

Cranial Wave

Newsletter of the Craniosacral Therapy
Association of North America

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www.craniosacraltherapy.org

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Join the Primarywave

We would like to invite you to join The Primarywave. Members of the CSTA/NA sit with Primary Respiration and the intention of peacefulness, 1-1:30 pm 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 experiences during Primarywave with the community. E-mails may be sent to sjberman@mindspring.com (Sarajo Berman) with Primarywave in the subject line.

Seeking Submissions

We are seeking submissions for the next issue of the *Cranial Wave*. Articles, poems, book reviews, questions, and accounts of your experiences are all welcome. Share your thoughts and questions about Biodynamic Craniosacral Therapy with your fellow members. We are especially seeking essays on how you present BCST to the public. See the article "Approaching Trauma Through Biodynamic Craniosacral Therapy" for the first in a what we hope will be a series of articles on this topic. Please send your contributions to the editor, Linda Kurtz, at lindakurtz@netzero.net.

Cranial for Colic

Merrill DeVito, RCST®

Merrill DeVito recently gave birth to her son, Oliver. Biodynamic craniosacral therapy's teachings and practices played an enormous role in Oliver's conception and birth and in Merrill's pregnancy and, now, motherhood. She has written the two pieces included in this newsletter to share with the community just how critical a role BCST can play in the lives of new mothers and their babies, and she hopes that these contributions will inspire others to contribute articles on their personal and clinical experiences with craniosacral therapy.

"You had the most perfect birth," my husband reported back to me just hours after our son, Oliver, was born.

"What are you talking about?" I asked, incredulous that 18 hours of such intense sensation could be described as perfect.

"That's what everyone is saying: it was perfect."

There had been no interventions. No blood pressure readings, no cervical exams, no heart rate monitors. Nothing. I labored for 16 hours at home, a half hour in the car, and throughout a long, slow walk to the birth room. Oliver crowned as we entered the room, then was born with me sitting on a birth stool. It was ideal. He came out with his eyes wide open. I put him to my breast, and he latched on within minutes.

So three days later when my milk came in¹ and Oliver reacted with writhing and pain, I thought it was something I had eaten. Dairy? Wheat? Citrus? Corn? Soy? Peanuts? Onions? I cut everything out, but he was still in pain.

I finally thought to do some cranial contacts at the skull and saw slight improvement, but at certain times each day, he screamed miserably. Finally, I called another cranial practitioner for help.

Dara Colacchio, RCST®, facilitated a session where she put me and Oliver skin to skin and encouraged him to climb up towards my breast. This was his way of telling his experience of the birth, she said. She supported his feet so that he could push, and then held the space with total trust and the conviction that he was telling his story. He climbed up multiple times, coming the same direction and stopping in the same place each time. He screamed in a way I hadn't heard him scream before, and when we finally ended the process, his eyes radiated with emotion. Anger?

We were all exhausted. We rested. By afternoon it was clear that the colic had cleared: Oliver was receiving my milk easily and without complaint. I realized over the course

¹ For the first 3-5 days after birth, the mother produces colostrum, a protein- and immunoglobulin-rich liquid; her milk comes in after that.

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Testimonials

Linda Kurtz, RCST®, Board Member

Many of you have probably never read the Code of Ethics, but there are some very important standards in it that you might not be aware of. Since adherence to the Code of Ethics is one of your responsibilities as a practitioner, you would do well to review it, if you haven't already. One of the standards regards the use of testimonials.

The Code states:

Craniosacral therapists do 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**; nor do they use statements intended or likely to appeal to a client's fears, anxieties, or emotions concerning the possible results of failure to obtain their services such as, "Do you want your fibromyalgia to drag on forever?" or "Without this kind of treatment you may experience more symptoms," etc.

(Principle 4.c. Boldface added.)

Why do we not allow RCSTs to "use testimonials from clients regarding the quality of their clinical services" or "statements implying unusual, unique or one-of-a-kind abilities"? The most important reason is that this work is not about the practitioner, about "who does it." *We* aren't doing the work; it's the Breath of Life. Thus, statements like "Amber brought me back in touch with myself," or "Ken's work completely alleviated my back pain," put the practitioner in the place of the doer and the savior, not the facilitator.

It is actually not so difficult to get across to potential clients the healing power of this work without promoting yourself as someone special or gifted. Most people in this work *are* gifted. Rather, to avoid competitiveness and unabashed self-promotion, a therapist can print testimonials about what the *work* has done for client.

Here are a few examples of what acceptable client testimonials might look like (some from cranial therapists, some from other bodyworkers):

"After my sessions, my whole body feels lighter and more alive."

"I feel more self-confident, more sure of myself. I don't need to fake it anymore."

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Our Tenth-Anniversary Conference

Dear Colleagues,

CSTA/NA is planning on hosting the next Breath of Life Conference in Raleigh, North Carolina, September 19–21, 2008. We would like to find out how much membership support we can rely on to make the 2008 conference a wonderful experience for all.

Please let me know of your interest and the amount of support you would be willing to offer. You may choose to be part of the planning process; take on a particular need, such as finding tables to be used for sessions during the conference; and/or be part of the volunteer group during the three-day conference.

If you would like to be part of the planning process, you will be participating in conference calls and e-mail communications so that all can be involved as the vision for the conference is revealed.

If you would like to send suggestions but are not able to be on the planning committee, please send them to me, Sarajo Berman, at sjberman@mindspring.com. Our goal is to make this conference a reflection of what the membership as a whole would like to experience. This can only happen if you express your desires.

Your visions and help are needed. Please consider giving your support. The year 2008 will be CSTA/NA's 10th anniversary.

Please contact Sarajo Berman if you are interested in being a part of those creating a celebration of our 10-year birthday.

Very truly yours,

Sarajo Berman

Co-chair, 2008 Breath of Life Conference

Seeking Immediate Nominations to the Board of Directors

We are seeking nominations to the CSTA/NA Board of Directors for the next term of office. **Don't be shy about nominating yourself or someone else. If you feel you might be interested, but aren't sure about whether you are qualified or what all the position entails, please contact Pat Donohue**, Chair of the Nominations Committee, at PatDonohue@nc.rr.com. We *really* need some interested, committed people to step forward and become part of the board, as half the current board is retiring at the end of this term. The deadline for nominations is January 31, 2007, and the election will be held in mid-March. The first board meeting will be an in-person meeting in Raleigh, North Carolina.

A seat on the board can be both demanding and rewarding. The board is the body that develops and implements

CSTA/NA policies. Each board member chairs or sits on at least one CSTA/NA committee. Being on the board gives you a chance to develop your skills working with others, to build community, and to help the organization grow. **We'd like you to share your talents with our community.**

A member's term of office is three years. It is important that a board member have regular access to email, as most board business is conducted over email. There are also monthly conference calls and, once a year, an in-person meeting. All expenses are reimbursed.

The deadline for nominations is January 31, 2007.

Approaching Trauma Through Biodynamic Craniosacral Therapy

We often wonder how to present Biodynamic Craniosacral Therapy to audiences who know little or nothing about the work. Scott Engler, an RCST® and CMT in Sebastopol, CA, wrote the following article (which has been edited slightly) for a newsletter for marriage and family therapists. In addition to graduating from the Biodynamic Craniosacral Therapy Foundation training, Scott also graduated from Ray Castellino's Foundation Training in Prenatal and Birth Therapy.

Biodynamic Craniosacral Therapy (BCST) is a gentle yet effective way of meeting a client's trauma, inspired by the work of osteopath William Sutherland in the 1940s. He discovered that the foundation for human self-organization and self-regulation lies in the fluid systems of the body. The therapist senses and trusts the inherent health found there, while listening for any inertial blockage in the fluids and facilitating their flow. To illustrate how BCST can help alleviate trauma, I'll present the following example.

Sally, 45 years old, came to me seeking somatic support for work she was doing with her psychotherapist. She was having trouble accessing her feelings and wanted a way to open up inside. Because BCST has the potential to relax the autonomic nervous system and balance the flow of the fluid matrix, it seemed that she might find the benefit she was looking for in my office.

Her intake form showed that chronic fatigue and immune dysfunction syndrome affected her life on a daily basis. She took medications for anxiety and insomnia. And she carried a history of childhood physical and sexual abuse.

The restimulation of trauma is something that the craniosacral therapist must watch out for whenever working with a client. I was aware that the implicit memory of her abuse could be triggered simply by her lying on the massage table with a man touching her. It was also

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Reading the Newsletter—Essential?

The *Cranial Wave* is the main way that the Board of Directors of the CSTA/NA currently conveys information about policy changes to you. **Even if you do not read the entire newsletter, it is essential that you glance through it to make sure that you are aware of any new or changed policies or requirements.** The board is in the process of reviewing and updating CSTA/NA policies, Standards of Practice, and the Code of Ethics. If you want to make sure that you meet the current requirements for maintaining your RCST® status, have your website listed in the practitioner referral list, etc., then you need to take a look and see if any of the newsletter's articles or notices apply to you. In addition, the board hopes to publish proposed policy changes where those changes are very important (an example would be the supervision requirement) and/or where member input would be helpful to drafting a clear and cohesive policy. If you want to contribute to how this organization takes shape, then being aware of proposed changes is important. One way you can do this is by reading the newsletter. Even better, join one of the CSTA/NA committees—then you will be planning organizational direction with your fellow craniosacral therapists (see the article entitled “Help Plan Our Future and Yours” in this issue).

Every one of us knows how easy it is to let these things slide. It's one more piece of mail, one more “have to.” When those thoughts hit, remind yourself that this is the organization to which you belong and that grants you your RCST® credentials; then put the newsletter in a place where you will find it again before too many months have passed by.

Of course, a big piece of the newsletter is the articles our members contribute. We hope those articles don't fall in the category of “have to's” but are something that you enjoy reading and learn from. In this issue, you'll find four articles on various aspects of Biodynamic Craniosacral Therapy, contributed by fellow members Scott Engler, Merrill DeVito, and Mike Boxhall. Reading them is a way to gain knowledge and to feel even more a part of the community of biodynamic craniosacral therapists.

Conversations About Birth: How Clients Can Heal Themselves and Their Loved Ones

Merrill DeVito, RCST®

Merrill DeVito's quest for health and spiritual fulfillment redirected her from majoring in pre-med at Stanford University to seeking alternative approaches to healing. She graduated from Anna and John Chitty's Foundation Training in Biodynamic Craniosacral Therapy in 2003. Her recent experience with conception, pregnancy, birth, and motherhood have shaped her current studies at Saybrook Graduate School and Research Center in San Francisco, where she will complete her master's degree in human sciences in January 2007.

The stories of our births live deep within us. According to pre- and perinatal psychologists, we tell them over and over in our daily lives, from the way to that we move to the words that we say. Our prenatal lives and the process of being born inform who we are and how we relate to the world. David Chamberlain, author of *Babies Remember Birth*, writes: “We believe that many neurological learning and functional difficulties that begin to show up in toddlers and young school age children are caused by adverse imprinting during prenatal life and birth” (Random House Value Publishing, 1991, p 2).

Biodynamic approaches to cranial work, as taught by Claire Dolby at last year's craniosacral conference, show how dialogue and storytelling can help resolve the functional difficulties and neurological patterns that may be set up during prenatal life and birth. Quiet, centered listening as it is practiced in biodynamic craniosacral therapy has the power to transform and heal our little ones.

The day after I returned from the conference, I got a phone call from a friend who was struggling with her child. He was pushing and pulling her, demanding attention, then pushing her away. “They're tantrums that nothing seems to resolve,” she sighed.

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Liability Insurance for Members of CSTA/NA

CSTA/NA has established a relationship with Associated Bodywork and Massage Professionals (ABMP) in order to provide our members with an easy and reasonably-priced method of acquiring Liability Insurance. Membership with ABMP at the “Professional Level”, for which our US resident graduate members qualify, costs \$199 per annum, with a \$50 discount for CSTA/NA members. So, for \$149 p.a., among other benefits, you will be covered for liability at the rate of \$2,000,000 per incident, as well as have the option of being listed on their nationwide network of

bodyworkers. Unfortunately this offer is not available to our out-of-US members.

Presently, this listing will be under the heading “Cranio-Sacral Therapy”, the only option at this time. However, once 50 of our members are registered as ABMP members, they will add a “Biodynamic Craniosacral Therapy” listing. For further information please visit their website at www.abmp.com or phone them at (800) 458-2267.

Your Website's Not Listed?

If you have provided us with your website address and it is not listed on the CSTA/NA website under your Practitioner Referral listing, under Member Links, or in your CSTA/NA Approved Teachers listing, it's probably because (1) you have not put the ® symbol following the RCST designation, or (2) you have not complied with the correct name and spelling of our modality: *BioDynamic Craniosacral Therapy*. Each time you send in your membership renewal form, you acknowledge these requirements with your signature.

Note that you need only use the registered symbol one time in a document or advertisement (although you are free to use it as often as you like). This might be on the first use of *RCST*, or it might be where *RCST* occurs most prominently. Each new web page should be considered a separate document, and thus the registered symbol should occur with the designation *RCST* at least one time on each web page.

So, check your website, and if you want it listed, please make any necessary edits. We'd really love to list it to help you promote your business. Let Clare Bonser know when you are ready to be listed. If it's an oversight on our part, please contact her about that, too. There are a lot of websites to review, and mistakes can happen on both sides. Contact: (505) 820-1335, admin@craniosacraltherapy.org.

We want to thank Elizabeth Hammond for her help in doing much of the website compliance review.

Becoming an Approved CSTA/NA Teacher

The procedure for following the approved teacher track (an approved teacher is someone who may teach foundation trainings) begins with your initial foundation training. Once you have graduated and have your *RCST*®, step two is to repeat the foundation training, this time as a teaching assistant. To become a teaching assistant, you must apply to the teacher for whom you wish to TA. Step three is another round of foundation training, this time as a teacher trainee. Again, you will need to make this arrangement with the teacher whom you want as your mentor. It is not necessary to take all three steps with the same teacher; in fact a little cross-pollination can prove to be really helpful and healthy.

As soon as you have decided that this is the path you wish to follow (but not before you have your *RCST*), you must send a letter of intention to the administrative director, including the information regarding for whom you will TA and, if you already know, with whom you will do your teacher trainee round. A more comprehensive review of what is involved in becoming an approved teacher may be

found on the CSTA/NA website under the tab Teachers/Teacher Approval Criteria.

The teacher approval process has been under review for some time now, and at some point there may be changes made, but this is what is in place at this time.

Questions? Contact Clare Bonser at (505) 820-1335 or admin@craniosacraltherapy.org.

Gaining and Maintaining *RCST*® Trademark Registration

Beth Small, MLT, RCST®, Past President CSTA/NA

The founding board of the CSTA/NA initiated the process of obtaining trademark (actually, service mark) status for the abbreviation *RCST* (registered craniosacral therapist) during its tenure. The intention in making application for this mark in both Canada and the United States was to obtain an identifiable symbol that would distinguish in the marketplace the graduates of bioDynamic trainings offered by certified CSTA/NA teachers. The designation *RCST*® signifies that the awardee has successfully completed a 700-hour foundation training in BioDynamic Craniosacral Therapy taught by an approved teacher of the CSTA/NA and is a member in good standing of the association. It is intended to become symbolic of excellence in the practice of the modality.

The route to completion of the legal process was a long one. Legal counsel in both Canada and the United States guided our organization through the many steps required. To obtain a trademark, the applicant must show that it uses or intends to use the mark "in the ordinary course of trade." Many other steps follow this one. The process of obtaining the mark was completed by the second board of directors in 2003, and qualified graduates who are members in good standing are now eligible to make application to legally use the trademarked *RCST* designation.

In order to keep a mark, the owner must show evidence that the mark is being used in the sale or advertising of the services. Thus, the CSTA/NA must periodically file documentation with the U.S. Patent and Trademark Office showing that the mark *RCST*® is being used in commerce by its members. It is for this reason that all *RCST*s are required to use the ® symbol after *RCST*. Note that you need only use the registered symbol one time in a document or advertisement (although you are free to use it as often as you like). This might be on the first use of the mark, or it might be where the mark occurs most prominently. Each new web page should be considered a separate document, and thus the registered symbol must occur with the designation *RCST* at least one time on each new page.

Help Plan Our Future and Yours

CSTA/NA is looking for a few generous, enthusiastic, and motivated members to volunteer to head or join our committees. There are really important areas that are being neglected, as there are not enough members of our community involved in this vital part of the organization's life. Fortunately, after years of idling, we now have a vigorous **Brochure Committee**, headed by *Linda Kurtz*. Our thanks to *Susan Blue, Debra Bochinski, Merrill DeVito, Michelle Fromhart, Susan Griffin, Lauren Hess, and Nicky Mullen* for volunteering their time and talents. We look forward to the fruits of their labors, knowing we all will benefit from the production and publication of a brochure on Biodynamic Craniosacral Therapy. The Brochure Committee would be very glad to receive your thoughts and ideas on what the brochure should contain. Contact lindakurtz@netzero.net.

Being part of a committee is fun, stimulating, and a great way to have a greater sense of community. What is your area of interest? Will you give a couple of hours (or more) a month to help move some of these areas forward? Your contribution will be much appreciated and will benefit the membership as a whole. If you are willing to help, then let's hear from you. Please contact Clare Bonser at admin@craniosacraltherapy.org or (505) 820-1335.

Committees that would love to get your input and person-power are:

The **Ethics Committee**. Help formulate and revise the Code of Ethics and respond to ethics complaints. The committee is currently updating the code.

The **Conference Committee**. Help plan, organize, and run our 2008 conference. What would you like the conference to focus on? What format do you envision—lectures, workshops, other? See the article entitled *Our Tenth-Anniversary Conference* on page 3 for more information.

The **Newsletter Committee/Editorial Team**. Publish the *Cranial Wave*: plan content, solicit articles and advertising, collect and edit committee reports and board of directors information, and edit articles.

The **Nominations Committee**. Help manage the board of directors election process. The committee's main task is recruiting potential board members.

Two committees are looking for both chairpeople and committee members.

The **PR/Marketing Committee** focuses on getting the word out about BCST. Its promotional and marketing activities are designed to help support practitioners, students, teachers, and schools. Projects can start small, and one project is enough to make a

viable and beneficial Marketing Committee.

The **Research Committee** is responsible for developing, conducting, and publishing research on Biodynamic Craniosacral Therapy. This research can help us communicate with potential clients and with colleagues in other professions. It can also provide inspiration and, potentially, scientific validity for our work. This research does not have to be "scientific." It might consist of gathering stories and information about how BCST has helped others, as well as about situations where it has not proved useful.

Approaching Trauma

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possible that the initial physical contact would be O.K., but that she might feel strong energetic releases flowing out of her pelvis and legs (sexual abuse survivors often feel these sensations during cranial work) that were too unsettling to allow the work to go on. Therefore, my approach needed to be particularly gradual, following the principles of titration and staying at the "leading edge" of any activation. *Titration* is Peter Levine's term for approaching trauma in a slow and measured way that makes it less likely that the trauma will become overwhelming. Titration helps prevent retraumatization. I suggested to Sally that we go very slowly, and I let her know she could stop us at any point.

We talked, establishing safety, until she eventually felt ready to move to the table. She lay down on her back while I sat at her side about two feet away. I used the next couple of minutes to settle myself, check my internal support, and to check in with her, watching for any signs of nervous system activation. Gently, then with her permission, I put one hand at her shoulder and one at her knee, an approach less invasive than going straight to the head or feet.

She wrinkled her face. I asked what was happening. She replied, "This position has always been hard for me on massage tables. I feel like pulling my knees up to my chest." This was a clear sign of implicit memory triggering. At a very basic level, we feel most vulnerable when lying down with the soft front of our body exposed. This position for Sally had stimulated the part of her nervous system that could remember the vulnerability she had felt when threatened in the past. I needed to back off.

I offered a choice of any other position that felt comfortable to her. She decided to lie on her side in a fetal position. I waited again for each of us to settle, then asked permission to sit behind her with one hand at the back of her head and the other at her sacrum. She still was not able to settle, a sign that I should back off further.

Moving to her front, I took one of her hands in mine and

worked pressure points on each hand and arm, shifting my attention back even further. Sally said this was *very* comforting. She then dropped into a deep, restful state. The whole room resonated accordingly. We had found the right approach for today to enable her to get the deep rest she needed, even while lying on a table with a man standing over her. I was able to move energetically closer and complete the session, supporting her to come to balance¹ and leaving her with a therapeutic process that could continue subtly after she left.

While it may seem that little happened here, something that had been closed was beginning to open for Sally. She was able to slowly differentiate for herself between the feeling of vulnerability from her past and the safety she came to feel in this session, in the present. For her, with her history, this was a very positive step, a step made possible because Sally and I had successfully negotiated the edge of her trauma memory. With more sessions, she would be able to repeat this success, learning that she now has more options than she had in her past. Eventually, she was able to lie on her back on the table without being triggered as she had been before.

Any trauma creates patterns that are held unresolved until they are met gently and self-regulation is supported. Working with the movement and stillness patterns of the fluids brings us in touch with core developmental forces present in us since conception. This makes BCST effective in treating trauma, even when that trauma has occurred very early in life.

¹Author's note for *Cranial Wave* readers: I felt a clear sense of an inertial fulcrum resolving.

I have found the following books helpful in understanding and working with trauma:

Levine, Peter A. with Ann Frederick (1997). *Waking the Tiger: Healing Trauma*. Berkeley: North Atlantic Books

Shea, Michael J. (2002). *Biodynamic Craniosacral Therapy: A Primer*. Shea Educational Group ((561) 863-3350). See ch 20, 22, 26

Siegel, Daniel J. (1999). *The Developing Mind: Toward a Neurobiology of Interpersonal Experience*. New York: Guilford Press

Siegel, Daniel J & Mary Hartzell (2003). *Parenting from the Inside Out: How a Deeper Self-Understanding Can Help You Raise Children Who Thrive*. New York: Tarcher/Putnam

Editor's note: Scott Engler's article "Approaching Trauma Through Biodynamic Craniosacral Therapy" is the first in what we hope will be a series of articles on presenting BCST to the public and to practitioners in complementary fields. Have you written an article or

paragraph for laypeople? What do you say to people when they call you on the telephone asking about Biodynamic Craniosacral Therapy? This work is difficult to explain concisely, and if a number of us share how we explain it, it will give all of us ideas on how to better present it. Please send your spiels, articles, brochures, etc. to the editor, Linda Kurtz, at lindakurtz@netzero.net for publication in one of our upcoming newsletters.

Conversations About Birth

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"Maybe they could have something to do with his birth," I said. Behaviors that a child exhibits that we might never associate with pre- or perinatal experiences may, in fact, stem directly from those experiences.

I remembered back to the story of Sam's birth. Kate's water had broken, but after three days her contractions had not begun, and she and her husband went to the hospital. Three rounds of the maximum dose of the inducing drug Pitocin; a variety of herbs; visualization; and physical movement, including walking, stretching, and orgasm, failed to start the contractions. Kate's temperature spiked, and she was now on an I.V. because the doctors were concerned about the possibility of an infection. She was also on a fetal heart monitor because her baby's heart rate had dipped several times during the three-day ordeal.

After Kate discovered meconium¹ in her urine, the doctors suggested a C-section. Five minutes later, Kate's contractions began. Still, after 12 hours of labor, Kate's cervix was dilated only 3 cm.² Kate asked for an epidural, which helped her to relax, and two hours later her baby, Sam, was born. Kate was elated, exhausted, and glad to at last be holding her son.

Kate was curious about how the tantrums could be tied to her son's birth. I told her about the lecture Claire Dolby had given at the conference on working with children who have been traumatized during or prior to the birth process. "Maybe you could talk to him about the birth process you two went through," I suggested.

Two hours later, Kate called to tell me the story: Not too long after we'd hung up, Sam was up at the garden gate, having a fit. When she went to him, he told her to leave. When she started to leave, he cried for her to stay. He pushed and pulled, and pushed and pulled, like he'd been doing for days.

¹ "Meconium is the first stool of an infant, composed of materials ingested during the time the infant spends in the uterus" [Wikipedia, <http://en.wikipedia.org/wiki/Meconium>].

² 10 cm is approximately the amount the cervix needs to be dilated for the baby to begin to descend into the birth canal.

“Sam,” Kate said, “this has been a really hard day, hasn’t it?”

Sam was silent.

“It kind of reminds me of your birth. Do you remember your birth?”

“I ‘member, Mama,” he said.

“Remember, you were going to come, then you weren’t. You were pushing, then pulling back. Mama thought you were going to come, and then she thought you weren’t.”

“I ‘member, Mama,” he said.

“That was hard wasn’t it?”

“Yes, Mama.” A pause. “Mama, you were mad.”

“You’re right, Sam. I was mad. I felt angry. Scared. Sad.”

“I ‘member.”

“Daddy and I were going through a hard time,” she told him. “But it wasn’t your fault. It was never your fault. It was between me and Daddy.”

He was looking at her as if he understood everything she was saying. It was like having a conversation with an adult.

“Daddy and I have healed a lot, and Mama’s happy now,” she finished.

“Mama, you’re not going away. You going away?” he asked her.

“No, baby, Mama’s not going anywhere. She’s right here.”

Kate told me the energy began to shift at that point, and it was as if she and Sam had dropped into a bubble where time stood still, he looked at her with such clarity. It was as if they had just communicated from their souls and he had understood everything. Then Sam went to get his toy truck and started playing. That night, Sam and his mother slept together in her bed for the very first time. When I saw Sam the next day, he looked more relaxed and less stern than I had ever seen him. For the first time ever, he looked like a child!

Kate was able to engage with Sam from a place of total openness and receptivity. She inquired gently and listened to him with respect. Her questions, while often leading, gave him the space to communicate about something they had never talked about before. Later, when we spoke, said she felt like his pushing and pulling was connected to everything from his birth interventions to that first separation to her work travel schedule six months after he was born, and she wondered if Sam’s question, “Mama, you going away?” may have been related to when they first took him away from her to clear the meconium from his lungs. The tantrums had stopped and she was relieved and grateful.

To me, this story is an incredible example of how storytelling and listening—deep, open listening—can transform an entire relationship and heal the patterns we inherit so early in our lives.

Ask That Question, Propose That Theory, Tell That Story

Did you read the article “Conversations About Birth” in this issue of the *Cranial Wave*? Did it leave you with some questions or half-formed thoughts? Did it leave you curious about experiences others have had working with these issues? Did it evoke memories of a session you gave to someone? Did you recall something you read or heard in a class that would contribute to people’s understanding of the experience described?

If you answered yes to any of these questions, then I hope you will contribute to the next newsletter. You don’t have to be an expert or consider yourself a great writer. Every single one of us in this community has an experience, a question, or a piece of knowledge that will further someone’s understanding of this work we call Biodynamic Craniosacral Therapy. So, if you felt a little stir while reading that article—or any other one in this issue—please contribute. Your contribution could be as short as a one-sentence question or as long as any of the articles we’ve published in these pages. Book reviews are also welcome.

Scott Engler’s article “Approaching Trauma Through Biodynamic Craniosacral Therapy” is the first in what we hope will be a series of articles on presenting BCST to the public and to practitioners in complementary fields. Have you written an article or paragraph for laypeople? Do you have a brochure or website that talks about BCST? What do you say to people when they call you on the telephone asking about Biodynamic Craniosacral Therapy? This work is difficult to explain concisely, and if a number of us share how we explain it over the telephone, it will give all of us ideas on how to present it to laypeople. Please send your spiels, articles, brochures, etc. to the editor, Linda Kurtz, at lindakurtz@netzero.net for publication in one of our upcoming newsletters.

Finally, Mike Boxhall’s article “A Journey Taken in Stillness” is fertile ground for many an essay: an introspective essay on how his ideas relate to one’s own growing edge; a retrospective essay on how one’s life or work has changed (perhaps particularly how the experience of craniosacral therapy is different depending on one’s state of presence); an essay on how *you* become “an empty bowl” or attempt to move into that space; an essay on whether “not doing” is the most useful way to do cranial work. Again, the essay comes from what strikes a chord in *you*.

To have a truly great and informative newsletter, we need to hear from each and every one of you. And your submission doesn’t have to be about any of the subjects mentioned above. What do *you* have to say? Don’t let fear or shyness hold you back! Ask that question, propose that theory, tell the story of that session.

A Brief History of the Road to Supervision

Clare Bonser, RCST®, Administrative Director

Some of you have been (understandably) confused about the mentoring/supervision requirements devised over the past few years, so here's a little history behind how it all came about. We hope that this provides more clarity.

In 2003, the members of CSTA/NA voted overwhelmingly to have our organization proceed in the direction of a professional rather than a fraternal organization. (Way back in 1998 I thought I was joining a professional organization!) This vote came after an article in the fall 2003 *Cranial Wave* explaining the pros and cons of both paths and after a discussion of the topic at the September 2003 conference.

At about the same time, the Education Committee proposed that new graduates should be mentored for their first year. This proposal was endorsed by the board and broadcast to the membership through the *Cranial Wave*, but because of difficulties in setting up the program, the proposal was soon withdrawn.

Also at about that time, supervision requirements for the teachers were put in place. The board then went on to set up the supervision requirements for maintaining RCST® status. Our supervision requirement went into effect as of June 1 of this year. A letter to all members was sent out, and various articles explaining supervision have been published in the *Cranial Wave* (summer 2005 and winter [January] 2006). A discussion of the supervision requirement also took place at the General Membership Meeting at the 2005 Breath of Life Conference. With this year's membership renewal acknowledgment, you received a supervision log to complete and return with your renewal next May. If you do not have a log, you can download one from the website (click on the tab Supervision) or ask the administrative director, Clare Bonser, to send you one (admin@craniosacraltherapy.org, 505-820-1335).

We have put the supervision requirement in place because as biodynamic craniosacral therapists, we often access very deep levels within ourselves and our clients. It is important that we, as practitioners, be as clear as possible about our relationships to ourselves and our clients so that we can hold each client's experience as gently, compassionately, neutrally, and clearly as possible. In other words, it's about doing our

own work. In your supervision sessions, you may be discussing/working with what is going on in your own life (i.e., a supervision session may be just like many psychotherapy or cranial sessions) or you may specifically focus on what is happening in your relationships with clients.

You may choose to work with a psychotherapist, a qualified RCST® practitioner, a somatic experiencing or trauma healing practitioner, or various other professionals. There is a great deal of latitude in your choice of supervisor, and you may work with just one supervisor or several, provided that you meet the criteria of a minimum of four sessions in a given membership year (June 1 through May 31) and that your supervisor is a professional in the health-care field with a minimum of eight consecutive years of practice. Sessions are to be one-on-one and may be in person or over the phone. If you are uncertain about whether a given person might qualify as a supervisor or you have any other questions about the supervision requirement, please contact any board member or the administrative director.

As the administrative director, I am the one who receives inquiries from members. It is gratifying to report that nearly every member who has contacted me about the supervision requirement (and there have been many!) has been very enthusiastic about its implementation. For the most part, the calls or emails have been to ensure that the supervisor they have chosen fits the criteria. If you have similar questions, please contact me.

New Approved Teacher



Maya Kaya was recently granted approved teacher status by CSTA/NA. Maya was introduced to biodynamic craniosacral therapy in 1996, and did her foundation and subsequent trainings with Anna and John Chitty at the Colorado School of Energy Studies. She lives in Idaho Springs, CO with her husband and two dogs. She says that she is "deeply grateful for the way that the Breath of Life continues to enrich and transform every aspect of my life."

Cranial Wave is published two times per year by the Craniosacral Therapy Association of North America (CSTA/NA). Contributions, including advertising, articles, illustrations, and photos, are welcome.

Please forward all material with authorization to publish to Linda Kurtz at lindakurtz@netzero.net

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Testimonials

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“My husband keeps encouraging me to come. He says I seem happier. I feel like my life is changing. I can’t put my finger on it exactly, but the way I approach things is different. I can handle things better.”

“My 92-year-old father was able to remove his hearing aid after four sessions.”

Here are some examples of what wouldn’t be acceptable and how these testimonials could be rewritten to convey the same information about the healing powers of the work (names have been changed):

~~“Dear Simona: Your work is the most effective & powerful I have ever had. You are a dressmaker’s delight! No longer do I have one leg shorter or one hip higher than the other. Thank you for making me even again.”~~ This could be rewritten as: “This work is the most effective & powerful I have ever had. It is a dressmaker’s delight! No longer do I have one leg shorter or one hip higher than the other. I am so thankful to be even again.”

~~“I had been in a chronic condition for years and had gone to many practitioners. Then I began working with Margie. I found Margie’s approach slow, gentle, very helpful, and healing.”~~ This could be rewritten to say: “I was in a chronic condition for years and had seen many practitioners. I found BCST to be an approach that was slow, gentle, very helpful, and healing.”

~~“Our autistic son for the first time in his life communicated. It happened just after the second visit to Roberta. There are also dramatic improvements in his language, sleeping, eating and socializing.”~~ To rewrite this one, simply omit the therapist’s name.

Finally, testimonials that refer to the personal qualities of the practitioner are not permissible. For example (again, names have been changed) :

“I continue to be completely amazed at Tim’s skill, insight, and sensitivity. Seeing him is always a very healing experience.”

“The thing that I value in Amelia is her ability to see where you are and to urge you along without judgment. She gets precise insight into what each person’s next step might be.”

“I had had chronic back pain for years and had tried many different therapists. It wasn’t until I began working with Yolanda that I found relief that lasted more than a few days. She gives of herself completely. I have never found such a skillful and selfless therapist. I would recommend her to everyone.”

No doubt, for each individual quoted, that practitioner was the one who helped them as never before. However, we all know that there are many highly qualified practitioners who bring to the work similar qualities of caring, compassion, skill, and insight; most of us probably find these very qualities in our own therapists.

Each one of us can effectively promote our practice by stating what our clients have gained from this work. We can present facts and experiences, rather than opinion, and avoid the drive to present ourselves as “more caring,” “more compassionate,” and “more skilled” than our fellow practitioners.

Please be sure to look over your advertising materials—whether printed or electronic—and update them as necessary to conform to this part of the Ethics Code.

Letter from the Board

The Board of Directors of the CSTA/NA has been very busy the last few years. We’d like to give you a little background on some of the issues that have taken our attention.

In 2003, the board of directors decided that it was important to determine whether CSTA/NA’s members were interested in continuing the association’s efforts toward becoming a professional organization or whether they wished the organization to become a fraternal one (*see Fall/Winter 2003 Cranial Wave*, p 3). The membership voted overwhelmingly to continue moving in the direction of professional status for our organization.

A professional organization is responsible, among other things, for governing its members and training individuals to become practitioners who are competent in their field. As part of this, the organization is charged with training and approving teachers. Certification of students who have demonstrated competence in the field is another duty of a professional organization. For this reason, the CSTA/NA trademarked the RCST (registered craniosacral therapist) designation in the United States and Canada. By trademarking the designation, the CSTA/NA has ensured that only those individuals who have successfully completed the long and rigorous foundation training in Biodynamic Craniosacral Therapy and have demonstrated competency in the field may use the designation.

For the RCST® designation to be meaningful to both the

public and the therapist, not only must the trainings be rigorous, there must also be some consistency in course requirements. While we are in our infancy in developing training standards, we do have some basic criteria in place. Thus, for example, trainings are required to be 700 hours long, with 350 hours of that training to take place in the classroom. Teachers are required to maintain a focus on the Breath of Life in teaching the work and must ensure that there is at least one teacher or TA for every five students. In addition, all TAs must be registered craniosacral therapists.

Ensuring that these criteria are being met and adhered to has been challenging for all concerned. It has taken huge amounts of energy to keep moving forward in this respect. There have been many instances of disagreement between the board of directors and the teachers and within the teaching body itself. Our organization has been cutting its teeth on some very difficult interactions.

Throughout all of this, the board has been committed to keeping its focus on the Breath of Life. The birth of an organization is a difficult process, as is the birth of a child. Just as a baby comes into an imperfect world, so, too, does an organization: a world where the “right” answers are unknown, unknowable, and probably nonexistent; a world of competing interests; a world of ignorance and a world of enlightenment; a world where each person brings to the table both beautiful qualities and talents and irritating faults and hindrances. As practitioners dedicated to this work, it is up to all of us to approach the business of creating a powerful, resilient, compassionate organization with the biodynamic principles of integrity, self-reflection, and compassionate and objective listening at the forefront of our interactions; to remember that we are all bound together in this web; and to remind ourselves that every one of us has chosen to be a part of this work out of what is, ultimately, the same deep and tender heart space.

The requirement for supervision is another standard that the board instituted as part of our organization’s commitment to practitioner competency and professionalism. We have received a great deal of feedback about the new requirement and are pleased to report that, with a few exceptions, it has been very positive. Most members feel that it demonstrates our organization’s commitment to practitioner integrity and to providing our clients with the best care possible.

We, the individual members of the board, would really like to make this an organization that is vibrant and growing. The more that each member becomes involved, whether sitting on the board, volunteering on a committee, or writing articles for the newsletter, the stronger our organization, our community, and the effects of biodynamic work on the world will become. This really is an opportunity for each and every one of you to contribute to the development of a visionary organization, whatever your talents and your time.

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Board of Directors Nominations

We are seeking nominations to the Board of Directors for the term beginning June 1, 2007. The board needs your help, as half the current board is retiring at the end of this term. If you want to help plan the organization’s direction, work hard, and are committed to working with others in a biodynamic way, please consider nominating yourself. You may also nominate someone else. Contact Pat Donohue at PatDonohue@nc.rr.com for more information. Also see the article “Seeking Immediate Nominations to the Board of Directors” in this issue of the *Wave* for more information. **The deadline for nominations is January 31, 2007.**

Current News About the Board and the Curriculum and Teacher Review Committee

The business of the Craniosacral Association of North America (CSTA/NA) is conducted by a board of directors, which is made up of individuals who have volunteered to help guide the association. Various committees give input on different issues before decisions are made. Clare Bonser is the association's administrative director, and many of you have been in communication with her concerning membership issues. In the next few paragraphs, you will learn a little bit about the role and composition of the Curriculum and Teacher Review Committee and about the makeup and history of the current board of directors.

The Curriculum and Teacher Review Committee

The Curriculum and Teacher Review Committee (CTRC) is currently the association's most active committee. All issues related to teaching are discussed within this committee. The six teachers on this committee are representatives chosen by the larger community of teachers. While it is probably impossible to always have each teacher's view represented, it is the most equitable system that has been found and is designed to take into consideration the needs of students, practitioners, and teachers.

Two board members also serve on this committee, and three teacher representatives from the CTRC are liaisons to the board. Thus, teachers are represented at board discussions and the constituency of the board at CTRC discussions. The teacher liaisons to the board attend all board meetings and, while they do not have a vote on the board, participate in board discussions on all issues. Their input has been very helpful to the board and their energy, dedication, and fellowship has been much appreciated. Besides the wisdom and "extra voices" the teacher liaisons provide, their presence at all board discussions helps ensure that any policies the board sets are relayed to the rest of the teachers in a timely manner. With a group of volunteers there is always the chance of issues falling into the black hole, and this helps keep that from occurring.

Coming up with recommended foundation training standards and requirements for becoming an approved teacher are among the responsibilities of this committee. Its recommendations are passed along to the board of directors for discussion and voting.

Teachers on the Board

Last year, the board decided that because approved teacher status and foundation trainings are regulated by the board, it would be a conflict of interest for an approved teacher or a proprietor of a program that teaches foundation programs to be on the board. There are many avenues for input and

interaction from teachers as individuals and as a group, and conflicts of interest—whether perceived or actual—are eliminated with this new policy.

The Board of Directors

The board of directors is the governing body of the craniosacral association. Currently, there are six members on the board, although at times there have been as many as nine.

Any member who wishes to serve on the board may nominate themselves or be nominated by another member. Board members are elected by the membership in the spring of each year. When there are fewer members running than there are vacancies on the board, no election is held, and by default the nominees are automatically appointed to the board.

This past election cycle was a year in which there were fewer nominees than there were board seats, in part because a number of board members elected in previous years resigned before their terms expired. Thus, no election was held. In some years, there have been many more people running than there were seats available.

This year, two new members were appointed to the board—Linda Kurtz and John Laking. In June, Gwen Henzi, who had been the board secretary for two years, found that new commitments in her personal life made it difficult for her to remain in her position on the board, and she resigned. This left the board with only three seasoned members—Sarajo Berman, Mike Boxhall, and Pat Donahue—as the term of then-President Sherry Phillips expired at the end of May 2006.

Meanwhile, the CSTA/NA was (and still is) involved in obtaining nonprofit status in the United States. This is a long legal process and requires that certain conditions be fulfilled with regard to board officers. Because of this and because of the heavy workload facing the board, the board decided to appoint Sherry Phillips to the new board (the bylaws allow the board to appoint members in order to fill vacancies). Upon a request from the teachers and agreement from the directors, Sherry was re-elected as president. She will serve in this capacity until the next term (which begins June 1, 2007), when there will be an opportunity for others to fill this role.

Pat Donohue is CSTA/NA's vice president, Jon Laking is the treasurer, and Sarajo Berman is the secretary.

Elsewhere in this publication is information on nominations. Please consider yourself or nominate some other qualified individual to run for a position on the board of directors.

Cranial for Colic

continued from page 2

of the next couple of weeks, as his fussing and crying shifted to subtle cues and requests, that the work Dara facilitated had opened my baby and I up to a new level of communication. A recent study by the cranial osteopaths Hayden and Mullinger found that infants with colic who were treated with cranial osteopathy once a week for four weeks showed a 63% decrease in the amount of crying, versus 23% in the control group, and an 11% improvement in the amount of sleeping, versus 2% in the control. "Treated infants also required less parental attention than the untreated group."² The authors concluded that larger, double-blind studies on the efficacy of cranial osteopathy for colic are warranted.

Cranial osteopathy and biodynamic craniosacral therapy are not identical, but Hayden and Mullinger's research and Oliver's experience suggest that the cranial process—whether or not actual physical contact is made with the child—may be a useful tool for resolving colic or the discomfort that infants and parents experience as they transition into their new lives.³

My experience with cranial for colic illustrated these findings and completely transformed my experience as a new mother, giving me confidence, reassurance, relief, and a new level of listening to my child.

² Hayden, C, Mullinger, B (2006). A preliminary assessment of the impact of cranial osteopathy for the relief of infantile colic. *Complementary Therapies in Clinical Practice*, 12(2) [abstract]. Retrieved from <http://search.epnet.com.ezproxy.humanisticpsychology.org:2048/login.aspx?direct=true&db=cmedm&an=16648084>

³ *Colic* is a term that is ill-defined and often used as a catch-all for any cause of infant crying. The medical community currently defines it more or less as follows: "Colic is when a baby cries for longer than three hours every day for more than three days a week. It is the extreme end of normal crying behaviour" [http://hcd2.bupa.co.uk/fact_sheets/Mosby_factsheets/infant_colic.html]. Its cause is unknown.

Michael Shea

Michael Shea, Ph.D., was a founding member of the Craniosacral Organization of North America and served for three years on the founding board. After his many years of service, contributions, and teaching of foundation courses, Michael has decided to resign from the association. We thank him for his many contributions over the past eight years and wish him all the best as he moves on.

Welcome to Our Community!

Since our Summer 2006 newsletter, we have 38 new RCSTs. Of these, 26 are new members of CSTA/NA while 12 have converted their membership from either graduate or student level. Congratulations on completing your training and receiving your RCST® designation. We also welcome one new graduate member and one new student member.

NEW RCSTs

Cheryl Abraham Garrettsville, OH	Amaret Kinsch Nederland, CO	Nancy Siegel Missoula, MT
Emily Anastassiadis Toronto, ON	Gillian Kok Yokohama-shi, Japan	Donald Soule Evanston, IL
Brisa Anderson (RCST/UK) Beverly, MA	James Koo Scottsdale, AZ	John Stevens (RCST/UK) Beverly, MA
Kathryn Bell Bloomington, IL	Isabella Kossobudzki Bailieboro, ON	Tracy Swaile Coldwater, ON
Andrea Ber Moreland Hills, OH	Dorothy Luboski Euclid, OH	Jean-Anne Taormina Santa Cruz, CA
Bonnie Clifford Boulder, CO	Debra Mayo Chardon, OH	John Thorpe Crystal Bay, NV
Rebekah Crown Montreal, QC	Ray McCall Boulder, CO	Sharen Thompson North Olmsted, OH
Andy Estrella West Tisbury, MA	Kelly McCann Swansea, IL	Dana Verkouteren Cabin John, MD
Reyne Fanton Avon Lake, OH	Aida McGugan Ann Arbor, MI	Laura Walter Santa Cruz, CA
Jo Forell Colorado City, CO	Donna-Marie Newfield Peterborough, ON	Andrea Ward Carefree, AZ
Susan Gray Evanston, IL	Joy Om Nederland, CO	Christine Wolf Roberts, WI
Robyn Michele Jones Santa Cruz, CA	Frank O'Neill Boulder, CO	NEW GRADUATE
Leila Joseph Lincoln, VT	David Ridinger Longmont, CO	Kelly McCann Swansea, IL
Joseph Kerwin Springfield, MO	Peggy Risch Mount Shasta, CA	NEW STUDENT
		Julie Manwiller Seattle, WA

Spelling and Trademark Reminders

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®. The approved name and spelling of the modality is "Biodynamic Craniosacral Therapy."

A Journey Taken in Stillness

Mike Boxhall, RCST®, FCST

“You can rely upon the Tide.” I first heard this phrase when I was training in Biodynamic Craniosacral Therapy with Franklyn Sills at Karuna. I began to think, “What Tide? And what does ‘rely on’ mean?” The word *rely* was the big one. Did *rely* mean work with, manipulate in some way, or direct at a lesion? I came to believe that Sutherland meant the term *rely* literally, and that means someone else or something else does it, whatever it is to be done. As to the Tide, I did not assume that Sutherland was trying to say that the Cranial Rhythmic Impulse was the source that we could rely on so devoutly. I did not think that even the Long Tide was being suggested as the motivational energy of all life. These are, after all, objects of our awareness, not the underlying foundation of our awareness. What I came to truly believe that he was talking about was the hypothesis that there is an Intelligence that is not part of the individual and personal ego structure, that is not subject to the intellect, and that can be absolutely relied upon.

This raises a big conflict: If there is an “other” that can be relied on, what place is there for “me”? How will I know what that other is doing? How will I know what is happening to the client? Suppose something goes wrong and I get sued? Do you see what is happening here? The poor old personal ego is having a bad time already, getting really anxious.

The ego could go on further: “We have to have boundaries.” “I can’t not know what I’m doing.” “How do I explain what I’m doing?” “It’s not scientific.” And, best of all, “I have got to be present, fully present at all times. I remember Mike saying that! Mike Boxhall, I mean, not Michael Sheaher’s perfectly sane.”

If we look at what being present means in this context, we may find that our ego relaxes a little. What I mean by being present is being mentally still: simply noticing what arises without getting attached to it in any way, without making any judgments about what something means. Just noticing that it *is*. If we don’t get attached to meaning, the phenomenon will pass and, most likely, another will take its place. Then another and another, and they are all acknowledged and all let go of and sometimes, just for a while, nothing will arise and there is just empty awareness, and from that emptiness a new object arises.

Movement arises out of stillness and nothing truly goes anywhere. It just *is*, in movement. There is a coming together in this moment of everything that ever was, and this is its expression right now. The Spirit takes form and we as witness are in joint practice with that form. Here, then, is the dramatic unfolding of Biodynamic Craniosacral Therapy.

Now let’s unpick this a little and break it down into something more expansive. All objects come and go. Some

take longer to go than others (for instance, Mt. Everest and my hard-rock-playing neighbor), but sooner or later they all go, and that is what all things and thoughts and feelings have in common. They all go! And—this is the most important bit—whatever came into form as me will come into form as something else, sooner or later. When the conditions support another form, another form will be there. No beginning, no end. No cause, just revelation.

What I am leading to is that if everything is, in a sense, not concrete and is impermanent, including myself, then so is impairment, illness, suffering, and dis-ease. If this is the case, then what tool am I going to use to effect ease? Once upon a time, I would have said that the best I can do, in this form, is to take my limited knowledge and apply it to my limited assessment, call it a diagnosis, and hope for a limited beneficial result. Nowadays, I have a slightly different point of view. I offer it not as an absolute but as an invitation to consider that there is possibly a different perspective to examine.

Suppose I just get out of the way and let the Spirit or the Intelligence, as opposed to my intellect, do the work of getting the pathology of the system back into a better adapted state? It would be super-intelligent to let Intelligence do the work instead of relying solely on my intellect and partial knowledge. This would, in my view, open the possibility of rebirth at this very moment into a form no longer modified by undigested life experience. It is my belief, and to some extent experience, that rebirth is not just about what happens when I fall off my twig, but is, combined with awareness, what is happening right now, in the present.

Daniel Levy, a composer and pianist, says, “The steps to attain patterns of a new civilization are the same as those for the expansion of consciousness. When this expansion of consciousness occurs, the whole past gradually and rhythmically diminishes to become part of a new whole. The centre changes and each of our atoms is infused with a different sort of energy. Our point of view assumes a growing perspective and our vision expands from seeing parts of the whole to an awareness of the reality of the greater whole.”

This is, succinctly, the experience of some clients. This is sometimes my experience. “Something happens,” as Rollin Becker would say.

This is where our work is so important. Not that we tell other people how they should be, or what they should do but in facilitating access to awareness of what is coming up in our own beings right now and bringing that into fuller awareness. And by removing the judgment. We do this in joint practice with another or others and we help them to come into presence with their pain, of whatever nature, by hearing fully their story from an empty place.

Only by and from this increase in awareness will the possibility for root change arise. All important change causes

insecurity. If we are not insecure, we are skating around the same old rut. There may be an artificial and temporary sense of security in that, but look how fragile it is! So the place of insecurity is the place of potential change. Blessed are the insecure. The pain will change if we can watch it and not become it. If we can not let it become who we are. In that full hearing of the pain lies the healing. There is nothing to *do*. But it is not easy to be fully present to deep anguish without judgment. What we have to do is remember that that judgment is our stuff and it is filling the bowl—and if the bowl is not empty, the whole story does not get told.

For example, when we feel blamed—by ourselves or others—the question is not “What did I do wrong?” but “What comes up right now?” “What does that thing that I did or didn’t do feel like right now? Anger? Fear? A mixture of both?” That is what needs to be taken on board and worked with. Out of that comes the possibility for change. If I work with the fear, work with the anger, then, just maybe, I will see the anger and/or the fear to be a common human condition and I will not have to defend myself against it in the future—or try to get rid of it.

To have fear is part of the human experience; the problem is when we try to create conditions, barriers, and defenses which guard us against it. That is when we seize up. Let’s work *with* the fear, if fear is what is there. Then we are in the present. From the present, we can make sensible decisions. The present is always still; it is what we are observing that is changing. So, we are still, watching the arising and falling away of phenomena. We are not the phenomena. We are, in that moment, the place where all phenomena arise. That is what stillness means. It is not an inert state; neither is it the change. Rather, it is the awareness of change. It leads to proactivity. Being caught up in (attached to) the change leads to reactivity.

It is difficult to enter that state of surrender, where the poor old ego cannot circumscribe what is going on. It does want to have its say! The secret for me is in our state of presence. I have to do something a little more than just washing my hands between patients. I need to meditate and come into a state of being which is relatively un-attached. If I cannot be unattached, then the simple observation of that fact can disentangle me from being the attachment, to the point where I can just observe the state of my being without putting the energy of attention into the neurosis. This observation without judgment is compassion—*karuna*. Whenever I can approach someone from this relatively uncluttered, relatively still place, I am ready to receive what is offered.

I do not expect absolute emptiness. I think I may have had brief glimpses of something like it from time to time, but with a certain amount of practice, I can be relatively still. From there—and from there only—I can approach the client in the belief that I will contact that level in whomever is present, whether it comes into awareness or not. We are then in joint practice at that level, and whatever arises, whatever gets done, is the result of the synergy of that joint practice. There is no doer and no “done to.” There is only the joint practice. I may not know what has taken place at a structural level, and the client may not know. And both those possibilities are scary, and yet it is perfect. And anyway, who is scared? Not me, only my ego!

I know some people are drawn to work like this. I know some people are repelled by the thought of working like this. They are both right. I just want to empower the former in any way I can.

This to me is the level of the Spirit. It is not a better level; it is what *is*, for some people. For me, craniosacral therapy, at its tenderest, is a journey taken in stillness by two or more people towards a level of being where there is no pathology.

Two Volunteer Opportunities

Proofreading. Are you a great proofreader? We’d love to have you join the *Cranial Wave* committee and help with the proofing. Your services would be required a couple of times a year. Interested? Contact the editor, Linda Kurtz, at lindakurtz@netzero.net.

Website listing. We have the opportunity to be listed on the website Therapyworld.com. If you’d like to upload files to that site, we’d sure appreciate your help. Contact Linda Kurtz at lindakurtz@netzero.net.

New Web Listing

The CSTA/NA is now listed on Therapyworld.com, an international website for mind, body, and spirit therapies. Therapyworld.com helps clients find practitioners by offering a worldwide pool of therapeutic choices for them to explore. Our CSTA/NA organizational listing is free. Any member of CSTA/NA who wishes to advertise on their site may do so for half the regular cost of membership. The CSTA/NA can post articles and other information on the website, so if you have an idea for things that might be useful to post, please contact Linda Kurtz at lindakurtz@netzero.net. We are also looking for someone to upload information about BCST to their site. Again, contact Linda Kurtz if you are interested.

Updates to the Member Handbook

“G” stands for graduate member.

“T” stands for teacher.

New Members

G. Rubinstein, Ken, RCST®
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G. Haas, Karen, RCST®
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G. Kurtz, Linda, RCST®
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Advertising

Please submit all advertisements to the administrative director at admin@craniosacraltherapy.org. Ad specifications may be found at www.craniosacraltherapy.org under the tab Members/Newsletters. **Ads for the Summer edition should be submitted no later than April 20, 2007.**

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