# History of Cranio-Sacral Therapy

By Fadel Behman, Ph.D.

**The Roots - Dr. A.T. Still's Contribution:**

Cranio-Sacral Therapy has its roots in the work of Andrew Taylor Still, M.D. (1828-1917). The third of nine children, his father was a Methodist preacher and physician and also acted as a mentor for his son. At the age of 25, Andrew married with two children, moved with his family to Kansas. In 1861, during the American Civil War, he enlisted as a hospital steward where he saw the horrors of war. During this time, an epidemic of spinal meningitis swept through the country and killed 2 of his three children - the third died later of pneumonia. Still's inability to help his family, together with what he witnessed in the Civil War, brought about recognition that there must be a better way of treating the sick and dying. His new insights were based on nature and natural laws. Andrew was fascinated by the anatomy of animals and the function of machines. This led him later to delve deeper into anatomy and physiology and the relationship of form and function that would be the foundation of his new system of healthcare called Osteopathy.

As time progressed, A.T. Still grew to reject the common practices of doctors of his day, such as frequent amputations and the overuse of drugs. There was considerable opposition to what he was proposing. Even his family was embarrassed that he questioned the conventional medical wisdom of the day and the Church felt his methods of hands-on healing were sacrilegious. Hoping for a better reception elsewhere, in 1874, he moved his family to Missouri. By 1885, at the age of 57, word started to spread about Dr. A.T. Still's drugless, manual medicine, now called Osteopathy, which had helped many apparently hopeless cases. Going back to anatomy and physiology, be believed by correcting structural imbalances in the musculoskeletal system, that most diseases could be cured by restoring blood flow and nerve force back into the person.

As his success grew, Andrew realized he needed to train people in his methodology and so, in 1892, at the age of 64, he started the American School of Osteopathy in Kirksville, MO. The first graduating class of 21 students included 5 women and 16 men, including three of Still's own children. In 1917, at the age of 89, the "old doctor" passed away, leaving behind him a legacy of over 3,000 osteopathic physicians at that time.
In the United States, A.T. Still was the first to identify the human immune system and develop a system to stimulate it naturally. He was the first to openly accept women and minorities into

his schools of Osteopathy, believed that the body was holistic and that a disease process in one part of the body could affect another part, and predicted that the United States could have a major drug problem if physicians did not stop over-prescribing addictive drugs.

**The Beginnings - The Contribution of William Garner Sutherland, D.O.:**

William Garner Sutherland, D.O. (1873-1954) is credited as the originator of cranial osteopathy, commonly known nowadays as Cranio-Sacral Therapy. Sutherland was born in Wisconsin; his father was a blacksmith and his mother a homemaker. He was the third of four children and as a child, had a curious and insightful mind. He was very interested in how things worked and at a young age, took a job as a newspaper reporter. Sutherland would often comment that this gave him a critical eye toward information without prejudice or emotion. In 1898, at the age of 25, Sutherland enrolled in A.T. Still's School of Osteopathy in Kirksville, MO. While he was there, he became fascinated with the idea of form and function. As he looked at a disarticulated skull, the temporal bones appeared to him as gills of a fish.

When Sutherland asked Still if the head had motion available, Still replied, "It has to, to be able to accommodate for movement." Sutherland realized that if the bones of the skull were designed for motion, then restrictions would inhibit health, which would lead eventually to pain and disease. Using Still's osteopathic model, Sutherland pursued his interest in testing his ideas on skull motion by performing experiments on himself. After many trials and errors over a period of years, he was inspired and confident enough to use these techniques on his patients.

In 1927, Dr. Sutherland married Adah Strand, who was a tremendous support to him and encouraged him to get this important work out to his colleagues. By the mid 1930's, Sutherland noticed bones "breathed." Even at that time, what Sutherland talked about was subtle, and because of this, people again criticized his work, however, his clinical results, were so dramatic that he continued to move forward with his work.

The Cranio-Sacral System is a physiological system within the body which, together with the cardio-vascular and respiratory systems, is one of the three fundamental life-giving systems. Dr William Sutherland who first identified the Cranio-Sacral System considered it to be the most fundamental of all systems. He described it as the Primary Respiratory Mechanism suggesting that it was more primary even than respiration. It is a system which is at the very core of our being, believed by Sutherland to be the very source of life.

Sutherland's cranial work was not only effective with various cases of pain that had failed to respond to osteopathic treatment, but was also helpful in restoring good metabolic function and assisting recovery from endogenous depression and respiratory disorders.

Dr Sutherland started teaching Cranial Osteopathy in 1940. By the mid 1940's, Sutherland starts utilizing lighter and more delicate forces in his work and has the awareness when fluids are inhibited, this can have an effect on the central nervous system and consequently on membranes and bones of the skull all the way to the sacrum. By 1946, Sutherland's work had now attracted such a following that an organization was begun known as the Cranial Academy, which promoted continued research in the field of osteopathy.

Despite Dr Sutherland's experiments including work with the human energy field and the use of very light touch, sometimes working off the body, Cranial Osteopathy was to develop very much as an extension of osteopathy, albeit with light contact, where the bones are seen as all important and the practitioner focuses on restoring to proper mobility the joints or sutures between the bones that make up the cranium. Some of his words which explain the essence of his work. "The professional task is in a large respect a finger-task; that of locating etiological factors beneath, as well as throughout all bodily tissues; being as problematic as is the 'searching for a needle in a haystack' and requiring fingers with brain cells in their tips, fingers capable of feeling, seeing, thinking. Fingers should be like detectives, skilful in the art of finding things hidden."

In 1954, at the age of 81, William Sutherland died, leaving a legacy of important work for people to discover for many years to come.

**The Contributions of Dr John E. Upledger:**

A new direction emerged In the early 1970s Dr John E. Upledger discovered for himself, in a most tangible way, the cranio-sacral rhythm or cranial rhythmic impulse. This impulse was evident in causing a section of cervical dural tube, which he was attempting to stabilise during a delicate surgical procedure, to move with a frequency that was neither cardiac nor respiratory.
Furthermore the rhythmic movement was so persistent as to prevent him from being able to keep the dural tube still. His curiosity aroused, he went on to learn about the pioneering work of Dr W.G. Sutherland who formulated Cranial Osteopathy. Impressed by the effectiveness of Cranial Osteopathy, and following his 1975 appointment as a clinician researcher and Professor of Biomechanics at Michigan State University, He employed extensive research facilities to help understand how the phenomena that Dr Sutherland had discovered actually worked.

**The formulation of CranioSacral Therapy:**

Dr Upledger's research and his consideration of how cranial suture restrictions tend to be maintained by structures outside the head caused him to deduce that it is within the body's membranes or fascia that the astonishing effects of Cranial Osteopathy are explained. It is interesting that A.T. Still also regarded the fascia as being of primary importance. So now back to that tadpole-shaped envelope that contains the brain and spinal cord. Why is it so important? Apart from the obvious (that it contains and protects some rather vital equipment) it is from within this dural membrane that the cranio-sacral rhythm is generated. Also the dural membrane is centrally placed within the whole of the fascial system in such a way that it can influence, and be affected by, the condition of any and every other part of the body.

All-important membranes - The term fascia is the collective name for the membrane material that would remain if our hair, blood vessels, viscera, bones, nerves, muscle fibres and fluids to be removed. It includes our ligaments and all the membranous sheaths that surround and connect all our organs, bones and muscles. The tendency of restriction in one part of the body to transmit dysfunction to other parts is accounted for by the characteristics of fascial material and the construction of the whole fascial system. So fundamental are these aspects to a proper understanding of CranioSacral Therapy that they are worth going into in some detail.

First let's take a simplified look at the components of fascia. There are three basic components. Variations in their proportions account for the huge range of qualities and functions that fascia exhibit. They are collagen - a fibrous material that provides tensile strength; elastin which when tension is removed causes fascia to return to its original dimensions, thereby providing 'elastic memory;' and ground substance which, as it were, fills in the spaces. Ground substance is wet and protein-based, and provides passage for dissolved nutrients and waste compounds. Fascia also contains sensory and motor nerves and has blood supply. It is capable of contraction. From the electrical perspective relaxed fascia carries negative electrical potential that supports healthy tissue metabolism. When under stretch the potential changes to positive. Fascia that is under continual tension will therefore suffer local metabolic deterioration and begin to lose some of its qualities.

Second we should consider the all-pervasive design of the fascial system. In the embryo, fascia forms from a single fold at a very early stage of development. Rather than being lots of different structures that have grown together, fascia is a single structure, holding together in functional relationship every part of the body. We can travel from any point on, or in the body to any other without leaving fascia. In fact, it is so pervasive that it not only connects every cell but actually penetrates right into the nuclei, providing a framework for the chromosomes.

Notwithstanding the distinction between Cranial Osteopathy and CranioSacral Therapy, in the reality of everyday practice the distinctions have become blurred as more and more practitioners are drawn into the fascial system in pursuit of the needs of the whole person. It really does seem as if the fascia are holding the centre ground.

On the one hand the more structural practitioners who like to focus on the neuromusculo-skeletal system may care to remember, as A.T. Still did, that the fascia hold it all together. And on the other hand those who have more of an affinity for fluids and energy would agree that fluids need containers and pipes. Likewise energy needs storage places and pathways. The condition of those containers, pipes and pathways has a profound influence. The fascia provide all of these.

To summarise, fascia holds, connects, allows movement, helps the body remember what shape it's meant to be, contracts, feels, contains the body's fluids (blood, lymph and CSF) and transmits load and strain throughout the body.

Now we can begin to understand the extraordinary effects of Dr Sutherland's work, how, for instance, the freeing up of the membranes inside the head by applying gentle pressure and/or traction to the cranial bones could lead to improved pituitary (and therefore endocrine) function, resolving many problems including hormone-related and metabolic illnesses.

The many restrictions in the cranium often have causes outside the head. CranioSacral Therapy practitioners are used to the emergence of bizarre cause-and-effect connections: the appendicectomy scar that leads to chronic migraines, the compressed lumbo-sacral joint to endogenous depression, the restricted upper neck to digestive disorders or to hyperactivity, the unbalanced pelvis that may lead to eyesight problems.

Often the question is asked "What is CranioSacral Therapy useful for?" The straight answer is "just about any health problem." But we want clear answers. "I have such-and-such a problem. What will fix it?" It is at this point that it helps to think clearly about how pain and illness really tend to occur. I find the most helpful starting point is to remember that we have our own self-healing mechanisms.

*Dr. Fadel Behman's current research, teaching and holistic energy therapies address the new frontier of integral health, raising consciousness and offering a practical approach of wellness of body, mind and soul. Dr. Behman is the founder and director of the Holistic Health Energy Institute in Montreal, Canada.*