An Interview with Franklyn Sills

by Kate White, RCST®, 2011

Franklyn Sills, a major influence in the worldwide development of Craniosacral Biodynamics, has a long history of study and clinical practice in psychotherapy as well as in craniosacral therapy. His original psychotherapeutic orientation was in humanistic psychology, working with neo-Reichian, prenatal and birth psychotherapy. He studied and collaborated with Dr. William Emerson, one of the major developers of pre- and perinatal psychology. Franklyn was a Buddhist monk in the Northern Burmese tradition, and also studied in the Zen and Taoist traditions. He helped develop the integrated paradigm of "being and selfhood" used in Core Process Psychotherapy trainings and his writings include the neurophysiology of stress and trauma. His published books include *The Polarity Process; Foundations in Craniosacral Biodynamics, Volumes 1 & 2;* and *Being and Becoming: Psychodynamics, Buddhism and the Origins of Selfhood*.

Franklyn Sills

Kate: *You've been pivotal in the creation of Biodynamic Craniosacral Therapy as practiced here in North America. I can see that your early relationships with Ray Castellino and William Emerson have been formative for the discipline.*

Franklyn: I met Ray in 1975, when we were trying to figure out what Dr. Stone (Randolph Stone, founder of Polarity Therapy) was about. Ray, who has since sadly passed away, and I became good friends. I got very interested in what Dr. Stone called the neuter essence and sattvic work (neutral and very soft-touch work) around the cranium and the core of the body. Then I went to Osteopathic college and apprenticed with osteopaths. There was one cranial osteopath who was very into fluids and fluid tide and the receptive state, or states, of being. He had done seminars with Dr. Rollin Becker, a key osteopathic teacher in biodynamic orientations to cranial work.

In 1979 my then wife, Maura, was studying with Dr. William Emerson. William had worked with Dr. Frank Lake, an early pioneer in pre- and perinatal psychology and therapy. You can consider Frank Lake to be the grandfather of perinatal psychology.

We were living in California and Maura came home one night after working with William and was deeply sharing her experience. I began to resonate with her sharing and went into a prenatal birth-state. Maura ended up being my midwife for a few hours. So I thought, there is something to this!

Soon after that I, too, started studying with William Emerson; it was intense, but very revealing. When we went back to England in 1982, William came and worked with us, teaching seminars at our Karuna Institute. I went to osteopathic school around that time, in 1982. I assisted William, and influenced him regarding the stages of birth. At that time, he had many birth stages in terms of the baby's experience, and I helped him narrow the stages down to four basic stages. This is different than obstetrics, which taught of three basic stages. William and I discussed psychological correlates with each birth stage.

At this time, I also got involved with cranial work. I had been teaching Polarity Therapy for a while when, in 1986, an osteopathic colleague, Claire Dolby, suggested I organize a biodynamically oriented cranial course outside the osteopathic profession. It was like the saying," Fools rush in where wise people fear to tread."

It was originally quite a mixed training, biomechanical with aspects of biodynamics. We didn't use the term biodynamics then. We thought we should be teaching classic material and build other things in, offering the biodynamic material in postgraduate courses. It really wasn't working. In 1992, we had a meeting at Karuna where we acknowledged that we weren't teaching what we were practicing, which was much more in relationship to the deeper tides. Instead, we were teaching mostly CRI [cranial rhythmic impulse] oriented work.

It took ten years to slowly shift the curriculum each training cycle. We shifted to a two-year training, and the trainings overlapped, and all of the teachers brought their own understanding. We ran the trainings as a collegiate organization where everyone co-taught. It took ten years for us to deepen into the intention, for us to learn a fully biodynamic language. There was no truly biodynamic language at the time, so I had to develop a lot of the language along the way.

I introduced Dr. Rollin Becker's work to the craniosacral field. He was known in the osteopathic profession but not in craniosacral therapy. I used his idea of the inherent treatment plan and expanded on that. I coined terms like mid-tide and states of balance, and developed perceptual exercises to bring awareness to the tides and relationships to the client's midline.

In 1999 we were still very much in transition. It wasn't until 2002 that I started to feel comfortable with the training course. By 2005, at the end of the training, students were able to rest in primary respiration in themselves as well as in relationship to the client's system. But it wasn't until 2010 that I was fairly happy with what we were teaching. Our students had the skills to settle into stillness and deepen into the "holistic shift," another term I came up with. (I like that term better than the patient neutral.)

Along the way, I developed a lot of contemplative exercises around sensing primary respiration, Dynamic Stillness, the long tide and fluid tide. So it has been quite a journey. Even in our most recent training we have made changes in how we are layering the work,

how we are using the language. I think everyone in the field is doing that. It is a very vibrant, alive field.

Around 1996 at Karuna Institute, we stopped teaching any biomechanical processes. We stopped teaching the engagement of the system outside primary respiration. I stopped teaching motion-testing and following patterns to edges or functional technique. Instead, we teach students how to be resonant with the pacing of primary respiration and to practice appropriate skills at the different levels of unfoldment.

In terms of the pre- and perinatal territories, what I find very powerful is that as you deepen with a client's process over sessions, what starts to emerge are the deeper expressions of their conditions, the various conditions and contingencies they have had to meet from the very beginning of life. Being resonant with this is very important because it allows the practitioner to have an appropriate relationship to all of it. We are holding "right relationship" to the arising process, knowing that while holding an adult, we are truly holding the embryo, the prenate, and the birthing infant.

There is something about holding those deeper processes with heart centered love and awareness that helps healing deepen, because most of the pain from those early territories were experienced when we were little ones—prenate, embryo, birthing infant, young infant and child— where we lost a sense of being received by the other because of the conditions present. There was a wonderful psychoanalyst named Ronald Fairbairn who said that the most basic need of the prenate and infant isn't to be loved. In his understanding, and certainly mine, as long as they haven't been traumatized, they already know love. If they have not been overwhelmed in their prenatal or birth process, their little hearts are naturally open.

The most important basic need of the little one is for its love to be received, for its love to be recognized. The deepest woundings occur when little one's love is not seen or received. I find this to be true throughout life. When you are working with someone one at the treatment table, these processes of loss of connection, loss of being received, loss of love itself start to emerge in the field. We are holding that wounded little one in our hands. The pre- and perinatal work helps to create a field for holding that territory relationally. So we as practitioners need relational skills.

Kate: *So you stopped teaching anything biomechanical and functional?*

Franklyn: Yes, we are purely biodynamic in terms of the tissues and working in relationship with tissues. When you enter the holistic shift, things deepen and a healing process starts to emerge through the tidal potencies within the fluid and tissue fields, then often a form begins to organize around an inertial fulcrum. The potency (embodied life force) shifts towards a fulcrum, the tissue field starts to organize holistically around that. As you deepen with that particular fulcrum, ideally the system then organizes a healing intention as a whole and in relationship to that. Dr. Becker used to say that a new fulcrum is now organizing for healing purposes. The intention is to deepen and widen until a state of balance—a dynamic equilibrium— emerges and to keep deepening with that. If the

system can't manifest a healing process at that level because of the level of shock, trauma, inertia or density of forces in the fulcrum, then certain augmentation skills can be helpful, like augmenting space or augmenting fluid tide and tidal potencies.

The skills we teach are not about following patterns to edges or the effects of those forces, or about engaging the tissues in mechanical ways. Potency works within space. A classic approach is to follow the surge or potency of inhalation and, at the height of the surge, augment space, let your hands "breathe" as though they are moved by an inhalation of the fluid tide. Another classic approach to augment or amplify fluid drive towards a fulcrum is to hold one hand over the inertial area, the other hand a distance away; shift your awareness from one hand to the other.

Within the context of the mid-tide and a system unable to deepen, these are the kinds of skills we were teaching. They are not biomechanical skills, they are much more in relationship to the biodynamics of the system.

Kate: *One of the things I did not learn as a biodynamic practitioner working with babies was how to work biomechanically and functionally to relieve compressive forces. I am wondering if you could clarify this for me?*

Franklyn: I learned a lot about working with babies when two practitioners and I started a weekly baby clinic. We had a lot of teenage mothers come in who had been abandoned. We had young families. The intention was to generate a holding field for the whole family and form a relationship to the little one with the knowledge that the little being is a sentient being. The baby may not understand our words, it may not have the language, but it will understand our intentionality. One of the things we modeled for the young parents was to not speak over the baby or about the baby, but speak with the baby. That was really wonderful. I had been doing that for years but not in a clinic context. I had been doing it on my own—noticing the compressive patterns from birth or even deeper, and commonly a sense of umbilical shock from the prenatal period, which were commonly expressions of mother's own anxiety or stress.

Invariably, along with whatever compressive issues are generating, there are emotional and psychological issues for the baby. There is a need for reassurance, contact, containment—and sometimes reconnection with mom. I find what really helps with babies is a combination of empathy and offering space, especially through the midline. There is commonly a lot of midline protection. If the system is overwhelmed in birth process or even earlier, one of the first things that can happen is the potency acts to protect the midline. It feels like the whole midline is closing down. So I find offering space along the midline extremely helpful, especially within the phase of fluid tide inhalation. And offering space to the patterns, within the pacing of the tidal potency, is also helpful.

I always work with baby while mother is holding him or her, and I slowly come into relationship with the baby before making any physical contact. In essence, it is about differentiation.

I settle with the little one and sense an inhalation mid-tide/fluid tide phase, and in that phase I usually feel a natural augmentation of space in the tissue field at the height of inhalation. Then I augment a little space in the tissue field, whether it is a sutural area, or an interosseus force, or at the occipital or mastoid area—by letting my hands "breathe" like the inhalation of the fluid tide.

So I am not saying not to do anything, but I teach people to work within the natural arising of space as the potency expresses. Rather than grab on to the tissue and say, disengage the suture, I wait for the embodied life forces to process the conditional forces and possible emotional processes, and thus dissipate the inertial forces in the area.

Kate: *For the craniosacral community, can you clarify even further?*

Franklyn: Well, I guess if you are asking about the nature of our work, there are different approaches. For me, it is not about what you are doing, it is more about your mental set. If you have a biomechanical mental set, finding things that are wrong and making it right is your mindset. You tend to look at effects of forces. It goes back to the old classic A. T. Still: Find it, fix it, leave it alone. So there is a biomechanical mental set where you orient to following patterns to edges, where you orient toward decompressing. That may be helpful if the system is resourced enough, if the client can take up the intention and you're not imposing something that is inappropriate. The edge I have is that sometimes the system actually needs to maintain that inertial fulcrum and needs to have other fulcrums dealt with first before deeper change can occur. If you force something to shift, then the whole system shifts and will reorganize around the new situation. It is not just about that particular fulcrum.

In my session work I always wait for the potency to make the decisions. It can take five to six sessions for the system to settle and for the holistic shift to emerge.

Many clients can come with very inertial systems. It may be about past trauma and/or shock. So first, I orient the client to a sense of felt resource that tells them they are okay in this moment. I wait for their system to make the shift to wholeness and primary respiration, as Dr. Becker suggested. Again, that can take five to six sessions, maybe more. Once the client's system can deepen out of CRI and the deeper tides emerge, then the inherent treatment plan can emerge. I find in practice that 90-95 percent of the time I can be in resonance with the arising forces and the process, and, once the system deepens into the holistic shift and primary respiration expresses, session work emerges as an expression of these vital life forces. The holistic shift clarifies the potency as well as a particular inertial fulcrum. The system can then reorganize around that fulcrum, and at some point in the session I make contact with the area. I may let my hands "breathe" around the fulcrum, inviting an inhalation of the fluid tide.

As we deepen into relationship with the client, early organizing fulcrums will naturally emerge as we are holding the system. These may be expressions of their early pre- and perinatal experience, not just physical, but expressions of their underlying psycho-emotional forms. For example, people who continue to defend themselves even when

they no longer have to. I may find that I am holding the client's embryo, the prenate, the baby as I am holding the adult. Then I might help them find their prenate for themselves and form a relationship with their little one.

In the end, we all have to re-parent ourselves. I may tell the client I am sensing a little one in their system and ask them questions like, "How large do you sense yourself to be just now?" And, since we all hold our early experience in our hearts, "Do you sense a little one in your heart area?" "Does little one need to share anything and do you need to tell little one anything?"

Kate: *I am curious about your baby clinic. How long did you do that?*

Franklyn: We had the clinic open for four or five years. In one case, an unmarried young woman came in with her newborn baby. They were having a hard time bonding and the mom desperately wanted to bond. The baby girl kept turning away from her and cried a lot at night. They came to us weekly for many months, then every other week. We had dealt with baby's midline protection and occipital compression issues, but the two were still not bonding and the baby continued to cry at night. Then, after a number of months, during one extraordinary session, the mom held her baby while I held the baby's head and mom was looking at her. Sometimes I talk with the baby and ask mom to do the same. This time, I felt the infant's system deepening, then this huge expression of anger came up, and the baby formed little fists and started pounding her mother. The mom began to cry. I said, "You know, Mommy didn't want to hurt you. It hurt Mommy, too. And you both did the best you could." The mom said, "I didn't want to hurt you. I am so happy you are here." And the little one just melted, just looked at her mother and melted. The anger waved past. A wonderful moment!

Kate: *If there were five top skills you think a professional craniosacral therapist should have, what would they be?*

Franklyn:

1. The ability to be still and present.

2. The ability to form a safe holding environment and negotiated relational field.

3. The ability to perceive and orient to primary respiration and the unfolding of the inherent treatment plan.

4. The understanding of the conditions in a person's system, the holistic shift, and what emerges and clarifies from there.

5. The ability to be heart-centered and not take anything personally.

6. To know when something is enough.

Kate: *Is there anything new you want people to know about your work, Franklyn?*

Franklyn: The most important thing is the direction we have gone in terms of a purely biodynamic approach. It is not doing nothing. It is like the Taoist wei/wu wei — doing/not doing. You are doing in response to the emergent properties of the healing process. Doing always arises out of resonance with what is emerging.

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