

# **CranioSacral Therapy and Myofascial Release Can Shorten Attachment Therapy**

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At Attachment Center West, we sometimes combine CranioSacral Therapy (CST) and Myofascial Release (MFR) techniques with attachment therapy. Based on combining these therapies working with approximately 20 clients over the past three years, we estimate that this approach reduces the length of time the child needs to remain in attachment therapy by 50 percent.

CranioSacral Therapy is a light-touch manual therapy that addresses restrictions in the skull and the membranes and fluid that surround and protect the brain and spinal cord.

Myofascial Release is long-term lengthening of the connective tissue of the body, called fascia. Fascia is a three-dimensional web-like structure that surrounds every muscle, bone, nerve, blood vessel and organ of our body, connecting down to the cellular level.

Research conducted in the late 1970s by Dr. John Upledger, an osteopathic physician and leading researcher of CranioSacral Therapy, and Zvi Karni, a biophysicist, showed that the body often retains an emotional imprint of physical trauma. These "soft tissue memories" are stored in the body's cells, allowing the body to hold onto intense emotions such as anger, fear and sadness. When a person resists feeling emotions, he commonly feels an ache, a sharp pain, a pressure, or other physical sensation. Dr. Upledger developed the use of imagery and dialoguing techniques while monitoring the CranioSacral rhythm, and has termed this technique Somato Emotional Release (SER).

By monitoring the CranioSacral rhythm, we can determine when there are "stillpoints," or points at which the CranioSacral rhythm stops moving. Dr. Upledger calls this point a "significance indicator."

A stillpoint typically occurs when a person has a vision of a past trauma, feels a real feeling, or has a passing thought related to the traumatic feelings. During therapy, we can detect a stillpoint, and then ask the child, "What did you just see? What did you just feel?" We convey to the child that the feeling or visualization he is experiencing is important, and help him understand that these feelings and visualizations are his truth.

Children from traumatic pasts often do not know their own truth. They manipulate situations and people to avoid connecting with their true feelings. Even if they experience their true feelings internally, they can deceive the adults around them so that the adults do not recognize the child's feeling. A child commonly does this by changing the subject, or by talking about a different feeling. For example, he may talk about sadness when what he is really feeling is fear. If the child successfully leads the adult into a discussion about sadness, it typically satisfies the adult, and the child avoids having to deal with his fear. By monitoring the stillpoints during therapy, we can refocus the child on his true feeling.

We combine CST/MFR with attachment therapy using a two-person team approach. One of us is a specialist in attachment therapy while the other is a specialist in CST/MFR. We each stay respectfully within our own licensed profession and do not infringe on the other's specialty. We find that the power of a team approach is often greater than that of a solo practitioner.

It used to be thought that the cranial bones fused together once the brain had fully developed. We now know that the cranial bones remain separate and move in specific directions.

The CranioSacral therapist monitors the rhythm of the CranioSacral system to detect potential restrictions and imbalances. The therapist then uses delicate manual techniques to release those restricted areas and relieve unnecessary pressure on the brain and spinal cord.

In terms of Myofascial Release, tightening of the fascial system is the body's protective mechanism in response to trauma. As soft tissue is released using Myofascial Release techniques, emotions commonly surface and children are able to connect to their true feelings.

Through the combination of CST/ MFR and attachment therapy, children learn to find and know the truth of their souls. These therapies facilitate bringing down the walls of resistance in a safe environment in which the child is protected and nurtured by his parents.

During therapy, the parents are also in the room. Parents come to understand their child's fear and pain on a much deeper level as they witness him remembering previous trauma. They are able to see that their child's angry behaviors are rooted in sadness and fear, rather than designed to hurt his parents.

It's amazing how much progress these children can make in a very short period of time. Following is an example of such progress.

Ten-year-old Jill held anger in her jaws and abdomen. She would withhold bowel movements for as long as two weeks. She raged for hours and ground her teeth, causing headaches and neck pain. Through combined CST/MFR and attachment therapy, she was able to remember her traumatic memories, and then let go of them. After two sessions she began having regular bowel movements, her headaches and neck pain were relieved and her rages greatly diminished.

This is just one example. We could cite dozens. The progress these children have made has been truly remarkable to see.

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