How I Discovered Craniosacral Therapy

By Mark Levine

I first came upon Craniosacral therapy 17 years ago by accident; I had just graduated from massage therapy college and was working in a clinic with an experienced, curious physiotherapist named Iris Weverman. Iris had heard about Craniosacral therapy and was about to take the first Upledger course. She brought the textbook and videos to the clinic to study at lunch. I watched the videos and was non-plussed; it looked to me like the laying on of hands.

I have no problem with the laying on of hands, but the textbook described all sorts of detailed bio-mechanical concepts of proprioception, motion and cranial bone movement. I was skeptical because all I could see from the video was John Upledger putting his hands on someone and not moving them for a long time, then saying something reassuring like “There, that’s it” “There’s a good release”. Hardly spectacular or forceful or meaty or obvious enough for a freshly trained Registered Massage Therapist. I thought it was hooey.

Then, the first day back after taking the course, Iris offered me a session at the end of clinic hours. It was the most amazing hour of bodywork I had ever experienced.

After the first few minutes, during which Iris put her hands on the back of my head, and my critical mind nattering in the background “what hooey...” I began to experience a state of deep relaxation, in which I felt the extraordinary sensation of my body correcting itself from the inside out.

I felt my body deeply relaxed, and my mind very awake; the intersection of a lucid dreamlike state in my imagination with my proprioceptive and nociceptive senses fully facilitated by an induced state of extreme parasympathetic dominance was like no other form of bodywork I had ever tried, and I had tried many.

In this extraordinary state of deep relaxation, I felt a series of strong soft tissue discomforts and releases – alternations of aching, nauseating, lancinating pains, warming, fasciculations, pulsations, becoming less viscous - connected to just about every trauma I had ever experienced.

As Iris moved her hands onto different areas of my body and left them there for minutes at a time, warming, slightly motion testing with 5 grams of pressure in rhythmical ways, I became aware of an intricate interweaving of sensations, images, memories, and realizations, all of which carried the gravity of something objective, something remarkably truthful, as though I was being shown all this content for an Important Reason by an Authoritative Source.
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The soft tissue releases seemed to occur precisely as I turned my attention to
the sensation, image, memory or realization. I recapitulated memories about
which I had not thought for a long time. I felt like crying, and did.

In particular, I recapitulated a cycling accident I had three years previous, in
which I sustained a head injury – I had lost consciousness for 40 minutes – and
multiple fractures. In the span of what must have been only a few seconds (but
felt like minutes), I recalled and felt the experience of impact into the telephone
pole in great detail.

Since the time of the accident, I had struggled with retrograde amnesia about
the events around the time of the accident. And now, in the blink of an eye, with
Iris’s gentle hand supporting me and moving the very tissues in which the kinetic
forces of the accident had been absorbed in me, the memory of exactly what
happened became conscious. I even remembered what happened during the
time I was unconscious, including things I heard which I verified later. This
memory recall was most unexpected.

And at the end of that extraordinary hour, I felt completely different than at the
beginning of it. I felt like Gumby in a heat wave, as though someone had just
pointed out the fact that, until now, I had been tightly wrapped in Saran Wrap,
and then gave my body permission to unwrap.

I was euphoric: flexible, coordinated, awake, more acutely sensitive to all of my
sensations, emotionally open, optimistic, calm, blissful. And I felt like stretching
a lot. I felt as though I knew myself much better than an hour previous.

On my drive home, the car seemed to weave back and forth (even though it
wasn’t actually); steering seemed difficult. I even thought that something was
wrong with the front end of the car. When I got home I fell into a very deep
sleep, and I slept for a long time.

The next day I felt as though I had been hit by a truck, or at least that I had just
smacked my head into a telephone post at high speed on my bicycle. All the
same disturbing neurological deficits that I had experienced chronically for
several months following the accident were back – acutely.

I lost cognitive ability, experiencing a distressing ‘brain fog’ including
photophobia and phonophobia, memory loss, paresthesiae and a lack of co-
ordination and strength in my whole left side (it was a right sided head injury).
Suspecting that this was the ‘healing crisis’ I had been warned about, I drank a
lot of water and went back to bed.

By evening I began to feel better, although I still felt achy and flu-like. The next
day was better and on the afternoon of the third day I experienced an all-at-
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once profound sense of psycho physiological integration as I rode my (same) bicycle past the same point where I had the accident.

As I rode past the pole, I felt a strong feeling of suddenly re-inhabiting the left side of my body after having vacated it three years earlier. A sustainable version of that free body sense and euphoric feeling was back, I felt better than I had in years. These gains have stayed with me, and subsequent sessions have only deepened the experience.

I of course wanted to study this remarkable therapy, and dove right in to the primary texts by John Upledger, and soon took the first course with Robert Harris. The precision and simplicity of the approach, the demonstrability of the effects, and the degree to which the techniques respect and leverage the exquisite sensitivity of our autonomic nervous system impressed me.

I began to practice more and more of it, offering it as an adjunct to my then normal massage therapy practice. I took more courses and began reading the early 20th century texts of the original cranial osteopaths; Dr. Andrew Taylor Still, Dr. William Garner Sutherland, Dr. Harold Magoun, Dr. Robert Fulford, and so on. The more I read, the more this approach made eminent sense to me, and I began to use it a lot more, joining several study groups at the same time, and taking more courses. For about 5 years I became a Craniosacral therapy education junkie. I then began as a teaching assistant with the Upledger Institute and co-taught the first four Craniosacral courses numerous times.

And then I discovered working with babies, also by accident. A friend with a colicky baby had been close to insanity with sleep deprivation and asked if Craniosacral therapy could help. The literature cautions that a practitioner ought to develop a sufficiently educated touch by working with adults first because a baby's Craniosacral system is so very sensitive. I felt experienced enough to try, and my friend's desperation was obvious.

I spent about 45 minutes gradually stretching and expanding the baby's Craniosacral system with great gentleness. The baby was in a full blown scream at first, but much to her parents' (and my) surprise, she settled down after a few minutes.

The effects were nothing short of miraculous. This baby had been strung out for 3 months with colic, screaming for 4 hours a day, and the parents at their wits end. Within a day after the session, nothing. Not a peep. And it lasted. We did 3 more sessions over the next month to make sure everything was ok, and the baby is now 12 years old, much happier.

This gratifying experience launched a new direction in my practice, and I began studying the works of Dr. Viola Frymann, I took the (now offered) Pediatrics
course from Upledger, (and have since also co-taught it.) My practice quickly morphed into doing Craniosacral therapy exclusively, primarily with babies.

Working with babies and children and their mothers and fathers is a wonderful practice. There is a saying: ‘As the twig is bent, so grows the tree’. It is an extraordinary privilege to work with families to help unwind bent twigs. Each situation is new and varied and offers me a learning opportunity. I usually work with the parents of young children first, so that they can have a felt experience of what first looked like hooey to me, so that they can trust that a) I’m actually doing something more than the laying on of hands (which is great in itself), and b) that it doesn’t hurt, and c) so that they can learn some basic exercises they can do with their children.

Currently, about 70% of my practice is focused on treating pediatric concerns (neo-natal to teens), and about 30% is adult (over 18).

The 10 most common reasons for visits to my clinic by infants and younger children are:
- Traumatic Birth (forceps, suction, Cesarian, Premature)
- Neonatal Trauma (Accidents, Infections, Surgery, Separation)
- Nursing Difficulties (Poor Latch, Tense Jaws, Mother’s Pain)
- Torticollis (Turning mostly to one side)
- Positional Plagiocephaly (Oddly Shaped & Partially Flattened Head)
- Sleeping Difficulties
- Colic, Tense Baby & Failure-to-Thrive Syndrome
- Mother / Child Relationship Challenges & Post Partum Depression
- Seizures & Motor Problems
- Chronic Ear Infections

The 10 most common reasons for visits to my clinic by older children, teenagers and adults are:
- Head Injuries & Concussion
- Headaches & Migraine
- ADD / ADHD / Aspergers / Autism
- TMJ (Jaw Joint) Pain / Vertigo / Tinnitus / adjunctive to braces and appliances
- Whiplash, Back & Neck Pain
- Orthopedic & Sports Injuries
- Post Surgical Recovery
- Chronic Fatigue Syndrome & Fibromyalgia
- Addiction Issues
- Stress, Emotional & Existential Crises

And the 11th most common reason for visits to this clinic concerns Wellness, Personal Development & Curiosity. High level wellness implies personal development and curiosity about novel body / mind experiences, and Craniosacral therapy certainly offers a novel mind/body experience.
After 17 years in practice, 16 years since first encountering Craniosacral therapy, and 7 years subspecializing in pediatrics, I now have a busy home-based practice focusing primarily on perinatal and pediatric concerns of an international clientele. I have informal associate arrangements with an osteopath and a foreign trained pediatrician, both of whom sometimes work out of my office.

So what exactly is Craniosacral Therapy? It is an extremely gentle hands-on body-mind technique for evaluating and treating a variety of soft tissue, neurological and psychosomatic problems.

Whereas the focus of traditional massage therapy is on stretching and increasing the range of motion of muscles through a variety of manipulations that increase circulation of blood, the focus of Craniosacral therapy is on increasing flow of the cerebrospinal fluid of the central nervous system through a light touch - of about 5 grams - on mobile cranial bones, spinal and pelvic joints.

Clinically, Craniosacral therapy is predicated on at least 3 surprising and medically contested assertions; 1) that cranial bones move, even into adulthood, and 2) that there exists a palpable, rhythmical alternation of cerebrospinal fluid pressures, the patterns of which are biologically significant, and that 3) it is possible to intervene therapeutically in both 1) and 2) with less than 5 grams of manual force.

Craniosacral therapy occupies a middle ground between the physically manipulative approaches to bodywork such as Chiropractic, Physiotherapy and Massage Therapy on the one hand, and Energy work such as Therapeutic Touch, Reiki, and Chi Gong on the other.

Craniosacral therapy is much lighter in touch than most physically manipulative approaches, and yet is also a manipulative science that uses direct hands-on mobilizations of connective tissue and joints (albeit very light) in specific directions, which is not characteristic of the various practices described as Energy work.

Craniosacral therapy shares many of the theoretical constructs of manual practices of Osteopathy, which traces its history back to the early 1900’s, and myofascial release and the strain / counterstrain techniques of positional release.

Craniosacral therapy really describes an approach to bodywork which is gentle and non invasive, and the term commonly includes related modalities such as visceral manipulation, fascial release, gentle joint mobilizations and acupressure.
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It has been variously called osteopathy, osteopathic manual practice, cranial osteopathy, osteopathy in the cranial field, sacro-cranial therapy, sacro-occipital technique (S.O.T.), bio-cranial therapy, craniostuctural integration, cranial-sacral therapy, and so on.

While there are subtle theoretical differences among these various names, I would argue that these apparently differing names are really proprietary or ‘brand’ names given to the same body of work by different teaching institutes. While there are differences in the depth, quality and duration of training among these various schools, ranging from a single weekend course to a 5 year doctoral program, it has been frequently noted that the most experienced practitioners from these different schools practice in essentially the same way.

The common link among the various modalities of the Craniosacral approach is a light touch involving only a few grams of pressure, sustained over a long period of time. This method of proprioceptive (in contradistinction to tactile) palpation can be taught to anyone willing to be still enough to attend, to listen, to the subtle but definite motions involved.

Specifically, Craniosacral therapy addresses the meninges or dural tube. These structures, together with cerebrospinal fluid and the bones of the cranium and face, the spinal column and sacrum, have been described as the Craniosacral system.

Because the dural tube is continuous from the sacrum to the brain, and because connective tissue is continuous throughout the body, stress anywhere in the body can restrict normal motion of the dural tube, resulting in inefficient movement, a deficit of coordination, mental and emotional disorders, and pain, sometimes quite distant from its source.

The great value of this approach is that it is entirely safe and free from the potential dangers of more invasive forms of bodywork. Also, one can deeply relax into a slow stretch or joint mobilization without fear, which allows for significant, painless gains in movement.

It also allows for a truly holistic approach to the interaction of mind and body, since deep relaxation encourages one to be internally objective in the self-assessment of emotional contributors to pain and loss of function. These reasons are as true for infants as for adults.

The only contraindication to craniosacral therapy is recent cranial surgery, or cerebral bleeding such as an aneurysm.

A full case history is taken on the first session, including postural assessment, range of motion testing, orthopedic and neurological testing, and subtle fascial palpatory testing. This work is done through the clothes and does not require
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that a person disrobe. The session involves having various body parts gently stretched, held and mobilized extremely slowly, almost imperceptibly.

People often enter a dream-like state of profound psychophysiological relaxation in which sensations, images, memories, thoughts and feelings become amplified. Non-ordinary states of consciousness, including the dissolution of physical boundaries, seeing of colors, and extremely pleasurable wave-like feelings of energy, lightness and wholeness are often reported. Some people become very quiet, and others talk, while others again experience or express strong emotions such as grief, fear, and excitement.

Like with yoga and other transformational arts, emotions frequently well up during sessions, and part of the process is simply acknowledging what is happening by making it safe to encounter the emotions, and by offering verbal support and validation in its expression. Upledger has termed this phenomenon SomatoEmotional Release, emphasizing that emotions often accompany somatic releases, and are in fact the often ‘missed factor’ in the perpetuation of somatic pain and dysfunction.

Usually there is a profound change felt after the first session; people usually feel much more relaxed and simultaneously aware of both subtle body sensations and energy in their environment. Sometimes people feel perceptually altered, as though one area of the body is larger or more sensitive, or balance is off. One usually feels like stretching after a session. Often people are profoundly fatigued, or alternatively, highly energized. Babies usually will sleep for longer than usual. Occasionally, symptoms are exacerbated for a few hours to a few days in what is often termed a ‘healing crisis’, after which symptoms usually improve.

The theories proposed to explain the Craniosacral rhythm and its relationship to self healing have received a great deal of attention in the last few years, and have ranged from traditional mechanistic understandings focused on a pressurestat model of cerebrospinal fluid balance and its relationship to normal neuromuscular function, to those associated with transpersonal psychology and theories radically unconnected to the mainstream of scientific understanding.

What mechanisms or principles truly inform such phenomena is fertile ground for further research.

Craniosacral therapy is taught as a postgraduate course to Doctors, Chiropractors, Massage Therapists, Physiotherapists, Dentists, and Psychotherapists by the Upledger Institute, an educational and treatment centre founded by the American Osteopathic physician John Upledger. A doctoral level program is also available in Ontario through the Canadian College of Osteopathy and now, a number of independent colleges and teachers. It is a method rapidly gaining currency and attention.
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