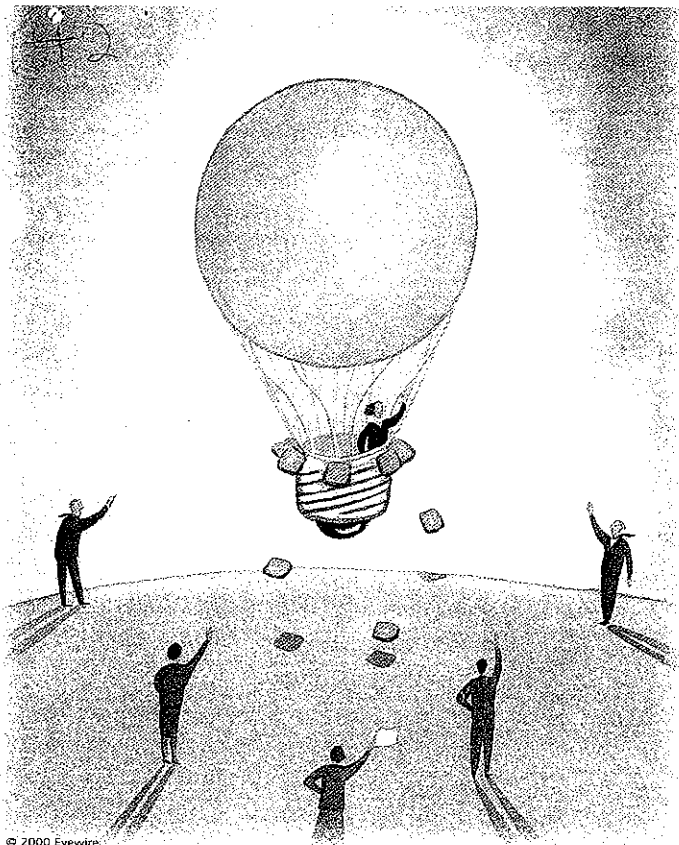


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# Expert Advice

BY CHARLOTTE MICHAEL VERSAGI, L.M.T.

*In this issue, experts explain what craniosacral therapy is,  
and how to maintain professional boundaries.*

**Q:** I've heard that craniosacral therapy really helps people. What is it? What kind of training would I need to start using it in a session?

**A:** "Life expresses itself as motion. At a fundamental level of our physiological functioning, all healthy, living tissues subtly breathe with the motion of life—a phenomenon that produces rhythmic impulses that can be palpated by sensitive hands," wrote Michael Kern, D.O., N.D., author of the book *Wisdom in the Body—The Craniosacral Approach to Essential Health*.

Although many people in the United States equate craniosacral therapy with the Upledger Institute alone, the presence of a subtle, rhythmic motion in the body was discovered by William Garner Sutherland, D.O., more than a century ago. Having been taught that cranial sutures are immovable, he took the revolutionary view that the skull and its seams are designed for articulation and subtle movement. After many years of research, he demonstrated the existence of motion in the cranial bones, according to Kern, and realized the motion of cranial bones is closely connected to an integrated network of tissues and fluids, including the motion of cerebrospinal fluid, the brain and the spinal cord at the core of the body.

In 1975 John Upledger, D.O., took up the study of these subtle movements of the cerebrospinal fluid at Michigan State University when he was part of a 21-person team looking for a noninvasive diagnostic tool. As a result of his research, he founded The Upledger Institute, in Palm Beach Gardens, Florida. According to Public Relations Director Celina Klee, the Upledger Institute has trained 40,000 CranioSacral® therapists in North America and 50,000 practitioners worldwide.

Today, both the Craniosacral Therapy Association of North America, in Ontario, Canada, based on Sutherland's work; and the Upledger Institute, provide the strongest presence in research and training of this gentle modality.

Scott Zamurut, a craniosacral therapist in Denver, Colorado, describes this modality from the Canadian organization's viewpoint: "The biodynamic approach to craniosacral therapy works from the recognition that the subtle motions of the human body are generated as an expression of the inherent health and wisdom of the body. This motion can be likened to a slow, cellular breath that permeates our entire organism.

When the body is in tune with this inner breath, known as the 'breath of life,' we experience health and ease," Zamurut continues. "The role of the practitioner is

to facilitate the reorganization of the body, in places that are experiencing pain or disease, into unison with the breath of life."

Mya Gayle Breman, L.M.T., has been a clinician for 12 years at the Upledger Institute, primarily working in the intensive program and in the HealthPlex clinic, directly with Upledger. She also uses craniosacral therapy in her roles of massage therapist and clinical social worker.

"[Craniosacral therapy] is a hands-on modality that addresses the central nervous system," Breman says. "It helps to balance the cerebrospinal fluid that surrounds the brain down through the spinal column that attaches to the sacrum."

The work is extremely light, according to Breman. "We palpate the entire body using five grams of weight with our hands," she said, which is about the weight of a nickel. "We read the movement of the cerebrospinal fluid through the fascial plane. By palpating this rhythm in different parts of the body, we can find core restrictions and holding patterns in the body."

Breman says therapists touch various parts of the body, called "listening stations," and then follow the palpated rhythm until it stops or changes.

"The listening stations are the ankles, the thighs, the midriff, the shoulders and the head," she says. "By following the rhythm and noting when it stops, we believe it shows us something is going on structurally or emotionally in the body."

Once a problem or block is detected, says Breman, the trained craniosacral therapist uses noninvasive techniques to assist and encourage a resolution and release. One example of an unblocking technique is for the therapist to send energy to the point of difficulty by using focused, directed will, Breman says.

Craniosacral therapy can be utilized in your practice

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for a variety of conditions, according to Breman. "In the intensive program we work with birth-trauma children, cerebral palsy, strokes and quadriplegics. We've had people come in who had no feeling in the bottom of their feet, and after the two-week intensive program, they have feeling in their toes. I've never known anyone who hasn't at least felt great relaxation, which is wonderful for things like fibromyalgia and chronic fatigue syndrome."

Judy Liu Ramsey, N.C.T.M.B., of Head to Toe Therapies in Ann Arbor, Michigan, has been practicing craniosacral therapy for six years and is presently studying for an advanced level of therapy with The Upledger Institute.

She explains there are different levels of training toward a certification: two intensive trainings at the first level; two intensive trainings at the Somato Emotional Release® level; pediatric craniosacral therapy, followed by two advanced craniosacral therapy classes.

Ramsey works with nine therapists in a group practice and says 70 percent of her own private practice is dedicated to craniosacral therapy, which she finds is a highly effective tool.

"The blockages that I can detect by laying my hands at the base of the client's skull are frequently coincidental with areas of the body that are holding pain or trauma or dysfunction," Ramsey says. "Once a blockage is detected, the therapist sends energy with a healing intention to the area of the blockage, thereby helping to release the block and free the client of pain—either physical, emotional or psychological."

Ramsey explains the relationship between the body's traumatic physical experience and an energy block, according to the Upledger way of thinking. "If someone has a very old trauma or a very recent one, like a trauma



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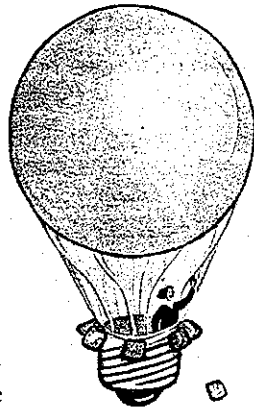
Our final expert ties together the issues of therapists' boundaries and a sense of appropriate and therapeutic interaction. Linda Harris is a lead instructor at the Atlanta School of Massage, a massage therapist and a licensed associate professional counselor. She teaches her students ethics and also how to be aware of the mind/body connection.

"This issue has to do as much with the therapists' boundaries as the clients' boundaries," Harris says. "We teach our students to honor their own boundaries, as well as the client's boundaries."

Harris says we need to ask exactly what "revealing too much" means, and she maintains that there are three different possibilities.

"The most benign possibility is the incessant chatter," Harris says. "For the client, that can be a defense mechanism. The talk is a smoke screen and doesn't have therapeutic value." Harris suggested this incessant chatter often happens with first-time clients who don't know what to expect from a massage-therapy session.

"This interferes with the therapist's focus on the agreed purpose of the work—the client wants relief from



back pain; if the client talks about her relatives, for example, this takes the focus away from the session."

At this point, Harris suggests you use a technique called redirecting. "To redirect, you bring the client back to the purpose they came to you for. This is not done in a critical or judgmental way."

If the client came to you for relief from back pain, for example, you would redirect him or her to that issue, she says. "You can suggest they focus on their breathing or focus on their back. You can ask open-ended questions.

But this returns the focus to the original purpose of why they are there."

Next, Harris says, you may run into a client who discloses information that actually crosses the therapist's boundaries. "Hypothetically, the therapist could be in recovery or a victim of abuse, and is not able to be present or listen to the person on the table because it triggers too much retraumatization."

Or, third, the conversation may cross the therapist's boundaries morally, ethically or legally, Harris says. "Some people may talk about things that they do that are not ethical in their personal or professional life—so

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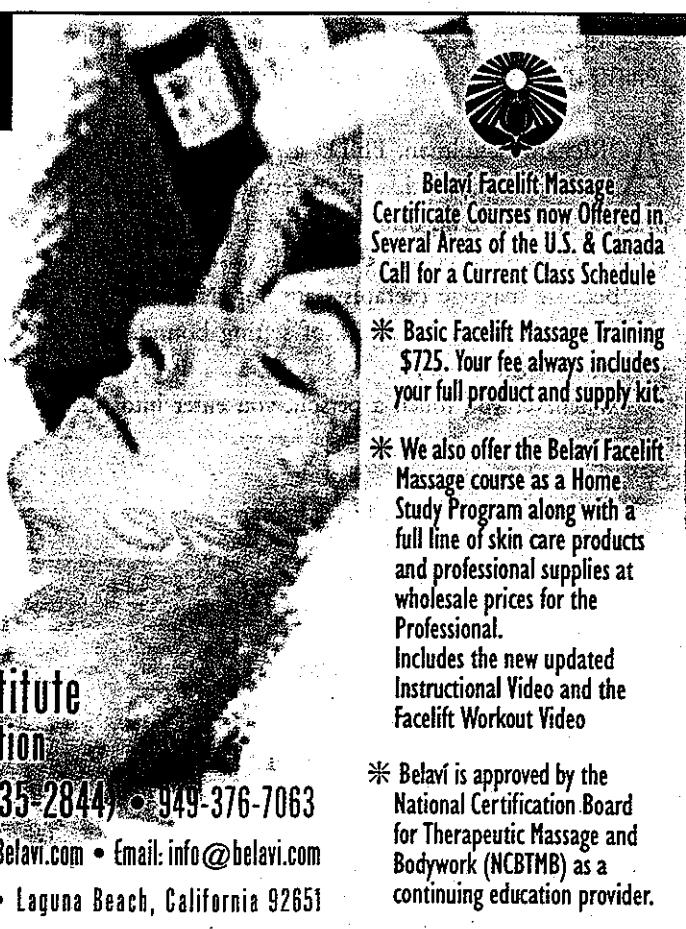
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induced by a car accident or whiplash or emotional abuse or grief, this therapy believes that the body's tissue is intelligent. It believes the tissue records, if you will, the trauma. The point of craniosacral therapy is to release that energy that truly does not belong in the body, the painful energy that is often the locus of the physical pain."

A craniosacral therapy session can last from 45 minutes to an hour-and-a-half or longer, according to Ramsey.

Zamurut, Ramsey and Breman all stress that craniosacral therapy respects the body's own wisdom in working toward the healing process, and that there is no forcing of therapy upon the client. "My clients have the responsibility for healing themselves," Ramsey says. "With [craniosacral therapy], we work with the mind, the body and the spirit all at the same time. I rely heavily on having the body tell me where to go to treat it.

"It is an amazing adventure to be a witness to what happens on the table with this work," Ramsey concludes. "I'm still amazed and in awe of the power of people's bodies to heal themselves."

**Q:** Sometimes my massage clients reveal too much to me about their personal lives that I don't want to know, like about their marital problems. How can I discourage them from telling me things without offending them?

**A:** Richard Schulman, Ph.D., a clinical psychologist from Sarasota, Florida, has a very active mind/body practice in which he utilizes bodyworkers to help his clients access their feelings during his sessions.

"Because massage therapists are not trained in psychological diagnoses, the idea of setting boundaries is very important," he says.

"Whenever you touch a person, you enter into their

*"Because massage therapists are not trained in psychological diagnoses, the idea of setting boundaries is very important."*

emotional field. If you're sitting in a restaurant and you like someone, you'll touch him or her. But when someone goes to a massage therapist, they are entering into an emotional contract that is not written. It says basically, 'You are going to touch me and make me feel better, and my part of the contract is I'm going to pay you,'" Schulman says. "They aren't really coming for an emotional interaction. But what you sometimes have is a person coming for help—the client—combined with a helpful person—the massage therapist. And if the client has some kind of psychological difficulty, it's easy to get sucked in because you want to help."

What Schulman teaches in his classes is to first look at your own comfort zone; then know what you've been trained to do; then familiarize yourself with some basic psychological diagnostics; and have a referral ready when you need it. Schulman says it's important to know the work of the person you are referring to so you can send your client to that counselor or psychotherapist in complete confidence. Then, when you run into a situation that you know you can't handle or don't want to hear, Schulman suggests you have a ready reply.

Here is a statement you might want to use: "This is a little bit over my head, but I have a friend that I've had good results with and I'll give you this card and you can give him a call." Be sure to use a light touch and say, "This kind of stuff is beyond my training and it's really over my head," rather than something like, "Look, I don't want to hear this," at which time the client is sure to feel rejected, Schulman says.

"The key here is that sometimes massage therapists have a zeal that is beyond their capability," Schulman says. He considers it a positive sign when therapists know what they *don't* want to handle or hear. "The key is know your limits, know your boundaries. Have a clear idea who you are going to refer to, be prepared and be very matter of fact."

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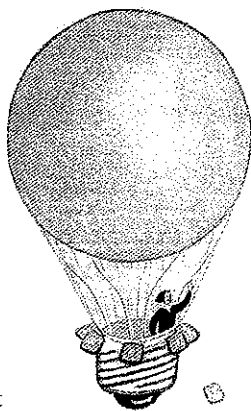
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what does a therapist do with that to remain in their ethics and their integrity? The person may speak about being a bigot something, and the therapist's silence may be taken as tacit agreement, so something must be said," Harris says. "The therapist can say she/he is not comfortable with the conversation and that it is not appropriate for the session."

Harris suggests that massage therapists remain aware of one final aspect of patient disclosure, the legal aspect. "If the client were to disclose any kind of current child abuse, either in their home or if they know of a child's abuse, or homicidal or suicidal thoughts, then the therapist must consult with a mental-health professional immediately. There are laws in most states that require proper reporting and handling of these incidents."

Harris wraps up the issues of inappropriate social involvement and uncomfortable personal disclosure with an ethical concept called containment.

"Containment means not allowing the client to disclose either cognitive or emotional material that may be damaging to either party or the therapeutic relationship,"



Harris explains. "This takes practice, but you can always trust your gut feeling. If something comes up, you can always say, 'This is not the goal of our therapy together; I don't have the training to support you in what you are telling me right now.'

"Think about containment as setting your boundaries," Harris says. "This is healthy for both of you. It creates structure, and structure creates safety. You have the sense of what is known and what is safe. Then from that point, the trust is built and then exploration can occur." M

*Charlotte Michael Versagi, L.M.T., N.C.T.M.B., is a journalist, a hospital lymphedema therapist who also sees cancer patients, and a science instructor in a massage-therapy program at The Carnegie Institute in Troy, Michigan.*

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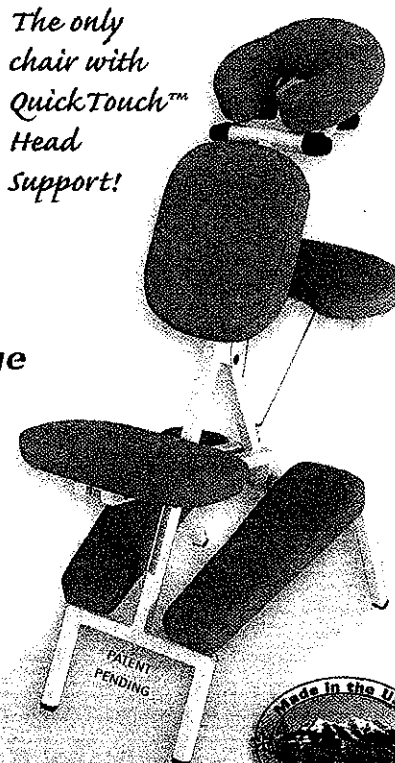
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