PART 2

by Lisa Upledger, D.C., CST-D

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Unravel Trauma's Effects With SomatoEmotional Release

CranioSacral Therapy is a light-touch technique practiced by thousands of massage therapists worldwide to relieve numerous health issues. In this three-part series, the author, a CranioSacral Therapy practitioner, educator and wife of CranioSacral Therapy developer John Upledger, D.O., describes the origins and development of CranioSacral Therapy and how this technique can be incorporated into a massage practice. Part One, "Working with the Body's Self-Correcting Mechanisms," ran in the March issue.

or four days I sat in class with a petite, quiet therapist. Frankly, it was the kind of encounter that would have gone virtually unregistered in my memory if not for a particular occurrence.

Serving as the demo patient one day, this fellow student was receiving the light-touch techniques we were learning. Suddenly, she began coughing loudly and deeply. In all those days together in class, she had never coughed once. Now here she was twisting around on the table and seeming about to cough up a lung. Yet, as strange as this may sound, it was clear she was not in actual physical distress. By the time the process ended, she was lying in a fetal position and no longer coughing. Her reaction? A rather

unemotional "What just happened here?"

What had occurred was a SomatoEmotional Release—an unwinding within her body as her tissues expelled the effects of a past physical and emotional trauma. Her body was essentially ridding itself of long-held patterns of dysfunction. It was the first time I had witnessed the phenomenon. It certainly wouldn't be my last.

Perhaps you, too, have encountered an unexpected reaction from a client during a session. You're working a particular muscle, and suddenly the client becomes emotional for no apparent reason. You hadn't been applying much pressure. The client doesn't seem to be in pain. Yet, here he is crying on your table or screaming at you.

#2007.08

The SomatoEmotional Release experience isn't always as dramatic as what I just described. In fact, it can be quite subtle—a sudden realization that causes the client to say, "Oh, I understand that now" or "I don't know what that was, but I just felt some anger let go." Then it's done.

The SomatoEmotional Release process can be utilized to provide a powerful and effective means for dealing with a problem at its source.

A physiological response

The first thought that goes through many minds when they hear the term SomatoEmotional Release (SER) is that it is a psychological process. This couldn't be further from the truth. SER is a physiological phenomenon that occurs naturally with the release of long-held traumas from the body's tissues.

The idea was first explored in the late 1970s by John E. Upledger, D.O., O.M.M., and colleague Zvi Karni, Ph.D. At the time, Upledger was a clinical researcher and professor of biomechanics at Michigan State University, where he supervised a team of anatomists, physiologists, biophysicists and bioengineers in research and testing of

the craniosacral system. Upledger went on to develop these insights into CranioSacral Therapy.

For three years, the colleagues experimented with the concept that physical forces drawn into a person's body at the time of an accident or injury may be retained or stored in the tissues. I like the analogy offered by a NASA physicist, who compared this phenomenon to being able to store music on a cassette, which is a simple molecular structure. He reasoned that muscles or other body tissues, being of a complex molecular structure, carry the same ability—even more so.

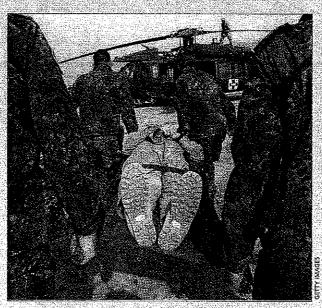
What ultimately emerged was an understanding of and way to deal with the emotional trauma held in the body (soma), SomatoEmotional Release. The process quickly became a vital component in the practice of CranioSacral Therapy.

When you think about it, we feel emotion in our body tissues, whether it's pain associated with a physical trauma, such as a fall or illness, or pain and tension caused by anger, sadness, stress or fear. Usually what we experience is a combination of both physical and emotional stress.

For years, the body isolates and compensates around the affected tissue—creating an energy cyst, as it is known

VETERANS WITH PTSD BENEFIT FROM SOMATOEMOTIONAL RELEASE

he headline in the local paper was just one of many on the topic: "Stress Disorder. Among Iraq and Afghanistan Veterans Could Exceed Vietnam-Era Levels:" With the Iraq war officially declared over, yet with battles still rag ing on, thousands of military personnel are at risk for post-traumatic stress disorder (PTSD) and other mental-health issues. "PTSD is one of the most common mental disorders arising from combat," reported the Charlotte Observer in late



May. "With 1.5 million having served in Iraq and Afghanistan, as many as 300,000 could have some form of PTSD, health experts say."

Since 1993 John E. Upledger, D.O., O.M.M., has studied and worked with veterans suffering from PTSD. He and those of us who have worked beside him have witnessed firsthand the devastating and long-term effects of this disorder. Using CranioSacral Therapy and its offshoot, SomatoEmotional Release, we have also seen incredible inroads made toward the renewed health

y practitioners of CranioSacral Therapy. An energy cyst is the body's attempt to protect itself by encapsulating the invasive energy to keep it from circulating and causing a bigger internal disruption. Eventually, however, this creates such an energy drain that the compensatory mechanisms can no longer function. Then one day,

something touches on that area of dysfunction and probing a massage-therapy session. lems emerge seemingly out of nowhere.

Once energy cysts are released and the compensatory activities are no longer required, the body's self-correcting abilities take over, allowing for more efficient use of body energy and neurological function.

When I first started doing this work, a woman came in who was having a lot of dizziness. She had searched for a solution for more than a year. Through the SER process, we traced the originating problem to a childhood head trauma. Her body had compensated for the injury for decades-until she underwent a therapeutic treatment that awakened the emotion stored in that tissue. It was

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this trigger that brought on the dizziness. Within two sessions of our working together, the trauma was nearly out of her and the dizziness was gone.

Trauma triggers can be anything that causes energy to go through a restricted tissue area and essentially wake it upfrom the boss saying something that gets the emotions flying, to a car accident or illness, even a light rub on a muscle dur-

From a therapist's standpoint, it's important to recognize the occurrence for what it is—and what it is not. The therapist does not need to analyze or figure out the experience because there's no possible way to do that. Our job is to keep the person connected to the emotion long enough for him to learn and understand what he needs to know from it, and then let it go from the tissues.

Following the body's lead

As therapists, we never go into a session saying "I'm going to do SomatoEmotional Release on this person." SomatoEmotional issues come forth on their own; they

of traumatized servicemen and servicewomen

Heidi, a combat-hospital nurse for two tours in Vietnam, participated in Upledger's pilot PTSD intensivetherapy program for veterans in 1993. Coming into the program she said, "Loneliness, depression, isolation and lousy relationships were all part of everyday life. I was so scarred I didn't even know it was possible to live without pain." Her solution was to lose herself in long hours of hospital work. "If I kept going and going, I didn't have time to acknowledge the war inside my head;"

Through the PTSD program, Heidi discovered how much denial she had been in. "I had hidden my depression in my work. But I found out being a workaholic wasn't the problem, but a symptom. I finally had to admit that PTSD had been making all my choices.

Through the SomatoEmotional Release process, she was able to release the hold PTSD had on her. "I had buried my feelings so deep that I felt nothing but flat for years," she said. "CranioSacral Therapy and SomatoEmotional Release gave me a whole different perspective. I'm back in control. I make my own decisions, and I run my own life."

According to Upledger, "Standard approaches, such as medication and talk therapy, don't touch the deeper issues that CranioSacral Therapy and SomatoEmotional

Release have shown to do. We ease the vets into positions that help bring back experiences that have been buried. Once they begin to get symbolic images, we can use dialogue to slowly convert the image into some thing like the exact experience.

Army veteran Nic explained his SomatoEmotional Release experience like this: "It was like I was right back there, stepping off the chopper. I just burst out in tears. I was able to express some of the emotion I knew I felt at the time, but had absolutely clammed over. [During the sessions] it felt like such a subtle thing that happened, yet it got down to the core and allowed me to release energy and emotions." Once a person relives a buried experience under these circumstances, it's often released from the tissues and gone for good.

A landmark study conducted with the West Palm Beach Veterans Administration Medical Center in 1999 corroborated these findings. A team of therapists worked for two weeks with 22 Vietnam veterans severely afflicted with PTSD. Each veteran was administered pre- and post-tests by an independent psychologist. The results showed that by the end of the program the veterans "experienced fewer symptoms, most notably those related to obsessive/compulsive thoughts and behaviors, depression, lack of motivation, feelings of

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can't be forced. The SER technique gives us the means for understanding and dealing with them when they do arise.

The SomatoEmotional Release technique is a hands-on process requiring palpatory sensitivity and skill in accessing the craniosacral rhythm.

By monitoring the activity of the craniosacral rhythm, the therapist can tell when a client is dealing with a significant issue. When the issue is significant, the rhythm stops. At that point, the therapist

knows to hold the position to allow the tissues time to release.

For example, a client may be telling me about a dramatic and devastating experience he endured. Yet if the craniosacral rhythm is on, I know the issue isn't significant to the therapeutic process at that moment. It is not that the issue isn't significant; it's just that it isn't stuck in the tissues. Therefore, continuing to talk about it isn't going to benefit him therapeutically. It's my job to redirect, to keep my hands on the client to feel for the stopping of the

As SomatoEmotional issues are triggered, it is common for the client to start moving into various positions, which signifies that the trauma and the emotions behind it are unwinding.

craniosacral rhythm. This is what we call the significance detector. It's not about being right or wrong or truthful, it's about asking, "Is it significant?"

As SomatoEmotional issues are triggered, it is common for the client to start moving into various positions—like the therapist in the opening story who moved into the fetal position. This signifies that the trauma and the emotions behind it are unwinding, something we call regional tissue release.

I liken the event to untangling a knotted chain. As you loosen the knot, you have to let go and let the chain unwind in whatever direction and speed it needs in order to straighten out. Now consider the knot is an energy cyst, and the chain is the tissues. In order for that trauma to get out, it has to leave in the same trajectory or pathway it went in. This may require the person's body to actually go into those positions as it straightens out the energy pathways. As this occurs, heat will radiate from the areas where the injury forces were retained.

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alienation and withdrawal, and total number and severity of general symptoms." What's more, the report indicated more than a 90 percent correlation between the improvements and the CranioSacral Therapy and SomatoEmotional Release the vets received.

The report went on to say the test results "are quite encouraging and strongly supportive of CranioSacral Therapy and SomatoEmotional Release as effective therapies for reducing physical pain and dysfunction, releasing pent-up trauma, diminishing intrusive thoughts and memories, and lowering depression as well as the level of overall distress."

This dramatic shift from hopelessness to optimism has long been missing from many of the programs available to vets. Though the Department of Veterans Affairs currently treats tens of thousands of men and women for PTSD, the results reported often fall short of real change.

Veteran Roger said, "In Vietnam we were forced into a state of the highest possible alert, but we were never given the opportunity, understanding or knowledge of how to decompress or release our experiences of depravation, fear, horror and loss:

"The PTSD intensive therapy program I participated

in helped to restore my sense of hope, trust and love," he continued. "Through CranioSacral Therapy, SomatoEmotional Release and the other approaches used, I was finally able to begin speaking of my experiences. I realized that my memories were not just the imaginings of some crazed person. In one particular session, we uncovered an aspect of me that was still hiding in fear and terror in a bunker somewhere in my unconscious mind. Letting this part of me know that the war was over was a most moving experience. I openly wept with profound relief from the absolute core of my being. I believe CranioSacral Therapy and SomatoEmotional Release opened a pathway for my body to heal."

Now, with a new generation of soldiers returning from war, what will our response be? In 2006, the Department of Veterans Affairs reported that one in six veterans who served in Iraq or Afghanistan has been diagnosed with PTSD—and that rate is expected to climb because symptoms, such as anxiety, sleeplessness, flashbacks and extreme wariness can take months and sometimes years to show up.²

Certified trauma specialist Ron Ringo, Ph.D., is one of a growing number of therapists using CranioSacral

Our role as therapists is just to follow the body's movements and support the client through it.

Honing palpatory sensitivity

Learning SomatoEmotional Release is largely a matter of becoming comfortable with palpating the craniosacral system and knowing how to stay rooted in the tissues. This is a skill that is taught beginning in the first level of CranioSacral Therapy coursework. CranioSacral Therapy is the means by which we seek and find restricted tissues that may be SomatoEmotional in nature.

After a practitioner has completed Level-2 training in CranioSacral Therapy, she is eligible for SomatoEmotional Release I. This class teaches the fundamentals of the process and moves the therapist on the road to confidence in using the skills.

I also encourage therapists to find an experienced SomatoEmotional Release practitioner they can observe practicing the technique. It is also advisable to hook up with a study group through The Upledger Institute; that's a great way to hone skills. Most importantly, I suggest therapists work on themselves. It's very difficult to help someone else process an emotion or issue if it's also one of your issues. Either you miss it in the client or it triggers too much emotion for you. You can't stay in your hands and just be the facilitator.

Like any therapeutic intervention, SomatoEmotional Release is a process. It may take five minutes or a series of sessions to complete. It cannot be forced. One of the greatest gifts the therapist can offer is the willingness to give it time.

In the course of your career as a massage therapist, you are certain to encounter numerous unexpected, unexplained reactions from clients. Being able to understand what they are processing and having the means to help them through their processes are the heart and soul of SomatoEmotional Release.

Lisa Upledger, D.C., CST-D, is a staff clinician at The Upledger Clinic in Palm Beach Gardens, Florida. Prior to joining the clinic in 1991, she maintained private practices in Florida and Colorado. Aside from her clinical practice, she is an examiner for The Upledger Institute's CranioSacral Therapy Certification Program. She also teaches a series of four-day clinical application classes that help practitioners trained in CST further develop and refine their skills in a small-group environment. She can be contacted at clinic@upledger.com. For information about The Upledger Institute's full CranioSacral Therapy curriculum, visit www.upledger.com.

Therapy and SomatoEmotional Release with returning veterans: On staff at Naval Hospital Lemoore in California, Ringo conducts Warrior Transition Training

seminars and provides individual

counseling

"The thing I've seen most dramatically is the emotional burnout that comes from being in combat," he said. "I hear a lot of 'I've fought too much and been involved in too much. I want out. After receiving several sessions involving the release of emotional residue that's lingering in the body, I hear things like, 'I feel alive again.' And from the spouses, 'I seem to have my guy back,

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"I truly believe that this type of modality helps the traumatized individual release a lot of the memory in the body, and that helps him or her to cognitively

process things more," he continued. "I would love to see this PTSD program at work on a larger scale."

 "The Effects of CranioSacral Therapy on Post-Traumatic Stress Disorder Symptomatology in Vietnam Combat Veterans," by John E. Upledger, D.O. O.M.M., Russell A. Bourne, Jr., Ph.D., and Richard B. Zonderman, Ph.D. 2. Palm Beach Post, Nov. 19, 2006.

-Lisa Upledger, D.C., CST-D

What does the U.S. Department of Veterans Affairs say about massage and other types of bodywork? Go to www.massagemag.com and click on "The Veterans Administration on Massage, PTSD and Chronic Pain."

