



Bodymind and Soul II: Craniosacral Therapy and Myofascial Release

Craniosacral Therapy, by John E. Upledger and Jon D. Vredevoogd. Eastland Press, Seattle. © 1983. 367 pages. Diagrams, Photographs, Appendices, References and Index. \$45.50, hardcover.

Craniosacral Therapy II: Beyond the Dura, by John E. Upledger. Eastland Press, Seattle. © 1987. 259 pages. Diagrams, Glossary, References, Index. \$41.50, hardcover.

SomatoEmotional Release and Beyond, by John E. Upledger. Upledger Institute, Palm Beach Gardens, FL © 1990. 266 pages. Diagrams, Appendices, Index. \$40.00, hardcover.

Myofascial Release: The Search for Excellence: A Comprehensive Evaluatory and Treatment Approach, by John Barnes. Myofascial Release Centers, Paoli, PA © 1990. 254 pages. Diagrams, References and Index. \$64.95, spiral binder.

Perhaps some of the difficulties in writing about the relationship between the body and the mind come from the languages we use to describe them. Currently, those languages seem to describe not only two different aspects of a person, but two different realms. The mind contains thoughts, fantasies, dreams—invisible ephemeral things beyond sight and touch. No one knows what constitutes the mind. On the other hand, everyone knows what constitutes the body; gross physical anatomy has an unshakeable place in the material world.

When Freud used the language of forces to describe the behavior of the instincts, he described mental activities with language which belonged to the physical realm. This very interesting project emerged from his perception of mental activities. Feelings, thoughts and desires behaved *as if* they had the quality of forces. That is, they exerted pressure on the person experiencing them to fulfill them or express them. When this did not happen, they did not simply go away. It took an equal effort to push them away from consciousness and the pushing away (in some cases called repression) did not vaporize them but changed them by changing their quality (love to hate), object (father to uncle) and aim (desire for recognition to desire to harm).

Mental force, or instinct, is "the psychical representative of an endosomatic, continuously flowing source of stimulation" (SE: 7, p. 168). As such it is continuous. Therefore, so is the force needed for repressing it, that is for "turning [it] away, and keeping it at a distance, from consciousness." (SE: 14, p. 147).

Freud's theory of repression is a good example of his use of physical language to describe psychodynamics. It describes from the perspective of force how someone handles emotional trauma. Emotional trauma involves desires, feelings and motives perceived

as forces. Imagine a child who is continuously humiliated and rejected. She has primary instinctual desires: the desires for love and the capacity for aggression. These provide a constant impulse, like stones continuously dropped into a pond. When she is not loved, is rejected, is humiliated, all those experiences result in other feelings which are painful, which thwart expression and satisfaction of her primary desires, and which themselves become motives acting like forces, contributing to the movements of her mind. As a psychological and neurological structure, she now has to handle many, many desires and feelings. She also has to handle the fear of the pain these feelings bring and the fear she is beginning to feel as part of simply being herself—that is a creature whose needs bring her pain and displease her parents.

And so it grows from there. Later in his writings, Freud emphasized the interplay of forces in this conflict from the ideational perspective. Painful and conflicted feelings, desires which put one's life in danger—these resulted in strong motives (also forces) to alter them or even to push them from consciousness completely. The mind as a structure could not appropriate them. But his theory originated from a construct which linked the mind to the nervous system. It was the child's nervous system (like a network of conducting wires) which could not carry the excitation produced by this overload of conflicted, unexpressed stimuli. The building excitation was experienced as discomfort and then anxiety. When the nervous system could no longer tolerate this overexcited state, an innate mechanism tending toward homeostasis did something to get rid of it and that something Freud came to call repression. This tendency away from excitement became the basis of the death instinct: the life instinct moves us toward greater aliveness and activity, the death instinct, away from it.

Of course, when a cluster of forces is repressed, it doesn't go away. If it is so painful that it cannot be appropriated at all, it becomes a neurosis, a cluster of disordered motives held in check in a separate part of someone's personality. That person must then compensate for the excision from his larger personality of the instinctual components which could have deepened and enriched his life, had they developed differently; compensate for the depletion in his vitality from exerting constant psychic pressure to keep this cluster repressed; and create his life to minimize the chances that what is repressed will be stimulated, thus deepening anew the cycle of anxiety. The highly defended (against repressed desires) personality is a rigid, inflexible one with a limited range of adaptation.

From the perspective of structure and force, we have in Freud's work a physical language transposed into a mental key, the idea

of the person as a continuous producer of stimuli which are then described with the language of mental forces and which behave in ways similar to physical force.

Freud's language described the behavior of forces that were mental, neurobiological and physical all at once. His discussions of them emphasized their mental aspects. Thus the language of instincts became a language of metaphor—an "as if" language which discussed mental dynamics "as if" these were physical forces. In fact no one knows what mental forces are and logically, within the current categories of English semantics, there are no such thing. Anything mental is completely inaccessible, except by indirect observation and complicated interpretation. Wilhelm Reich and the bioenergeticists collapsed Freud's language in the direction of the physical: but their project fared no better linguistically and, if anything, seems to lose the complexity and richness of the Freudian synthesis. I am left to wonder if perhaps the problems of the Freudian language lie not in Freud's insights nor his project but with the limits of a language which separates qualitatively as well as spatially the mental from the physical realm.

This split also is tied to language which confines the physical to gross physical anatomy—to "things". What if the physical were re-perceived as patterns of body rhythms or aspects of interactions between physiological systems? This could open up new ways of looking at not only how the body works but what the body is. Body rhythms are accessible forces. Imagine finding in a person a body rhythm such that, when one modulated it, she had emotional experiences with clear-cut mental content; touching the rhythm would be like touching her mind. Not touching the body, mind you, touching the rhythm—that aspect of systemic interactions which is motion.



This is not to say that craniosacral therapy and myofascial release work offer the "answer" to Freud. It is to say that for at least one hundred years there has been an ongoing project in the humanities and the sciences of looking for a language with which to describe the body in a way that does justice to the mind. The work of John Upledger and John Barnes contributes to that project in such extraordinary and radical ways that by the twenty-first century, these two men could well change the way in which we see ourselves. The Freudian questions (relationship of mind to body and of meaning to force, how personality forms, what it means to understand man as a biological organism with a great capacity for abstraction) are present in their clinical work. In the writings which emerge from that work, Barnes and especially Upledger are using a language which bears many similarities to much of Freud's.

These similarities are interesting and need to be explored without preliminary closure so that they can lead us to new motifs, approaches and ways to understand the self. The craniosacral and myofascial systems interact directly or indirectly with

almost every other physiological system. Because we can learn to monitor them, they could give us access to aspects of other systems and to aspects of the relationships between them.



There is an interesting parallel between Freud's language of repression and aspects of the language of craniosacral therapy, as John Upledger develops it, especially in his idea of an energy cyst. The craniosacral system sends cerebrospinal fluid through the brain and spinal cord. The rhythm of excretion and reabsorption creates a force which is subtle but can be palpated in the entire body. Many factors affect the rate, regularity and evenness of the rhythm; trauma certainly changes it and in areas where the system is exceedingly restricted through trauma it can barely be felt. On the other hand, in areas out of control of the CNS, it becomes exceedingly rapid. Learning to palpate the rhythm (that is, to touch the force) takes skills best learned in classes; learning to diagnose with it requires additional reading and there is none better than Upledger's books (and articles).

The craniosacral system is a complex system, the anatomical parts of which are the cerebrospinal fluid and all structures related to the production, resorption and containment of it; the meningeal membranes and the bones to which they attach; and the connective tissue structures which are intimately related to the meningeal membranes (Upledger: 1983, p. 5-6). It is also an *open* system, and this makes it even more complex. It is an open system for physiological, structural and functional reasons. First, the fluid seeps out of the craniosacral system into the surrounding cells and enters the lymph and blood. Second, when the cranial bones and meninges are out of alignment or have restrictions, the functioning of the cranial nerves which run through them and even of the brain is impaired; thus, many systems and organs can be indirectly affected. Third, muscle tension and fascial restructions around the head, neck, spine and sacrum can affect the functioning of the cerebrospinal pump.

The craniosacral rhythm has three phases: flexion, extension and a "stillpoint" in between. The purpose of craniosacral therapy is to bring the system into optimal functioning by modulating the rhythm. This includes skeletal manipulation and soft tissue work to free the spine and sacrum of adhesions and the subtle manipulation of cranial bones as well as work on the meninges and other soft tissue structures of the head, face and neck.

Though William Sutherland was the first person to write about craniosacral work, John Upledger is the current genius in the field. He has used it with a variety of physical injuries and phantom pains, in TMJ work and with autistic children. He is interested in quantifying the subtle forces he has felt and has been wrestling restlessly with that for years. He has measured the electric potential in the therapists' hands, tried to correlate craniosacral diagnoses with meridian diagnoses and Chinese pulses, worked with bioelectrics and biomechanics to try to understand, explain and describe why clinical work which seems to rely on "directing

energy" and on using imagery works. Upledger has exceedingly subtle skills of palpation and experiences a body as if it were moving water: a "mass" of pulsations and rhythms. He can feel pulsation "arcing" from an injured area in a wave pattern which interferes with the wave pattern emanating from the surrounding healthy flesh. He can align the skeleton to accord with energy vectors—subtle lines of force which seem to run through our bones. And, like John Barnes, he can feel the way tissue wants to move in order to permit the release of force which is distorting healthy patterns.

In describing what he feels when he touches a human body, Upledger describes the body as a structure which produces its own rhythm and which also handles forces originating in the external world. If internal and external forces are not expressed and dispersed because, for example, traumatic injury gives the body too much force to handle, or the emotional dimensions of injury change the way the force is handled, that force gets "stuck" in tissue, changing its "arcing" pattern. It gets walled off, in an area of disability, or stiffness, or entropy, and the body has to function around it. Upledger calls this an energy cyst. An energy cyst has a parallel structure and similar aetiology and function to an area of repression.

Upledger can "unwind" an energy cyst. By a combination of soft tissue work and bringing an area to stillpoint, he and Barnes have learned that, in stillpoint (often combined with re-entering the position in which trauma originally occurred) the body begins to move automatically, "unwinding" itself in a pattern of movement which permits the excess energy to be expressed.

In stillpoint, people have intense experiences of emotional recall, often injury related; indeed, they experience a variety of altered states, many of which are not fantasy, and many of which are related to emotional traumas which affect body areas in which the craniosacral rhythm is not optimal. So, if stillpoint is combined with unwinding a myofascial release, often a person relives an old injury; as he heals physically, he re-experiences the original event; the entire thing comes back.

This is not physical work which acts as a mental stimulus. This is work with an aspect or relationship of the body in which the mental and physical are linked.

Upledger does not only have unusually fine skills of palpation. He has a very technically well-educated mind, he thinks like a research scientist (which he is) and he has what can only, well, be described as a lot of guts. I am giving a very introductory summary of his work. His books are very technical, highly anatomical and well worth reading. *Craniosocial Therapy* is an introduction to the body from a craniosacral perspective. It covers technical descriptions of the rhythm, techniques for palpation and modification, evaluation and treatment of diseases and dysfunctions and, most interesting, anatomical function from a craniosacral perspective. *Cranial Theory II: Beyond the Dura* continues this, concentrating on detailed descriptions of the cranial nerves and the systems they affect, the head and neck, and TMJ work. It

is very refreshing to read highly technical anatomy from a new perspective. There is no way to do fine craniosacral work without grounding it in this kind of medical information. Combined with technical, anatomical detail is the fascinating narrative of his clinical experience and the history of how he thinks and what he has tried to measure. *SomatoEmotional Release and Beyond* includes detailed descriptions of the theory of energy cysts, vertical axis alignment and more mouth, face and throat work. This work is very important because it affects the spine, the brain, and because cranial nerves run through this area.



Like Freud and Upledger, John Barnes has drawn from his clinical experience a new view of man. Fascia is "a tough connective tissue that spreads throughout the body in a three-dimensional web from head to foot functionally without interruption." (Barnes: 1990, p. 3) *Fascia man* is Barnes' term to describe the person from the perspective of what we know about this tissue, with the implication that it is important to learn a lot more about it. This perspective shifts to fascia from skeleton the primary mechanisms which handle forces and create balance and support and shifts the focus of treatment of physical injury from localized treatment to working with broader patterns of physical compensation. Here, too, it appears that when force which cannot be expressed or dispersed or assimilated enters the body (such as the force of an emotional or physical injury or one which is both, like a terrifying beating or a car accident), a "pattern" of force is retained in the fascia. As this is unwound—as the fascia is stretched and the body enabled to go through movements which release this force—the person often relives aspects of the trauma.

This behavior of fascia links it both to the concept of mind and to the language of force. John Barnes is looking in many places to understand how this works. He has no answers. He has a rich, intuitive, insightful mind in the first stages of building a theory. He writes about state-dependent memory (in which physical position might be an element); the role of emotions in how memories are processed, stored and recalled; and the relationship of molecular biology to electric impulses in the nervous system and the systems with which it interacts.

Myofascial Release: The Search for Excellence is aptly named. Though it includes a wealth of theory and speculation about myofascial work, its largest section is devoted to technique. Barnes begins with the lower extremities and moves to the lumbar pelvic area, thoracic area, upper extremities, cervical area and cranium. There is TMJ work and pediatric work as well. He continuously distinguishes between soft tissue mobilization (which can be painful) and myofascial release.

The work is beautifully presented. The techniques are very, very clear, but so is the approach, which is one of depth and flexibility. Barnes calls his work three-dimensional, meaning that every person has different patterns of fascial movement and restriction and one must work with what one finds. Therefore,

techniques cannot be copied: they must be appropriated. Thus, even as the "emotional" dimension of fascia pulls one to a realm from which the languages of mind and body emerge, so the very descriptions of the release techniques draw one beyond them to their conceptual ground in order to be grasped. The book captures and communicates this palpable elusiveness through the use of symbolic form. It is a blue and white binder. Techniques are illustrated with delicately drawn and shaded black and white sketches of men and women, sketches which capture the curve and feeling of living bodies and the expressiveness and love of the therapist's hands. In the layout, space is balanced with drawings and text, as columns were balanced with the spaces which separated them in classical architecture. This gives the reader the feeling of stability and lightness. The typefaces chosen add to this. Articles illustrated with photographs are also well laid out. Thus, the aesthetic experience of working with Barnes' book begins to create a mode of consciousness congruent with doing myofascial work.

It is clear when reading the work of Barnes, Upledger and Freud that one is reading the work of men whose projects reshape human lives, because they change our view of ourselves, introduce new categories, and broaden our view of what is possible. The great Freudian questions are questions about the essence of human nature: What is this mystery called the person? What are pleasure and pain, body and mind? What is passion and how is it shaped? To answer those, one must with courage, intelligence and integrity stand face to face with the unknown and then seek to describe it. Upledger and Barnes regularly do so and from this have written clinical and scientific books of the highest quality, but also books which meet the basic criteria for philosophical speculation. It has been almost one hundred years since someone has had the kind of clinical experience which led toward a new language and a new view of man. Barnes' and Upledger's languages are not the final ones, but they are a beginning; developed and brought into dialogue with psychoanalysis and neurobiology, they will make a significant contribution to the self-image and perhaps the ethics of the twenty-first century. These four books, of the greatest clinical, intellectual and humanistic value, are the most recent work of men whose minds might change the world.

