



Religious Origins of Craniosacral Therapy

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Abstract

The article is an attempt to trace the religious determinants of the development of craniosacral therapy and to situate its origins in theoretical terms in the works of Emanuel Swedenborg and the writings and practice of the founders of osteopathy. Starting from the historical testimonies of the development of this therapeutic concept, I point out structural similarities with religious symbols present in shamanism, Protestant mysticism and in religious attitudes regarding Pentecostal demonology. By conducting observations in the Polish community of people with disabilities and conducting free interviews with mothers of children suffering from cerebral palsy, it was possible to discern the important role of spirituality modelled during therapy. Explaining the way in which modern spirituality and its religious roots are intertwined with medicine, I try to point out the area where their boundaries are blurred, creating an alternative proposal to academic medicine for recovery. This process related to the existential condition of man and his spiritual, individual activity leads to choices of activities that freely combine religious and medical traditions. Cultural changes in this area open religious studies to a new approach and observation of the mentioned research areas aimed at a broader presentation of the phenomena occurring at the interface of spirituality and medicine.

Keywords: spirituality, craniosacral therapy, mysticism, shamanism, disability, Pentecostalism, physiotherapy, boundary blurring

Słowa kluczowe: duchowość, terapia craniosacralna, mistycyzm, szamanizm, niepełnosprawność, pentekostalizm, fizjoterapia, zacieranie granic

Introduction

Every illness, and chronic diseases in particular, test a person to a severe degree. Insecurity associated with the fear of death, intensifies in patients' questions about final care, frequently testing views and ethical attitudes. Stress and negative emotions

generate a heightened interest in the functions of religion, within which the religious seek relief as well as the strength and determination to overcome the limitations and hardships connected with the illness. The contemporary understanding of what development and self-realisation mean for an individual, shows that in modern culture, spirituality and medicine are often so tightly intertwined that it is difficult to trace where we are dealing with concepts of academic medicine and where we are crossing its borders, meandering along paths of new spirituality. The boundaries between them are blurred, both among patients who are seeking a remedy in faith and alternative therapies and among medics who believe that their treatment is effective. Presenting the contemporary state of craniosacral therapy, I will be using academic literature¹ commonly available and recommended in certified training courses for therapists.²

The religious origins of craniosacral therapy, which I will point out in this paper, are key in shaping the spirituality of medics and doctors working with this method on a daily basis. Their attitudes, marked by faith or unbelief in the intelligence of the specific, pulsing rhythm of the flow of cerebrospinal fluid, will determine the success of the therapy.³ Its effectiveness is not measured by scientific research, confirming this method by experiment, but by conviction based on faith in the therapist's actions. In this article, I attempt to describe the development of craniosacral therapy, from its mystical origins in Emanuel Swedenborg's experiences to the modern times, when this therapy is on offer in numerous medical institutions providing physiotherapy. Most frequently, the descriptions of the aforementioned therapy, which are offered to patients, lack any reference to its syncretic spirituality, on which the success or failure of the practice is determined. Satisfaction of the patient, based on the belief in the effectiveness of the therapy, is the deciding criterion.

It is worth mentioning that at the turn of the nineteenth and twentieth century, Émile Durkheim, in his book on suicide, published in 1897, dealt with the influence of religiosity on health, recognising the former as a factor counteracting suicides.⁴ In the 1920s, Sigmund Freud popularised a viewpoint concerning the influence of religion on the development of neurosis. His claims were verified by research in which no direct correlation between religiosity and pathological psychiatric disorders was identified.⁵ Carl Gustav Jung maintained that religiosity is intrinsic to identity, and its loss may lead to a life disaster. In the middle of the twentieth century, Gordon Allport carried out research on mature spirituality and the influence of religiosity on a person.

¹ R. Gilchrist, *Podstawy terapii czaszkowo-krzyżowej, ujęcie biodynamiczne*, przeł. J. Popcowa, Warszawa 2013; B. Przyjemaska, *Terapia czaszkowo-krzyżowa dla zaawansowanych, skuteczne metody uwalniania emocji*, Białystok 2017; M. Kern, *Mądrość ciała, czaszkowo-krzyżowe podejście do istoty zdrowia*, Warszawa 2012.

² See: Still Academy, *College CST*, <https://www.stillacademy.pl/college-of-cranio-sacral-therapy/> [access: 1.08.2023].

³ See: D. Schenck, L. Churchill, *Healers: Extraordinary Clinicians at Work*, Oxford 2012, pp. 87–129.

⁴ É. Durkheim, *Samobójstwo*, trans. K. Wakar, Warszawa 2006. See also: É. Durkheim, *Suicide: A Study in Sociology*, London 1952.

⁵ A.E. Bergin, *Religiosity and mental health: A critical reevaluation and meta-analysis*, "Professional Psychology: Research and Practice" 1983, vol. 14, no. 2, pp.170–184.

Scientific interest in this topic led to the foundation of the “Journal of Religion and Health” in 1962. The results of scientific observation of the connections between spirituality and health are presented in this magazine.

In the 1980s, the role of religiosity in psychotherapy began to be recognised. There were an increasing number of published studies on the importance of religiosity and spirituality in various situations connected with medical practice, which led to this topic being introduced into the curricula of most medical schools in the United States.⁶ Researchers more often hold the opinion that one of the challenges that the health care of the twenty first century is facing, is ensuring safe, effective and appropriate integration of conventional or biomedical health care with supplementary and alternative medical therapies, such as acupuncture, chiropractic, massages, herbal medicine and spiritual healing. Michael Cohen from Harvard School of Public Health notes that the integrated healthcare which many patients seek, is more often on the borderline of the physical and the spiritual, between what is rational and what is non-measurable. However, clinicians have not devised clear rules concerning what therapies to recommend and from which to discourage their patients, which might be mainly because of the lack of research on the effectiveness of alternative therapies, their compliance to the standards of clinical medicine as well as the safety of their application. Furthermore, doctors have not developed a satisfactory way of carrying out conversations with patients who turn to them with questions about including this kind of therapy in their treatment.⁷

Whilst talking about spirituality being intrinsic to a person’s mental and physical health, it should be remembered that somewhere there must be clear borders between what is spiritual and what is medical practice, and both the patient and the institution financing health care should have full information with respect to which of these they are paying for. The obligation to provide the patient with full information about the health services the therapist provides is imposed on therapists by Article 9 of the “Law on the Profession of Physiotherapist” from 25th September 2015. This law also regulates the range of methods used, obliging therapists (article 4.1) to implement in their treatments the knowledge and practices indicated by current clinical medicine.⁸

⁶ More in: J. Pawlikowski, J. Sak, K. Marczewski, *Religia a zdrowie – czy religia może sprzyjać trosce o zdrowie?*, “Kardiologia po Dyplomie” 2009, vol. 8, no. 1, pp. 87–94. See also: H.G. Koenig, *Medicine, Religion, and Health: Where Science and Spirituality Meet*, West Conshohocken 2008; *The Handbook of Mental Health and Aging*, D.H. Rosmarin, H.G. Koenig (eds.), London 2020; W. Fraser, *Psychology, Religion, and Spirituality*, Cambridge 2017.

⁷ More in: M.H. Cohen, *Healing at the Borderland of Medicine And Religion*, Chapel Hill 2006.

⁸ Writing about the situation of craniosacral therapy development in Poland, we refer to the relevant legislation for the country. In Poland, the popularity of craniosacral therapy is growing, and more and more people are taking advantage of its effects. The Upledger Institute Poland has been actively promoting craniosacral therapy (CST) since 2013. Founded with the support and trust of John Matthew Upledger, the head of UI International in Florida. The institute has become a hub for individuals interested in learning and advancing their skills in Upledger’s craniosacral therapy in Poland. In summary, the popularity of craniosacral therapy is on the rise in Poland, and the Upledger Institute Poland plays a pivotal role in training therapists and fostering a community of dedicated practitioners. According to Upledger Institute International Instructor, Wojciech Garwoliński, more than 1,000 therapists in Poland implement various aspects of craniosacral therapy into their practice (data obtained during a personal interview on 21.02.2024) See also: www.upledgerinstitute.pl/en/therapy/

Writing about the implications of experiences connected with spirituality and medicine, and physiotherapy in particular, I do realise that this topic is too vast for me to fully deal with all the problems associated with the issue. My aim will be only to outline the processes which can be observed in the behaviour of people who are striving to handle the challenges that everyday life with an illness poses for a modern *Homo religiosus*. A person, wandering around a modern ‘supermarket of new ideas’ and religious substitutes, is trying to delve into the practical significance of the established rules and regulations, which are aiming at dealing with the existential situation effectively. This acute need to find solutions and relief in suffering may be pushing patients to seek solutions in ideas based on the conviction that “this works”. And this is the method I want to consider in this article to illustrate the quest for spiritual influence on paramedicine as well trace the process of religious conditioning of the development of craniosacral therapy.⁹ At the same time I need to point out that the spiritual contexts shown in this article should be treated as an invitation or inspiration for researchers from other areas to ponder on and conduct further research in these areas of contemporary medicine.

Before we move to a description of the religious origins of craniosacral therapy, at least a few sentences should be written about the phenomenon of spirituality itself. The concept of “spirituality” is interdisciplinary in its character and its contemporary popularity results from western culture experiencing processes of secularisation and privatisation in the realm of religion.¹⁰ The term spirituality (fr. *la spiritualité*, ger. *Spiritualität*) appears in the scientific discussions of sociologists, historians of religion and psychologists.¹¹ The term itself appeared in Christian tradition in the fifth century as a name for diverse ways of deepening religious life.¹² In twelfth century, it started to be understood as a separate psychic function, which is the antithesis of what is material and physical. A modern person uses the word *spirituality* to express their own experiences. According to the processes of privatisation and individualisation of religious worldviews, the spirituality of such people comprises the sphere of spiritual

what-is-the-upledger-craniosacral-therapy/ [access: 21.02.2024]. In Poland, in addition to the Upledger Institute, there are various schools and courses related to craniosacral therapy, which offer certificates for therapists. One of them is School of craniosacral therapy, offering biodynamic approach, which provides professional training for physiotherapists, therapists, massage therapists and others interested in trauma therapy. The students gain both knowledge and skills in CST. Another place, Spasja Training Center, organises a craniosacral osteopathy course, offering knowledge in both biomechanical and biodynamic approaches to CST therapy. There is also an online platform Ene.edu.pl offering an online course for physiotherapists wanting to obtain a certificate in craniosacral therapy.

⁹ Because of the scope of this text, some issues will be only signalled and accompanied by a footnote with a reference to source literature on the topic. My aim is to attempt to answer the question whether craniosacral therapy belongs to the area of academic medicine or religious belief.

¹⁰ There is an interesting analysis of contemporary understanding of the terms: *spirituality*, *spiritual*, *spirit* in: R. Grzegorzczkova, *Co o fenomenie duchowości mówi język*, [in:]: *Fenomen duchowości*, A. Grzegorzczk, J. Sójka, R. Koschany (eds.), Poznań 2006, pp. 22–23.

¹¹ More in: *Nowa duchowość w społeczeństwach monokulturowych i pluralistycznych*, K. Leszczyńska, Z. Pasek (eds.), Kraków 2008.

¹² More on Christian spirituality in: *The Blackwell Companion to Christian Spirituality*, A. Holder (ed.), Oxford 2005.

experiences of a person including those which take place outside religion.¹³ Through such experiences a person defines their position and role in relation to the sacred, which becomes more important than their individual needs.¹⁴ Such a person, whose spirituality is characterised by very strong experiences,¹⁵ experiences the ultimate reality and the whole range of emotions aimed at the sacred, settled between Otto's *mysterium tremendum* and *mysterium fascinans*.

The term spirituality itself re-entered common use in the middle of the twentieth century and since then its popularity seems to have been growing, describing phenomena from the areas of alternative medicine, business or fitness.¹⁶ Many scholars refer to spirituality in transgressive categories as an "experience of conscious pursuit to integrate one's life not in the categories of isolation and preoccupation with oneself, but through self-transcendence towards what is perceived as of ultimate value".¹⁷ Such a stand is also represented by Polish researchers of spirituality. Paweł Socha defines spirituality as:

a way of dealing with existential situations, leading to a change of perspective in the way we perceive the world, transcending limitations and even death. The world becomes perfect, and an individual is accompanied by feelings of happiness, satisfaction or even ecstasy.¹⁸

According to him, spirituality is a uniquely human feature, the product of which is culture in a broad sense.¹⁹

Describing secular spirituality, Peter Van Ness claims that the "spiritual dimension of life is an embodied task of fulfilling one's real 'self' in the context of reality, understood as a cosmic whole. It is a quest for an optimal connection between what one really is and everything that exists".²⁰

¹³ *Nowa duchowość w społeczeństwach...*, *op. cit.*

¹⁴ Privatisation creates a form of "non-denominational religiosity", which is evident in the relativisation of religious doctrine, selectivity of dogmas, religious regulations or ideological syncretism. Such religiosity is characterised by immediacy, actualisation and contextualisation, (which consist of religious meanings revealing themselves in specific life situations, whereby they permeate the whole of everyday life) and intentionality. A person, facing infinite choices, becomes the creator of their own religiosity. I am quoting after: *Nowa duchowość w społeczeństwach...*, *op. cit.* Compare with: S. Grotowska, *Religijność subiektywna*, Kraków 1999, p. 54.

¹⁵ Charles Glock and Rodney Stark indicate five universal dimensions of religiosity: experiential, ideological, ritual, intellectual and consequential dimensions. Spirituality associated with religiosity refers to the first dimension motioned, relating directly to emotions and feelings experienced in the moment of contact with the sacred. More in: I. Borowik, *Procesy instytucjonalizacji i prywatyzacji religii w powojennej Polsce*, Kraków 1997.

¹⁶ Compare with: W. Jäger, Ch. Quarch, *Fitness, wellness a duchowość*, trans. Z. Mazurczak, Warszawa 2007; G. Anselm, A. Friedrich, *Jak kierować ludźmi? Duchowość w biznesie*, trans. M. Witwicka, Kraków 2009.

¹⁷ S. Schneiders, *Spirituality In the Academy*, "Theological Studies" 1989, vol. 50. Quoting after: J. Wiseman, *Historia duchowości chrześcijańskiej*, Kraków 2009, p. 21.

¹⁸ P. Socha, *Główne kategorie psychologii Religii: próba uporządkowania*, "Nomos" 2009, vol. 65/66, pp. 135–145.

¹⁹ P. Socha, *Duchowy rozwój człowieka*, Kraków 2000, p. 18.

²⁰ P. Van Ness, *Spirituality and the Secular Quest (World Spirituality)*, New York 1996, p. 5.

The understanding of the term *spirituality* has undergone numerous changes, from being synonymous with pious religiosity to meanings psychologically defining an individual's inner processes and attitude.²¹ Putting aside the standpoints of various researchers, we can assume that *spirituality* in every case means a person's transfer towards, in their view, positive values. In that way spirituality becomes "central life management system".²² In that way, spirituality becomes an indispensable component, without which a person cannot understand themselves, in the context of questions about the whole of reality.

Emanuel Swedenborg and The Art of Ancient Breathing

Having this outline of spirituality in the background, it is time to present "The Art of Ancient Breathing" and its inventor Emanuel Swedenborg (1688–1772). This Swedish protestant mystic, whose writings had a direct influence on the work of early Romantic mystic poets, was himself inspired by the works of Blake, Goethe, Słowacki, Mickiewicz, Dostoyevsky, and many others in the nineteenth century. Poe, Baudelaire, Balzac, and Emerson, among others, drew from him.²³ He also inspired Dr Andrew Taylor Still (1828–1917) and William Garner Sutherland, the creators of a therapeutic method, which is commonly known as "Osteopathy". Sutherland emphasised that from his youth he had been prepared for "an amazing grace" but the actual act of calling took place in April in 1745. At that time, he was allowed to 'commune directly with spirits and angels' and gradually their mysteries were revealed to him:

I was raised internally to heaven gradually, and as I ascended, my mind also ascended, so that eventually I was able to comprehend things that I did not comprehend at first. [...] Well, I must confess that by the power of God's grace I have been given, for a number of years now, to constantly and uninterruptedly commune with spirits, to listen to their conversations and participate in them. Thus, it has been given to me to hear and see matters of another life that are astonishing and that have never before been known or revealed to anyone. In this way, I was enlightened on matters of various kinds of spirits, the state of souls after death, of hell, in other words, the deplorable state of the faithful, of heaven, in other words, the happy state of the faithful, and especially in the questions of the doctrine of the faith, which are acknowledged by the whole of heavens.²⁴

Swedenborg rejected ascetics but did not deny sensuality. He claimed that the one who cannot enjoy life, will not be able, in his opinion, to appreciate the bliss of

²¹ D.M. Wulff, *Psychologia religii. Klasyczna i współczesna*, trans. M. Sacha-Piekło, Warszawa 1999, p. 23. See also: D.M. Wulff, *Psychology of Religion: Classic and Contemporary*, New York 1997.

²² *Nowa duchowość w społeczeństwach...*, op. cit.

²³ More on E. Swedenborg's heritage in: *Zwieńczenie dzieła Vera Christiana Religio Emanuela Swedenborga*, R. Piętka (ed.), Poznań 2021.

²⁴ Quoted from: E. Swedenborg, *O Niebie i Jego Cudach. Również o Piekło według tego, co słyszano i widziano*, Warszawa 1982. See also: E. Swedenborg, *Heaven and Its Wonders and Hell: From Things Heard and Seen*, trans. [from the Original Latin] J.C. Ager, West Chester 2009.

heaven. One of the important doctrines advocated by Swedenborg was “the sexuality of angels” and his description of heaven frequently had a strong tint of eroticism.²⁵ Describing his visions, he also remembered his own assumption to heaven. As a consequence of the knowledge he acquired during such an experience he proclaimed the year 1757 as the “Year of Last Judgement”.²⁶

Swedenborg was a typical representative of the Age of Enlightenment. As a comprehensively educated intellectual, he wanted to respond to the actual need of his age. He studied anatomy, attempting to discover further manifestations of the soul in the body. The research he conducted led him to concentrate on the brain and its influence on the whole body. During his studies of anatomy, from the late 30s to the mid-40s of eighteenth century, he described in a very detailed way the structure, function, and fluctuations of the brain. In 1745, Swedenborg had numerous, deep, and constant spiritual experiences. He rejected all his academic work and moved on to study the Bible and to a new interpretation of holy writings. He devised a unique, comprehensive cosmology and theology. For the next three decades, until his death in 1772 he wrote about theological issues. In his observations of human anatomy Swedenborg wrote:

At all costs, we must realize that we have two forms of breathing, one spiritual and one bodily. Spirit breathing depends on fibres coming out of the brain, while bodily breathing depends on blood vessels coming from the heart and the vena cava and aorta.²⁷

It seems that “internal breathing” was one of the most esoteric and mysterious aspects of Emanuel Swedenborg’s life. According to researchers from Academy of the New Church, of Swedenborg’s heritage, he constantly practised this energetic breath work and throughout his life, it became an ever deeper and enlarging gate to inner realms of spiritual reality. Swedenborg frequently experienced trance states accompanied by apnoea. In this way, he flirted with the jagged edges of mortality, and returning to a normal state of consciousness, he elaborated on psychedelic landscapes stretching beyond death.²⁸ In his journal, he elaborated on how such practices influenced his psyche, creating in this way a kind of guidebook into the subtleties of inner worlds activated by pulsing energy.

In his opinion, this was the way people originally breathed, resulting from a lack of speech. This inner breath was to intensify their awareness of inner energies and allowed them to establish deep, intimate relationships with the people who left for the next level of life.²⁹ Inner life, according to Swedenborg, is more complex than the post-Cartesian paradigm, dividing the universe into the inner matter of the soul and the outer world, would suggest. According to Swedenborg, the world is organised

²⁵ E. Swedenborg, *Dziennik Snów 1743–1744*, trans. M. Kalinowski, Poznań 1996, p. 13. See also: E. Swedenborg, *Dream Diary*, trans. A. Hallengren, West Chester 2001.

²⁶ More about Swedenborg’s mysticism in: E. Swedenborg, *Dziennik Snów 1743–1744*, *op. cit.*

²⁷ E. Swedenborg, *Angelic Wisdom Concerning the Divine Love and Wisdom*, London 1969, p. 412.

²⁸ More in: *Spiritual Experiences*, Bryn Athyn 1998, newchristianbiblestudy.org [access: 25.07.2023].

²⁹ E. Swedenborg, *Secrets of Heaven*, trans. L.H. Cooper, vol. 1, West Chester, PA 2008, p. 607.

on three levels: natural, spiritual, and heavenly.³⁰ All the levels of the realities mentioned use physical anatomy to communicate subtle vibrations through the layer of our inner cosmos. Therefore, we have physical breath, spiritual breath, which being an emanation of living energy, and collective, heavenly breath, leading us into the ultimate truth.³¹

Summing up, it should be noticed that what was essential for Swedenborg was the idea of a series of discreet levels, like the example of the soul, mind and body, as well as their interaction in the organic whole, communicating with the help of incessantly fluctuating spiritual fluid. What was crucial for Swedenborg was indispensable fluctuation of the brain, which consists of subtle, alternate enlarging and shrinking coming from the cerebral cortex, and which is transmitted all over the body, serving as a means for soul–body interaction as well as the rhythmical animation of the whole body. The fluctuation of the dura mater (accompanying the rhythmical fluctuation of the brain) is transmitted by the connections of the dura mater with the bones of the skull, as well as with the pleura and peritoneum and further through the nervous system, transmitting the vibration of the spinal fluid to the rest of the body. The movements of particular bones of the skull are performed by cranial sutures as well as by the fluctuations of the appropriate dura mater and the brain, which allow for spiritual fluid essence to be transmitted from the cerebral cortex to the nervous system, the cerebrospinal fluid, and finally to the blood and other body fluids. The pulsatory character of the ‘animated’ cerebrospinal fluid distribution in the nervous system and the whole body, and its return to the brain through the “circle of life”, constitute the essential element of the anatomy suggested by Swedenborg.³²

Rebels or Doctors – The Beginnings of Osteopathic Medicine

Swedenborg’s idea was continued by Dr Andrew Taylor Still (1828–1917), an American doctor from the border between Kansas and Missouri. He was born into the family of a Methodist pastor, farmer, and doctor. His father taught him to observe nature and the adaptive mechanisms which animals use in their natural habitats, but above all, he instilled in him a love of truth and freedom.³³ In the middle of the nineteenth century, Still experienced a personal tragedy when his wife and three children died.

³⁰ More in: E. Swedenborg, *Rational Psychology*, Bryn Athyn 1950, p. 167.

³¹ D. Duner, *The Natural Philosophy of Emanuel Swedenborg: A Study in the Conceptual Metaphors of the Mechanistic Worldview*, “Studies in the History of Philosophy of Mind” 2013, vol. 11, p. 72. See: E. Swedenborg, *Heaven and Hell*, New York 1900, p. 73.

³² More in: E. Schnarr, *Our Daily Bread: Sermons and Meditations of the Swedenborgian Church, Swedenborg and the Ancient Art of Internal Breathing*, https://www.academia.edu/78169955/Swedenborg_and_the_Ancient_Art_of_Internal_Breathing [access: 25.07.2023]. See: M. Peet, *Medicine, Mysticism and Mythology, Swedenborg and Nineteenth-Century Esoteric Culture*, London 2018; E. Swedenborg, *The Brain, Considered Anatomically, Physiologically and Philosophically*, Bryn Athyn 2005; E. Swedenborg, *The Cerebrum*, Bryn Athyn 2010.

³³ More on: H. Siomava, *Andrew Still – lekarz, buntownik, wizjoner*, <https://osteo.live/andrew-still-lekarz-wizjoner/> [access: 1.09.2023].

In this way, an epidemic of meningitis took away not only Still's family but also his faith in the effectiveness of medicine based on the use of medications and prompted him to search for new tools based on the laws of nature. It should be noted that during the American Civil War, Still served as a war surgeon. At that time, it was common practice to stimulate an upset stomach with Old Bourbon, and also a mixture of quinine and whisky was administered to children as an antidote in many ailments. Still recalled that at the time when he worked as a war surgeon, his medical kit included, apart from a scalpel, whisky, and opium, by no means to alleviate the doctor's stress caused by the war.³⁴

After many years of seeking answers from the laws of nature, which according to him were inspired by God, he completely redefined his system of treating patients.³⁵ Still's osteopathy emphasised the organism's ability to self-heal. The role of the doctor in that process was considerable because he was responsible for awakening in patients the awareness of the structure and function of the body, referring directly to the ideas of anatomy described by Swedenborg.³⁶ The new approach to treatment suggested by Still rejected toxic medications, focusing on the inner processes of self-healing and osteopathic manipulation techniques.³⁷

On July 22nd 1874, Andrew Still had a vision, during which he learned about mechanisms for managing a human organism's health, which he had not understood earlier. During his dream, it became apparent to him that the factors inducing an illness may be infinitely distant from the symptoms which may be their consequence. Precisely a month prior to that vision, he proclaimed osteopathy as an alternative to American medicine. However, that does not mean that osteopathy obtained its final shape at that time. When he was over 50, Still paid much more attention to using classical anatomy and physiology. Less than 10 years after his vision, he established the final version of his medicine, which he called "osteopathy".³⁸ Building the therapeutic concept on the experience of revelation coming from a vision gives us the reason to claim that the construction of Still's therapeutic method was based, among other things, on his séance experiences, in which he had been involved since 1865, calling himself a magnetiser. Healers, with whom he was in touch, claimed that healing is a mystical process of communication with the life force of an organism, which is in constant movement, circulating in the body of the patient in the form of a fluid. Disturbance of this movement is equal to an illness. They assumed there is a direct link between the awareness of a therapist and the living matter of a patient.³⁹ Still and Sutherland – a student of Still – claimed they could influence the movement of this

³⁴ *Ibidem*.

³⁵ More in: A.T. Still, *The Philosophy and Mechanical Principles of Osteopathy*, Wrocław 2017.

³⁶ D.B. Fuller, *Osteopathy and Swedenborg*, Bryn Athyn 2012.

³⁷ More in: H. Siomava, *Andrew Still – lekarz...*, *op. cit.*

³⁸ More in: T. Greschutz, *Specjaliści od osteoporozy?*, <https://nadrucliw.blogspot.com/2015/02/specjalisci-od-osteoporozy.html> [access: 27.07.2023].

³⁹ *Historia osteopatii*, <https://blog.neoreh.pl/historia-osteopatii/> [access: 27.07.2023].

fluid even from a distance, considering their thoughts as an extra pair of hands, with which they could reach the interior of the organism.⁴⁰

The nervous system, and the autonomic system in particular, play an essential role in the process of controlling the forces of self-healing. Psychological mechanisms and spiritual experiences are significant as well. They create personality and are reflected not only in the physiognomy of a face but they have a real impact on every part of the body. Nutrients, hidden in the blood, and the abilities of the immune system are the driving force behind positive changes. The understanding of self-regulatory mechanisms is dependent of the knowledge of subsequent laws of osteopathy.⁴¹

The authors of *neoreh.pl* website consider osteopathy to be

unconventional medicine and thus poorly accepted by allopathic medicine, therefore, it is frequently disregarded by mainstream doctors. The model of evidence-based medicine does not accept therapeutic activities based on subjective and unverifiable diagnosis, such as palpation, which is dominant in osteopathy.⁴²

As I have already mentioned, William Garner Sutherland (1873–1954) studied under the tutelage of Still. Continuing his ideas, Sutherland recognised the significance of involuntary movements of the bones of the skull, the cerebral tissues and meninges, and the cerebrospinal fluid as well as the sacrum, which is currently one of the fundamental concepts of craniosacral therapy.⁴³ It is worth noting that Sutherland described a consistent system, within which a pulsating movement of structures, described above, takes place. He called it “The Primary Respiratory Mechanism”, and although Sutherland never wrote any detailed analysis of Swedenborg’s ideas, it is interesting to note that he compares Andrew Taylor Still (whom he held in the highest esteem) to Swedenborg and his search for the unity of soul and body through the study of human form and anatomy. Sutherland also mentions that the idea of the fluctuation of the brain is not a new one, giving precedence and great respect to Swedenborg and his observations connected with the fluctuation of the brain, which laid foundations for Osteopathy and cranial concept. “During many years of empirical observations [...] he developed a hypothesis, which suggests that these fluctuations are generated by ‘primary respiration’ – internal respiration of all the cells in the body, which takes place prior to respiration in the lungs.”⁴⁴

He talked about “the breath of life”, the impulse of life, which creates rhythmical cycles of prime respiration as well as coordinating, supporting, regulating, and regenerating the body. In the last decade of his life, Sutherland recognised that rhythms of primary respiration are a characteristic feature of the fluid system.⁴⁵ They can be

⁴⁰ *Ibidem.*

⁴¹ *Ibidem.*

⁴² *Ibidem.*

⁴³ *Historia terapii czaszkowo-krzyżowej*, <https://czaszkowokrzyzowa.pl/historia-terapii-czaszkowo-krzyzowej/> [access: 27.07.2023].

⁴⁴ *Ibidem* [access: 3.08.2023].

⁴⁵ More on the mechanisms of primary respiration in: M. Kern, *op. cit.*

perceived as fluctuations of a liquid body. He named those rhythms “tides” after rhythmical tides in the ocean.⁴⁶

According to Rollin Becker, rhythmical, involuntary mobility of tissues and fluids as well as diverse waves are related to each other and to the body, with which they create a unity.⁴⁷ Summarising Sutherland’s scientific activity, we should list five fundamental cranial concepts, which constitute primary respiratory mechanism. To start with, there is the innate fluctuation of the brain and spinal cord, incessant fluctuation of the cerebrospinal fluid⁴⁸, the reciprocal tension membranes – the dural mobility between the reciprocal tension membranes, the mobility of the cranial bones and the involuntary motion of the sacrum between the ilia. When describing the alternate extension and flexion of the brain, the flexion phase was named inhalation, and the phase of extension was named exhalation, in other words “a phase of prolonged cycles of the primary respiratory mechanism”.

Sutherland claimed that convolutions and folds of the brain have been designed to adjust themselves to the internal, rhythmic activity of the brain, folding and unfolding in a spiral form.⁴⁹ This spiral form of the structures of the brain allows for, in his opinion, synchronic movement, adjusting to the structure of the dura mater and the cranium. This movement is very subtle and includes the brainstem and the spinal cord.⁵⁰ Sutherland emphasised that the “breath of life” is a key factor in the cranial concept and, although he referred to it on many occasions, he never formed a definition of this phenomenon. Instead, he described it as an invisible substance dwelling in the cerebrospinal fluid, having a quasi-spiritual nature. It has the “power” and intelligence, which is particularly manifested in the fluctuation of the fluid it inhabits.

⁴⁶ *Historia terapii czaszkowo-krzyżowej, op. cit.*

⁴⁷ M. Kern, *op. cit.*, p. 37.

⁴⁸ Swedenborg described this fluctuation as alternate expansion and contraction of the brain. Frequently he defined this movement as animation. Clearly, he believed that awareness of this fluctuation is indispensable to understand the structure and function of the brain. Swedenborg believed that the aforementioned fluctuation is palpable in the whole anatomy of a person, starting with fluctuations of the brain, through vibrating the structures of the dura mater and other intracranial membranes. It can be traced down in cranial bones, and connecting them cranial sutures, the whole nervous system, and the whole body. He described every artery, vein, and nerve fibre as filled with animated fluctuation transmitted through mysterious fluid. He claimed that the spiritual fluid activating cerebrospinal fluid is subtle and more refined than other fluids in an organism. It is the fluid contained in the liquid that gives it its special character. The cerebrospinal fluid is finally blended with the blood, lending the blood its own, special, spiritual character. Describing the circulation of the spiritual fluid, Swedenborg claimed that it begins with the creation of the spiritual fluid in the cerebral cortex, from where it is transmitted by nervous fibres and cerebrospinal fluid to the rest of the body, finally ending in the bloodstream. Then the blood, circulating in the body, is to transmit it back to the cranium, where again it is in contact with cerebral cortex, where this spiritual fluid originates. At that place, through the contact with the soul, the fluid is to be “renewed” to again circulate in the “circle of life”. More in: E. Swedenborg, *The Brain, Considered Anatomically, Physiologically and Philosophically, op. cit.*, p. 195

⁴⁹ More in: T. Jordan, *Swedenborg’s influence on Sutherland’s. “Primary Respiratory Mechanism model in cranial osteopathy”*, “International Journal of Osteopathic Medicine” 2009, vol. 12, no. 3, pp. 100–105.

⁵⁰ More in: D. Fuller, *Emanuel Swedenborg’s influence on William G. Sutherland’s cranial concept*, “The New Philosophy”, 2008, vol. 11, no. 4, pp. 619–650.

The Inner Doctor

Moving on to contemporary times, we should mention an American osteopath who introduced the term “craniosacral therapy” in the 1970s. This was John Upledger (1932–2012), who popularised this method beyond the circle of people specialising in osteopathy⁵¹, claiming that it supports the mechanisms of self-healing among both infants and the elderly. In a typical therapy session a patient, completely dressed, is laid on their back. Then a therapist examines the patient in a completely non-invasive way. To do so the therapist usually gently touches the patient’s body with one or both hands, feeling the pulsation and optimising the exchange of fluids. In this way he attempts to improve the physiological processes and initiate the processes of self-healing. The therapist plays the role of a guide who, with the help of palpatory methods as well as by uttering formulas, tries to support the self-healing properties in connection with “the inner doctor”.⁵²

Roger Gilchrist, in a handbook for therapists describing a biodynamic approach, describes spiritual aspects of craniosacral therapy, which in effect always includes work on a spiritual level, by both the patient and the therapist:

“Breath of Life” to describe the deep motive power. When one encounters the essence of the life force moving, it is a deeply humbling experience, as there is the immediate recognition that something moves through us that is beyond us as individuals, and beyond the conditions that we hold. The Breath of Life is essentially the process of embodiment of the spiritual dimension of being. The Breath of Life generates the biofield of each organism. It infuses the biofield with its potency, which coalesces as the human energy system and, ultimately, the physical body. The potency of the Breath of Life enlivens the biofield and begins to fluctuate between the poles of the system. This flux in the biofield is essentially a movement between spirit and form. This is perhaps the most fundamental movement in life: the drive to incarnate complemented by the quest to unite with the larger field of consciousness.⁵³

Later in the manual, we find comparisons of therapy to yogic systems, where, according to Gilchrist, the vibration between spirit and matter is one possible term for the relationship between the craniosacral system and the chakra system, which is supposed to describe the different levels of manifestation of spirit in the human body. The chakras are supposed to be gates for the Breath of Life, which, passing through these gates, takes specific shapes.⁵⁴ The levels of consciousness are supposed to resonate with the Breath of Life, defining the therapeutic process while the therapist tries to maintain this relationship in the patient’s energy centres.⁵⁵ Being aware of the energy role of the chakras, the therapist is responsible for improving the functioning

⁵¹ More in: J. Upledger, *Your Inner Physician and You: Craniosacral Therapy and SomatoEmotional Release*, Berkeley 1991.

⁵² More in: *Czym jest terapia craniosacralna Upledgera?*, <https://upledgerinstitute.pl/o-terapii/czym-jest-terapia-craniosacralna-upledgera/> [access: 01.09.2023].

⁵³ R. Gilchrist, *Craniosacral Therapy and the Energetic Body: An Overview of Craniosacral Biodynamics*, Berkeley 2006, p. 179.

⁵⁴ *Ibidem*, p. 180.

⁵⁵ *Ibidem*.

of the chakras in the patient. The author of the handbook refers to religious themes, framed in a syncretic way, combining descriptions of Christ's teachings with the Dalai Lama's statements and the effectiveness of Yoga Bhakti, reducing the meaning of the aforementioned religious systems to the energy exchange of the heart and nervous system. He also emphasises that the centre of the therapist's heart:

I find it interesting that when we are sitting at the head of a client while practicing craniosacral therapy, our own heart center is oriented above the top of the midline in the client's system. Hence, the core of the client's being and the central channel of the client's energy system are in an energetic relationship with our heart center. I believe this is potentially very significant, beyond just the contact of our hands and the clarity of our intention. The field dynamics between our heart and the client's biofield are therapeutic.⁵⁶

Craniosacral therapists are convinced that by working on the level of the patient's chakras they make the patient's consciousness stop focusing on the symptom as a disturbed pattern and start to align with the energy of the source.⁵⁷

Note that this approach to therapy is not about a therapist working on a client; it is about a therapist coming into a direct relationship with what is here in the present moment. This is not merely a relationship to the material that the client presents. In a biodynamic approach there is the recognition that experience arises mutually between the client and the therapist. This is one of the conditions in the therapeutic process [...]. Additionally, the biodynamic therapist endeavours to orient to the intrinsic health that exists in the client's system. Rather than focusing on disease or dysfunction, the orientation is toward the inherent health. Dysfunction is seen as inertia in an overall field of health. This is a wonderfully empowering perspective to work from, both for the client and the therapist. Instead of focusing on what is wrong, the therapeutic process emphasises what is right and amplifies the resources that are available to the client. Restoring health then becomes a process of reconnecting with the inherent resources in the living system.⁵⁸

The author of the handbook also emphasises the importance of meditation practices, which, in his opinion, play an essential role in the therapy, leading to the appreciation of things which are taking place outside the physical sphere of the process of healing. Raising the patients' self-awareness in this process is intended to facilitate their access to information coming from levels earlier inaccessible to them.⁵⁹ During workshops for therapists, special attention is paid to vital energy and its organisational role at the heart of human existence. The attempt to unite again with the patterns of health existing in our organisms is the work of the Breath of Life, whose potential, strength, and interestingly, holiness are emphasised by Roger Gilchrist in his manual for therapists.⁶⁰

The quotes from the publication mentioned above more frequently come from religious texts and practices than from atlases of anatomy, which reinforces the author's

⁵⁶ *Ibidem*, pp. 183–184.

⁵⁷ *Ibidem*, p. 186.

⁵⁸ *Ibidem*, pp. 187–188.

⁵⁹ *Ibidem*, pp. 191–194.

⁶⁰ *Ibidem*, p. 197.

belief that the concept of craniosacral therapy belongs to the domain of spirituality.⁶¹ Similar connotations can be found in another handbook, this time addressed to the more advanced readers.⁶² The entire work of Bożena Przyjemaska focuses on the release of emotions, which in her opinion, are written in connective tissue, which like a hard drive, stores the memory of traumatic experiences or incidents which took place decades ago.⁶³ It is worth mentioning that medical findings concerning the neurological conditions of memory processes are contrary to the findings of the author of this handbook.⁶⁴ In her opinion, forgotten and blocked experiences should be released and this process of release itself evokes irresistible associations with the rituals, present in Pentecostal spirituality for deliverance from demons.⁶⁵ Psychosomatic release in the craniosacral therapy session can be accompanied by patients crying, for unexplained reasons, and their outbursts can occur along with spasms and convulsions, resembling a fit of epilepsy. The release can also be manifested by deep coughing or laughter.

During a training session on psychodynamic release one of the trainees released her accumulated emotions, laughing for 45 minutes in a quite original position – with her legs lifted straight up.⁶⁶ It is worth noticing that similar psychosomatic reactions can be observed in the Pentecostal religious experience of the “Third Wave”, described in literature about so-called sensations of the Holy Spirit observed in neo-charismatic church in Toronto.⁶⁷ Returning to the suggested ability of connective tissue to record events, Przyjemaska describes the phenomenon of tissue memory “allowing the body, cells and tissues such as muscles, fascia, bones, as well as all connective tissue and internal organs, to retain experiences of trauma in their memory, without the involvement of the central nervous system”.⁶⁸

Emotional tension stores in one place the energy which penetrates a patient’s body through physical or emotional trauma. The patient’s body, unable to dispose of this unwelcome energy, creates energy cysts. According to the author, there might be various reasons for the occurrence of such cysts. They range from physical tensions

⁶¹ “From the one eternal breath comes all life and mind, and the senses of all life. From the one eternal breath comes space and light, air and fire and water, and this earth that holds us all... Where all the subtle channels of the body meet, like spokes in the center of a wheel, there the one breath moves in the heart and transforms the one form into many. One who knows all and sees all... dwells as the eternal breath in the region of the human heart. When we know this presence in both immanence and transcendence the ties that have bound the heart are freed and we move beyond the patterns of our karma... In truth the eternal breath is All”. Quoted in: *Mundaka Upanishad*, [in:] R. Gilchrist, *Craniosacral Therapy...*, *op. cit.*, p. 199.

⁶² B. Przyjemaska, *op. cit.*

⁶³ *Ibidem*, p. 14.

⁶⁴ See: J. Vetulani, *Jak usprawnić pamięć*, Kryspinów 1993; *idem*, *Bez ograniczeń, jak rządzi nami mózg*, Warszawa 2015; A. Damasio, *Dziwny porządek rzeczy, życie, uczucia i tworzenie kultury*, trans. A. Jankowski, Poznań 2018; J. Vetulani, *Mózg: fascynacje, problemy, tajemnice*, Kraków 2010; A. Damasio, *Błąd Kartezjusza. Emocje, rozum i ludzki mózg*, trans. M. Karpiński, Poznań 1999.

⁶⁵ More about the rituals of release in: A. Migda, *Egzorcyzm pentekostalny*, Warszawa 2010.

⁶⁶ B. Przyjemaska, *op. cit.*, p. 25.

⁶⁷ More on Toronto blessing in: A. Migda, *Mistycyzm pentekostalny*, Kraków 2013.

⁶⁸ B. Przyjemaska, *op. cit.*, p. 83.

to psychological or emotional disorders. “They can result from emotions that have stayed the fascias or from physical and psychological trauma, spiritual conflict, parasitic, bacterial or viral disease, and toxin poisoning [...] they can also have genetic and karmic origins”.⁶⁹

An energy cyst can be located by a whole range of palpatory techniques or even using meridian tests and pendulum searches. When a cyst is located, the therapist should neutralise it and they do so by assisting the patient adopt a body position which will help them release emotions. The criteria for the correctness of the adopted position has to be the stoppage of the craniosacral rhythm. This position should be maintained until the moment of complete release of the cyst and recovery of the rhythm, which is determined by the therapist who senses fluctuations of the fluid or the lack thereof.⁷⁰ The “still point” seems to be key at this stage of therapy.

It is a period of deep physiological rest, both of the body and mind, during which there is a temporary cessation of the rhythmic cranial pulse and sometimes of the life-force itself. [...] At the still point, the body gains the opportunity to receive more power from the Breath of Life and to recharge itself. [...] The practitioner-therapist can facilitate the appearance of still points by gently transmitting intentions, with their hands, to either the inhalation or exhalation phase, the cranial rhythm pulse or the medium tide. [...] If the patient’s physiology is not ready to accept these gentle hints, then the intelligence of the body should always be respected. Nevertheless, in most cases, these invitations are accepted because the primary breathing system usually recognises good things when it sees them.⁷¹

During a psychosomatic release session, there may be involuntary, very subtle movements of the limbs, gentle twitches, or very pronounced, epileptic-like movements. These are a signal to the therapist. It is recommended that the patient be prepared for the release session with several courses of craniosacral therapy, involving facial relaxation. Then, the cysts can be removed.

The therapist sits behind the patient’s head, gently touches the temporal bones with their fingertips and listens to the cranial rhythm, thus establishing contact with the patient’s body and subconscious. After making contact with the body and subconscious of the patient, the therapist asks or mentally informs the patient of the beginning of the session.⁷²

By establishing an energetic connection with the patient, a therapist helps them go through the process of release. During the release process, there may be phenomena related to the patient’s memory of his own birth or his previous death and earlier incarnations. In this way, we once again enter the space of Eastern spirituality that cannot be confirmed by medical experimentation. We can also read in the manual about the possibility of a patient or therapist calling on his or her own inner doctor, counsellor, sage, inner voice, pain, illness, or tumour during a session and asking to them to communicate.⁷³

⁶⁹ *Ibidem*, p. 89.

⁷⁰ *Ibidem*, p. 92.

⁷¹ M. Kern, *op. cit.*, pp. 193–194.

⁷² B. Przyjemska, *op. cit.*, pp. 100–101.

⁷³ *Ibidem*, p. 105.

Thus, a dialogue can be established with the symptom that is occurring in the patient, asking the symptom if it is happy, what is its purpose, and what is its impact on the patient. At the onset of the imagery, the therapist should enter into a dialogue on three levels: between the patient's imagery, the patient's consciousness, and between himself and the imagery.⁷⁴

One of the roles of a therapist is to teach the patient how the inner doctor can be contacted and if, for some reason, this is problematic for the patient, then the therapist should change the narrative, adjusting it to the beliefs of the patient. For instance, if he/she does not want to invite the inner doctor, a spiritual guardian or a guardian angel should be suggested.⁷⁵ Here, we have a therapeutic procedure based on tools belonging to the domain of modern spiritualism, the patron of which was the Swedish visionary, E. Swedenborg, mentioned many times before. The "Manual of Craniosacral Therapy for the Advanced" includes an extensive chapter on the therapeutic effect of hypnosis, and regression even to the events of previous eras. The author stresses that the degree of success of therapy conducted in this way depends on the patient's belief in their own healing and the authority the hypnotist enjoys in their eyes.⁷⁶ To authenticate the therapeutic procedure carried out in this way, Bożena Przyjemaska mentions a whole range of religious contexts concerning hypnotic trance. According to her, various ways of hypnotic induction and suggestion have been for centuries the secret of magicians, priests, and quacks, who, during prayers, put people who were sick or in need of help into a hypnotic trance, during which recovery and success in life were suggested. According to the author of the textbook, shamans and healers in different cultures were supposed to have used the same technique. However, she notes that in China such practices were considered to be a manifestation of demonic black magic and severely punished.⁷⁷

Conclusion

Procedures like the ones described above have been known in shaman traditions, the simplest definition of which is "the technique of ecstasy".⁷⁸ Ecstasy with the experience leading up to it is a 'transgressive' state of liberation from restrictions. It is most often associated with feelings of awe and mystical rapture. According to Andrzej Szyjewski, this is the state most like the mystical experience that constitutes the most intense type of religious experience. Szyjewski also argues that if circumstances favourable to vision-seeking arise in a given culture, the existence of

⁷⁴ *Ibidem*.

⁷⁵ *Ibidem*, pp. 114–115.

⁷⁶ *Ibidem*, p. 152. More on the art of diagnosis and preparing a patient to discuss with a symptom and on work with tides in: M. Kern, *op. cit.*, pp. 127–204.

⁷⁷ B. Przyjemaska, *op. cit.*, pp. 149–150.

⁷⁸ M. Eliade, *Szamanizm i archaiczne techniki ekstazy*, trans. K. Kocjan, Warszawa 1994, p. 16. See also: M. Eliade, *Shamanism: Archaic Techniques of Ecstasy*, Princeton 1972.

elements of shamanism becomes very likely.⁷⁹ The craniosacral therapy described in this paper has many structural similarities to practices known to shamanism,⁸⁰ connected with primitive experiences characterised by prelogical (mythical) thinking. The Bricolage⁸¹ created by those presenting such ecstatic spirituality is composed of “an order of the world from the material”, which is available to them directly, from their own observations. The rule of thumb for mythical thinking is to use the means that are just “at hand”, matching the target to the means and opportunities immediately available.⁸² The basic principle of such thinking, described by Lévi-Strauss as “untamed”, is the unity of reality. There are no divisions here between the natural and supernatural worlds: the two interpenetrate each other determining the power of the mythical narrative.⁸³ The untamed thought of the vision, or spontaneous imagination that enables contact with the subconscious,⁸⁴ operates more freely because it creates its own structures, unlike medicine, which operates within the structures that already exist. We might be tempted to say that the language in which the authors of the textbook describe craniosacral therapy exhibits features of pre-logical thinking. The differences between a modern craniosacral therapist (remodelling the patterns inherent in a patient’s subconscious⁸⁵) while commuting on a Wrocław tram and a prehistoric shaman, would only be due to the context of cultural differences that are providing the believer with meanings and definitions. Despite living in a secularised void of magic culture, the “spiritual understanding of reality” reactivates in the consciousness of therapists and their patients, certain patterns of taking hold of reality which are inherent in primitive cultures.

⁷⁹ A. Szyjewski, *Szamańskie stany świadomości*, <https://religie.wiara.pl/doc/472283.Szamanizm/3> [access: 18.05.2010]. More in: A. Szyjewski, *Szamanizm*, Kraków 2005. Andrzej Szyjewski draws attention to the careful qualification of phenomena classified as shamanism. Since the beginning of the twentieth century, there has been an exponentially increasing tendency to call any religious experience shamanic, thus confusing the shaman with a magician, quack, sorcerer or medicine man. Due to the volume of the study, we cannot stop at a detailed analysis of the shaman complex. I can only refer the reader to the publication by Andrzej Szyjewski. Typical experiences of shamanic initiations and experiences can be found in: M. Eliade, *Inicjacja, obrzędy, stowarzyszenia tajemne. Narodziny mistyczne*, trans. K. Kocjan, Kraków 1997, pp. 97–98. See also: M. Eliade, *Rites and Symbols of Initiation: The Mysteries of Birth and Rebirth*, New York 1974. Compare: J.S. Wasilewski, *Podróże do piekiel. Rzecz o szamańskich misteriach*, Warszawa 1985, pp. 69, 95.

⁸⁰ Shamanism is a special form of religion, involving the separation of certain individuals in society – shamans, who are credited with the ability to make direct contact with spirits. “Shamans do not believe in spirits. Shamans talk to them, use them. They do not believe in spirits any more than they believe that they have a house to live in or that they have a family. This is very serious [...]” More in: *Shamanic Healing: We Are Not Alone An Interview of Michael Harner by Bonnie Horrigan*, “Shamanism” 1997, vol. 10, no. 1, p. 2.

⁸¹ More on Bricolage in: C. Lévi-Strauss, *Myśl nieoswojona*, trans. A. Zajączkowski, Warszawa 2004. See also: C. Lévi-Strauss, *The Savage Mind*, New York 1966.

⁸² K. Turska, *Logika i czary, czyli o podwójnym systemie wyjaśniania świata*, https://krytyka.org/pokaz_pracnaukowa.php?id=38 [access: 14.06.2010].

⁸³ A. Szyjewski, *Etnologia religii*, Kraków 2001, p. 73.

⁸⁴ B. Przyjemaska, *op. cit.*, p. 104.

⁸⁵ *Ibidem*, pp. 111–117.

Mircea Eliade argues that the mystical vocation corresponds at the level of primitive religions to the vocation of a 'quack' or shaman.⁸⁶ One of the peculiarities of such experiences is the meaning attributed to personal experience. Such people are destined, in his view, to participate in more intensive religious experiences than those available to the rest of the community. Such exclusivism of the experience of expanding spiritual awareness seems particularly attractive to people who, disappointed by the possibilities of modern medicine, seek help from alternative therapies which are saturated with content full of charms, trances and miraculous spirituality. In the 1990s, an anthropologist, Piers Vitebsky, noted that for many people from groups associated with the "new spirituality", shamanism represents an accessible way for everyone to move away from "institutionalised forms of religiosity"⁸⁷ to "direct and personal contact with oneself and the environment". It seems that the treatment offered by craniosacral therapists is located in this same area of the searching for the "core" of the most universal, archaic techniques of working with consciousness, but it is stripped of the cultural trappings belonging to ethnic shamanism.⁸⁸ Although an "urban shaman" is today a shaman only for himself/herself, for those associated with counterculture and new spirituality, what is important is the visionary experience itself, correlating with a certain attitude towards earthly existence. In Harner's opinion, the core of shamanism is the ability to volitionally enter a shamanic state of consciousness. According to him, shamanism should therefore be understood as a magical technology that enables contact with the world of spirits, or, as Harner calls it, "an unusual reality."⁸⁹

The author is not competent enough to relate to osteopathic techniques based on the knowledge of anatomy, biomechanics and human physiology. My aim was much humbler, and it was to point out to the religious roots of craniosacral therapy techniques. From the perspective of religious studies, the religious provenance and spirituality of this method, described in manuals for therapists, seems to locate it in the realm of marketing products arising from "spirituality". Interestingly, patients who choose this type of therapy are usually unaware of the roots described above, associating the craniosacral method with one of the physiotherapy techniques recognised by clinical medicine. This raises the question of what information reaches potential

⁸⁶ M. Eliade, *Inicjacja...*, *op. cit.*, p. 17.

⁸⁷ The general accessibility of shamanism in the postmodern era is well illustrated by the final parts of "The Future of Ritual", in which Schechner gives examples of rallies organised by contemporary living descendants of North American Indians, such as "become a shaman in three days – now only \$150". R. Schechner, *Przyszłość rytuału*, trans. T. Kubikowski, Warszawa 2000. The fruits of the search of Michael Harner or Mircea Eliade, researchers dealing with primordial forms of contact with the sacred, were quickly used by circles associated with the so-called new spirituality. For more on M. Harner's research, see the website belonging to the Foundation for Shamanic Studies, <https://www.shamanism.org/> [access: 10.08.2010]. See: M. Harner, *Hallucinogens and Shamanism*, Oxford 1973; M. Harner, *Droga szamana*, trans. D. Chojnacka. Wrocław 2006. Compare: M. Eliade, *Szamanizm...*, *op. cit.*

⁸⁸ M. Harner, *Science, Spirits, and Core Shamanism*, <https://www.shamanism.org/articles/article10.html> [access: 11.09.2010]. Compare: M. Lorenc, *Technoszamanizm – ekstaza w pigułkach*, <https://www.taraka.pl/index.php?id=technoszamanizm> [access on: 18.05.2010].

⁸⁹ M. Harner, *Droga...*, *op. cit.*, p. 6.

patients, and what materials circulate among therapists themselves. Unfortunately, I do not have the information to answer this question.

Significantly, many rehabilitation clinics and medical centres in Poland, providing services financed by the National Health Fund, have craniosacral therapies on offer. The popularity of the method described is evidenced by data from the International Upledger Institute, whose website states that more than 100,000 practitioners of craniosacral therapy have already been trained.⁹⁰ Course graduates include osteopaths, general practitioners, chiropractors, Oriental medicine practitioners, naturopathic doctors, psychiatrists, psychologists, dentists, nurses, physiotherapists, occupational therapists, acupuncturists, massage therapists and other professionals who work with the body.⁹¹ I do hope that within such a short text I have been able to sufficiently explain how contemporary spirituality and its religious roots intertwine with medicine, creating an area where their boundaries become blurred, and producing an alternative route to recovery. Religious studies know the whole range of spiritual phenomena which have a therapeutic effect, which, according to the people who advocate them, is confirmed by the people convinced of their effectiveness. This is how a prayer for healing works, so widely present in Pentecostal movements, shamanic trances, charms, and gentle magic. Similarly, as in craniosacral therapy described here, the effectiveness of the method is determined by the private conviction of the patient, based on the spiritual components of the method and the spirituality of the therapist. Observation of the fluidly changing boundaries and meanings at the interface between medicine and spirituality, reinforces the notion that the surprisingly rapid changes taking place in the life of modern societies are resulting in increasing uncertainty, the blurring of categories and relativism. There is every indication that an interdisciplinary approach to the issue of human health is essential to observe the potential difficulties, dilemmas and controversies related to the existential condition of man and his search for health, which are increasingly understood as a process of spiritual activity. Cultural changes in this area open up religious studies to a new approach and observation of this quest, in which patients individually search for and freely combine religious and medical traditions. It is my hope that this paper will become a contribution to broader religious research, presenting what is happening at the junction of spirituality and medicine.

⁹⁰ In the course of a telephone conversation with the Upledger Institute International Instructor, Wojciech Garwoliński, I obtained information confirming the numbers cited and the growing popularity of craniosacral therapy in Poland. The interlocutor also confirmed the important function of the religious roots of the therapy described and the significant influence the concept of psychosynthesis described by Roberto Assagioli had on its development (data obtained during a personal interview on 21.02.2024).

⁹¹ More on: <https://www.upledger.com/> [access: 3.08.2023]. Zob. *Terapia CranioSacralna*, <https://www.rehabilitacja-mw.pl/metody-rehabilitacji/rehabilitacja-doroslych/terapia-czaszkowo-krzyzowa/> [access: 3.08.2023].

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