Frequently Asked Cranialsacral Work Questions

Sometimes I'm not sure whose rhythm I'm feeling—mine or the patient's.

To avoid confusion, concentrate on the client or patient. Sometimes this is an arbitrary decision made while you are working. Remember, the focus of your treatment is on the patient's behalf, so it is their rhythm you are attempting to feel. More often than not, what we think is our rhythm is merely our breathing pattern. Since we get quiet during treatment, it is only normal to feel our breathing. Recent research suggests that the combination of cardiovascular, respiratory, cranio-sacral, and intrinsic tissue motility as perceived by the slow acting sensory nerve endings in our palms contribute to our perception of cranial motion. However, this is a mathematical model and I suggest you rely on your own experience.

How can I be sure if I've felt a release?

Ultimately I suppose we can never be sure. It is really an issue of self-trust. Do you trust your own thought and feelings? When a patient begins to let go, they do so in stages from very subtle (skin color changes, eye fluttering, breathing) to very gross (unwinding of soft tissue, catharsis, sleep, etc.) The aim of this work is to pick up on the subtle stimuli and help to witness, guide, and contain the release. This provides the nervous system an opportunity for integration and organization. There is a wide variety of "end feel" to cranial releases. The challenge is to move beyond our school book models of tissue softening or lengthening. The emerging field of energy medicine (Chopra, Brennan, Bruyiere, Stone) has a lot to offer in this realm.

Who shouldn't I do cranial work on?

Patients with recent stroke, aneurysm, skull fractures, meningitis, or certain types of brain cancers. However, there are certain forms of cranial work, i.e., visualization techniques and "direction of energy," that may be applicable to the above conditions. You should consult your instructor or a qualified cranial osteopath if you have any questions. Finally, you could consult yourself and ask yourself the question, "Should I work on this patient?" Listen to your first response and then see if you can follow your own inner guidance. This is called developing intuition.

By Michael J. Shea, MA
(Special to the Forum)

Can this work injure anyone if I do it wrong?

The worst I have seen or heard of is a headache that lasted for several weeks or persistent feelings of disorientation, spaciness, pressure, or nausea. Although these reactions are not common, they are not a problem if they dissipate within 12-24 hours. I always tell patients to give me a call if they want to talk about any reaction to the treatment. Above all do not be a self-fulfilling prophet, "If you have a headache tomorrow morning," etc. Keep your remarks general and encourage the patient. They may feel new sensations that are transitory and need not be afraid of them. Telling a client "Feel free to call me anytime if you have any questions," takes courage on the part of the therapist. This is process oriented body work. As one set of symptoms gets resolved in our patient, a whole new set may arise. We have no control over that. I do not want to diminish the fact that we sometimes make a mistake and "mess up" a client. However, the nervous system interprets most new sensations as pain and I have found that most clients who feel "messed up" are having a lot of new feelings that take time to sort out.

What should I tell my patients about this work, especially if they don't feel anything?

Relax, relax, relax. Most clients who can't "feel" cranial work are neuro-muscular dominant. In other words, they are so bound up in their soft tissue that your focus should be on soft tissue release techniques. Start with just one or two cranial techniques at the end of the treatment, especially the A-O joint release and stillpoint.

Some patients want to know what you are doing since the "touch" is different from what you usually do. Please inform your patient prior to the treatment that you will be using a soft, light touch to sense what's going on in his/her nervous system. Tell your patient, "Please try to relax while I'm doing this, because I need to concentrate while I'm working." This will usually assuage the patient's need to know.

What should I do if my patient gets fidgety or can't relax?

Have your client do deep breathing for three or four cycles of respiration and finish your treatment. The patient is finished and his/her sympathetics are discharging. This is good news. If you still have time remaining in your treatment, work down to the sacrum and feet. Connect the patient back through the earth. Then send him/her on their way. This was Ida Rolf's bias and it is the osteopathic model too. The transpersonal psychology bias is to connect the patient with his/her higher self, spiritual self, and mental, emotional body. We cycle through all of these—spirit, earth and physiology. We merely need to witness, observe, and guide what we see happening in our patient. Then we facilitate it going in a

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direction of better functioning or integration. This is cranial work.

Sometimes I only have a short time to treat my patient. What can I do then?

Work on the Atlanto-occipital point first. Still point and sacral decompression are next, then the sphenoid techniques. This also relates to question four. If a client feels disoriented at the end of the session, do the above techniques and they will help stabilize the client's responses. This is what you would do if your client called you up the next day and insisted on your working with their discomfort.

Can cranial work mix with other modalities, especially deep tissue, myofascial and mobilization?

Yes, absolutely! Please remember that every modality is affecting your patient's autonomic nervous system (both sympathetically and parasym-pathetically.) I believe that half of the body work that we apply to our patients drives the trauma deeper. We fail to wait for a respiratory response or a diminished vasomotor response (blood pressure, heart beat, erythemia) or oculomotor response (eye glaze, fluttering, staring, "bug-eyed," REM, twitching, etc.) As the sympathetics begin to discharge, this can block palpation of the CRI (Cranial Rythmic Impulse). The patient simply shuts down limbically to avoid too rapid of a release or emotional melt down. Somato-emotional unwinding is sometimes pushing and leaves patients disassociated, similar to post traumatic shock syndrome. The aim is to integrate experience towards a higher level of organization. This is achieved by mastering the subtlety of cranial technique. We need to assist our patients in resolving the visceral parasympathetic component of their shock/trauma and not keep cycling them in the gross motor, neuromuscular involvement that masks the deeper issue. In other words, we guide the physical responses towards the middle of the body instead of staying in the extremities.

What is the purpose of cranial work?

It is to balance and integrate the central and autonomic nervous systems. This enhances self awareness and resolves trauma. Cranial work produces a gestalt. This is a five-step process. First, awareness is generated—physical/emotional awareness—through touch. Second, the senses begin to wake up. We open to our experience of hearing, feeling, touching, seeing, and smelling. Third, our experience begins to move through us. Next we release, let go. Finally, we go through a re-education. We learn by our experience and move on. We are self-organizing. We can generally figure things out on our own with a little intelligent input and a sane environment. Cranial work promotes health and healing by balancing the autonomic nervous system

I'm not sure I have the training to handle a client's emotional release. What can I do?

First of all, this is because we do not know how to experience emotions ourselves. The whole notion of feeling our own feelings is pretty foreign to us. Naturally we think we cannot handle others'. It does not require any particular kind of training, except a willingness to guide and follow a client's sympathetic discharge. Emotion moves through the autonomic nervous system. The gross motor elements of emotion will settle out within 15 minutes after activation. The key is to have the client be easy with their breathing, discourage self splinting and empower them to feel what they feel, express what they feel, and that it is okay. Learn Virginia Satir's five freedoms. She was a very famous family therapist.

The Five Freedoms are:

1. The freedom to see and hear what is here instead of what should be, was, and/or will be.

2. The freedom to say what one feels and thinks instead of what one should.

3. The freedom to feel what one feels instead of what one ought to feel.

4. The freedom to ask for what one wants instead of waiting for permission.

5. The freedom to take risks on one's behalf instead of wanting only to be secure.

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What is unwinding?

When soft tissue of the body contracts or shortens, it does so with a twist. All lines in the body are curves and all the surfaces are curves so it is natural for the body to get "screwed down." When we apply manual therapy to the injury or trauma, releases can continue into an unwinding spanning two or more joint spaces, or, if the trauma is significant, the whole body. The common mistake that occurs in unwinding is that the practitioner keeps the process locked in the soft tissue and extremeties and does not allow it into the viscera. The discharge cycle is then thwarted, which means the autonomic nervous system cannot integrate the changes taking place. Most unwinds offer meaningless insight into the client's problems, but they sure look flashy. It is more helpful to look into the autonomic nervous system functioning and how balance occurs in that arena. I feel most body workers are experts at getting soft tissue releases, but deficient in observing and facilitating autonomic responses. Hans Selye's work on the "General Adaptation Syndrome" is a good starting place. I also recommend Peter Levine's article in the Autumn-Winter 1990-1991 *Somatics Journal*. The Autonomic Nervous System is a major focus in all the classes I teach.

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