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Overview of Biodynamic Craniosacral Therapy Based on the Teachings and Writings of Franklyn Sills

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Section One: Introduction

Acknowledgements

This article is directly informed by Franklyn Sills, RCST, Karuna Institute (Devon, England, www.karuna-institute.co.uk/). Sills is author of the two-volume book, Craniosacral Biodynamics (North Atlantic Books, 2001).

This was first written to support the Craniosacral Therapy Association of North America's (CSTA/NA) project to create a "Standards for Practice." However that project subsequently took a different direction. Grateful appreciation goes to Michael Shea, PhD, RCST, International Institute for Biodynamic Craniosacral Therapy (Juno Beach, FL, www.sheacranial.com) for all his work on that much larger-scale project, which provided an impetus and context for this much shorter overview article.

Please note that this article does not have the formal endorsement of the CSTA/NA, other teachers and schools, or any other party. It only reflects the opinions of the author, and is offered to the public as a point of discussion. Please send any feedback or suggestions to chittyj@energyschool.com. Future editions are expected as the article is gradually refined by feedback, so continue to check this web site periodically for updates, using the date stamp at the bottom of the page as a guide.

Purpose of this Document

The intention of this document is to summarize the content of the field of Biodynamic Craniosacral Therapy. Having a clearly stated overview of this practice supports coherence, mutual understanding and continuity among practitioners with Registered Craniosacral Therapist (RCST®) status, schools that offer RCST programs, teachers, students, professionals in related fields and the general public. Students can use this document as a checklist to ascertain whether the core material has been presented in a course, and whether the basic direction of the program is consistent with RCST practice expectations. A biodynamic craniosacral therapy practitioner should be able to demonstrate familiarity and competence with all the topics described in this document.

This document describes only the basic foundational concepts of Biodynamic Craniosacral Therapy. For a much more complete presentation, readers are referred to the literature, particularly Craniosacral Biodynamics by Franklyn Sills, RCST, and Wisdom in the Body by Michael Kern, DO, RCST.

This document is not intended to be a curriculum. Teachers and schools develop their curricula based on many factors, of which this is only one. This document is also not intended to be a full exploration of all the possibilities of therapeutic applications suggested by the Biodynamic Craniosacral model. Instead, it is intentionally brief, so that the reader can easily gain a general understanding of what is meant by, and included in, a biodynamic craniosacral education and practice.

Brief History of Biodynamic Craniosacral Therapy

Biodynamic Craniosacral Therapy is indirectly derived from the work of William Garner Sutherland, DO (1870-1954) and his colleagues in the field of osteopathic

medicine. Sutherland discovered a subtle movement in the bones, membranes and fluids of the body, which he thought resembled breathing and its cycles of expansion and contraction. He developed therapeutic methods based on this movement and found great clinical success with his patients, including a wide range of conditions. Despite this effectiveness, his findings were not embraced by mainstream medicine of the 1950's and 1960's, for a variety of reasons. Exploration of his work therefore began to occur outside the medical profession, leading to the development of Craniosacral Therapy in several forms in the 1970's, and also other derivatives.

Franklyn Sills had a background in Polarity Therapy and Buddhist meditation practices when he attended osteopathic college in England in the 1980's. His approach reflected the osteopathic origins noted above, combined with significant input from these other more esoteric sources. He developed his first curriculum in 1986 and published his textbook Craniosacral Biodynamics in 2001; these became the basis for the current Standards for Practice and RCST training content. Since the mid-1990's, other practitioners and teachers have also applied their knowledge and experience to the work, contributing significantly to the evolution of Biodynamic Craniosacral Therapy into its present form.

The term "Biodynamic" was first used by Rollin Becker, DO (ca. 1963) to describe the force creating subtle movement in the body, and later by the embryologist Erich Blechschmidt (1978) to describe a wholistic understanding of living systems. The term "Craniosacral" (as in "craniosacral mechanism") was first used by Sutherland's colleague Harold Magoun, DO, (1951) to describe the presence of synchronized, coordinated movement in the head, spine and pelvis.

"Biodynamic" has been used by several different people to describe their practice descending (directly or indirectly) from Sutherland's work. As an adjective, it is not exclusive to Franklyn Sills. The term is used here in recognition of Sills' use of it in the title of his book.

Section Two: Overview

Biodynamic Craniosacral Therapy Overview

Biodynamic Craniosacral Therapy is a particular approach to the study of the creative forces that organize the human body, their various forms of expression, and the application of that study within the field of health care. It is based on the following core concepts:

- The forces of nature include a subtle ordering principle that drives the creation, development and maintenance of systems. The ordering principle acts as an "intelligence," in that events are not random but rather proceed according to underlying laws of nature.

- Among the expressions of these forces is a subtle, polyrhythmic movement in stable and palpable cycles known as "Primary Respiration." This expansion-contraction movement is omnipresent in nature, including living systems. In humans, it can be palpated as a slow and subtle widening-filling-rising and emptying-narrowing-descending throughout the tissues and fluids, centered on and emanating from the midline. This movement is thought to be an expression of the "Breath of Life," a profound substrate of all form that reflects a mystical, non-physical dimension. From its beginnings with

Sutherland (who first applied the Biblical phrase Breath of Life as a descriptor), this mysticism aspect has been continually reported by practitioners and is fully acknowledged even though a scientific understanding of the cyclic movement phenomena remains incomplete.

- Interactions with this movement can have remarkable health benefits. Interactions are significantly a perceptual process, rather than a manipulative technique. Therefore cultivating sensitivity to the subtleties of relationship and developing increased perceptual capacity are cornerstones of Biodynamic Craniosacral Therapy. The process by which perceptual experience affects the movement and the client's health is not yet understood scientifically, although the phenomenon is well-established clinically.

- The forces that generate healing are the same forces that made the body at its beginning, and they are always present within the system. The practitioner's role is to support the natural emergence of the ordering principle from within the system. This contrasts significantly with the external-repair practitioner role often found in modern medicine and manipulative modalities. Rather than trying to diagnose a problem and fix it through interventions, the Biodynamic Craniosacral approach is primarily to facilitate conditions in which the natural forces within the body are mobilized and optimized to self-correct the condition from within. This approach has been shown to be remarkably effective and safe for a wide range of conditions.

- Biodynamic Craniosacral Therapy is concerned with the whole system, rather than the isolated function of any part. Health is considered to be an outcome of the total environment, including all internal and external factors.

Education Overview

A Biodynamic Craniosacral education consists of becoming knowledgeable about these forces and their effects on anatomy, and then cultivating the perceptual sensitivity and practitioner skills to interact therapeutically with Primary Respiration. The educational process is not considered one of achieving mastery within a fixed time frame or curriculum, but rather an open-ended process of deepening inquiry with limitless possibilities of more detailed information and more sensitive perception.

The CSTA/NA format for foundation training is fifty days, in ten modules of five days each, the modules being taken ten or more weeks apart. This format gives sufficient time to cover the material, at a gradual pace to deepen the perceptual skills. Shorter courses are not supported for the purpose of gaining RCST status but are frequently used for introductory classes and advanced training in specialized topics. Faster courses (fifty days or more total, but not over an extended period of time) cover important material but do not seem to provide space for perceptual deepening.

Because of the uniqueness of each practitioner/client interaction, measurable competency evaluations are not as readily accessible as they might be in education for some other health care practices. For example, testing via a written exam may be limited in revealing competency in subjective areas such as perceptual skills or the student's capacity to interact therapeutically with primary respiratory movement.

In addition, a Biodynamic Craniosacral education may involve a higher degree of hands-on interaction between teacher and student, compared to other educational situations. For example the detection of Primary Respiration may be more likely to be

learned from direct contact under the hands of a skilled practitioner than from hearing about the theories and variables in a lecture or reading about them in a book.

Becoming proficient in Biodynamic Craniosacral Therapy includes study in four areas: Theory, Practitioner Skills, Anatomy and Clinical Applications. These areas are interdependent in the education process, rather than being presented or learned separately.

The area of practice management is not currently included in a Biodynamic Craniosacral education. This important professional-development area includes such topics as record-keeping, marketing, ethics, interactions with regulatory agencies and related subjects. Learning and support in these subjects can be found elsewhere in the health care training world.

Theory

In this area, students and practitioners explore the many and diverse explanations for the expansion-contraction movement, and its implications. Many practitioners and authors have speculated about these phenomena, beginning with Sutherland and continuing in the present. The theoretical subject matter may include cosmology and other science concepts, esoteric ideas and fundamental theories about the origin of health and disease. Knowledge of the relevant literature can be helpful in developing a sound theoretical basis for practice. It is generally accepted that the theory is still not yet completely developed and that some mysteries relating to the expansion-contraction phenomenon may never be fully explained.

Central to the theory is the concept of a progressive “unfoldment” of effects, from a profound universal source to particular details of function. The original source first manifests as a powerful, palpable stillness. From this stillness arises a very slow movement centered on a vertical axis, which in turn engenders less-slowly-paced cyclic movements that form and sustain the living system, and then faster (but still very slow compared to other bodily rhythms such as breath or heart rate) movements that enable adaptations to stress.

Anatomy Study

Anatomy study in Biodynamic Craniosacral Therapy begins with the study of tide-like movement. Various authors have speculated about the source of this movement, without definitive conclusion. Proposals about esoteric concepts range from ancient Oriental cosmology (such as *Qi*, *Chi* or life-force), to spiritual or religious concepts (such as the Biblical “Breath of Life”), to modern quantum physics (such as morphogenic or holographic field effects, non-locality and subatomic phenomena), and to anatomical or physiological factors (such as bodily rhythms and pressures). Due to whatever cause, mysterious forces (described by such terms as the “Breath of Life,” “Potency in the fluids,” “the Ordering Principle” and “Intelligence”) coalesce to form the embryological midline (the primitive streak and notochord). The same forces continue to operate throughout life.

Anatomy study continues with exploration of three main areas:

Midlines

The midline anatomy is further differentiated based on perceptual experience. At the core is a quality of stillness that does not seem to participate in the overall

movement. This has been called the “quantum midline” or, in yogic systems, the *Sushumna* or, in Polarity Therapy, the “ultra-sonic core.” Secondly, the notochordal midline is formed. While the notochord itself disappears, its vestiges are located in the adult within the vertebral discs and spinal bodies. Thirdly, a fluid midline is formed within the ventricles and later the spinal canal. Each midline relates in turn to its predecessor and has important therapeutic implications, and much emphasis has been placed on developing and interpreting applications for each midline.

Rates

Cyclic forces may be palpated as having various paces (i.e., different rhythms embedded within each other at different rates), and much attention has been given to understanding the roles and functions of the different speeds of pulsation, particularly the “Long Tide” (about 100 sec./cycle), the “Mid-Tide” (about 25 sec./cycle) and the “Cranial Respiratory Impulse” or CRI, (about 6 sec./cycle). Cultivating the ability to perceive and interact with various rates is a subject of great focus.

Usage of the term “Tide” is common in reference to rates because the movements can be perceived as having tidal attributes such as filling and receding in a regular rhythm. The analogy is also useful in acknowledging the embedded variations of rhythms, comparable to waves on the surface of the ocean showing one pace, while deeper waters may have different, coexisting currents and paces.

Layers

The movement is also palpable in various anatomical layers, as described above. The practitioner becomes familiar with the local anatomy of various parts of the body as a way to interact with Primary Respiration as it manifests in bones, soft tissue, fluids, functional systems and energetic presence. Throughout study, emphasis is always placed on the fundamental wholeness of the system, and the underlying progression of Primary Respiration from global to local expressions.

In addition to conventional anatomy, study has also involved esoteric and/or Oriental anatomy including phenomena such as chakras or energy centers along the spine (a traditional medicine concept from India), meridians (a traditional medicine concept from the Orient) and the aura or energy field (a traditional medicine concept from many sources). These esoteric anatomy topics are not part of the basic curriculum, but references exist in the literature and these may be part of secondary study.

The interconnectedness of phenomena is of great interest in Biodynamic Craniosacral Therapy, and the concept of layers includes the study of field effects. Perception of local areas as parts of larger “units of function” is an important therapeutic skill. For example, the “fluid field” could describe perception of different fluidic components operating as one system, and “tissue field” could describe interrelated bones, membranes and soft tissue operating as one integrated system. Similarly, perceptual experiences may include subtle phenomena outside the body, of which the body is a part, with the whole perceived as operating as one meta-system. For example, the “relational field” could describe the sum interactive effects of the practitioner and client together.

Anatomical knowledge and perceptual skill are linked. The more the practitioner knows the anatomy and physiology, including embryology, the more the perceptual channels seem to open and useful phenomena seem to become accessible. The anatomy of the client expresses its situation in spatial positioning and movement, with increasing detail according to the degree that the practitioner is able to listen effectively and precisely. Therefore anatomical study is a large portion of the material presented in an RCST training, and is emphasized as an essential supportive complement to the perceptual process.

In anatomy study for the purpose of Biodynamic Craniosacral Therapy, the emphasis is on living systems comprehended in their totality, rather than the isolation of specific parts and functions viewed outside the living context. The ability to accurately visualize subsurface and non-local phenomena is emphasized in support of the perceptual process.

The accomplished practitioner has a solid understanding of human anatomy, with particular expertise in the following major areas:

- The multi-layered centerline of the body
- Central Nervous System
- Cerebrospinal fluid and the ventricles of the brain
- Cranial Bones & Sutures
- Meninges of the Brain and Spinal Cord (“Reciprocal Tension Membrane”)
- Facial structures including the hard palate and the temporomandibular joint
- Venous Sinus System in the Cranium
- Vertebrae and their support structures
- Sacrum and Pelvis
- Fascia and Connective Tissue
- Viscera
- Extremities especially the joints

Practitioner Skills

Biodynamic Craniosacral Therapy requires significant development of perceptual skills, and this aspect is a primary focus of education as well as a lifelong heightening of sensitivity. Sutherland and his successors gradually acquired the capacity to detect very subtle phenomena via kinesthetic and other sensory means including what are apparently forms of “seventh sense” perceptions of subsurface areas and phenomena. This perceptual capacity has similarities to what has been termed “remote viewing” in psychological research, including the ability to detect remote, non-local or very minute phenomena.

Self-awareness is the foundation of perceptual skills. Practitioners learn to create a stable basis for subtle perception by cultivating stillness and neutrality within themselves. A quiet mental-emotional-physical state is established, enabling focused perceptual access to subtle phenomena. Practitioners gain the sensitivity to “listen” to deeper levels of experience in themselves and others.

Awareness of relationship is also central to the topic of perceptual sensitivity. The practitioner is responsible for creating a safe relational field in which the client feels secure and supported. Creating a functional therapeutic relationship is not a trivial matter. It calls forth a wide range of subjects such as attachment issues, projective identification,

transference and counter-transference, intimacy issues, and communication skills including semantics. Some writers have proposed that creating a truly effective relational field surpasses most if not all other dimensions of the therapeutic process. Subtle listening is not possible without a functioning relational field, because the practitioner otherwise would be just palpating the client's response to the practitioner in a stressed environment, rather than palpating the client's intrinsic condition directly.

When self-awareness and relational dynamics are conducive, the practitioner enters a perceptual state where access opens to deeper forces. Symptomology, pathology and the intention of "fixing" conditions gives way to listening to the deeper forces of wholeness. A slow, deliberate, organized movement of expansion-contraction is detected beneath the restless, chaotic surface expression of symptoms and conditions.

Applications

Over the course of many years, specific methods have been developed to address a wide range of health conditions relating to particular body areas and symptoms. These methods are learned as part of a Biodynamic Craniosacral Therapy education. This part of the education provides strategies for dealing with particular problems, and also a means of exploring the full spectrum of clinical possibilities in a systematic way. In actual professional practice, protocols and step-by-step routines are less significant, because the emphasis is on the uniqueness of the individual encounter rather than generalities.

Section Three: Clinical Practice

The application of Biodynamic Craniosacral Therapy is a dynamic interaction between practitioner and client, and therefore each session is unique. However certain phenomena serve as foundations of practice, likely to manifest in some form in most or all sessions. These phenomena are therefore studied in great detail in the educational process, and then they are deepened through years of maturation in actual use. The following is a description of key concepts in clinical practice, which are all represented strongly within an RCST education and curriculum. Practitioners become familiar with these concepts and competent in therapeutically applying them in diverse clinical situations.

Stillness

Preceding and embedded within all processes of expansion-contraction is the possibility of a third, more subtle stage. "Stillness" refers to this quiet primordial phase, when neither of the more obvious movement patterns seems to be expressed. Sutherland and his colleagues, as well as modern authors, have found tremendous significance in perceiving and working with stillness. The experience of stillness is discussed throughout the literature, and comments range widely. Stillness is considered to represent a dynamic and vibrant field for dramatic opportunities of transformation. The phrase "Dynamic Stillness" is used to describe a particular state cultivated in Biodynamic Craniosacral sessions, in which remarkable transmutations may arise.

Inherent Treatment Plan

Biodynamic Craniosacral Therapy is based on the idea that the sequence of change leading from disease back to health is already present in the client's system. Therefore the practitioner is concerned with creating a relationship with the inner resources of the clients more than attempting to figure out what will solve the problem from the outside. This attitude is a major paradigm shift in health care. The Inherent Treatment Plan may be expressed as a palpable expression of intrinsic forces within the body or the field around the body, patterns of movement in the fluids or tissues, arising of dynamic stillness within existing conditions, arising of psycho-emotional material, or many other forms.

The Inherent Treatment Plan implies that all conditions represent forms of health, even in a disease state. In this perspective, the client's system has developed an adaptive strategy to manage stress, and this strategy embodies tremendous wisdom even if it may also be pathological. A fixation pattern may be painful or disabling, but it is still in service of the larger survival imperative and is driven by an inner wisdom. Comprehending and applying this line of thinking has very significant implications.

Orienting to Primary Respiration and Midline Movement

Biodynamic Craniosacral Therapy involves a dual interaction for the practitioner. One focus is on Primary Respiration and its expressions, while a simultaneous attention may be occupied with a local area. The practitioner develops the ability to support the re-establishment of a relationship between these two. Disturbances or disease conditions are seen to arise when Primary Respiration has been obscured or contained due to the forces within local tissues becoming preoccupied with managing life experience in some way. Great emphasis is placed on restoration of a relationship between the local disturbance and the underlying forces that carry the original intention and ordering principle for every function and anatomical area.

Transmutation

A mysterious shifting of tissues and other phenomena has been reported repeatedly. Within a three-stage process, or when tissues recover their natural relationship with midline movement, remarkable changes have been observed. Congestion seems to give way to openness, tension to fluidity, intransigence to adaptability, and a variety of similar changes may be observed.

Potency

Perception by the practitioner may deliver a basic distinction between the presence of life force and vitality, or its relative obscuration by stasis, compartmentalization or other forms of non-movement and fixation. Great interest is placed in detecting, recognizing and supporting the potency or intelligence that is always present. For example, CSF may be palpated as expressing more or less potency, and treatment may be organized around uplifting the presence of potency in a local area or in the whole system.

Fulcrums

The term "fulcrum" is used in several ways in Biodynamic Craniosacral Therapy. It means a point around which movement or structure is organized. Fulcrums can be

palpated and they offer a specific therapeutic interface with a pattern of disturbance in the body.

The natural movements of expansion and contraction are centered on “naturally shifting fulcrums,” which are points along the midline. These have also been called “biodynamic fulcrums.” There are specific natural fulcrums for each layer of the system.

Fulcrums are also created to manage stress in the body. These “biokinetic” or “inertial” fulcrums are specific anatomical locations around which the system creates adaptations, to support accommodation and compartmentalization of a disruptive force and minimize its effects on the whole system. Inertial fulcrums generate distortions in the potency-fluid-tissue field and compensatory tension patterns as well as compression and strain. Inertial fulcrums require a certain measure of potency; when the pattern is released, this bound energy becomes once again available to the system.

The term fulcrum can also refer to psychological or emotional points of reference, such as a belief system, attitude or expectation. In addition the term is used to refer to the points of orientation that a practitioner creates to create a centered and grounded presence in preparation for a session.

Three-Stage Process

Arising from the writings of Rollin Becker, DO (2000), the “three-stage process” describes a way to work with inertial fulcrums, for most or all locations or symptoms. The three stages are:

Seeking: the client’s system initially shapes itself, within the context of overall cycles of expansion-contraction, to express a particular asymmetric pattern. This shaping may seem to organize around specific anatomical locations (the phrase “biokinetic fulcrum” or “inertial fulcrum” is used to describe the place of organization), take on particular forms, and move in particular directions that are not aligned with the midline. The practitioner gently observes this first phase of the three-stage process using the full spectrum of perceptual skills and anatomical knowledge. Through perceptual and manual interaction and support provided by the practitioner, the first stage may reach a completion in its own time, leading to the second stage.

Stillness: in the second stage, a state of balance arises. The movements find fulfillment and the forces behind the movement find equilibrium. In the stillness phase, the client’s system seems to rest and rebuild, gather resources for healing, regain vitality, re-orient to the midline and prepare for change. A sense of expansion and spaciousness may arise, as well as a sense of discharge of the held forces. The stillness phase can continue for an extended period of time and offers remarkable benefits both locally in the problem area and systemically throughout the whole person.

Reorganization and Realignment: in the third phase, Primary Respiration infuses tissues and fields with the ordering principle. Movement returns to the local area and/or the whole person, in ways that may not have been anticipated. The inherent treatment plan is expressed, and the practitioner again provides a supportive witnessing role. The new movement has an identifiable relationship with the underlying midline movement, as tissues that were disoriented or immobilized recover their natural relationship with Primary Respiration and the ordering influences within the midlines.

Skills of Conversation

When working with the faster tidal pacings (CRI and Mid-Tide), various interventions have been devised to facilitate release of inertial patterns and re-orientation to primary respiration. Collectively these are called “skills of conversation” in recognition that Biodynamic Craniosacral Therapy is much less about manipulative techniques than it is about subtle perceptual interactions.

Skills of conversation include:

- Disengagement
- Lateral Fluctuation
- Directing Fluid and V-Spread
- Traction
- Releasing Force Vectors

Related Fields of Study

Embryology

The forces that created anatomy and physiology are still operating throughout life and guiding all tissue repair. Perception of these forces is of great interest in Biodynamic Craniosacral Therapy. Phenomena such as the organizing midline, spiraling shapes of fluid dynamics, and epigenetic, pre-personality archetypal patterns may be encountered as the practitioner becomes more skilled with the advanced perceptual capacity related to interacting with embryological forces. Interacting with these formative patterns can have great therapeutic benefit because the client’s system becomes more able to access its original intention, instead of organizing around subsequent, disturbing life events.

Pre- and Peri-Natal Therapies

Biodynamic Craniosacral Therapy recognizes the significance of life’s earliest experiences. Many patterns in the adult originate with experiences before, during and after birth. The birth experience itself is acknowledged to have disproportionate importance, because it is such a dramatic transition, often entails life-or-death moments, and/or is frequently affected by erroneous cultural belief systems. Examples of erroneous cultural belief systems include the perception that babies are less than sentient or impressionable, that interventions and anesthesia have no lasting negative effects, and that maternal bonding is insignificant or of secondary importance. Difficulties in the earliest times of life can create lifelong inertial fulcrums. Biodynamic Craniosacral Therapy is closely aligned with the emerging field of pre- and peri-natal psychology, which specializes in resolving the effects of infant trauma in babies and adults, and advocates changes in modern medical birthing practices in favor of a more gentle, natural, respectful model.

Trauma Resolution

Because inertial patterns are the result of trauma, and because many medical conditions have a basis in autonomic nervous system processes, Biodynamic Craniosacral Therapy is closely interested in methods of trauma resolution. Some of the more popular of these methods fall outside the scope of practice of the core curriculum of the RCST training, yet practitioners and students inevitably expand their understanding in the field in order to provide a full-spectrum service to their clients. An RCST training includes

basic verbal skills, and practitioners then augment this training with postgraduate courses depending on the intended nature of the practice and other factors.