

CRANIOSACRAL THERAPY

PART III: IN THE FUTURE

John E. Upledger, D.O., O.M.M.

ABSTRACT

In this, the third and final installment of the “perspectives” series on CranioSacral Therapy and its interrelationship with energy medicine, I present my concepts of its potential applications and contributions for the betterment of the human condition. It is my hope that as the human condition is positively affected, so the planet will have a better chance for a high quality survival. In the first and second installments I have discussed the history and development of CranioSacral Therapy, its progeny, its integrations with other therapeutic approaches and the wide range of applications for recipients of this modality as well as its effects upon the CranioSacral Therapy practitioner.

What is presented in this last article is a summary of the potential uses and dividends of CranioSacral Therapy as I see them. I am not predicting what will happen, I am predicting what could happen and hoping that it will.

KEYWORDS: CranioSacral Therapy, SomatoEmotional Release, body-mind-spirit integration, residual energies, dolphins and CranioSacral Therapy, flotation tank treatment

GENERAL CONSIDERATIONS

Since my first exposure to the craniosacral system, about 25 years ago, my research and interactions with it have opened many doors for me. It is almost as though this system has become my mentor and guide. My association with it has changed my way of thinking and doing in many areas. My experience with the craniosacral system suggests that it is the place where body, mind and spirit cohabit. Once you access this “core” (craniosacral) system you can dialogue with and gain insights from all three aspects (body-mind-spirit) of the individual. Sometimes the dialogue is verbal, sometimes insights and perceptions are transmitted non-verbally. Sometimes these messages are given literally and sometimes they are transmitted symbolically. However it is done, the person who has access to the craniosacral system becomes privy to many of the deepest and most private pieces of information and wisdom that are present in the body-mind-spirit complex of the owner of the system that has opened its portals. Once total access has been given it means that the recipient of this access can explore with that person who has opened his/her innermost workings. They can discover, together, the reasons things have happened as they have. They will be given insights into what can be done to resolve problems on any level. They will then see how they can move on towards further enlightenment and evolution to higher levels.

Should this level of usage of the craniosacral system be attained, baffling situations may become comprehensible and manageable, apparent destructive situations may be turned into constructive opportunities for growth and the whys and wherefores of so many seemingly undesirable human activities may be understood and perhaps become unnecessary.

When Elmer Green asked me to do this series of perspective writings, he indicated that I could share my innermost thoughts with you, the reader. He indicated that I need not offer scientific evidence to support my thoughts and ideas. I have taken Elmer at his word. I go on record as saying that I honestly believe that when a healthcare professional is sincere and dedicated, he/she may be given free access to the patient/client’s craniosacral system, wherein resides the wisdom to answer all of the significant questions. This privilege, when used properly, cuts through all of the excuses, alibis, distractions, etc.

and moves directly to the truth. My feeling is that nothing facilitates self-healing like the truth. As this method of gaining truth is more frequently used, we will see healthcare costs drop precipitously and more people confront themselves effectively. As truth prevails and we all begin to look carefully at our own images and reflections in clean and polished mirrors, we will witness a significant reduction in levels of violence, deception, hatred and the like. The craniosacral system offers a pathway to self-truth and self-healing. It is certainly not the only pathway, but it is one that is easy to learn to use and it works.

OTHER PROSPECTS FOR CRANIOSACRAL THERAPY

I should like to ground myself a bit and discuss with you some of the areas wherein CranioSacral Therapy may offer benefit to humans, and perhaps to dolphins, as we learn to interrelate with them.

SHARECARE

ShareCare is a name that we coined for a one-day workshop that is open to all persons. This workshop offers hands-on training and experience in feeling/palpating the rhythmical activity of the craniosacral system throughout the body. It also demonstrates to the attendees how they can alleviate a wide variety of symptoms and pains by bringing the craniosacral system to a “still point” wherein the system re-adjusts itself. Additionally, they are taught the use of direction of energy techniques which they can effectively use to alleviate pain for a suffering loved one or friend. In these one-day workshops I usually ask for a volunteer with a pain to come up to the front. I then either induce a “still point” or direct energy (whichever seems appropriate) in order to reduce the discomfort. I have yet to have a demonstration failure. Once the first volunteer is “treated” I ask them to remain with me in the front of the room as I recruit another “in pain” volunteer. I then have the first volunteer, who has never done this work before, treat the second “in pain” volunteer. I offer some guidance, but I do none of the “hands-on”

work. I have yet to see the first volunteer fail to relieve the pain of the second volunteer. I may then repeat this a few times with more volunteers until I see the audience beginning to accept the idea that they too can do this. When I see the disbelief fading, I ask them to “treat” their fellow workshop attendees in pairs. Almost everyone has some sort of ache or pain that can be helped. The enthusiasm is typically very high as success breeds success.

In the future I believe this type of empowering workshop experience can become a part of many people’s lives. As they are empowered, their self-esteem/respect level rises. As this rises the level of frustration drops, as does the anger that invariably accompanies frustration. The result of this empowerment has to be more love and less violence.

As an example, I taught a husband to use his hands to help his wife with her headaches. It took about 30 minutes to train him in very basic CranioSacral Therapy and direction of energy techniques. Now, when she has a headache he helps her. This makes him feel useful and shows her that he cares. Their relationship is greatly improved. Previously, if she had a headache when he came home from work he would find her lying on the couch with an icebag on her head. She could not function. They would spend a few hours at a hospital emergency room, usually she was given an injection of either Valium or Demerol. The medication kept her dysfunctional for another 10 or 15 hours. They began fighting a lot. The more fights the more headaches, the more trips to the emergency room the more fights, the more headaches, etc. The husband felt totally useless, except to drive the car and pay the bill. He was disempowered. When he learned the CranioSacral Therapy and direction of energy techniques he was useful again. Now he could show his wife that he still loved her. In fact, his application of the techniques soon ended the emergency room trips.

If this approach was offered to the public, how many divorces would be not even contemplated, how many wife beatings would not happen, and how many domestic violence deaths might even be avoided? Most certainly the children from a home wherein the mother and father offered healing to each other would be happier children with a much better chance of maturing into happy adults.

CRANIOSACRAL THERAPY FOR NEWBORNS

My research and observations strongly suggest that the birth process, especially as modern medicine has chosen to modify it, is responsible for a great number of brain dysfunction problems which may manifest immediately or later on. Amongst these problems are a significant percentage of seizure disorders, cerebral palsy problems, failure to thrive syndromes, colic, vomiting, strabismus, hearing problems, motor system dysfunctions, aphasia, dyslexia, hyperkinetic behavior and so on. It is my firm belief that a great number of these problems could be avoided by the use of quality craniosacral system evaluation and treatment during the first 3 or 4 of days postpartum life. Actually, the sooner the corrections in the system can be made the better for the infant. I have happily and successfully treated a few newborn infants in the delivery room after suction and cleaning, and during maternal bonding. It is almost never too soon to do the craniosacral evaluation and treatment.

I also believe that many surgical procedures for synostosis will be unnecessary as the craniosacral therapist assists the postpartum infant head in its assumption of normal shape. And then, as needed, sutures are mobilized that may become compressed due to various factors in the first few years of life.

CRANIOSACRAL SYSTEM EVALUATION AND TREATMENT FOR SCHOOL CHILDREN

As a part of the routine physical examination I would like to see an evaluation of the craniosacral system carried out annually on each child. Treatment could be applied as indicated. These evaluations could be done by a wide variety of therapists, including school nurses, etc. I would envision a program of certification (which is presently underway—see installment II of this series) which would offer a large number of qualified CranioSacral Therapists who could evaluate and care for the school children at reasonable fees. This program would greatly reduce the number of children suffering from learning disabilities of all types in our public and private school systems.

CRANIOSACRAL THERAPY TRAINING FOR NURSERY, KINDERGARTEN AND GRADE SCHOOL CHILDREN

The simple techniques of CranioSacral Therapy and direction of energy could be given/taught to children from pre-school through the 5th or 6th grade as a part of their curriculum, much as they are given playtime, or other activities. These techniques can be taught as fun games to play. As the children begin to connect “feeling” better with what they do, they will begin to realize the talents that we were all born with and which can be used to help each other and ourselves. These children are thus empowered. The result of empowerment is self-esteem. Frustration and the related anger levels are reduced. Children and adults who are empowered have self-esteem and are not so frustrated and angry and are much less apt to commit acts of violence. These children will have the opportunity to replace anger, fear, frustration and the like with love.

When someone puts their hands on you and you feel better concurrently, the touch and the good feeling become connected at many levels of consciousness. It is much more difficult to be angry and hold that anger against someone who has helped you feel better, or whom you have helped to feel better.

CRANIOSACRAL THERAPY FOR EXPECTANT MOTHERS

When an expectant mother is carrying a child inside of her uterus it is important that she provide the best possible environment for that child/fetus as it matures inside of her. We all know about the nutritional needs that must be furnished by the mother. We know a little less about the immune protection that the mother gives the developing fetus. General knowledge and acceptance that the mother's emotional and spiritual status has great effect upon the fetus receives much less consideration by most healthcare professionals working in the areas of prenatal care and obstetrics. As our work in CranioSacral Therapy and SomatoEmotional Release has unfolded over the past 20 plus years, it has become more and more apparent that within the womb

the fetus receives the mother's emotional reactions to her own internal stimuli and to the external stimuli and situations to which she is exposed. We have treated a very large number of problems in adults which have led us back in time to intrauterine causes. One of the most common etiologic experiences that we encounter is that of an argument that can occur between the husband and the wife when she informs him of her pregnancy. So very often this scene evolves into an emotional response by the husband, during which he expresses negativity about the pregnancy. Typically he is concerned about finances, the fact they already have (x) children, and a feeling that they can't have another. The wife then breaks down, and cries or screams, depending upon her temperament. A little worse situation occurs when the husband wants his wife to have an abortion. She may refuse or she may consider it, or she might make an unsuccessful attempt upon herself. Even more emotionally charged is the "out of wedlock" pregnancy that results in a screaming match with the male disavowing any responsibility. Any of these scenarios can involve some physical violence. There is also the common scene wherein the pregnant woman does not want to be pregnant. No real scene may occur, but she silently wishes this had not happened to her because the child will cause her to interrupt her life plan such as an education, a career, an ongoing party (doesn't want the responsibility—wants to be free to party) or whatever.

In any of these common scenarios, and in any of the infinite number that you can recall or imagine, the fetus actually "knows" that it is unwanted. It may hear and record voices and words through the uterine walls or it may simply feel and record the emotions and energies of the mother. In any case, this type of circumstance is frequently the primary etiologic agent for adult problems, whether physical, emotional and/or spiritual. The only proof I can offer is that when the patient re-experiences the intrauterine life, feels what he/she felt inside of that uterus and resolves the issues, the symptoms or problems disappear. To prove cause and effect relationship objectively in such cases is next to impossible, but I have learned to accept the outcome for whatever reason it may occur.

We have seen that when she is given CranioSacral Therapy combined with SomatoEmotional Release and Therapeutic Imagery and Dialogue the pregnant woman becomes more calm and peaceful. We may also focus our attention upon the fetus. Our intention is to release any type of experience, emotion,

and energy that could have a destructive or obstructive effect upon mother and/or child during the pregnancy, and to release the energies of any birth traumas that may have occurred to either mother or child during that birthing process. In order to accomplish these releases the treatment should be offered on a monthly basis during the first eight months of the pregnancy, and weekly during the last month. The treatments would aim not only at energy release—and when I say energy, I include emotions, memories, and experiences from both mother and fetus, but also at assisting in the adaptational processes that the anatomical-physiological structures must pass through during the pregnancy and the delivery.

CranioSacral Therapy and all of its progeny provide excellent relaxation and comfort to the mother during the pregnancy. Hence, in the future I can see this modality as part of standard care offered to pregnant women, their fetuses and immediately postpartum for both parties.

There are two other areas wherein I see CranioSacral Therapy and SomatoEmotional Release as very effective during a pregnancy. One is to assist the expectant father in his release and resolution of problems related to fatherhood, whatever they may be. Secondly, CranioSacral Therapy is very effective as a method of releasing the energetic residue of drugs, which may be present in both mother and child. I shall discuss these methods in a subsequent section.

RELEASE OF UNDESIRABLE RESIDUAL ENERGIES

During our advanced level workshops it has often occurred, during multiple hands sessions (3 or 4 therapists working with a single subject/recipient) that the recipient was retaining the energies of situations long past. These retained energies could be the residue of drugs that were taken (either legally or illegally), of environmental exposure to toxins or to very bad energies of other people, of accidents and the like. We have found that we are able to perform a virtual exchange transfusion of energy for the person in question. Usually, one therapist performs the draining function (acts as a sink) while the others provide input of new and clean energy (act as the source) which replaces that contaminating energy which is being drained. The whole process is carried out by intention. The results are most often remarkably beneficial. Since many of

the recipients are therapists we remain in good contact with most of them over a period of years.

A recent and most interesting case involves a male therapist in his early 40s who was severely injured in an auto accident about 20 years prior to this session. He was comatose for about two weeks after his accident, and he suffered multiple fractures of all 4 limbs, several ribs, the sternum and the pelvis. He received reconstructive surgery after recovery from his comatose state. He states that little reconstruction was done during coma because he was not expected to live. His discharge from the hospital occurred after a 3 1/2 month stay. He was morphine-dependent at the time of discharge. When the doctors would no longer prescribe morphine for him he began using narcotics that he obtained on the street. He remained addicted to the illegal use of street narcotics for a few years. He then took it upon himself to withdraw "cold turkey." Presently, he is married, has two healthy children and makes a good living.

During the Advanced workshop he confided that he still had almost overwhelming episodes of desire to return to the use of morphine or heroin. The therapist group connected with his inner wisdom and accessed his craniosacral system. It was decided to do the aforementioned described "energy exchange transfusion." The process required about an hour. He relived much of his withdrawal agony and visualized morphine molecules being released from areas in his body that had been severely injured. As these "molecules" cleared from the injured body areas, these molecules then followed a pathway of exit either via his left leg, his brain stem, or out his mouth. When the session was over he very happily announced that his desire, his addiction was over. Several months have since passed, he still maintains that he has felt no desire for any narcotics since this "energy exchange transfusion."

We have used this same technique with satanic cult victims who seemed filled with the destructive and violent energies of their experiences. The results seem successful and lasting. The concept seems to me to be compatible with the same principles whereby homeopathic remedies make use of residual energies rather than actual molecules of the drug or herb. that was used before the dilutions were made. It seems to me that by intentioned energy, most undesirable residual energies can be expelled.

Should this concept be accepted and used, I would visualize that the CranioSacral Therapy community would be able to offer a very widely useful service to many victims of “evil doers” and vengeful attackers, active addicts, arrested addicts and the like. I do not believe that we must understand how this works in order to use it, because when the therapist’s intentions are honorable the method is virtually risk-free while being quite effective. Additionally, the recipient contributes to their own cleansing and healing. This kind of participation in one’s own therapeutic/healing process is good for self-esteem.

PROVIDING ENERGY FOR THE DEPLETED CLIENT

Along the same line there are many people who have been drained of energy. These people usually become classified as suffering from chronic fatigue, a virus of some type, an unknown malady or an emotional or psychological problem. In these situations it is sometimes helpful to “inflate” the patient/client with “generic” energy at the beginning of the therapeutic/facilitative process. This filling with energy enables the therapist and the patient/client to see the shape or morphology of the problem so that the processes of discovery, acknowledgment, definition, treatment and resolution can begin.

In the future I see this filling or inflating with energy process as routine for patients/clients who to the therapists hand feel empty or drained of energies. I believe this will shorten the recovery process significantly. In my own mind I liken this “inflation” to the blowing up of an empty balloon with air. It is difficult, if not impossible, to gain an accurate understanding of the shape of a balloon when there is no air in it. You can examine and guess, but why not blow it up and simply see what it does. The same is true for a patient/client. Why not fill them with generic energy and see what they do. The craniosacral system will guide you once the energy is present.

THE FLOTATION TANK

Quite often subsequent to a spinal cord injury we are able to establish a palpable flow of energy from the CNS—spinal cord or brain, above the injury—into the paralyzed or paretic (dysfunctional) body part. Even when this energy flows with good amplitude and relative freedom, the dysfunctional body part may not respond to its full potential (by our judgment). We have found that local problems in the body part in question are often the problem. These problems may be myofascial, musculoskeletal, neuromuscular, articular and so on. In any case, these more local problems interfere with peripheral body response even when the signals from the CNS control centers are beginning to get through at a level that is perceptible by the craniosacral therapist. Many of these more peripherally located and more localized problems can be discovered, treated and effectively resolved by the skilled therapist. However, we also feel that some of these peripherally located problems are of sufficient subtlety that they escape our discovery efforts. We found this to be true when we decided to work (with multiple-hands) with these patients/clients in a flotation tank. This approach offers the patient's body, and the therapist's discovery effort, a virtually gravity-free and friction-free environment within which the level of patient body relaxation obtained is beyond anything that we have been able to achieve by other means.

Our flotation tank was custom built by Tank Alternatives (609/587-5017 located in Trenton, New Jersey). The inside dimension of our tank is 5'6" wide, 9'6" long and 30" deep. We use a water depth of about 24." The solution in the tank is about 50% $MgSO_4$ in water. The solution temperature is kept at about 95° F. The flotation solution is filtered and ozonated. Originally, we designed the tank for sound and light isolation, but we have found that sound and light deprivation do not necessarily assist in the discovery and treatment process. In this tank the patient is buoyant. He/she simply lies on top of the solution, develops a trust in the fact that sinking is not possible and achieves a level of body relaxation that I doubt is achievable when under the influence of gravity and motion-inhibiting friction. Ideally, I like to have 3 or 4 therapists in the tank working in concert with the patient. Therapists must keep their spines in a very nearly absolute vertical position as they sit on the bottom of the tank and work with the patient. A leaning movement that takes the therapist's torso more than a few degrees from

vertical results in an upending of the therapist to a floating position along with patient on top of the $MgSO_4$ solution. Therefore, it requires some practice in order for the therapists to effectively work under these conditions. We could use weighted belts, but it seems to add to the challenge and fun of the experience for all concerned when we work with only our balancing skills and postural awareness to maintain contact between the bottoms of the therapists and the tank. In addition to the bodily freedom enjoyed by the patient, I also believe that a very therapeutic contribution results from the magnesium ions and the charge which they put into the solution. Essentially, we are all taking a nice, warm Epsom salt bath.

When we take patients, especially paralysis patients, into the flotation tank and work with their bodies for perhaps 45 minutes to an hour, we are convinced that very subtle restrictions to tissue motion arise, only to be discovered and released by the therapists. These very subtle restrictions would probably have escaped our discovery under less favorable circumstances. When these restrictions are released, two things happen that are very apparent. First, craniosacral system function, in terms of its ease and amplitude, is logarithmically improved. Second, the total body of the patient, including the paralyzed parts, are more relaxed, mobile and often demonstrate an immediate and significant improvement in motor control and function.

At present, this work is very much in the exploratory stages. But, what we have seen thus far is extremely exciting and most promising. Hypertonus is released, immobile joints become movable. Intra-abdominal work is easily done by holding the patient's buttocks to the bottom of the tank and using the visceral buoyancy to assist in accomplishing visceral release and mobilization. General well-being also seems improved.

There are, of course, logistical problems. In the real world the availability of a satisfactory flotation tank is a problem. Patients and therapists must shower before and after. Three or four therapists' time is valuable. To assemble such a group, and pay each of them for their time, is not an easy problem to solve at present. However, I am hoping that the day will come when the results, although expensive in the short term, will demonstrate their worth in the long term. When this occurs, I believe that therapy, especially CranioSacral Therapy, in a flotation tank will become part of the conventional approach for a variety of disabled patient/clients.

THE DOLPHINS

In the late summer of 1995, Laura Ramsay, a good friend and student of CranioSacral Therapy, suggested to me that an opportunity might exist for us to work with patients in the water with dolphins (the water mammals, not the popular mahi mahi menu item). Our plans with the Dolphin Research Center in the Florida Keys took the better part of a year to finalize. At this writing, we have been working in the water with patients and dolphins for two days per week for a couple of months. The experience is most remarkable.

The patient is supported by two tubular floats. They lie atop the water in a lagoon with a "noodle" float under their knees and another under their upper back with their arms holding it in place. The water in the area of the lagoon where the patient and therapists are is about 3 1/2 to 4 feet deep. Three therapists stand in the water, one in contact with the patient's head, one in contact with the patient's feet and one at an appropriate location on one side of the torso. We then all "broadcast" a silent intention to help the patient heal the problem. The dolphin is free to join in or not, as they prefer. Thus far they usually circle our group a few times, sort of scanning and checking things out. Then a dolphin will join in the treatment process by either touching the patient directly, or by sending an energy through a therapist. I have experienced both. I will say that when a dolphin decides to "energize" a treatment process, we all know it.

On one occasion we were working with a closed head injury patient in her thirties who had lost most of the use of her right leg, which suffered about 20% loss in circumference and about 3" in length. Her injury was about 4 years old and we had previously treated her, with some success, at our clinic. In the water it was my intention to mobilize her pelvis and lengthen her right leg, as well as to further improve the energetic connections from torso to leg. I had my hands on the sacral and suprapubic areas of her pelvis and the therapists were working into the pelvis from the head and the feet, via the craniosacral system from above and via the myofascial and musculoskeletal systems from below. The dolphin circled us a few times, then put her nose on one of the therapist's back at the level of about T4. This therapist was at the patient's head. The dolphin kept this contact for perhaps a minute. Her contact was accompanied very quickly by a powerful sense of

vibration in the lumbosacroiliac complex and the total pelvis. In very short order, all of the components of the pelvis began to perceptibly mobilize. After a minute or so, the dolphin circled a couple of times and then applied herself similarly to the therapist at the patient's feet. The results were a further mobilization and balancing of the patient's pelvis, sacrum and lumbar spine. The amplitude of motion of the craniosacral system increased significantly. This dolphin repeated the process with both therapists seven times. She did not physically contact the patient's body, nor myself, at anytime during this session. When we came out of the water, the patient's leg length discrepancy was perhaps 1" and her walking ability had significantly improved.

During another session we were treating a 10-year old boy who suffered from osteogenesis imperfecta and mild cerebral palsy. To date, the boy had suffered 13 fractures of his skeletal system with no significant accidents or trauma as causes. In this case the dolphin initially came to my station, which was once again on the torso, with a therapist at the head and the feet. The boy had a "stomach ache" that morning. The dolphin circled and came to the area of the stomach ache and applied her nose. The boy smiled as the discomfort went away. Then the dolphin circled and applied her nose to the bottom of his left foot for several minutes. She repeated this procedure about 5 or 6 times. Each time the boy's whole body vibrated with energy. After a few times the vibration did not stop between dolphin contacts. About 4 hours later the boy reported that he could still feel the vibration, it was a "nice feeling." We will see what effect this work has on his problem. These were two different dolphins. We have worked with both female and male dolphins, with equal success. All of the dolphins have been appropriately gentle and would seem to be compassionate. One of the male dolphins seems to be teaching me how to use dolphin energy therapeutically. I have noticed a difference in my own work since this relationship has begun.

I will not limit the possibilities of the outcomes that may materialize as we continue our work with these wonderfully evolved, intelligent and caring beings. I will only say that I hope it is the beginning of two species beginning to communicate and share advice and wisdom on a very natural level, rather than a "high tech" level.

CONSCIOUSNESS

I am rather taken with Valerie Hunt's concept of consciousness as energy in Infinite Mind—The Science of Vibrations. She sees each of us with our own personal energy field (consciousness) which resides in and interacts with a larger energy field (consciousness) which in turn resides in and interacts with a larger energy field (consciousness) and this goes on until we reach the cosmic energy field (consciousness). She models all of these energy fields as influencing each other in both directions. Also, matter influences energy and energy influences matter. Thus, we are all ultimately influenced by and influence every thing and every energy. In this way I see each of us having access to a universal consciousness. I also see the craniosacral system as a key player in each of our energy fields (consciousnesses). I don't pretend to know by what means this occurs, but the clinical observations of many other CranioSacral Therapy practitioners, as well as my own, strongly suggest that this is the case. It seems as though the craniosacral system of each individual is personally theirs. And yet, each of these separate systems seems to provide a ready access to a universal consciousness through which access to an (almost) inexhaustible supply of wisdom is available. Should the therapist/patient unit understand how this access can be carried out the wisdom is theirs to use.

I believe that in the rather near future the answers to many personal and broader questions will be readily available to persons who understand how to work with this system. I believe that the craniosacral system is the "structure/matter" wherein resides the energies of the various levels of consciousness of each being.

COMMUNITY CENTERS

It would be very nice if a large portion of the earth's inhabitants began to use their hands to touch each other. It would also be very nice if these "touchings" transmitted healing, love, wisdom and the recognition that we are all one. It would also be very nice if community centers would offer a facility wherein people could congregate for the purpose of touching each other in this special way. I don't know whether this is a realistic dream, but it is a very nice dream. The major obstacle to the fulfillment of this dream would seem to be the human ego.

CONCLUSION

I would like to say in conclusion that the practice of CranioSacral Therapy and its progeny has removed many of the agonies and insecurities from my life and from the lives of many of my colleagues. It is a healing practice for all participants. Most of us began the use of CranioSacral Therapy as a rather soft, but structured, system of treatment which had a reasonably valid scientific basis. With practice and experience, what most of us now do is an art form. We still call it CranioSacral Therapy, but it has no limits.

Thank you for allowing me to express my innermost thoughts and feelings, so freely and openly.

• • •

CORRESPONDENCE: John E. Upledger, D.O., O.M.M. • Upledger Institute • 11211 Prosperity Farms Road • Palm Beach Gardens, FL 33410-3487

REFERENCES & NOTES

1. Valerie Hunt, *Infinite Mind—The Science of Vibrations* (Malibu Publishing Co., Malibu, CA, 1985).