

Craniosacral Therapy (CST) and Sensorimotor work for

PTSD, shock and "personal development"



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Although we tend to think of "psychological" symptoms as originating in the mind, in fact many of them originate in the muscles, digestive organs and immune system.

Biologically we have evolved for some hundreds of millions of years as animals, some 50 or 100 million years as mammals, and only have been something similar to modern humans for some 30 or 40 thousand years. We didn't lose that survival heritage when we evolved; we simply added something to it. So the brain and conceptual, storytelling mind, which we all "think" is the driving force in humans is actually only a very small part of who we are and a very small part of our resources as "living organisms".

What that means is that the body and the more "primitive" parts of the brain which run emergency survival responses can still play a big part in our normal response to everyday situations. There are memory triggers in the midbrain which constantly look out for events which might be similar to "dangerous" or life-threatening or somehow overwhelming situations from our past. If they detect something which fits the pattern they are "looking for", they automatically switch off the frontal lobes of the cortex (if you think, you can't react as quickly), and they gear up other nerve and hormone systems for an emergency.

In extreme cases, this creates the symptoms of PTSD. If the "trauma" occurred in early childhood when the identity and personality were still forming, this leads to "dissociative disorders". In more common cases, this creates a series of repeated behavior-response patterns which are sometimes so familiar that they can be confused with "personality" and "identity". In fact, they are the result of internal smoke alarms tuned so sensitively that they sound an alarm even at the sight of steam from a nice hot cup of tea. A remnant "problem" which intrudes on daily life only occurs if the survival response of the muscles and cells of the body are stuck in an incomplete threat-response-survival cycle.

These uncompleted movements can sometimes remain frozen in a repeat-loop for decades, because the muscles and tissues do not understand that time has moved on, and that you are now safe.

Quite simply, they cannot be just switched off because they are vital survival reflexes – but they can be offered an opportunity to "realize" that the threat they originally responded to has passed – and then they will automatically reset themselves to a level more appropriate to what is happening "now" rather than "then".

Since these "high alert" systems are hard-wired and in emergencies have separated themselves from the thinking brain, they cannot always be accessed by more cognitive rational or analytical processes. Craniosacral Therapy (CST) employs a particular type of touch which encourages the body to complete self healing processes which have been stopped from whatever reason. Therefore, CST is one approach which can connect with these alarm systems in a manner which does not trigger them, and so this allows the "internal smoke detectors" to reset to a level more appropriate for everyday life.

Over the years I have worked with many people who have had psychotherapy, and who then use the CST to complete the process and embody it. So this is not a replacement for psychotherapy, but rather an option to work with embodied patterns from a different angle.

It is particularly useful for PTSD because the "animal" alarm systems tend to be dominant in this condition. It is also useful for adults who need to work with trauma which occurred before the age of about 5 years, because many memories from this time are non-verbal, and cannot easily be translated into words.

I have worked with somatised memories (body-driven emotional response patterns) for some 10 years, using Craniosacral Therapy and "Somato-Emotional Release" (a method of dialoguing to put the conscious mind in touch with tissue memories and core resources). I have recently trained in basic level Sensorimotor Psychotherapy, specifically to work with PTSD.

What is involved in this kind of work?

CST is a hands-on bodywork during which the patient is fully clothed (less shoes, belts, neck and ear jewellery and hair clips). What goes on during the session is very fluid, and depends on the responses that your muscles make and what we both observe to be happening at any one moment. I might use conventional CST techniques, which are usually carried out lying down, or we might both sit or even stand up.

I might ask specific questions in a way which brings your attention to changes in sensation occurring during the session. Sometimes very clear sensations or memories or images arise, and sometimes there is a far less tangible sense of "something different". The questions are not like counselling or psychotherapy or analysis, but are rather designed to help you have a certain quality of internal attention which assists constructive connection with your more "instinctive" body intelligence.

Andrew Cook has practiced CST since 1994 and complementary therapies in Norwich since 1987.

He is a registered practitioner with the Craniosacral Therapy Association (UK)

www.craniosacral.co.uk

Who will find this kind of work useful?

- Virtually anyone suffering from PTSD-type symptoms
- Anyone who has received counselling/psychotherapy and has reached a substantial plateau, and wishes to progress further
- Anyone who has unconscious response patterns which do not have a clear source of "trauma", or for which words do not have adequate meaning or connection
- Anyone who wants to learn how to set up and maintain a positive and empowering relationship with their "body-wisdom"
- Anyone who has a sense of their internal "fire alarms" being tuned a bit too high
- Anyone who suffers from any physical symptom related to the ANS (Autonomic Nervous System) balance - including peripheral circulation, chronic pain which does not respond to any form of physical intervention, hyperarousal (ADHD), etc
- Anyone who has been in an accident or other event or series of events, and has subsequently suffered anxiety or other difficult responses which have not responded to counselling.