt with midline protection and occipital compression issues, but they were not bonding and the baby was still crying at night. Then, one extraordinary session, after six months, she was holding her baby up and I was holding the baby’s head and mom was looking at her. At times, I will talk with the baby and ask mom to talk with baby. I felt the infant’s system deepening, and then this huge expression of anger came up and the baby formed little fists and started pounding her mother. The mom started crying. I said, “You know, Mommy didn’t want to hurt you. It hurt Mommy, too. And you both really did the best you could.” The mommy said, “I didn’t want to hurt you. I am so happy you are here.” And the little one just melted. Just looked at her and melted. The anger just waved past.

You wrote about that in your book!

Oh, did I? It just came into my mind! You will be happy to know I am rewriting all those books.

The Foundation course I teach is very relational in nature. It is presence and relationship. It is about forming a relationship to primary respiration and yourself in relationship with the other person. The first seminar is largely about presence and relationship and coming into relationship in some way with primary respiration. And stillness. From there, the students practice.

In second seminar, it is about holistic shift, deepening and what is arising from there. The first seminar is oriented to the fluid tide so we start from an embodied place of the tidal potency. The second seminar, we start to add the tissue field and the idea of embryological motility and how that manifests throughout life. We have introduced the inherent treatment plan. The whole course is about the inherent treatment plan now.

The first seminar is presence and relationship and the relational field settling. I bring in the idea of the holding field, the early holding field. I bring in some of Frank Lake’s work—the basic needs of being and well-being for prenates and embryos and little ones. We look at the nature of the holding field and how that plays out our whole life. We look at it in a way that is present and receptive. All that is brought in, in the first seminar—the holding field, especially how those basic needs can be activated in session work. The need to be acknowledged, received, unconditional acceptance at the level of being,

for one’s very being to be held and acknowledged. We do some field work around the being-to-being field: generating unconditional acceptance from your heart center in relationship to self and other. We do a lot of work on the holding field. Within that, we orient to the underlying health through primary respiration, fluid tide, and the tidal potencies initially. I like to start from that embodied place, with a relatively wide embodied perceptual field.

In the second seminar, we bring in the idea of the holistic shift as part of the inherent treatment plan, resonance at the level of being, and primary respiration at that level, and we add the tissue field, fluid tide, tissue motility. We look at the embryo and embryological movement, things like that.

Third seminar, we start to look at once the holistic shift deepens, how healing processes start to emerge, how to perceptually orient. Where there is a huge mush, how you start to differentiate. This means that, and this means that. We look at midtide dynamics as the inherent treatment plan deepens and how decisions are made at the level of tidal potencies. We also begin to look at long tide and the dynamic stillness, because the holistic shift may keep deepening. Although we introduced perceptual awareness of both midtide and long tide in seminar one, in the third seminar, we emphasize the perceptual shift from midtide to the long tide, especially within the deepening of the state of balance.

I include the long tide and midtide in the term *primary respiration*. It is all the same. And so people naturally allow their minds to shift as primary respiration shifts. So you hold the wide perceptual field and start to be aware that the long tide is starting to move through the field. The healing processes are emerging at that level. Or the tidal potencies engage a fulcrum and a pattern of organization emerges and a state of balance is manifest within a fulcrum. So we start to look at all the ways that the inherent treatment plan manifests a healing process at different levels. The third seminar mostly organizes around the midtide and Dr. Becker’s three stages, and in subsequent seminars we orient to the ways that healing processes emerge from long tide and also more directly from the dynamic stillness.



Fourth seminar is about augmentation skills if the system can't deepen, if there is inertia within a fulcrum. And we teach those augmentation skills in relationship to the forces generating the inertia, not just the patterns or compression that are the effect of those forces.

Each seminar, the first morning is always organized around the inherent treatment plan and deepening it. For instance, the perceptual exercises around long tide as a starting point, or around the shifting of potencies in the fluids, or deepening into dynamic stillness as a starting point. So along the training, we build in perceptual pieces so a person can orient to any level of healing process as it emerges.

In second seminar, we introduce embryology, and we keep that going. So in the fifth seminar, we introduce birth and birth patterning. We look at things like classic cranial base patterns, which we call *cranial distortion patterns*, in relationship to birth and the prenatal period. So we bring in patterns quite early in relationship to forms and tension patterns that you may sense in a person's system.

Wow, you have completely integrated everything!

Yeah, it is all one thing. Completely integrated from embryology right through the birth process. Then every pattern within the body is always referred back to the prenatal process or the birth process. So it is always put in those terms. By the end of the training, it is second nature. It completely flows through the training as one thing. The focus is cranial work. The understanding of

The most important thing is the direction we have gone in terms of a purely biodynamic approach. You are doing in response to the emergent properties of the healing process. Doing always arises out of resonance with what is emerging.

embryology and the birth process and their patterns flow right through the whole training.

We don't teach about birth or cranial patterns until the fifth seminar. The students are aware that patterns are there organizing around a fulcrum, though. In the fifth seminar, we start talking about the classic patterns—like side-bending—but we don't teach motion-testing; we teach about the felt sense of the pattern. We use water balloons. We hold the bones and move them. As you deepen and the pattern emerges, you can sense the pattern, its organizing fulcrum, and also the little baby that is manifesting that pattern in the adult that is there.

The cranial skills are taught in a layered pattern. What we try and do, especially the first five seminars, is layer the perceptual skills and the practical skills in such

Being

CS rhythms

Negative cognitions

Mid-tide

Positive insights

Long tide

Positive insight dissolves

tracelessly into pure nature of mind

pristine awareness of being

Janet Evergreen

Poem representing the pearl of insight from a three-month silent retreat.

a way so that the students practice them in between the seminars for a few months so that they will be in a position to need the information they are about to get in the next seminar. They are just frustrated enough to need the next piece!

Sounds good. If there were five top skills you think a professional craniosacral therapist should have, what would they be?

1. The ability to be still and present.
2. The ability to form a safe holding environment and negotiated relational field.
3. The ability to perceive and orient to primary respiration and the unfolding of the inherent treatment plan.
4. The understanding of the conditions in a person's system, the holistic shift, and what emerges from there.
5. The ability to be heart-centered and not take anything personally.
6. To know when something is enough.

Is there anything new you want people to know about your new work, Franklyn?

The most important thing is the direction we have gone in terms of a purely biodynamic approach. It is not doing nothing. It is like the Taoist *wei/wu wei*: doing/not doing. You are doing in response to the emergent properties of the healing process. Doing always arises out of resonance with what is emerging. ♦

PIONEERS INTEGRATING BIODYNAMIC CRANIOSACRAL THERAPY WITH PRE- AND PERINATAL THERAPY

An Interview with Myrna Martin

Kate White, RCST®

Myrna Martin, RCST® has been a nurse and family therapist for 40 years, integrating body-focused therapy, object relations theory, and attachment theory. She was a student of, and then teaching assistant for, pre- and perinatal therapists William Emerson and Ray Castellino, RCST® and now teaches prenatal, birth, and attachment trainings that integrate embryology, attachment theory, neuroscience, Biodynamic approaches, HeartMath, and trauma resolution. She is a master of working with small groups of adults doing prenatal and birth process work (womb –surround workshops) and specializes in working with families with newborns and children under age five. Myrna will be presenting “Holding the Whole: Baby, Mother, Father” at the BCTA Conference in September.



How did you come to pre- and perinatal work and Biodynamic Craniosacral Therapy?

I came to the work through personal experience: miscarrying a twin and then the surviving twin being born prematurely. Although I was an experienced mother with two older children, I had no knowledge of prenatal and birth trauma and how this dysregulates the baby's nervous system. I was looking for ways to help settle my newborn son and not finding the help I needed. I resolved to learn about what was happening for my son and find healing ways, once he was old enough for me to start travelling to seek this knowledge. I did know then that the most important thing for my child was my consistent presence and attention.

When my son was eight years old, I felt he was big enough for me to go away to study with William Emerson. I had been introduced to William Emerson through my integrative body psychotherapy community. I completed a master's degree in family therapy while doing my own research and reading widely in the pre- and perinatal field. I met Ray Castellino and decided I would go to a birth process workshop. When I had a profound experience of feeling totally safe while working deeply with my own implantation, I decided to start the training he was offering the following Monday!

The model Ray was developing was a strong container for doing early work. This container, or holding field, allowed me to feel very safe. Safer than I had felt anywhere else in my study of pre- and perinatal work.

That is really necessary. He required that participants take a five-day introduction to Biodynamic Craniosacral Therapy, and I registered to do this with Chris and Mary Louise Mueller. During my first trade at the training, I dropped into experiencing the awe of the Breath of Life moving through me in a fountain spray. I thought, *This is where I belong. This is my domain.*

How do you see pre- and perinatal work integrating with Biodynamic Craniosacral Therapy?

In my experience, how pre- and perinatal work and Biodynamic Craniosacral Therapy integrate best is, most importantly, in the practitioner's quality of being with his/her coherent self—holding quiet presence in themselves and in the field they are creating with their clients. Craniosacral therapy offers a large window of support to us as practitioners—the ability to hold a great depth of

Doing your own pre- and perinatal work dramatically helps develop the capacity of being with the health of one's own system. It allows us to be clear and settled enough that it invites the health of another person's system to come forward.

being while supporting someone else in their pre- and perinatal work. Also, understanding embryology and then understanding attachment and the influences on the growing embryo and fetus are important. The key, for me, is to settle deeply within myself when working with others, no matter how young or old that person may be.

What are the most important things about pre- and perinatal therapy a cranial practitioner needs to know and understand?

In my experience, two things are essential to sit with people, be they newborns, or adult who have dropped into very young places. First, doing your own pre- and perinatal work helps a CS practitioner to truly understand his/her own embryology, later prenatal period, birth, and attachment at an experiential level—somatically, spiritually. This dramatically helps develop the capacity of being with the health of one's own system. It allows us to

be clear and settled enough that it invites the health of another person's system to come forward. If the practitioner is comfortable with and knowledgeable about themselves at these levels, then they are more able to support another person here.

Second, in pre- and perinatal work we touch the emotional levels of these early experiences. In the small-group womb-surround model [see Castellino interview, p 5], we develop a safe container where we, as adults, can experience these layers in a titrated way. Touching in and experiencing those deep levels is essential for healing early trauma. We can't skip over that if we want deep healing, in my personal and professional experience. All four levels of experience need to be explored and healed: energetic, somatic, emotional, and mental. Pre- and perinatal events occur in relationship and so need to be healed in relationship. The conception, prenatal, birth, and attachment patterns we lay down in this very early period of our life are what we work with to experience and come into settling with in my trainings.

When we are working with babies and young children as Biodynamic CS practitioners, we are working with the relationships in the family. The resonant field of the family is expressed within the child. The child has grown his/her body in the context of that field, and this field is also manifesting during the birth and nursing

Pre- and perinatal events occur in relationship and so need to be healed in relationship. The resonant field of the family is expressed within the child. The child has grown his/her body in the context of that field.

process. When there are significant perturbations in this field, they will be held in the baby's body and the baby will grow his/her body and psyche in an adapted way as a result. That makes developing the skills to work with the dyad of the mother-child or the triad of mother-father-child extremely important. Craniosacral practitioners can support parents to differentiate their own pre- and perinatal history from their baby's history, which will be a tremendous support for the baby.

As humans, we continue to come under the influence of our early imprinting. Doing pre- and perinatal work gives practitioners the skill to work in a positive way with their own activations, both for their own benefit and that of their clients. For CS practitioners, the activation present, especially at the embryonic level, in the field of the client will sometimes cause their own activation to arise. Being able to settle with our own activation and at the same time hold the potential of the potency and health in the early embryological time is crucial.

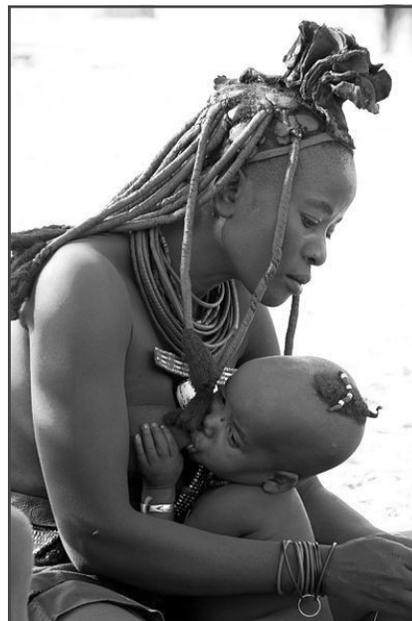
Within a 10-module craniosacral training, we touch on these issues, but there is so much material to be

learned and experienced that it is not possible to work with these issues in depth or with all their layers. In an advanced training like the pre- and perinatal training and its accompanying process workshops, there is the space to work with our own pre- and perinatal issues. Once we do this, we are more prepared to work with our clients as these issues arise, and to work with them nonverbally and verbally, and to work with babies and young children and their families. The pre- and perinatal training also provides the time to learn about the new developments in neurobiology and in trauma resolution.

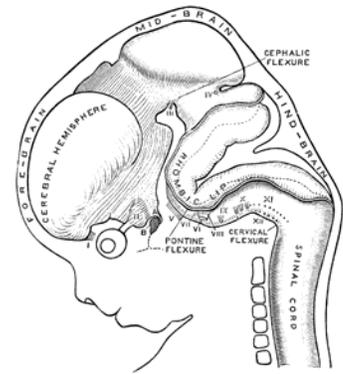
Many CS practitioners are exceptionally skilled at the energetic, somatic, and perceptual levels; verbal skills can be more challenging. Having the education and practice opportunities with verbal skills to support their clients at this level, and in the mental realm, without getting lost in the story, is a valuable advanced skill taught in my pre- and perinatal training.

Myrna, can you tell us more about the importance of knowing the new neurobiological advances and what, in your opinion, they are?

The continuing advances in western scientific research in neurobiology are supporting us in what we already know in the craniosacral and pre- and perinatal fields: that the brain and nervous system are constantly evolving in response to our experience. We can grow new neural connections and therefore new patterns of



relationship with ourselves and with others. We can change our stress-coping mechanisms to ones that fully express the health in our systems, and we can support ourselves to heal at the cardiovascular, immune, and neuro-endocrine levels even if we are into our fifties, sixties, seventies, or older. Through practices that increase our ability to be self-reflective in each



moment and not follow our unconscious old patterns we can gradually change our physiology and our emotional/belief system landscape. Pre- and perinatal work exposes the unconscious landscape of that very early time so that we can actively identify the imprints and work with them consciously. More and more, we are discovering effective practices for changing and regrowing our brains and nervous systems. I spend considerable time working at this level with my clients and my trainees.

Could you summarize the top five skills you think a BCST practitioner needs to have?

I think that the most important skill is to be gentle and compassionate with ourselves—our “little ones”—and remember that this human life is a process of self-understanding that keeps going on till our last breath. So we have great space to be imperfect!

Then, more specifically:



1. To be in our coherent, settled self when we are with our clients, and in our life.
2. When we are not in that being state, to be able to identify that and know how to resource ourselves to return to that coherent self, or to use our own activation in a way that is helpful for our client.
3. To know our own history—at a somatic, emotional, mental, and spiritual level—so that we can actively work with the old patterns that will arise.
4. To truly understand that we grow ourselves in the field of our families, and that even as adults that field is with us. Thus, when we are working with clients—be they babies or adults—we are working in that field. It is embodied in us. It is part of the resonant field that we are co-creating with our clients in the moment, as well as the larger, more expansive field we can also perceive.
5. The skill of helping ourselves and all of our clients, no matter how old, differentiate from our history and express the full potential that we all hold. ♦

BCTA Changes and Progress; Linda Kurtz Retires as President

Linda Kurtz, BCTA President 2007–2009, retired from the board at the end of her three-year term last May. Edwin Nothnagel is the new President, and Marilyn Angell has taken over Edwin’s former position as Secretary. Dave Paxson remains in his position as Treasurer and is head of the Website Development



Linda Kurtz

Committee. Michael Brightwood, from California, joined the board in May 2009 and has taken over Edwin’s position answering email inquiries to the Board and Association and sending out mass emails to members. Linda remains active in the Association as Editor of the *Cranial Wave*, Co-Chair of the Professional Consultation Committee, answering the BCTA phone, and as a resource for the Board. In her dual role as Board President and Editor of the *Cranial Wave*, Linda was easily able to transmit organizational news to the membership. Under current structure, the Board must direct organizational news for publication to the Editor.

Linda joined the BCTA board in 2006, during a time of organizational turmoil, though she didn’t know that until she attended her first board meeting! Part of the turmoil was the inevitable result of a new organization birthing itself. She became President of the Association in 2007, after the then-President’s sudden resignation. The Association was in both a financial and existential crisis. During 2007–2008, the Association reorganized to achieve ongoing financial solvency. Equally importantly, under her leadership the Board initiated dialogue with the Foundation teachers over the Board’s role in Foundation trainings and the teachers’ role in the organization. Teacher-Board relations had been strained for many years, for a variety of reasons. Prior to the start of the 2008 Breath of Life Conference, the Board and the teachers attending the conference met to get to know each other and to begin talking about the issues before them. A great deal of good will was created at this meeting, and the foundation for a change in some policies. The current board and teachers have finalized some of those policies and begun work on others. ♦

Organize a Wave Issue!

Would you like to see another *Cranial Wave* issue around a specific topic? How about organizing an issue, like Kate White has done with this one? I will work with you to make it happen.

You can write articles, find Biodynamic therapists to write about specific topics, conduct interviews, etc. Contact me, your editor, Linda Kurtz, at lindakurtz@netzero.net.

PIONEERS INTEGRATING BIODYNAMIC CRANIOSACRAL THERAPY WITH PRE- AND PERINATAL THERAPY

An Interview with Cherionna Menzam

Kate White, RCST®

Cherionna Menzam wears many hats. She is licensed, registered, or certified as an occupational therapist (OTR/L), massage therapist (LMT), Biodynamic Craniosacral Therapist (RCST®), Biodynamic Craniosacral Therapy teacher, and Continuum Movement teacher as well as in Body-Mind psychotherapy and Authentic Movement. She is trained and experienced as a dance/movement therapist and has a PhD in pre- and perinatal psychology. As a therapist she has facilitated personal growth and healing in private practice and hospital settings, conducted seminars and workshops across the U.S. and Canada, taught developing therapists in graduate programs for somatic psychology and prenatal and birth psychology, trained practitioners in Biodynamic Craniosacral Therapy, helped pregnant parents and new babies to transition through birth, and taught dance and movement classes. She is part of a new generation of teachers integrating Biodynamic Craniosacral Therapy and pre- and perinatal psychology. Cherionna will be presenting a workshop on Continuum and BCST the day after the BCTA Breath of Life Conference in September.



Can you tell me a little bit of your history? I know you have done a lot. I would love to know the sequence of work that you have done and how you are integrating pre- and perinatal work with Biodynamic work.

When I lived in Vancouver, I was doing various kinds of bodywork and massage with a psychotherapy aspect to it. I had clients spontaneously birthing themselves off of the massage table. I didn't have training in that. I had a couple of clients who were men who were much bigger than I was—about six feet and over—who would just start pushing into my hands. I would guide them through my hands and onto the floor, which shouldn't have been possible. My work then included craniosacral therapy. I was trained in Upledger work. I was also working with pregnant women at the time, and getting curious about that. Then I moved to Boulder to go graduate school in 1993 to get a master's degree in somatic psychology with an emphasis on dance movement therapy.

Whenever we work with the body and movement, we naturally are working with very early preverbal—and often prenatal and perinatal—experience that is recorded in the body. Our body is very involved at that period of life. So I very quickly began to learn about pre- and peri-

natal psychology as part of my somatic psychology training. I had several brilliant teachers at the Naropa Institute. Christine Caldwell, who founded the somatic psychology program there, was one of my mentors. One of the things I learned from her is that our movement sequences can be interrupted by various experiences that we have had. In therapy, those sequences can be completed so that whatever trauma is there can get resolved. She very much held that in a pre- and perinatal perspective.

I think it was my first year at Naropa that William Emerson came there and taught a workshop. I lapped it up! I ended up studying fairly intensively with William for six years. I also learned a lot more in the somatic psychology program that is very relevant. Part of it was that I had another wonderful teacher there, Susan Aposhyan, who works with Body-Mind Centering (BMC). She has applied that to psychotherapy. In BMC, we work with early developmental movement patterns. Bonnie Bainbridge Cohen, who developed BMC, found ways for adults and older children to resurrect our early movement patterns so that we can fill in gaps we might have had. The way I think about it now is that we can access the resource of those early movements. So that is something I have incorporated into my work.

Also in BMC we look at different systems in the body. The organs, for example can be associated with different emotional states. Moving from our different body systems can also be resourcing. For example, we can use our bones to help us ground and feel more solid.

We are incredibly resilient beings. We have survived everything we went through before, during, and after birth. And one of the best things any kind of practitioner can do is to hold that—that potential, that resilience of the client; their strength, their health.

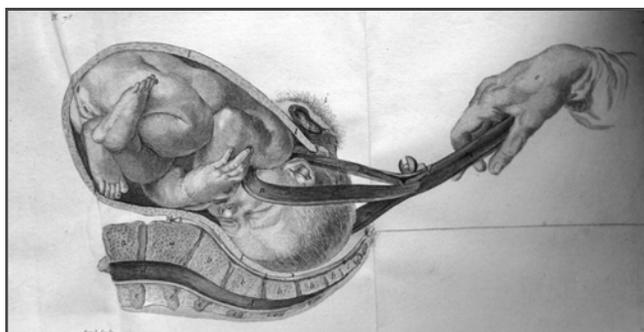
That is also something that influences the way I work. I look to see that, as Susan Aposhyan says, all the client's "people"—all the different body systems—are talking to each other and are involved. That resonates for me with the Biodynamic Therapy view of holding the whole.

What I see in the field of pre- and perinatal therapies in general is a tendency to orient to the trauma of that time. What I have been learning over the years as I have learned more and more about resource is the value of looking at that time as a time of great potential.

To me that includes the idea of holding the different systems in each of us.

As part of my coursework at Naropa, I was in another class with Christine Caldwell called “Birth and Death in Body-Centered Psychotherapy.” I was sitting in that class when I realized that I needed to go on to get a doctoral degree in pre- and perinatal psychology. That was quite shocking to me. I hadn't been planning on going back to graduate school at all before going to Naropa for my MA. Then, I ended up going to the Union Institute (now called the Union Institute and University), which was the only place at the time to get a degree in pre- and perinatal psychology because there weren't any programs in that field. I had to create my own. It was really inspiring, healing, and a lot of work. While I was finishing my PhD, I started the Biodynamic training in 2000. I studied with John and Anna Chitty in Boulder, Colorado. I am now teaching that work.

To me, Biodynamics is very pre- and perinatal work. As part of my PhD, I studied embryology. Since I was designing my program myself, I did it in a way that made sense to me. I could not imagine doing pre- and perinatal therapy without a full understanding of embryology, because our experience prenatally is, to me, happening so much on a cellular level. Our body is forming and as part of that, we are having experience. At that time in life, we don't have the same kind of language skills, the thinking skills, the cognitive skills that we have later to process and remember things with, but our bodies are forming rapidly and taking in whatever is happening. I felt it was important to understand how that happens. To understand it more fully, I created a course for myself in embryology. I gathered some people that I had studied Body-Mind Centering with and, from that perspective,



we found ways to explore embryology together through movement. I don't know if you have ever looked at embryology textbooks, but they are written in “medicalese” rather than English! I studied the books and tried to put that information into a form I could understand. I then presented the material to the group, and we explored it together through movement. That turned into workshops I called “Embodying Embryology,” which I am actually doing again now with Continuum Movement. I also taught it as a course at the Santa Barbara Graduate Institute. To me, that is perfect background for Biodynamics because we work with so much with embryological forces.

Can you tell me more about that, that integration of the pre- and perinatal with Biodynamics?

Around the time I moved to Santa Barbara, I began working intensively with Ray Castellino. I worked with him for four years. I took his training, assisted him in numerous process workshops and in his clinic with babies and children. I felt I learned a lot from him about resourcing. That has really affected how I look at and practice Biodynamics. First of all, what I see in the field of pre- and perinatal therapies in general is a tendency to orient to the trauma of that time. What I have been learning over the years as I have learned more and more about

As we are forming in the womb, we start out with the same qualities that we look for in Biodynamics. We start with stillness, with fluid, with potency. As we start to form, the first thing that happens is that we form a mid-line. When we're orienting on that level as practitioners, one way to look at this is that we are enhancing the accessibility of the resource.

resource is the value of looking at that time as a time of great potential. That is what we do in Biodynamics. We orient to the health and the potency. When we are working with these early embryological forces, we are working with a great potential. So, when I work with embodying embryology with Continuum, I see it as accessing the potential of our early formation. When I am working with someone or teaching now—also when I am teaching—to me it is very much about embryology. I feel it is very important to acknowledge that when we are working with embryological forces, what was incomplete or unresolved from that time can come up.

We also have a great opportunity to access the universal forces. As we are forming in the womb, we start

out with the same qualities that we look for in Biodynamics. We start with stillness, with fluid, with potency. As we start to form, the first thing that happens is that we form a midline. This is something we orient to in Biodynamics. When we're orienting on that level, one way to look at this is that we are enhancing the accessibility of the resource. We're orienting to the universal forces that are prior to whatever history might be there. When we do that, I go back to Christine Caldwell's words: those incomplete sequences have the opportunity to complete in a relatively easy way where they can be easily integrated.

It reminds me of something you said before when I asked to interview you. You said pre- and perinatal work is everywhere. Can you speak a little more about that?

First of all, I think about my dissertation, which was on prenatal and birth themes in dance and movement. When I was working on that, my committee would ask me these really irritating questions like, What do you mean by movement? I thought everyone knew what movement was. And it really made me think. I realized that movement is everything. Movement is everywhere. There is a bigger kind of movement, like dance or walking or athletics or driving or whatever. And then there are less obvious movements—things that you might not consider to be movements—that are smaller, like you and I sitting here talking. Our eyes are moving. Our mouths are moving. You are writing. Then there are more subtle movements, like our hearts beating. Breathing. Then there are even more subtle movements, like primary respiration, which is happening all the time throughout life.

Our pre- and perinatal material is, by definition, shadow material. It is unconscious. We are not aware of it as a culture. When we are having experience we are not aware of, it can have a very strong hold on us.

What I looked at in my dissertation was what movement was happening prenatally and at the time of birth. That is expressed in at least two different ways. There are imprints from that time that can affect how our movement happens on any level throughout life. Those are the conditions of our histories. Then there are the universal forces moving through us. We have primary respiration. It is there from conception on. Franklyn Sills talks about the ignition that happens at conception, at four weeks when the body folds and the heart forms and starts beating, and also at birth when we expand out. A smaller ignition is also happening with each breath of primary respiration. So if you think about it, you can understand that as the ignition of conception, or of the



heart forming, or of birth with every breath. It is as if we have the opportunity to revisit the prenatal formation or embryological forces with every breath of primary respiration. Primary respiration is there wherever life is. It is everywhere.

What in your opinion are the five top things a Biodynamic Craniosacral Therapist should know and understand?

1. I think it is really important for every practitioner to be aware that we are aware, sentient beings from the very beginning. That is important not only when working with babies but with people of any age, because we all were babies. We all have history, shapes, fulcrums from our pre- and perinatal experience. It is important for the practitioner just to be acknowledging that that is there, to be appreciating that history is part of us.

One thing I learned in my study of pre- and perinatal psychology that I don't hear people talk about is that our pre- and perinatal material is, by definition, shadow material. It is unconscious. We are not aware of it as a culture. When we are having experience we are not aware of, it can have a very strong hold on us. Just by having a practitioner have an awareness that a client may be coming in with pre- and perinatal history in their system can help to bring that out of shadow so that it can start to resolve.

2. I think it is also important that when we are doing any kind of bodywork that involves a person lying on a table, any kind of work where the client is lying down, that we are aware that lying down—being horizontal—is a regressive position. Having a practitioner attending also resembles the early experience of infancy, when we are tended to by mom or another caregiver. We as practitioners hold the client within a neutral

receptive field, like the loving, welcoming, accepting environment a baby is designed to be born into. We are meant to come into the world being held in that way. When babies come in, they are relatively helpless—they can't hold themselves up, they are in that horizontal position. It is important for practitioners to be aware of that, to honor that and appreciate that. Clients are in a vulnerable position, as they were as little ones, and they may find themselves slipping into early psychological material. They may find it difficult to differentiate between what happened back then and what is happening now. It can be helpful to be talking to the person and helping them to stay in present time.

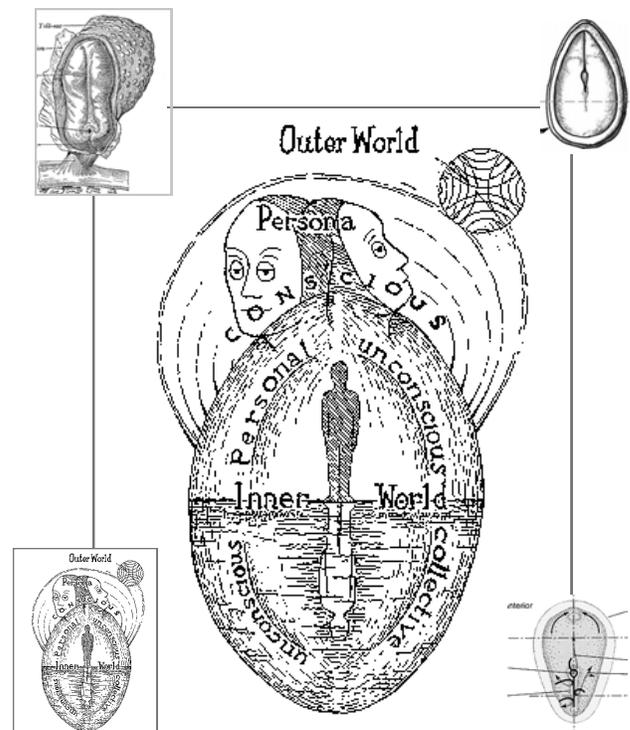
2. I think here I want to go back to what I was talking about earlier: the importance of orienting to the health. I think if I could offer one thing to any kind of practitioner, it would be about the value of orienting to the health in the system. Usually when our clients come for whatever kind of work, they have a problem and they come because they are orienting to the problem. They need us to listen and be receptive to whatever their story is about the problem. And, at least as much as that, they need us to be holding something much larger and deeper than that. To me, that is a great offering of Biodynamics.

So again, often in pre- and perinatal therapies, the major orientation is to the problem. And often when people are coming for pre- and perinatal kinds of therapy, people are coming to me because they know I have that in my background. Even if they are coming for cranial sessions, they may come because they have some prenatal or birth issue. That is their orientation. They are really focused on that problem. If I go right in there with them, then we are both stuck in that place. It is much harder to get out of it. It is likely to be much more painful than if I hold that within the larger field of what they are capable of and the potential of the forces that were available at that time and are still available now.

4. In relation to that, I'll say that we are incredibly resilient beings. We have survived everything we went through before, during, and after birth. And one of the best things any kind of practitioner can do is to hold that—that potential, that resilience of the client; their strength, their health. And not be locked into whatever fulcrum they are coming in with. Hold them as being much more than that. Again, being much more present-centered. The client has already survived whatever it was.

5. If you think about how little ones are meant to be held, they are meant to be held with respect and appreciation. They are representatives of the mystery. They know exactly how to form, how to grow. When we hold our clients, one of the greatest gifts we can offer them is to hold them in the same way, the same way we would hold a little one in the womb, or growing in life or growing through birth.

If you think about little ones in the womb, no one tells them how to grow. They know exactly what to do. It is the same thing with the inherent treatment plan; we appreciate that it knows what to do. One of the greatest things we as practitioners can do is to put our own egos and our own needs to be the great practitioner in the background and really appreciate the brilliancy of the beings we are with. And hold them the way we would hold a little one in the womb, knowing that their system knows exactly what it needs to do. Whatever kind of practice the practitioner is doing—even in practices where there is more doing—that still applies. I can do deep-tissue bodywork with an appreciation for the forces in that person's body rather than coming from a place of me needing to do something to fix a person. Our job is to hold that, to honor that, appreciate that, and allow it. We can resonate with that brilliance, that "Intelligence with a capital I." And so augment it and support it. ♦



A Baby Story

Adelyn Botto, RCST®

Adelyn Botto, RCST® began her practice in massage therapy and myofascial release in 1993 and embarked on the study and practice of craniosacral therapy in 1994. She completed her Biodynamic Craniosacral Therapy Foundation Training in 2003, studying with Michael Shea, Ph.D. She was a massage therapy instructor from 2005–2007 and a teaching assistant for a Biodynamic Craniosacral therapy training in Vancouver, BC in 2006. Adelyn's passion is the study of affective neuroscience, somatic psychology, dance/movement, and sculpture. Adelyn feels that the purpose and direction of her work is to model a first-person perspective of the soma to clients and to teach them of their nervous system's innate wisdom and the techniques they can use to self-regulate and self-heal. She celebrates her inner universe through various dance forms, yoga, and bodywork. Adelyn is currently creating an interdisciplinary bachelor's degree in Applied Somatic Arts at St. Edward's University in Austin.



The following piece was written after a session with a newborn that took place the week after taking the workshop developed by John Chitty, RCST®, BCST, RPP on working with the social nervous system. Chitty's seminar, the Triune Autonomic Nervous System, is based on Dr. Stephen Porges's polyvagal theory, which states that the mammalian nervous system is tripartite, made up of the familiar sympathetic and parasympathetic systems as well as a social (or ventral vagal) nervous system. The social nervous system is the part of the nervous system an infant mammal uses to relate to its mother and other caregivers and evolved so that infant and mother would bond via feelings of love, thus ensuring that the infant would be taken care of throughout (and therefore survive) its extended dependency. In addition to bonding mother and child, the social nervous system moderates the sympathetic responses that naturally arise in reaction to various stimuli, acting as a brake on what could be socially rupturing behavior, such as fighting or screaming.

A human infant turns first to its social nervous system when relating to others. Social responses from the environment help an infant feel safe and calm itself. If the infant's social community (mom, primary caregivers, hospital staff, etc.) are not meeting its needs, the infant's autonomic nervous system shifts from the social to the evolutionarily more primitive sympathetic (fight-or-flight) responses. If these are not effective, the baby drops another level, turning to the evolutionarily most primitive (parasympathetic, or freeze) responses. When

an infant's needs are repeatedly not met, these sympathetic and/or parasympathetic response states become habitual. Thus, it is important to re-regulate a baby's nervous system when it has become habituated to responding at a sympathetic or parasympathetic level.

The nerves involved in the social nervous system are cranial nerves 5, 7, 9, 10, and 11. For example, the facial nerve (CN 7) is involved in smiling and cooing, social nervous system behaviors that are designed to elicit feelings of love. There are several portals for accessing the social nervous system in therapeutic work, including palpation of the cranial nerves along the face and jugular foramen (cranial nerves 5, 7, 9, 10, and 11), touch, creating rapport with the client, and guided visualization of positive social memories. The amygdala is a key brain area for this stress-response sequence because it seems to record how well previous responses worked and compare current experiences to determine which of the three autonomic response categories would work best given past experience.

John Chitty's material on the triune autonomic nervous system may be found at ww.energyschool.com/CSes_Home/Resources.html. Porges's original materials, as well as commentary on them, can be found by googling "Porges, polyvagal."

Today I had the honor and pleasure of working with a small human creature of five weeks. The mother had phoned me last Wednesday to see if I did craniosacral therapy with babies. I have had a bit of training in pediatric CST, but not much experience. I had hoped to interview the mom on the phone the evening beforehand, but when that didn't work out, I realized that that was for the best. I wanted Mom to be able to tell her baby's story with Baby present, so we could honor and acknowledge it to Baby, and verbalize it for her. As soon as I explained to Mom the implications of traumas that occur to an infant when they are preverbal, she

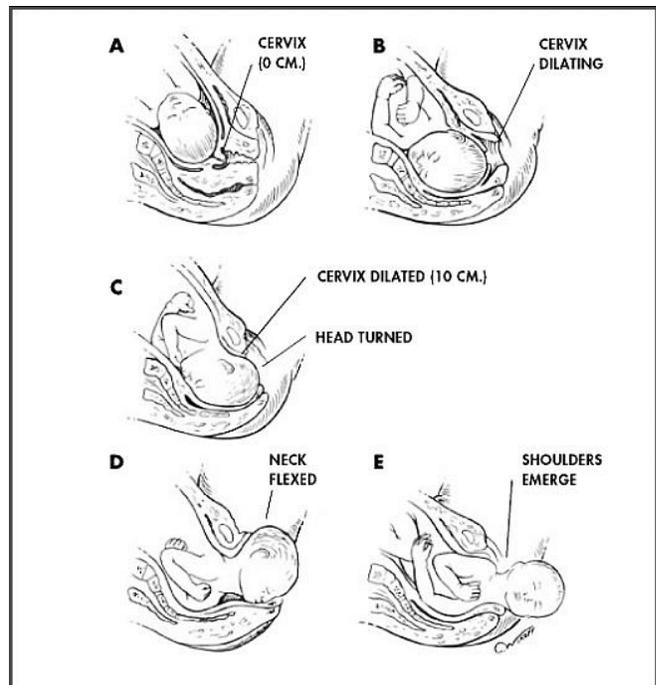
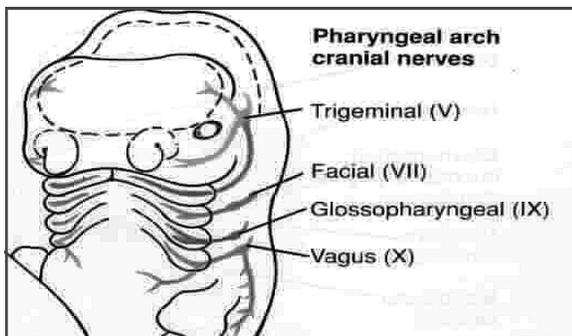


started dialoguing with Baby about her story, telling it to me and acknowledging it to Baby. Mom had decided to take Pitocin to induce labor, but then the contractions were so strong that she decided to take a mild pain reliever. However, she had a reaction to it, which caused her to be too sedated to push. When Baby did start to crown, Mom was informed that she had to wait because the doctor would not be there for 15 minutes.

So Baby was trying to get out and was not allowed, and the Pitocin and the pain reliever added some mixed messages to the process! I started interjecting here and there with, "Oh, that must have been confusing not being able to get out of Mom when you were ready, having to wait for the doctor." Mom was great. She caught on quickly and would tell the story as it happened, then speak for Baby as to what her side of it must have been, and then went into reassuring dialogue about how glad she was that Baby did come into the world. I loved just being there to empower Mom with knowledge and see her applying it so effectively. I was privileged to see a healthy mom-baby/caretaker-infant relationship in action!

Another piece to the story was that Baby could not properly suck, due to an abnormal growth of the little string-like thing at the base of the tongue (*frenulum linguae*), so at three weeks it was snipped. After that, both Mom and Baby got a yeast infection and tried a mild medication, then a natural one, which got rid of the infection but caused a reaction for Baby. Thus, more trauma for Baby (and stress for Mom). At this point, after acknowledging Baby's experience, I validated Mom and commended her for sticking with it. She had gone through a lot, too, especially with trying to breastfeed. Many moms give up very easily with feeding complications. Then Mom looked at Baby and said, "We did it together!" Baby's arms went flying as if to cheer, and both were smiling and gurgling away. Talk about bonding!

So, here is the topper. Since the workshop on the triune nervous system, one piece that stuck with me was John Chitty demonstrating the motion of the neck that we could expect to see babies recapitulate, the lifting and turning to one side as the baby turns on its side to get its shoulders through the birth canal. I had studied the birth pathway before, but his demo made me really embody it! In fact, I have been doing it every



day since, and have completely released my neck at the occiput on my compressed birth-side lie. But that's another story!

Mom had reported that Baby was having great trouble and discomfort turning her head to the right. This was making it difficult for her to feed on both breasts. Amazingly, Mom had already figured out that it was the side that Baby was on when she turned (birth-side lie) and was trying to get out when they wouldn't let her (had to wait for the doc to get there). I told her about giving resistance to the feet and I held Baby's head at the crown, and together we encouraged Baby as she pushed. Believe me, she was all about pushing! After a few cycles of this, I suggested she let the work sit with Baby's nervous system and to try repositioning her. She put her on her shoulder and for the first time since birth, Baby turned her head to the right with ease! She had a look of surprise on her face and kept turning her head that direction as if to try out the new sensation of freedom in her neck. At one point she even turned from left to right and back a couple of times.

We hung out a little bit more, me mostly telling Mom that she was already doing a great job of being attentive to what Baby's needs were to heal her experience. I also told her about the social nervous system and the fact that its nerves are in charge of sucking and swallowing. I pointed out that perhaps there is a correlation between Baby's social world experiences thus far and her difficulty in learning to suck. Next week we are going to hear Baby's story about how her social world seemed to fail her basic needs to survive (being born and feeding) and honor her amygdala and cranial nerves 5, 7, 9, 10, and 11! ♦

Craniosacral Therapy with Four Babies

Janet Evergreen

Janet Evergreen, MA, NCMTB has taught body-oriented healing arts for over 25 years, witnessing our human enfoldment from pre-birth to birth, life to death, and rebirth. As an independent learner, she appreciates mentorship, being taken under a spiritual teacher's wing, training intensively in all the stages of life for several years and then beginning again. Janet was studying Biodynamic Craniosacral Therapy before it was called that, being mentored as a layperson by several biodynamic osteopaths of exquisite caliber. She supplemented her training with academic degrees and advanced trainings—including CranioSacral Therapy and Visceral Manipulation (Upledger Institute), an MA in Conflict Transformation (Mediation) from Eastern Mennonite University, training in peace building with youth (Help Increase the Peace Program), Zapchen Somatics, and Continuum Movement—and also with her own personal healing supported by psychotherapy (Eye Movement Desensitization Repatterning [EMDR] and Developmental Needs Meeting Strategy [DNMS]), Neurofeedback, and Tibetan Buddhist meditation retreats. She has a special place in her heart for children and is the spiritual director for a unique alternative school in the barrios of Quito, Ecuador, INEPE, based on Paulo Freire's popular education and pedagogy of freedom. Janet is currently on three-year sabbatical to study, reflect, meditate, and write poetry. She lives with her husband in Charlottesville, VA. For more information, visit www.janetevergreen.org.

I was invited to the Downtown Family Healthcare Center of Charlottesville, Virginia to meet with Greg Gelburd, DO, Jackie Curtis, FNP (family nurse practitioner), and Catherine Buck, CNM (certified nurse midwife) to assist in their evaluation and treatment of babies. The clinic had notified their parents of the opportunity for a biodynamic craniosacral therapy well-baby check-up, and three families had signed up. The staff knew me as “the baby expert” because of my years of training and working successfully with infants and children and told the families that I was there to support the staff in refining their skills in evaluating babies through deep listening and gentle touch.

At the center, the baby is welcomed as an intelligent, wise being and asked verbally and intuitively if there is anything that they need or wish to express—physically, emotionally, or spiritually—for themselves, their family, or all of us. By following the cues of the babies and families, we listen to the inherent health and a treatment emerges. For over 20 years, the staff and I have had the privilege of working together and sharing our expertise back and forth. Dr. Greg, Jackie, and Catherine have highly trained hands and good intuition. We also have all been parents. We enjoy a good relationship built on

knowing each other not only professionally but as family friends. This contributed to the ease and power of our sessions together that day.

I purposely didn't ask the staff for much background information. I tell them that I'm there to listen and follow the baby. The baby knows what needs to happen. Babies remind me to approach life with awe. Just holding a little one and feeling the complexity and perfection of the human system sometimes overwhelms me, so, as I get ready to work, I take a deep breath, come into alignment, and open my field. I make a prayer and lean into Wisdom Company.

I was introduced to the first set of parents and their twin sons (names are changed to protect privacy), Baby Bob and Baby Steve. *Ohhh.*

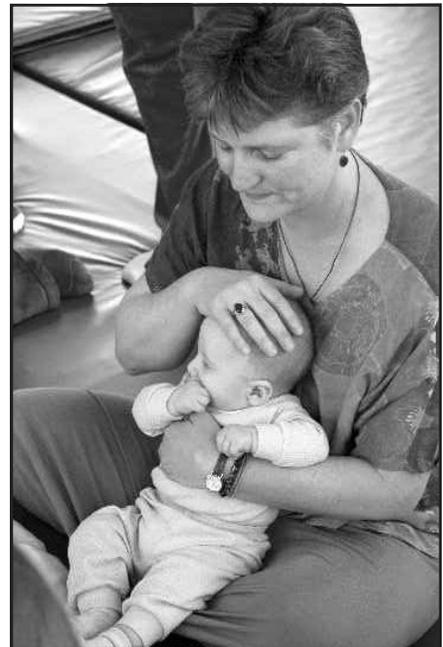
I started with Bob, just holding him close against my body, listening with my hands on the sacrum and occiput. He began to curve to his right, curve and curve, and I just followed. Then he stopped. His cranial rhythm stopped, too, and he was in a stillpoint. It seemed to feel so comfortable and familiar to him that I thought, *He's been here before.*

His mother said, “That's the same position he was in the womb, squished up to make room for his brother.”

Then what? I asked his body with my hands. From their curve, his little legs went straight out over his belly and his left hip became even more pronounced.

“Yup,” Mom said, “he came out butt first.”

I had Jackie, the nurse practitioner, and Dr. Greg put their hands on Bob. We gave the little guy lots of support to move with ease. We gave some extra attention to his hips. *The left hip may need some follow-up*, I thought. I asked the parents to watch for asymmetry as he grew and to bring him back if he needed another session. Bob went to sleep



Janet Evergreen working with baby.

on the table as we finished, relaxed, breathing evenly, his tides expressing greater amplitude.

It was Steve's turn. He had just nursed and was comfortable in his mom's arms. He lasted a few moments in my arms before he went into distress, crying. I continued tracking his tides and tuned in.

"Tuning in" sounds simple, but it represents my life skills. It requires practice and experience gained only by putting in the hours and years. For me, it is a process of holding sacred space by being aware of my own three tides, by resting in awareness of Tibetan Buddhism's Wisdom Company and the enlightened beings who assist us, and by mindfully and gently allowing whatever needs to happen to happen. I listen with my hands as an extension of my heart and prayers.

The primary restriction was in Steve's chest. His breath was in his belly only, irregular and shallow. He was in a stillpoint that seemed habituated. This, I realized, was the issue. His story was beamed to me as intuitive vision. It was about separation from brother Bob, who was born first, and then separation from Mom when the babies needed immediate medical attention. *Okay, I get it*, I said to him. *Let's treat you in Mom's arms. We're not going to overwhelm you.* Mom had tears running down her face.

I asked her what she wanted Steve to know.

She said, "I need to let go of my guilt."

"Yeah. Do you know how?" I asked quietly.

"Talking about our feelings."

"Yes. Tell Steve," I said, being purposely brief and vague so that Mom could find her own way. I didn't need to know more.

Her tears gently fell on his chest, which was now releasing heat, the contraction in his tissue softening as his tissue widened and spread. I looked around. Dad was holding and rocking Bob. It felt important to include everyone, so as a trained mediator, I distilled the essence of the family's words, feelings, and tears as best I could in my mind into a statement of shared common ground. I then offered an open-ended question to Dad, which he might choose to answer or not.

"Dad, this sounds like a family agreement. Are you in agreement, too, that from now on, feelings like guilt and sadness can be expressed?"

"Yes," he says. "Yes."

Dr Greg, who delivered their babies, and whom they trust, began to talk about how people can have the feeling of being together even when apart. We tell them to acknowledge that their energy can be and is united around their family, always.

"Dad," I ask, "do you feel your energy with your family even when you are at work?"

"Yes!" he says emphatically. The "yes" enlivens his energetic connection to his family.

Bringing the previous conversation in, I ask, "Can you feel your energy as love, without getting stuck in guilt?"

"Yes." His shining eyes show surprise that he has been acknowledged. He look into his wife's eyes, which are no longer filled with pain, which are now open and clear depths of understanding. Their connection is loving.

I feel another *ohhh*. It is a sacred moment, and unspoken prayer emerges for me from the shared field: *In this room all of us, we wish this for ourselves and all beings, that we all feel this love and connection.* Then there is the feeling that we all could take a nap and just drink it in.

All in the room are nodding their heads, and the box of tissues is passed around. Nobody has dry eyes. Steve has let go, arms at ease. He is breathing effortlessly, including his chest in his breath. We comment on how beautiful, how perfect these precious ones are. Already they are teaching us.

Bob's experience was so physical, Steve's so emotional. Twins and yet their experiences are different already. Since both were considered healthy, these restrictions would have gone untreated except that their parents volunteered to share with us. Bob would have been compensating in his hips; Steve might have been more vulnerable to respiratory illness. The treatment of both children and support for the parents took 30 minutes.

There is another mom and dad, and their baby daughter, Chelsea. Dr Greg and I put hands on, listening. I sit in a chair with my legs together and out in front. Chelsea, balanced on my legs, with her head at the top, rotates calmly, gradually turning her head toward my feet, following her birth spiral. Dr. Greg kneels on the floor and comes in underneath, slowly parting my legs, to give Chelsea better support. She becomes restless, agitated, yet doesn't push away, still gives our hands her weight. She is telling us something, and when I tune in with curiosity, I feel inside myself an attention to time. Like, *Hurry up!* I look up at Mom and Dad.

"So what was happening during the birth? Was someone in a hurry? Like maybe the doctor had to be somewhere?"

"No, it wasn't the doctor," Dad said. "It was Mom that was yelling."

Mom sheepishly nods her head. "I said, 'Get that baby out of me now!' It was really intense, and I just wanted it over."

Chelsea is listening to every word, and her tissue responds by spreading and melting. I've brought her closer to my head so that her body can be cozy on my chest. Her crown in my lap, she continues to head towards the doctor kneeling at my feet. Dr. Greg is using my legs to guide and support her head's rotation. I look at Mom and Dad. This is a family teaching



moment. The silence is deep and I sense a unified field of the Long Tide holding us all, infusing something worthy of naming. I search inside: *What are the words to keep this integration of past and present effortless and simple?*

“So, Dad, as Chelsea grows, what do you want her to know about intensity and time? From your life, what helps?”

Dad says, “Slow down.” I tell myself to slow down; I know how to embody and resonate this possibility into the field. Then, using as simple and as appreciative language as I can, I mirror what I have heard, saying, “It’s safe to slow down.”

Mom’s tears start to well up. She says, “That’s my issue. I get anxious about time. Not just at the birth. I get anxious about it all the time.”

“Mom, would you accept some support for this now?” I ask.

The nurse midwife places a hand behind Mom’s heart. Mom nods yes and continues telling us her story, including that at her own birth the doctors were afraid she and/or her mother might die. We talk about how our stories stay with us and affect us. *Chelsea has her own story, I think, and even in this moment we could redo it.*

“Mom and Dad, what do you want your daughter to know and carry with her?” We murmur their soft affirmations to Chelsea as she continues to spiral and unwind: “It’s safe to take your time. You and Mom are safe.”

Mom acknowledges that she needs help redoing her story. The staff tells her she can schedule time with them in the future. “In the meantime,” she says, “I can remember that no one is dying. When I feel anxious, I can remember that my husband supports me and that we can all slow down and enjoy this beautiful girl.”

When the staff and I open the door to our last session, we meet baby Saul and his mom. Saul looks like a very wise old man, with a bit of a scowl on his forehead. He is nestled down in his car seat and is beginning to sweat in the warmth of the cushions. I take him out and notice that his CRI is compromised, his diaphragms a bit rigid. His eyes maintain contact with mine. I feel that he is sizing me up and asking for freedom from a profound suffering. I wonder if Mom is up to the deep honesty this look commands.

She doesn’t miss a beat. As Saul and I gaze into one another’s eyes, the story unfolds. Mom tells me that there were medical complications during the pregnancy and that she battled depression while facing the fact of raising her son as a single mom. She didn’t know how she could do it, but then she found her strength within: She *wanted* this baby.

Saul takes it all in, his tissue warming, spreading. I feel myself sigh in my own body.

Through my hands I convey: *Don’t hold the grief in*

your body. It’s O.K. now. It was so difficult and overwhelming. I hear you, I feel your pain, and you have support. Sam responds. From being upright, snuggled against my chest, his body inverts as if turning inside the womb to prepare for birth, and he is spiraling, his whole body unwinding tension, his head down, leading the movement.

We whisper to him, “You are wanted and loved.” He breathes more deeply and his body softens.

Later that day, I see Saul and his mom in the parking lot. Mom says, “Saul has been singing ever since his treatment.” I lean over for a look. Sure enough, Saul, who I now realize did not make one sound the entire 30 minutes of my contact with him, is now joyfully humming and making “happy baby” sounds.

The joy is contagious: Mom is sparkling, and I have a lighter step as I walk to my car. ♦

PRACTITIONER FEATURE

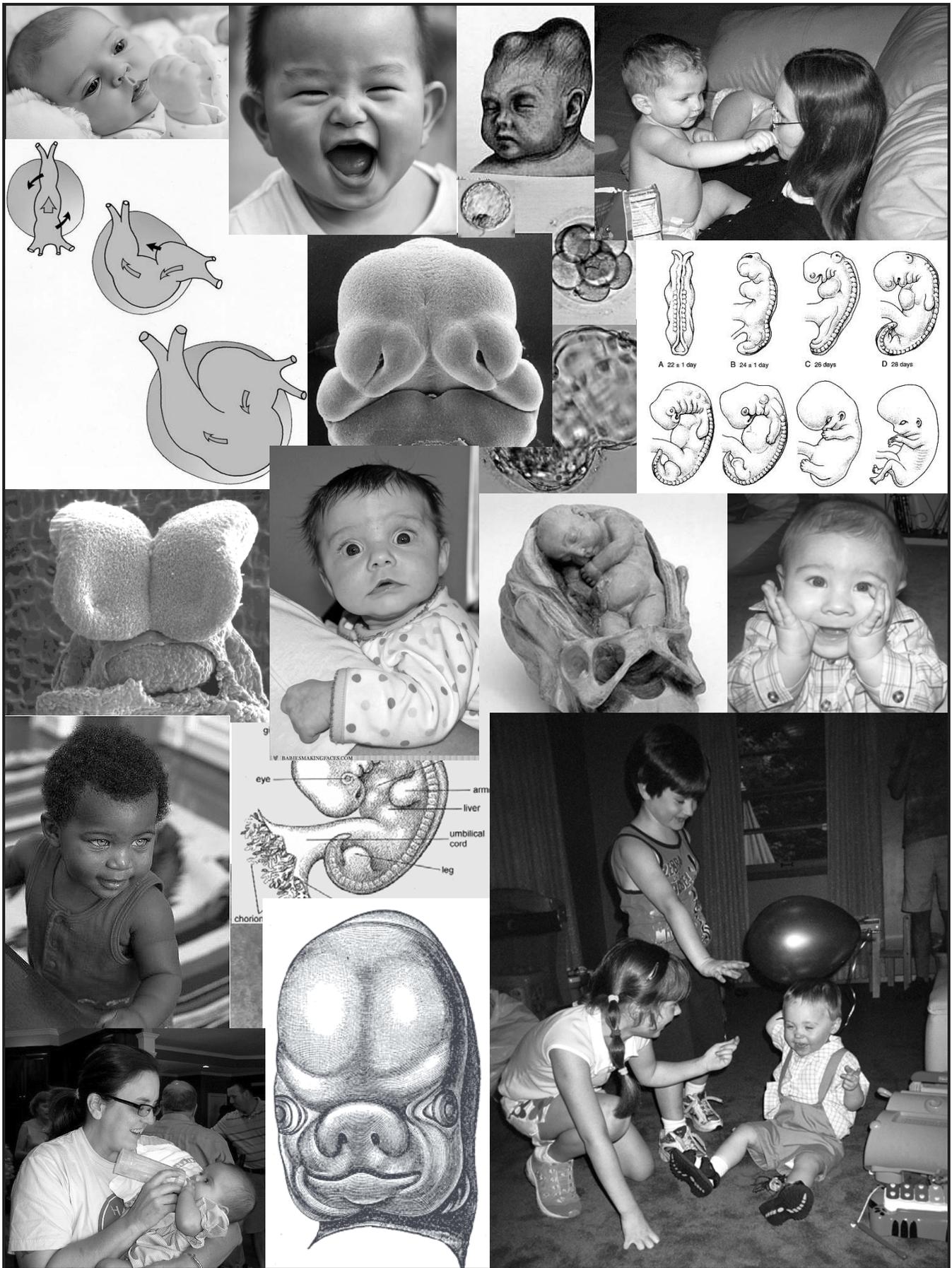
Janet Evergreen

Kate White, RCST®

Janet Evergreen has been a craniosacral therapist for over 25 years. When I moved to Charlottesville over a year ago, I was able to witness her practice before she retired into a three-year sabbatical. Like many true healers, she has taken the bodhisattva vow and lives a deeply spiritual life in the Tibetan Buddhist tradition. About the integration of Biodynamic work and the pre- and perinatal world, she says: “Settling myself to touch and be present to the beginning of life is a doorway to endless cycles of birth, death, birth, and a profound, precious gift to open, pure awareness. Clearing patterns of stress or overwhelm so the little one and their family can settle, bond, and claim their gifts is essential. To me, the education of and caring for our children is the foundation for sustainable world peace.”

The roots of Janet’s knowledge about the body are found in her extended family, where multiple generations practice dance, movement, and yoga as a celebration of life. Janet’s awareness of her path toward becoming a therapist began with a near-death experience due to a skiing accident at the age of 16. Beyond pain, she was held in vast, spacious light and received a lasting, vivid message: “You will be healed. You will heal.” It was then that she began an intensive yoga practice that helped her manage the chronic pain that resulted from the accident. She went on to complete high school, college, and several advanced degrees through both formal and highly independent, creative educational processes.





Janet met her husband through work and study on a kibbutz in Israel. Their union shares a deep commitment to children and spans their wide differences in personal and spiritual growth. Relationship plays a significant role in Janet's work and informs her approach to practice and teaching. Their daughter was born prematurely when Janet was 20 years old, and this exposed Janet to the realities of neonatal intensive care. She then opened her home in West Virginia to emergency foster care and adopted two brothers. She often brought children to the West Virginia School of Osteopathic Medicine for treatment and eventually spent six years there attending study groups and being mentored in cranial osteopathy by the doctors. The combination of life experience and mentoring with the doctors at the school formed the foundation of her biodynamic craniosacral practice.

Janet moved to Charlottesville over 20 years ago, where she established a private practice. She graduated from the Virginia School of Massage and studied with the Upledger Institute, including taking classes with John Upledger and John-Pierre Barral. During this time, the biomechanical craniosacral therapy movement was just beginning in this country. Janet has completed the programs in CranioSacral Therapy and Visceral Manipulation. She has also studied Zero Balancing and holistic counseling and has a master's degree in conflict transformation and trauma healing.

Along the path, she immersed herself in the Sunray Meditation Society, where the Native American and Tibetan Buddhist teachings meet. She had the good fortune of meeting her heart teacher, Khenchen Konchog Gyaltshen of the Drigung Kagyu lineage, at the society. Through Sunray's PeaceKeeper training, she has studied and taught healing with sound, movement, breath, and ceremony. Other somatic approaches, such as Continuum and Zapchen, have been equally vital. Her commitment to teaching self-healing through diverse therapies, education, and practice has been significant.

Janet's primary education in craniosacral therapy was through mentoring by osteopaths familiar with the work of Drs. William Sutherland, Robert Fulford, and James Jealous before Biodynamic Craniosacral Therapy was articulated in its beautiful unfolding by Franklyn Sills and others. In the past 10 years, one of her greatest delights has been the availability of books and other resources written or developed by other passionate biodynamic practitioners.

Of her life and practice, Janet says:

My background in dance and yoga gave me a hunger to explore the edge between wellness, movement, and our body-mind connection. I have been a full-time student of life and the healing arts. I am committed to the transformation of suffering of all beings. Three things bring me to the work and support my ideas for practice and teaching:

1. The love of children: We all need to be touched and held.

2. Meditation: The observation of the mind, how it unfolds, and the grace of silence and listening; with an awareness of wisdom presence.
3. The gift of open-ended questions.

She anticipates returning from her three-year sabbatical to teach meditation, mentor and support study groups, and to teach biodynamic craniosacral therapy in fall 2011. ♦

PRACTITIONER FEATURE

Sarah Gayle Shoenbaum

Kate White, RCST®

Sarah Gayle Shoenbaum, MA, OTR began her studies at the University of Michigan, where she received an undergraduate degree in psychology with a minor in dance. After graduation, she went on to New York University, where she studied occupational therapy. She is certified in neurodevelopmental treatment for babies, which gives a framework for looking at the components of movement and provides guidelines for facilitation of normal movement. In addition, she has completed all of the coursework for certification in sensory integration. She also uses therapeutic music, based on the work of the French otolaryngologist Alfred Tomatis, to support auditory processing and affect regulation.



Sarah began her study of craniosacral therapy with the Upledger Institute and then went on to complete the Foundation and pediatric biodynamic trainings with Michael Shea. In 2009, she completed a prenatal, birth, and attachment professional training with Myrna Martin, RCST® and is about to finish the second year of Somatic Experiencing. She has also taken many seminars of Continuum with Emily Conrad. She resides in Pleasantville, New York, where she has a private practice at her home and at a sensory gym. She says:

I am in awe of the relationship between the mother and her child and how powerful it is in shaping who a child is. Even a tight-fisted hand that I would have previously looked at on simply a physical level can be profoundly affected by addressing the relationship between the mother and the child. As the child can reach out to the mother with an unencumbered heart, the hand opens. So many things lead into who we are.

Sarah conducts her integrated private practice at her home office, in people's homes, or at a sensory integration clinic. She specializes in children from newborn to age five, and adults. She sees a lot of genetic disorders, speech delays, cerebral palsy, and autism among her pediatric population. In the first part of her session, she enhances the nervous system through (1) supporting

mother-infant attachment, (2) sensory integration, and /or (3) Biodynamic Craniosacral Therapy. The second part of the session consists of play therapy that allows for the expression of a functional skill—for example, feeding, puzzles, beads, handwriting, playing on equipment, mother-child interaction, and fantasy play. Of Biodynamic Craniosacral Therapy, she says: "As children drop into their body they are able to express more of their true self. Even in the middle of the session, as the three-dimensionality of the body is accessed, a child is able to access more of their language and play. It's like what Jesus said: When two or more are gathered in my name, there is love. It is being with someone and listening to the fluid story with no judgments."

Of the future, Sarah says, "I just started mother-infant groups called Eat, Sleep, Love. Supporting infants and mothers is the most revolutionary thing that we can do. It is most challenging because you can have all of this information but the bottom line is how do you support the mother to be with the child resting in her reservoir of love?" ♦

Some Resources on the Web Around Embryology and Birth

- www.birthpsychology.com APPPAH (Association for Pre- and Perinatal Psychology and Health) website, for exploring the many mental and emotional dimensions of pregnancy and birth.
- www.bionalogy.com Created by Richard Dryden, who has a beautifully written book on embryology (*Before Birth* 1978), the website is, in the author's words, "dedicated to students and practitioners of nursing and midwifery. The aim is to make use of metaphors, models, and analogies as a way of understanding biological themes linked with health care."
- hwww.babycenter.com/2_inside-pregnancy-labor-and-birth_3658872.bc Great videos of natural birth, epidural birth, and more. Also a really good animation that shows the baby pushing with its feet.
- www.doulapattiramos.com Incredible photos of baby being born, placenta, cord.
- polomedicina.cab.unipd.it/immed/kilian-atlas Hermann Kilian's *Geburtshulflicher Atlas* (1835-1844), anatomical drawings and illustrations of birth instruments by the German gynecologist.
- brunelleschi.imss.fi.it/museum/esim.asp?c=500156 Beautiful photographs of 18th century wax and terra cotta models of all stages and sorts of pregnancy and birth, with excellent commentary, in the Istituto e Museo di Storia della Scienza in Italy. Many of the models can be found elsewhere on the web as well.
- Google "birth" under Videos for a plethora of home-birth videos. ♦

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.

Standards of Practice for Biodynamic Craniosacral Therapy with Infants and Children

Michael J. Shea

Michael Shea, PhD is one of the pre-eminent educators and authors in the fields of somatic psychology, myofascial release, and Biodynamic Craniosacral Therapy. He received his master's degree in Buddhist Psychology at Naropa University and a doctorate in Somatic Psychology at The Union Institute. For many years he has also apprenticed with a medicine man on the Navajo reservation in Arizona. Dr. Shea was certified in 1986 as a Full Instructor of CranioSacral Therapy by the Upledger Institute and was an advanced Rolfer for 20 years. He is currently adjunct faculty and teaches human embryology in the pre- and perinatal psychology doctoral programs at the Santa Barbara Graduate Institute in California. He is a student of the Dalai Lama and his teaching style is grounded in his spiritual practice of developing compassion with the use of manual therapy. His clinical focus is on treating infants and children with neurological problems and developmental delays. He was on the founding board of BCTA/NA and is a founding member of the International Affiliation of Biodynamic Trainings.



- I. Background Training in the Primary Period.
 - a. License to touch.
 - b. 700-hour Foundation training or equivalent in Biodynamic Craniosacral Therapy.
 - c. Training in the dynamic morphology of the human embryo.
 - d. Training in fetal-placental development and theories of pregnancy.
 - e. The psychoemotional aspects of pregnancy.
 - f. The psychoemotional aspects of birth.
 - g. Knowledge and understanding of attachment, intersubjectivity, and bonding in the mother-infant relationship.
 - h. Knowledge of systems theory in relationship to families with infants and children.
 - i. Newborn anatomy and physiology.
 - j. Affective neuroscience.
 - k. Traumatology.
 - l. Required reading and DVDs. See IX and X below.
- II. Practitioner Self-development.
 - a. Awareness of one's primary period.
 - b. Clarity and forgiveness regarding one's relationship with family of origin.
 - c. Regular supervision.
 - d. Regular body work.
 - e. Regular psychotherapy as needed.
 - f. Regular spiritual practice.
- III. Assessment of the Primary Dyad.
 - a. Mother support is critical.
 - b. Maternal state of mind must be known.
 - c. Assessment of infant-caregiver contact (eye contact, skin-to-skin, voice, etc.).
 - d. Capacity of caregiver to settle infant after arousal.
 - e. History of stress during pregnancy (especially death and illnesses or previous miscarriages).
 - f. Birth history of infant.
 - g. Sibling position and sibling histories.
 - h. Therapeutic office set-up (toys, such as snakes, dolls; a tunnel; etc.).
 - i. Relating to the primary dyad as a system, rather than the infant as the identified patient.
 - j. Assessment of parental need for treatment prior to practitioner working with their children.
- IV. Assessment during pregnancy.
 - a. Maximize stress reduction during all phases of pregnancy.
 - b. Preconception and fertility-related issues.
 - c. Fetal placental development.
 - d. Knowledge of theories of pregnancy.
 - e. First trimester issues and skills.
 - f. Second trimester issues and skills.
 - g. Third trimester issues and skills.
- V. Labor and Delivery
 - a. Ability to orient to stillness.
 - b. Ability to synchronize with Primary Respiration.
 - c. Ability to support doula and midwife.
 - d. Knowledge of the four stages of labor and delivery.
 - e. Knowledge of the effects of caesarian section on the mother and baby.
 - f. Knowledge of the effects of vacuum extraction and forceps on the mother and baby.
 - g. Knowledge of the effects of labor-induction drugs and anesthesia in general on the mother and baby.
 - h. Knowledge of the effects of premature cutting of the umbilical cord.
 - i. Time between delivery and attachment to the mother's breast.
 - j. Assessment of mother's state of mind during the first year after giving birth.
- VI. Assessment of the Child (coming into relationship).
 - a. Establish emotional contact.
 - b. Simple explanation of what the practitioner does and why the child is there.
 - c. Negotiate permission.

- d. Work while the infant is being held by the mother-person.
 - e. Attempt to have a hand on the mother whenever possible and appropriate as she holds her child.
 - f. Learn the infant's cues, especially when the child uses his or her hands or arms to push the practitioner's hands away.
 - g. Timing and frequency of bowel movements.
 - h. Timing and frequency of breastfeeding or bottle-feeding.
- VII. Biodynamic Approaches with Infants and Children
- a. Discover the availability of Primary Respiration, Stillness, and a pause.
 - b. Orient to one's self and the space three-dimensionally.
 - c. Synchronize with a slow tempo in self and other.
 - d. Practice attunement between the natural world, the soma of the practitioner, and the mother-child dyad.
 - e. Wait for ignition points, especially secondary respiration.
 - f. Clarify the existence of an external stillpoint and the possibility of an internal stillpoint.
 - g. Maintain centered attention in the heart by sensing the movement and activity of the heart as it connects through to the hands.
 - h. Access the felt sense of love both in yourself and the mother-child dyad through the felt sense of heat and warmth radiating from the core of the body.
 - i. Be cheerful and playful rather than therapeutic and clinical.
 - j. Practice with gamma touch, which is awareness of the back of the hands, arms, and soma.
- VIII. Functional assessment of the child.
- a. Negotiate the contact boundary for touch.
 - b. Notice signs of distress from contact.
 - c. Visual apprehension of cues from the autonomic nervous system.
 - d. Visual apprehension of reflexive movements.
 - e. The suck-swallow-breathe reflex.
 - 1. Mouth, face, neck, tongue.
 - 2. Cranial base.
 - 3. Ribs and shoulder girdle.
 - 4. Diaphragm.
 - f. Consideration of first-breath dynamics.
 - g. Consideration of first-gaze dynamics.
 - h. Reflux and colic.
 - i. Evaluation of caesarian section effects.
 - 1. Surgical shock (planned or emergency).
 - 2. Anesthesia shock.
 - 3. Umbilical shock (premature cutting of the cord).
 - 4. Separation shock (shock of separation from mother).
 - j. Effects of vacuum extraction.
 - 1. Location of device on the head.
- 2. Number of failed attempts at placement of device.
 - 3. Evaluation of hiatal hernia and viscera.
 - k. Effects of forceps.
 - l. Pulmonary circulation, heart and lungs.
 - m. Spinal and sacral mobility.
 - n. Birth CV-4.
 - o. Umbilical shock in general.
 - p. Viscera especially liver, stomach, small intestine, and large intestine.
 - q. Orthopedic considerations.
 - 1. Torticollis.
 - 2. Feet, legs, pelvis.
 - r. Cranial molding.
- IX. Required and recommended reading.
- a. Wendy McCarty.
 - 1. *Welcoming Consciousness: Supporting Babies' Wholeness from the Beginning of Life.*
 - b. Alan Schore.
 - 1. *Affect Regulation and the Repair of the Self.*
 - 2. The effects of a secure attachment relationship on right brain development, affect regulation and infant mental health from *Infant Mental Health Journal*, Vol. 22, Nos. 1–2, pp. 7–66.
 - 3. The effects of early relational trauma on right brain development, affect regulation, and infant mental health from *Infant Mental Health Journal*, Vol. 22, Nos. 102, pp. 201–269.
 - c. Daniel Siegel.
 - 1. *The Developing Mind: Toward a Neurobiology of Interpersonal Experience.*
 - 2. *The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being.*
 - 3. *Parenting from the Inside Out: How a Deeper Self-Understanding Can Help You Raise Children Who Thrive.*
 - d. Michael Shea.
 - 1. *Biodynamic Craniosacral Therapy Volume 1.*
 - 2. *Biodynamic Craniosacral Therapy Volume 2.*
 - e. Michele Odent.
 - 1. *The Scientification of Love.*
 - f. Thomas Verny.
 - 1. *Tomorrow's Baby: The Art and Science of Parenting From Conception Through Infancy.*
 - g. Peter Nathanielsz.
 - 1. *Life in the Womb: The Origin of Health and Disease*
 - h. Carrie Conte and Debby Takikawa.
 - 1. *Calms: A Guide to Soothing Your Baby.*
 - i. Ed Tronick.
 - 1. *The Neurobehavioral and Social-Emotional Development of Infants and Children.*
 - j. Daniel Stern.
 - 1. *The Present Moment: In Psychotherapy and*

Continued on page 42

COURSE LISTINGS

RCST® members now have the opportunity to list BCST and BCST-related courses in the newsletter. We are offering this free service so that our members have the opportunity to see all of the offerings out there and to plan their schedules and budgets well in advance. We are offering this on a trial basis. The editor has the discretion to determine what constitutes a “BCST-related course” and to list or not list any submissions. Please contact lindakurtz@netzero.net for information on how to format your listings. Due to the time involved in formatting numerous listings, listings that are not properly formatted may, at the editor’s discretion, not be run.

Advanced and Related Courses

May 8–9, 2010, The Fluid Body: Diving into the Primordial with Continuum Movement, Cherionna Menzam, Nelson, BC. Revive, rejuvenate, rest, and rebirth within a nurturing fluid field. Experience the gentle breaths, sounds, movement, and subtle awareness of Continuum to deepen into your fluid body and essential Health. \$120 (\$65 Saturday only). To register: Heather Hutchinson: casaphm@telus.net, 250-229-5280. More info: www.cherionna.com.

June 26, 2010, Continuum Movement: Living Skills for Challenging Times, Cherionna Menzam, Victoria, BC. Continuum uses breaths, sounds, gentle movements, and subtle awareness to facilitate deepening into an embryological state of fluidity and stillness, similar to that experienced with Biodynamics. This class introduces you to a practice that can support your Biodynamic skills, as well as your health, resilience, and creativity. \$75 (\$65 if received by June 12). To register: Christine Knussmann 250-388-7988, cknussmann@gmail.com. More info: www.cherionna.com.

July 7–10, 2010, Restoring Resilience in the Nervous System, Mary Louise Muller, Christopher Muller, Debra Bochinski. An intro level class also taken by many graduates to deepen their relationship with biodynamic work. Three tides, stillness, and the relationship field. ANS, Social Engagement Nervous System, Stress Response, Nociception, resonance, and coherency. Begins a full foundation training. \$605 regular price, \$555 early price three weeks in advance. Registration up to day of class. Size limited to 20. To register: lifeshape@aol.com. More info: www.lifeshapes.org.

July 21–24, 2010, Natural Facial Rejuvenation, Mary Louise Muller, Susan Lange. Intro-level class. Blending acupressure and listening touch, learn to help yourself and your clients look and feel better. Listening touch comes from biodynamic craniosacral roots. \$847 regular price, \$547 early price three weeks in advance. Registration up to day of class. Size limited to 20. To register: lifeshape@aol.com. More info: www.lifeshapes.org.

September 15–16, 2010, The Fabric of Wholeness: Immersion with the Field, Carol Agneessens, Santa Cruz, CA. Transformation is the dynamic movement from identification with content to becoming the context. Through sensation based exploration and

session exchange, participants we will experience immersion with spacious timelessness as a key for sustaining change. \$195. More info: Carol Agneessens, www.biodynamicschool.com.

October 5–10, 2010, Blessing of Insecurity, Julia Marie Gillett, RCST®, Lake Elsinore, CA. BCST Advanced Skills offered in a residential retreat format which includes all meals and lodging. NCBTMB approved training. \$1070. Reg deadline Aug 24, 2010. Size limited to 20. To register: equanimous1@yahoo.com, 970-318-0074. More info www.JourneyInStillness.com.

October 18–22, 2010, The Neuroembryology of Relationship, Carol Agneessens, Noord, Netherlands. We will cultivate transparency in Biodynamic touch as a portal to sensing the formative movement of these embryonic neuro-functions. The ectoderm is simultaneously surface (the membrane of our skin) and deep within our bodies. It is the perceptual bridge between our inner and outer world. **875 Euros.** More info: Carol Agneessens, www.biodynamicschool.com.

November 17–20, 2010, The Breath of Life- Biodynamic Craniosacral Foundations and Practices, Mary Louise Muller, Christopher Muller and Debra Bochinski. Intro level class also taken by many graduates to deepen their relationship with biodynamic work. Three tides, stillness and the relationship field. History of craniosacral work, potency, embryology and the midline, the Inherent Treatment Plan, resonance and coherency. Begins a full foundation training. \$605 regular price, \$555 early price three weeks in advance. Registration up to day of class. Size limited to 20. To register: lifeshape@aol.com. More info: www.lifeshapes.org.

February 11–15, 2011, The Interrelational Pathways of Mind: Heart, Viscera, and Brain, Carol Agneessens, Noord, Netherlands. 875 Euros. More info: Carol Agneessens, www.biodynamicschool.com.

March 15–19, 2011, Ignition, Life Force, and the Alchemy of Transubstantiation, Carol Agneessens, Santa Cruz, CA. As we deepen into a feeling sense of the multi-dimensionality of biodynamic perception, an understanding of transubstantiation follows. At these moments, ignition and its heating potency transform the density of both body and belief. More info: Carol Agneessens, www.biodynamicschool.com.

Spring 2011 (Fri – Sun, exact date TBA), Transference, the Shadow and Biodynamics, Cherionna Menzam, Nelson, BC, Canada. The Breath of Life supports whatever is present, including our unconscious intentions, patterns, and beliefs. Learn to recognize and navigate these challenging waters arising in Biodynamic sessions. Cost TBA. To register: info@kutenaiinstitute.com, 250-352-1655. More info: www.kutenaiinstitute.com, www.cherionna.com.

Fall 2011 (Fri – Sun, exact date TBA). Not Just Glue: Revisiting the Nervous System with a Spotlight on Glial Cells, Cherionna Menzam, Nelson, BC. Join the paradigm shift in neuroscience as the focus shifts from neurons to the other 90% of the

brain “we don’t use.” This seminar explores the relevance of these roots of intelligence and creativity in relation to familiar neural structures, CSF, and the Breath of Life. Cost TBA. To register: info@kutenaiinstitute.com, 250-352-1655. More info: www.kutenaiinstitute.com, www.cherionna.com.

September 2–4, 6–8, 2011 (6 days), Origins of Perception: Dynamic Gestures of the Embryo, Carol Agneessens, Noord, Netherlands. 1050 Euros. More info: Carol Agneessens, www.biodynamicschool.com.

Introductory BCST Courses

July 13–18, 2010 (1st of 10 seminars), Biodynamic Craniosacral Therapy, 2-year practitioner training, Body Intelligence, Minneapolis, MN. This in-depth comprehensive training honors the classical roots of CST along with the recent developments in the field. Emphasis is placed on the development of palpatory, perceptual and treatment skills, which students will learn and integrate step by step. More information, cost, payment options and registration: www.bodyintelligence.com, Holly 612-558-4646.

September 9–13, 2010 The Breath of Life: An Introduction to Biodynamic Craniosacral Therapy, Cherionna Menzam, Nelson, BC. An introduction to essential practitioner settling and relational skills and Biodynamic concepts, with hands-on experience. This seminar is designed to help you decide if the full 10-module foundation training starting November 4 is for you, as well as offering skills you can apply in any practice or relationship in your life. \$650. Class size limited to 20. To register: info@kutenaiinstitute.com, 250-352-1655. More info: www.kutenaiinstitute.com, www.cherionna.com.

October 11–15, 2010, Introduction to Biodynamic Craniosacral Therapy, Carol Agneessens, Noord, Netherlands. The basic concepts of a Biodynamic Craniosacral approach will be introduced through somatic explorations, perceptual exercises, biodynamic theory and session exchange. **875 Euros.** More info: Carol Agneessens, www.biodynamicschool.com.

November 10–13, 2010, Introduction to Biodynamic Craniosacral Therapy, Carol Agneessens, Palo Alto, CA. The basic concepts of a Biodynamic Craniosacral approach will be introduced through somatic explorations, perceptual exercises, biodynamic theory and session exchange. More info: Carol Agneessens, www.biodynamicschool.com.

Write for the Wave!

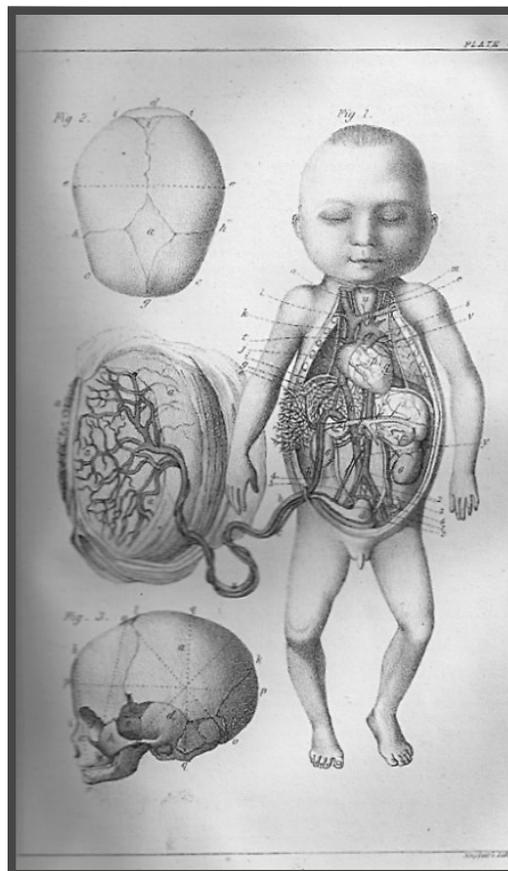
We are seeking submissions for the next issue of the *Cranial Wave*. I hope that you will contribute to our next issue. Articles, poems, book reviews, questions, and accounts of your experiences are all welcome. So are drawings and photographs. Share your thoughts and questions about Biodynamic Craniosacral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

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

Continued from page 40

Everyday Life

- k. Monta Z. Briant
 1. *Baby Sign Language Basics: Early Communication for Hearing Babies and Toddlers.*
- X. Required and recommended viewing (DVDs).
 - a. Debby Takikawa
 1. *What Babies Want: An Exploration of the Consciousness of Infants.*
 - b. National Geographic.
 1. *In the Womb.*
 2. *The Biology of Prenatal Development.*
 - c. Nova.
 1. *The Miracle of Life.*
 - d. Nils Bergman, M.D.
 1. *Kangaroo Mother Care I: Rediscover the Natural Way to Care for Your Newborn Baby and Kangaroo Mother Care II: Restoring the Original Paradigm for Infant Care & Breastfeeding.*
 - e. Fabien Raes
 1. *Waterbirth in the 21st Century: Aquanatal Experience in Ostend.*
 - f. *Orgasmic Birth: The Best Kept Secret.*
 - g. Alieta Belle and Jenny Blyth
 1. *The Big Stretch: Insights about Birth.*
 - h. Leboyer
 1. *Birth without Violence.* ♦





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Dates:

Introduction 1, Relating from the Stillness of the Heart, May 18 – 22, 2011
Introduction 2, The Rhythms of Life, Sept. 28 – Oct 2, 2011
Seminar 1 - 3 in 2012 (Seminar 1-7 can only be booked as a unit)
Seminar 4 - 6 in 2013
Seminar 7 & graduation in 2014

Craniosacral Biodynamics is a subtle, yet powerful hands-on approach to support patients in their healing process.

The training in Craniosacral Biodynamics conveys the therapeutic principles to relate and cooperate with the regulatory forces of health. It also includes embryology, anatomy, physiology, neurology and trauma resolution. Practice between seminars and self-study are part of the training program.

After completion the students receive the title BCST, Biodynamic Craniosacral Therapist, and can register as a RCST®.

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