

# THE EMOTIONAL SIDE OF CRANIOSACRAL THERAPY

DISCOVERING  
NEW  
CONDUITS  
FOR HEALING

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I know you're out there: craniosacral therapists who, like me, see the world through emotionally tinted glasses. Since craniosacral therapy (CST) tends to seek the physical plane as the underlying issue, we particularly sensitive practitioners, who interpret incoming information through an intuitive filter first and foremost, could use a little extra support. This article discusses the value of exploring the emotional plane, including ideas to exercise and strengthen our perceptions. As we grow bolder in our confidence and our numbers, we can come together and talk about our feelings. Err—I mean, we can generate greater acceptance and build community.

## BACKGROUND

CST was born from osteopathy (a noninvasive medical practice with an emphasis on structural balance of the musculoskeletal system) and, as such, has a solid grounding in the physical realm. Much of what CST students learn and therapists practice is on the physical plane: bone shears and torsions, and disruptions in the cranial rhythm. I want to state clearly and unequivocally: this is good. Working on the physical plane is important and effective.

Most practitioners, myself included, start out learning on the physical plane. With hands on my classmates, I practiced feeling sphenoidal torsions and temporal strains. While CST is born from bone, it is the physiologic relationships between anatomic structures that define it. The name—cranial/sacral—and the descriptions of internal movement are based on the interactions within the body (e.g., flexion/extension is defined by the movement between the sphenoid and the occiput).

When I began my education, my teacher encouraged us to think about the relationships between anatomical structures, such as the relationship between the mandible and the pelvis. And this is where I seemed to go astray. I interpreted her questions differently. I found myself thinking about the relationship between the structure and the underlying cause: Why was the sphenoid in torsion? Where did the deep sadness in the diaphragm come from? I was interested in following clients' emotions as the path to understanding their misaligned bones and congested organs. I didn't make the conscious choice to focus on the emotional plane; it was simply how I saw, or more accurately, *felt* things. And the more I considered the emotional focus, the deeper the results were for my clients. That kind of positive reinforcement is tough to deny.

After I finished school and began to include CST in my practice, I was fortunate to stumble upon a wonderful, like-minded mentor who asked pertinent questions, shared valuable insights, and confirmed my CST suppositions. When I would

ask, “Is it possible that the client’s liver was unhappy with the election results or a spat with a loved one?” assuring me and encouraging me to check with the other organs as well.

As I gained confidence over the years, I began to speak more boldly and honestly about my perceptions. Like any convert, I enthusiastically shared my discoveries. (I apologize if you were ever stuck in an elevator with me.) But my joy wilted as I realized that many practitioners, especially newer practitioners, were reluctant to explore or discuss their interactions with the client’s emotional plane.

The general public’s and often the profession’s lack of support, ranging from cynicism to hostility, can cause allied practitioners to doubt their instincts and wisdom. Fearing ridicule, we suppress and invalidate our perceptions instead of developing our skills. Furthermore, most of the books and articles about CST either describe physical processes and procedures or work to explain CST scientifically. Protocol and science are important, but there’s more to this picture.

The essential principles of CST are to respect the body’s inner wisdom, listen to the client’s body, and trust the client’s inherent knowledge to direct the therapeutic process. While we as practitioners have the best of intentions, it gets tricky when we try to understand and interpret the body. Sometimes I find the best path to the core issue is via the emotions: I understand the knee is holding tension and wants to release—but why is it holding tension? Is it sad? Lonely? Frustrated?

By expanding our intention and questions to include the emotional plane, the client may travel down a different, and possibly truer, path. Here are three cases that demonstrate the value of exploring the emotional component of a problem.

## THE EMOTIONAL APPROACH IN PRACTICE

### The Frozen Shoulder

“Leona” was in her 40s and sat at a desk all day. She came into my office with a frozen shoulder. Lifting her arm above 90 degrees, moving it sideways, or lifting more than a few pounds was extremely painful. She had tried acupuncture, massage, and physical therapy; everything had helped briefly but didn’t last.

In our first session, I gently held her shoulder between my hands, and this triggered a memory. She went back to a time when she was a young child walking hand in hand with her father. Suddenly, he yanked her backward, painfully. Her father had been a gentle parent, and she felt angry and betrayed remembering the incident. As I held her shoulder, she was able to remember more about it and she verbally shared different emotions as they emerged: first confusion, then fear and anger. She went over the incident several times, both verbally and within her body, and she resolved to talk with him about it. (Luckily, he was available for discussion. If he had not been, the process probably would have gone differently and taken longer.) At the end of the session, her shoulder was a little better and she felt “clearer and more energetic.”

Leona arrived for her next CST session very excited. Her father had remembered the incident quite clearly. He explained that they had been walking along holding hands when Leona saw a balloon in the street and started to run after it. In that split second, her father saw a car coming and felt her trying to pull away from him. Afraid for her safety, he instinctively pulled hard. With my hands gently

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holding her shoulder, she discussed her conflicted feelings—glad her father protected her, betrayed that he hurt her, and angry for the pain. Her body went through the motions of when he pulled her back, repeating it several times. As she discussed her feelings and as her body went through the motions, I focused on actively listening (audibly and through my hands) and respecting all the information she chose to share. Then she became quiet, and I could feel her relax. Afterward, her shoulder was much less stiff and painful. With two more sessions, she regained full, pain-free mobility.



### The Fussy Baby

A mother came in with her 1-month-old son. He was gassy, extremely fussy, and he spit up a lot. Her pediatrician had prescribed antacids, but the mother wanted to try CST.

She lay down on the table with her baby on her chest. I placed one hand underneath the mom and the other hand resting lightly on the baby. Through this physical connection (my hands on her and the baby), she was able to uncover and articulate her feelings. She talked about her son's birth. She had started having a home birth, but ended up having an emergency cesarean delivery in the hospital. She was disappointed and felt like she'd failed herself and her son.

Lying on the table, the mother cried while the baby lay remarkably still, his eyes wide open. I felt a deep sadness from both of them and simply held them, letting the emotions flow. A few days later, she called me

to report that they were both doing much better. Her son was much happier and had stopped spitting up. She was still sad about the delivery, but her sadness no longer held so much power over her. She was much more focused on the fact that they were both healthy and he was thriving.

### The Jersey Cyst

A client presented with two health problems in her right-lower abdomen: an old but painful appendectomy scar and a recently pulled groin muscle. I was a little surprised, however, to find myself so clearly and quickly directed (by her body) to her lower abdomen on her left side—the side opposite the scar and pulled muscle.

With one hand on her left lower abdomen and one on her sacrum, I found a large energy cyst (an encapsulated bubble of energy) that was very solid and very cold. Usually cold like that means shock release, but this didn't have that feeling. I didn't know what it meant, so I acknowledged it, waited a moment to see if it had anything more to say, and then moved on.

Interestingly, this cyst had Jersey attitude: "Hey, I'm a cyst. What's it to you? Whatcha gonna do about it?" It was poised for a fight. Suddenly I felt like I was up against Tony Soprano. I was a little intimidated, but mostly found it amusing. I sat with the cyst for a bit and it dissolved quite easily, especially for a tough guy from Jersey. At the next session, the client said her symptoms—the appendectomy scar and the pulled muscle—were much improved.

If you are intrigued by these examples, here are some ideas on how to develop and nurture your skills.



## EXERCISES FOR EXPLORING THE EMOTIONAL PLANE

Setting your intention on the emotional plane is often enough to get things started. As you ground and prepare for the session, take a moment to open to the possibility of an emotional constituent or core.

Ask emotionally based questions (verbally and/or silently), and give the body plenty of time before asking another question.

This is complicated and the body may need time to formulate the answer.

### Ask Questions

Where should I go? Is there somewhere specific I should put my hands? What does that part(s) want to say? What is the part's mood? Is it angry, gloomy, happy? Are there other feelings, too? What is the color, density, depth, memory, shape, size, smell, texture, etc., of the sensation?

Thoroughly explore whatever you find. Not all of these questions will be relevant, but the right question can spark a clear and/or strong response.

### Quantify

If the part is happy, how happy is it: mildly amused or rip-roaring ecstatic? If it's angry, let the anger come out. It may take time to understand the full extent of the emotion.

### Determine the Cause

Why does the body (or body part) have this feeling? Is the foot sad because it can't dance the jig anymore, or is it sad because it really wants to kick the person's brother in the behind, and that's not allowed?

### Determine the History

Is this feeling new, or has it been there for a while? What was it before? Why did it change? What is the level of complexity or consistency of the issue within the body as a whole? A person can have many conflicting feelings about an issue, all at the same time. This may be confusing to the client, and they may need reassurance that it is normal and healthy to feel different things simultaneously.

### Determine the Relationship with the Body

What is the mood of the entire body, and how does it relate to the part(s) you are focused on? Is the mood of that part consistent with the rest of the body? If the rest of the body is furious, why is the foot sad? Sometimes anger at self or at circumstances the client can't control comes across as resignation and sadness.

Bodies are dynamic and feelings change. Keep following the sensations as they progress. Sometimes the sensation feels like waves in the ocean. A wave comes in, and then it takes a moment before the next wave. Be patient.

Once you feel you have gotten to the issue and paid your respects, ask yourself: Did it change? How did it change? Did it release? Increase? Or take a different path altogether?

### Visualize the Issue

Use visualization to aid in your explorations. Visualization is the process of developing an image in your mind's eye. It can be a safe way to explore feelings, communicate, and get down to the core of the problem. Feelings can be conflicting, confusing, or hidden. Clients may be reluctant to recognize how angry they are with someone they love.

The client may present an image or, like a police sketch artist, the practitioner may ask questions and follow the client's lead to create the image. Finding the right visualization and following its development may help facilitate the process.

Clients may use visualization to sort out their feelings or convey something important to you; for instance, a client may visualize an exploding bomb to show you and himself just how significant his anger is.

### Experiment


Listen. Ask questions. Don't judge for morality; these are feelings, not actions. Be completely open to whatever information comes. Trust that your clients are telling you what they need to for their healing path. If you transgress or head down the wrong path, apologize, breathe, and try again. Honor and respect the person and the message.

### Celebrate

Practitioners (and clients) can get too focused on digging deeper and solving the next problem. Sometimes when there is a release or a breakthrough, the body wants to celebrate. Dance, revel, and sing in victory. Don't underestimate the value of celebrating. Live it up!

## OPEN TO POTENTIAL

Does this article speak to you? If so, perhaps you are one of us: craniosacral therapists who see the world through emotionally tinted glasses. Or perhaps you aren't sure, and want to experiment with the techniques described here. Either way, CST is remarkably gentle and profoundly effective; opening to the emotional plane enables one more conduit along the client's healing path. Whatever your focus, when you open to everything the body has to say, you will be amazed at the depth and diversity of human creativity, expression, and feeling, and the potential for healing. **m&b**

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