

SomatoEmotional Release, Dialoguing, and Scope of Practice in CranioSacral Therapy

Tim Hutton, PhD, LMP, CST-D

Recently, while teaching Upledger Institute seminars, several students have asked me about scope of practice for therapists doing CranioSacral Therapy (CST), particularly with regard to dialoguing and facilitating SomatoEmotional Release (SER). Scope of practice is a very important topic and all therapists, not just those doing CST, need to be aware of their scope of practice when working with their clients.

The scope of practice of a manual therapist can vary widely depending upon their training and licensure. While some scope of practice issues are very clear, there are also gray areas where defining one's scope becomes much less straightforward and more subjective. Such therapists may differ as to where to draw the line between what is within their scope and what is not.

Dialoguing and working with a client's imagery are important elements of CST. I am a massage therapist, not a psychotherapist or a mental health counselor. For myself, when dialoguing, I draw the line at giving advice and at interpreting a client's imagery for them. If a client shares an image, I do not tell them what I think their image means. If I have an image about the client's process, I generally do not share it with them. I do not tell a client what they need to do to heal, suggest to them what their healing needs to look like, or suggest to them how to resolve their personal conflicts. I do not give medical advice. I stay neutral. Dr. John E. Upledger used to say that the ideal CST therapist was impartial, nonjudgmental, ego-subordinated, and present in the moment. I try to embody that as much as I can.

While treating, I try to foster a safe space where clients can feel free to share things out loud if they so choose. If a client does choose to share their story, I want to hear it, as it can be a rich source of healing, and discussing that story can enhance the therapeutic relationship. I would never, however, try to force someone to share just because I felt like they needed to do so. Whether they share or not is up to them. (In some special circumstances, I may remind a client that they do not need to share out loud, particularly if they seem to be struggling to express a feeling. Sometimes having permission to simply experience something, without feeling that they have to share, can be helpful.)

In my private practice, I am often talking to my clients during a session, asking what they are noticing, or sometimes just making conversation. CST is about the relationship between two human beings. Having conversations and sharing with each other is a very human thing and is very much a part of any relationship, therapeutic or not.

It is important to remember, however, when we are dialoguing with our clients during a CST session that we are doing manual therapy. We use dialoguing as a tool to **facilitate changes in the tissue**. During dialoguing, we are not just having a conversation for its own

sake. Rather it is a therapeutic conversation, focused on supporting the client's healing process. When dialoguing, how the tissue responds is much more important than either the questions we ask or the verbal responses we get from the client. What does the tissue do when you ask a question? What does the tissue do when the client answers? Always pay attention to the tissue and its response.

Dialoguing is a tool. It is a very powerful tool, but just a tool. Like all tools, sometimes it is the right tool, and sometimes it is the wrong tool. Used correctly, with sensitivity, dialoguing can greatly help facilitate tissue release during a CST session. Dialoguing for its own sake with no reference to what is happening in the tissue, or dialoguing used in a directive manner by a therapist who is trying to control the session and make the client's tissue release, is less than helpful.

As CST therapists, we all sometimes struggle with the emotional aspects of our work, particularly when trying to hold space for someone who is having an emotional experience on the table. Sometimes therapists doing CST interpret being neutral to mean that they do not need to support those emotional aspects of their clients, that they can treat their clients from a dispassionate distance without getting too involved in the session. This is not correct.

True neutrality is, in fact, the opposite. It is an absolute engagement with all aspects of the client, including the client's emotional self, in this present moment, with no attachment to outcome. The CST therapist must do this without any thought that they want the client to be different than they are right now, in this very moment. The question to ask is, "What is happening **now**?"

In this process, it is vital that a therapist doing CST brings their entire self to the relationship as one complete human being to another. This means that the therapist must bring their own emotional self to the session. Anything less would not be authentic. It is vital, however, that in doing so they remain neutral. The session is about what is happening for the client, not what is happening for the therapist.

I find when talking to students in CST classes that many of them have profound misunderstandings about the SER process. If I ask, "What is an SER?" I will usually get one of two answers. Students will often say, "An SER is when you feel the craniosacral rhythm (CSR) abruptly stop." (This sensation of the CSR abruptly stopping is called a significance detector or SD, and indicates something significant for the client's healing process is taking place.) These students think that anytime a client goes into an SD, they are in an SER, not realizing that the client could be in an SD simply because the physical release that is going on is significant.

(One example of an SD during a CST treatment that does not necessarily indicate an SER might be the therapist lifting the client's frontal bone when their falx is tight. In that situation, lifting the frontal is significant, and the therapist will feel the CSR stop.)

This feeling of the CSR abruptly stopping will occur anytime something significant is happening in the session. This can happen during an SER or not during an SER.

The other answer I often get from students is, "SER is when we are dialoguing." Some students equate SER and dialoguing, not realizing that SER is a process that the client can sometimes spontaneously go into during a CST treatment, while dialoguing is a tool that can be employed by the therapist at any time. As a CST therapist, I can dialogue with a client when they are in an SER, or when they are not in an SER. The client may have an SER while we are dialoguing, or they may have an SER that is totally silent, when no dialoguing is happening at all. Dialoguing and SER are two totally separate things.

What, then, is an SER? Normally during a CST treatment, the body will release a trauma pattern from the tissue incrementally, piece by piece. Sometimes, however, when there is enough support, the client's Inner Physician may decide to release an entire trauma pattern from the tissue all at once. This global release process is what Dr. Upledger called an SER.

From the perspective of the therapist doing CST, at the onset of an SER process the therapist's perception of the tissue involved in the treatment transitions from local to global. Typically, when the client is not in an SER, a CST therapist will feel like they are holding and treating the tissue under their hands, or perhaps the tissue on which they have focused their intention. During an SER, this feeling changes and the therapist will feel like they are holding and treating the client's entire body.

Our task when doing CST is to provide support in a safe environment for the client, allowing the client and therapist to engage together in the healing process. With enough support and safety, the client's tissue will begin to change – if change is appropriate. As CST therapists, we provide that support and safety by being neutral, by being present, and by staying within our scope of practice. Be aware of the line between what is in your scope and what is not. Make sure you understand the nature of the SER process and remain neutral when dialoguing. Always remember that we are manual therapists. We are there to facilitate changes in the tissue.