

Continuum and Biodynamic Craniosacral Therapy: Parallel Paths to Health

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I lie on my back in a deep, internal silence, as my leg rises up into the air, with no particular command from me, suspended in slow motion, stillness really, for what seems to be forever, and may be. Something supports me, some invisible emissary of the Mystery. I feel as if I am being gently stretched, swayed, spiraled into and out of form. My usual definition of myself is as suspended as my leg. I am spreading out beyond my everyday boundaries, ecstatically merging with the Field around me, perhaps with the entire Cosmos.

This describes an experience of Continuum Movement. Developed by Emilie Conrad, Continuum uses breath, sound and movement to access slow, fluidic states, often with remarkable effects. As I have engaged in intensive study of this practice, I have been struck by parallels between Continuum and my other passion, Biodynamic Craniosacral Therapy (BCST). This article documents some similarities between the two practices.

Both Continuum and BCST help us to slow down and return to our fluid natures to enhance health, well-being and aliveness on all levels. While Continuum involves physical movement and BCST is a hands-on practice between therapist and client, the experience and language of those involved in each practice are remarkably similar.

Conrad has investigated the fluid in our bodies for 40 years. She finds that they react to speed, stress and trauma by condensing and rigidifying. Continuum breath and sounds reduce our speed, decompress and revitalize the fluids. Body movements that mimic the movement of water also help to recall forgotten flow, enhancing our resilience and adaptability.

Like Continuum, BCST also emerged through a long investigation into the fluids in our bodies in relation to health. William Sutherland, an osteopath who first discovered the “Cranial Concept” or “Osteopathy in the Cranial Field,” followed a path not entirely different from Conrad’s. He, too, studied for years by experimenting on his own body, resulting in a new, revolutionary practice. BCST evolved from discoveries of his final years.

Dr. Sutherland’s quest began as a young osteopathic student viewing a disarticulated cranium. Observing the edges of the temporal and sphenoid bones, he heard the words in his head, “beveled, like the gills of a fish, indicating articular mobility for a respiratory mechanism.”¹ He considered this a “crazy thought,” having learned like other medical students, that the cranial bones were fused and did not move. The thought haunted him, however. He needed to know what purpose these bevels served. His quest eventually led him to discover a breath-like phenomenon manifested in the body as rhythmical fluctuations of the cerebrospinal fluid (CSF). He recognized a “primary respiration,” functioning long before the lungs begin their work at birth. Sutherland studied its expression in the bones, tissues, nervous system and CSF.

Towards the end of his life, Sutherland moved to California, where he was impressed by metaphors offered by the ocean. He began to perceive that something deeper seemed to be sourcing the wave-like movements he palpated in the body. It seemed to come from beyond the body's boundaries. He called it the "Breath of Life."

BCST is based on this view that the body, rather than being a mechanistically driven set of structures, is a system organized by the Breath of Life. Unlike Cranial therapies evolved from Sutherland's earlier work, BCST involves contacting slower, deeper expressions of the Breath of Life. Those who continued on this track after Sutherland died eventually named three tides. The Cranial Rhythmic Impulse (CRI) is associated with movement of the bones and tissues of the body, which is where Sutherland began his studies. The slower Mid-Tide corresponds to fluctuations and integrative aspects of the fluids. The Long Tide, which is very slow, relates to the bio-electric field phenomenon Sutherland was tracking in his final years.

Conrad's background is very different from Sutherland's, but her discoveries are not. Her initiation into the fluid realms began as a young dancer immersed in the folkloric dance of Haiti. As a dance teacher back in America, she was informed by the primal rhythms of the drums and dance she had encountered. Whereas Sutherland was guided by an inner voice to consider the cranial bones as part of a respiratory mechanism, Conrad was awakened by visions during the night. Figures at the foot of her bed taught her strange sounds, which altered the way she worked with the body. Eventually leaving the drums behind, she focused on the effects of breath and vocalized sounds directed into the body in various ways. Wave-like, undulating body movements accompanied the sounds.

A few years ago, Continuum went through a major change as Conrad recognized what she came to call the "Three Anatomies." These correspond directly to the three Tides in BCST. I am fascinated by the coincidence that both Conrad and Sutherland began to perceive the slowest tide or anatomy after 40 years of exploration. Interestingly, Conrad first visited Haiti in the 1955, the year after Sutherland died. Her research strikes me as the next wave, perhaps expressing the same tidal phenomenon that Sutherland followed.

Three Anatomies

In describing the three anatomies, Conrad explains that our tissue structure changes in different situations. In her book, *Life on Land*, she writes, "Anatomy is circumstantial, it is dependent upon the organization of fluid within any given moment. Our structure is designed to change as intrinsic fluid mobility becomes increasingly more or less 'alive.'"² The degree of fluidity we embody affects how much information or nourishment is available to us. In a more fluid state, information flows more readily. Communication occurs between cells, different areas of the body, and the larger electromagnetic field around us. In a frozen or paralyzed state, fluid is immobilized, reducing its resonance and ability to receive information. In this extreme, the only movement possible is stuck in automated or habitual patterns, like reflexes. Conrad, however, has helped individuals with injured spinal cords and other forms of paralysis to find movement by enhancing the flow of information with breath and sound. Her three anatomies relate to the varying degrees of flow she has observed in Continuum.

The "Cultural Anatomy," comparable to the CRI, refers to how our tissues are organized during everyday activities. In modern life, these involve high speed and constant stimulation. Bombarded by computer screens, fast moving cars, and having to get things done, our bodies and focus become narrow and linear. Notice how your body feels if you think about being late for an

appointment and trying to get through traffic while using your cell phone to call the person you are late to meet. Chances are your breath is shallow and rapid and you find yourself leaning forward in what Conrad terms a “forward thrust.”³

When we first make contact with someone during a BCST session, we may encounter this Cultural Anatomy. The tissues feel rigid, dense, and relatively solid. According to Conrad, the flow of information in this state is narrow and limited. Similarly, in the CRI, perception is localized; we perceive the movement of bones and tissues in a relatively isolated, linear way. For example, we might observe a torsion in the movement of the sphenoid bone in relation to the occiput, due to a specific injury. The CRI expresses the results of personal history, how the system has adapted to cope with the various insults, traumas, and events of life.

As the client begins to settle, the tissue softens, widens and spreads. We sense more fluidity as things slow down. We may begin to sense the gentle fluctuations of a Mid-Tide. Instead of focusing on parts, we perceive a whole, integrated system. The bones seem to soften and melt. The occiput and sphenoid become expressions of the whole, floating in an internal ocean with every structure in the body. We have entered the “Primordial Anatomy”.

In Continuum, we experience this anatomy as wave-like undulations through the body. They can occur anywhere and everywhere simultaneously, rather than following a linear sequence. Conrad considers this a “species inclusive” state, where we may move like an octopus or amoeba or reptile. This is a state of wholeness, where the bio-intelligence of every species is available to us through resonance. Our automatic, patterned responses begin to dissolve, making more novel, creative responses available. This often feels and looks like embryological movement.

In the early embryo, swimming in its own private sea, cells are undifferentiated. They are capable of becoming whatever is needed in the body. They can develop into heart cells as easily as brain or liver or bone cells. Over time, most of the cells of the body differentiate away from this adaptive potential. In the Primordial Anatomy, it is as if we re-enter that embryonic state. Our potential broadens. We find ourselves moving outside of familiar, utilitarian patterns. Information that was previously unavailable to us now enters our flow. The forward thrust of the Cultural Anatomy gives way to spreading, widening and its accompanying restoration. Movement is no longer linear but becomes omni-directional and often deeply pleasurable. “Descriptions soften as classifications of body parts become less distinct and we become a pulsating holosphere of interpenetrating waves.”⁴

Working with the Mid-Tide in BCST, we perceive the Potency, or life force, in the fluid. We may sense the embryonic forces that formed us and continue to be active throughout life, representing the “original blueprint,” or how we were designed to be prior to personal history.

BCST may be considered a practice in shifting perception. We are polyrhythmic beings. As we slow down, our perception broadens and deepens to include the slower rhythms. When we settle enough, we become aware of the Long Tide. In Continuum, we experience the stillness of the Cosmic Anatomy. An arm or leg, devoid of its usual density, floats effortlessly in the air for unbelievably long periods of time. We seem to be beyond time in a profoundly spacious realm, apparently one with the Cosmos. Conrad notes that such effortless suspension indicates that we are being sustained by a greater field. She writes, “If you were to encounter an extremely slowed-down octopus whose tentacle kept elongating almost to infinity, this approximates what tissue structure of the Cosmic Anatomy looks and feels like.”⁵

This could be a description of how it feels to palpate the Long Tide. It seems to go on, elongating and widening forever. This is often accompanied by a sense of deep peace and sparkly lightness, with personal history receding to the background. Conrad writes of the Cosmic Anatomy, “There is an inner silence and something that may be called ‘beyond calm.’ There is a sense of unity; one might say that the person at this moment is in a state of receiving divine sustenance, in which pure unadulterated nourishment is available.”⁶

Working with the Long Tide involves surrendering to that mysterious element beyond ego understanding. Rather than determining and controlling what the client needs, we rest into a larger field and allow the “Inherent Treatment Plan” to unfold. Sutherland writes of the Tide, “You will have observed its potency and also its Intelligence, spelled with a capital I. It is something that you can depend upon to do the work for you. In other words, don’t try to drive the mechanism through any external force. Rely upon the Tide.”⁷

BCST practitioners aim to provide an environment that supports the client’s system in dropping into slower, deeper states where the Tide can do its work. In states of relative stillness, the system re-organizes itself, discharging old patterns and reorienting toward the Health, or original blueprint. In Continuum, we create a similar environment by engaging in specific sequences of sound, breath and movement, “designed to elicit new responses and tissue re-organization.”⁸ We then take time for “open attention,” just observing how the organism responds. Like BCST, Continuum includes an inherent trust that “...our bio-intelligence knows exactly what to do and where to go without any instructions from the host. The River of Life carries with it planetary/cosmic intelligence. In this swell of life, the protozoan, filamental, undulating whispers of eternity express all life forms that were here before we were – all carried in the holy spirit of water.”⁹

Moving Beyond Trauma and Personal History

As we allow ourselves to drop into deeper, slower states, our history loosens its grasp. Continuum, like BCST, acknowledges that past trauma may emerge when we move beyond old habits and patterns that have kept it safely contained. The very slow movement of Continuum facilitates a gentle release of trauma or other aspects of history. Unlike many therapeutic techniques, Continuum seeks not so much to dislodge old patterns as to un-differentiate tissue and access the creative lushness we have forgotten. In the Cosmic Anatomy, history loses its hold. Instead, we are sustained by something deliciously pleasurable.

Bodymind therapists and bodyworkers have long noted that unresolved trauma apparently held in the bodymind emerges as old patterns release. Many have encouraged cathartic release of old emotions. In BCST, we focus on accessing resources available in present time, rather than diving in to the pain of the past. Influenced by the Somatic Experiencing work of Peter Levine, we support our clients in slowing down, tracking bodily sensations, and including in their awareness what is o.k., or even pleasurable, in their bodies and lives. From this more resourced state, it becomes possible to touch in on the pain of the past and discharge it gently without overwhelm. Continuum is a perfect complement to this process.

I find the breaths, sounds, and movement of Continuum help my BCST clients to access resources they have been unaware of or have trouble finding in other ways. I often introduce Continuum to help clients settle more deeply, either before or during table work. What happens when we include Continuum sounds during a session can be truly astonishing. Areas that have

been holding or very slowly letting go dramatically shift as we begin sounding. After the session, I frequently give clients a Continuum assignment to help them maintain, integrate and deepen the work we have done during the session. Continuum can be a form of self-treatment between sessions.

I also find Continuum invaluable for BCST students and practitioners. Continuum facilitates settling into deeper, more fluid states, enabling us to support our clients to do the same. Students often comprehend Biodynamic principles and drop into the slower tides more readily after even a brief Continuum experience. Continuum can also help them to experientially learn about relevant anatomical structures within their own bodies to facilitate recognizing them in clients.

In BCST, the sensitivity associated with the slow tides requires that practitioners carefully negotiate the physical and energetic contact with our clients. The therapeutic relationship between therapist and client is essential to the treatment. Unlike many forms of bodywork, BCST practitioners talk with our clients as needed throughout the session to ensure their sense of safety, support them in staying present in their bodies, and guide them in negotiating discomfort or trauma that may emerge.

Following specific sequences in Continuum serves as an anchor when diving into unbound depths. For some, however, this is not enough to prevent dissociation. Those with trauma in their histories may need the relationship and presence of a therapist to help them learn to stay present, rather than dissociating, as they slow down or close their eyes. Conrad often describes the difference between a visionary and a lunatic as relevancy. We need to be present with our experience so it can inform us in our lives. With awareness, we can become “Broadband Virtuoso(s),”¹⁰ capable of meeting whatever arises with flexibility and resilience.

As a visionary, Conrad has brought to us a highly relevant approach to health. Similarly, Sutherland’s “crazy thought” seems not to have been so crazy after all. With gratitude I appreciate the paths these two have cleared. They seem to easily converge as they lead us to the waters of health so needed in these challenging times.

Notes

1. Sutherland, A., 1962, p. 13
2. Conrad, 2007, p. 296
3. Conrad, 2007, p. 301
4. Conrad, 2007, p. 311
5. Conrad, 2007, p. 312
6. Conrad, 2007, p. 314
7. Sutherland, 1990, p. 14
8. Conrad, 2007, p. 315
9. Conrad, 2007, p. 315
10. Conrad, 2007, p. 328

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