

PHOTOS COURTESY OF KAREN AXELROD

Proper placement of the hands contacting the external occipital protuberance. A still point inducer used for self-treatment would take the place of this therapist's hands.

The CranioSacral Still Point

Bring Sympathetic and Parasympathetic Systems into Equilibrium

By Karen Axelrod, CST-D

TIME TO READ: 6 MIN

AS A REGULAR READER of this magazine, you've likely come across articles about CranioSacral Therapy (CST) and read about one of the classic CST techniques: the still point.

Still point refers to a gradual slowing

down and eventual waning away of the craniosacral rhythm (CSR), that inherent rhythmic motion therapists palpate to assess overall health of the craniosacral system and a client's well-being. It is widely believed that the CSR reflects the

production and reabsorption phases of the cerebrospinal fluid (CSF). Physiological forces create a gentle motion during CSF production and reabsorption, which manifests in a subtle, body-wide, tide-like rhythm.

A still point has the capacity to balance the autonomic nervous system, bringing into equilibrium sympathetic and parasympathetic tone.

Why is Cerebrospinal Fluid Important?

Our cerebrospinal fluid is enclosed within the dural meninges and acts as a support system for the brain and spinal cord. Not only does it bathe the central nervous system with potent fluid necessary for good neurological health, but it also acts as a cleansing system that transports waste and other toxins away from these critically important structures.

Andrew Taylor Still, MD, the father of osteopathy on whose work CST is based, described CSF as “one of the highest known elements ... contained in the body.” He went on to say, in his book, “The Philosophy and Mechanical Principles of Osteopathy,” “Unless the brain furnishes this fluid in abundance, a disabled condition of the body will remain. He who is able to reason will see that this great river of life must be tapped and the withering field irrigated at once, or the harvest of health be lost forever.”

What is a Still Point?

As important as it is to ensure good CSF inflow and outflow, the body has devised a regenerative, self-corrective mechanism whereby this rhythmic flow seems to come to a standstill. How and why still points occur is still being researched and is up for debate. However, decades of research and clinical observation indicate significant benefits for the recipient of a still point.

A still point has the capacity to balance the autonomic nervous system, bringing into equilibrium sympathetic and parasympathetic tone. It facilitates

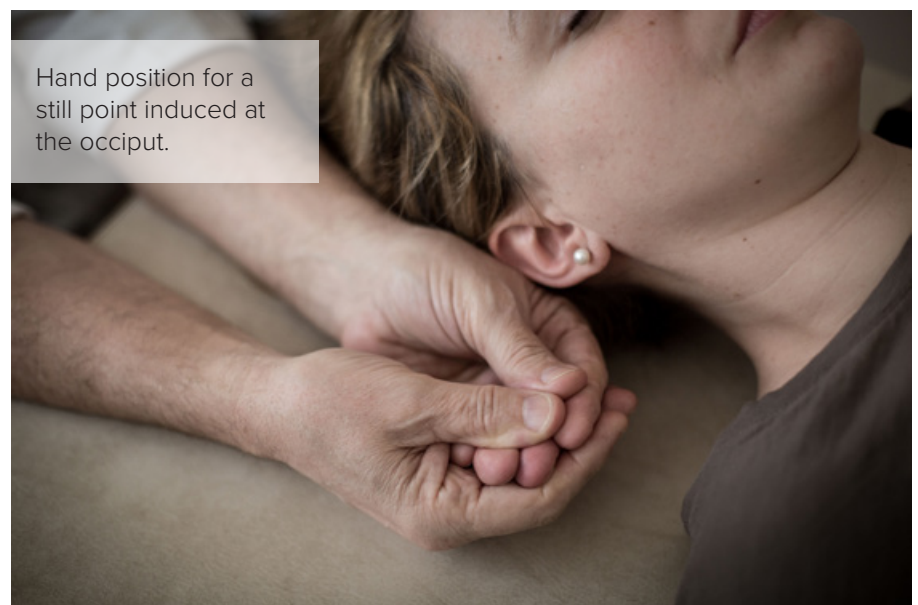
better circulation of CSF, ensuring fresh fluid is moving into the system and old fluid is flushed out. It helps the body release minor fascial restrictions, muscular tension and overall stress. Still point can also directly impact the meninges, ventricles (the CSF production centers), dural venous sinuses (the CSF outflow pathways), brain and spinal cord through the change in fluid forces within the craniosacral system.

As the name implies, still point also facilitates deep states of internal stillness and a sense of inner peace. When working with a client who either spontaneously drops into a still point

are sharing a very sacred space. This sacred space allows one’s inherent healing capacities to grow and can also generate deeper states of self-knowing, -understanding and -acceptance.

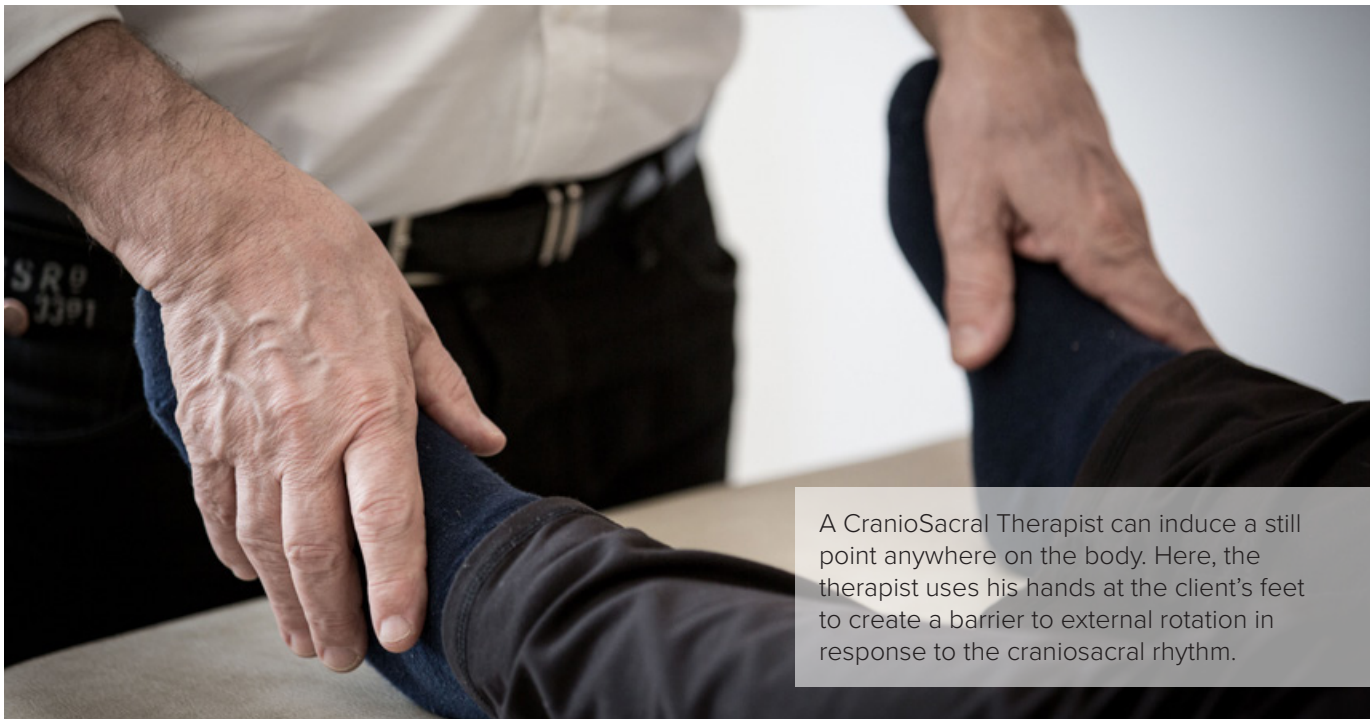
Experience a Still Point

While still points occur naturally throughout the day to regulate ongoing homeostasis, they can be also induced by a CranioSacral Therapist. Using a blended-and-melded touch and bringing a strong therapeutic presence to the table, the therapist follows the rhythmic internal and external motions of the CSR (e.g., internal and external rotation of



or responds to a still point from the therapist, there is a sense that you

the thighs). At the end range of internal rotation, she imagines her hands are



A CranioSacral Therapist can induce a still point anywhere on the body. Here, the therapist uses his hands at the client's feet to create a barrier to external rotation in response to the craniosacral rhythm.

creating a barrier to the external rotation and not allowing the body to move in that direction. She can even exert a very slight amount of pressure—five grams or less—on the tissues to create the barrier. It's like leaning up against a wall. Your hands are the wall, and the body is just leaning into it. Once the client's body recognizes this barrier and decides to work with it, his CSR will start to disappear from conscious awareness and he will be in a still point.

Still points last anywhere from a few seconds to a few minutes. Once the client is in a still point, the therapist can "release" her barrier. She should stay present and keep her hands where they are as she notes subtle movement or change in her client's body. It is also important to recognize when the CSR returns. This is just one example of how to induce a still point. There are other methods.

A CranioSacral Therapist may induce a still point numerous times through a treatment session, depending on her intention and the client's needs. Still point may be done anywhere on the body, as long as the therapist can skillfully palpate the CSR. It is useful at the beginning of a session to help the client drop into a more relaxed, parasympathetic state, especially if he or

she arrives highly stressed out or anxious. It can be used any time throughout a session to support release, balancing or integration. Still point can also be used consecutively for greater results, whereby the therapist induces still point after still point in the same location. Still point might be used to facilitate change in a localized area, say for a fascial restriction. It also might be used globally to enhance better body-mind-spirit integration. Many therapists will end the appointment with a still point for assimilation of the entire treatment session.

Teach Clients to Induce Still Points

Clients can be easily taught to induce a still point on themselves. Still point inducers, intended to mirror the therapeutic work of the practitioner's hands, can be purchased or even homemade.

To make a still point inducer, place two tennis balls into a tube sock and knot the end so the balls sit tightly next to each other. Lie on the floor or the bed and place the *external occipital protuberance* (that bump on the back of the skull) between the two balls so that the head rests on the inducer.

Do not place the balls under the neck; this is too low. The tennis balls act like the therapist's hands to create the "barrier" to the CSR and self-induce a still point. Lie on the still point inducer for five, 10 or 15 minutes daily for maximum effect.

Contraindications to Still Point

While still point is a very gentle and safe technique, there are a couple of contraindications that would preclude its use. Anyone who has a condition that would be adversely affected by a change in intra-cranial or intra-dural pressure should not receive a still point on the cranium or along the spine. Examples of these conditions would be a recent cerebral aneurysm or stroke, a CSF or epidural leak, acute skull or vertebral fracture or herniated medulla. **M**

Karen Axelrod, CST-D, is a certified CranioSacral Therapist and international instructor for Upledger Institute International (upledger.com), on whose behalf she wrote this article. She has a private practice in Redondo Beach, California.