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SomatoEmotional Release® Explained

by John Page

John Page, founder of the Upledger Institute UK, provides an introduction to SomatoEmotional Release®, a hands-on therapy where the practitioner helps to locate and then facilitate the release of toxic emotion harboured within body tissue.

Retained emotions and the primitive brain

Many of the traumas we receive during the adventure we call life are either entirely emotional or have a significant emotional ingredient or reaction associated with them.

The basis of SomatoEmotional Release® (SER) is that people sometimes retain an emotional experience physically, leading to loss of flexibility in an organ and/or local connective tissue with resultant impairment of function and possible pathology. Working hands-on - sometimes assisted by dialogue, sometimes not - it is often possible to facilitate the release of the affected tissue concurrently with resolution of the associated emotional issue.

We understand that our bodies have a remarkable facility, inherited from our more primitive forebears, which enables us to hold at a deep neurological level "reactively" programmed records of certain events. These events seem to be those which our primitive brain, or R-complex, has experienced as significant to our survival or some other important aspect of our well-being. By "reactively programmed", we mean that every time we have an experience that connects with that earlier memory, our original reaction to it is triggered, however inappropriate that reaction may be to current circumstances. Such reactions can, of course, involve either pleasure or pain.

What might occur with an individual

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Let's take a couple of hypothetical examples. Little Johnny is persecuted by his teacher, who has a habit of grabbing him roughly by his left upper arm. Many years later a good and trusted friend lightly takes hold of the same part of the mature John's anatomy, producing an inexplicable and (initially) uncontrolled negative emotional reaction. Little Alice loves her grandmother, confides in her and feels safe in her presence. Grandmother wears a not particularly pleasant scent, which nonetheless induces a positive emotional state in Alice whenever she subsequently smells it, even through adult life.

Now let's use little Johnny (and his cruel teacher) to illustrate how he might benefit from SER. Johnny grows up with an unexplained pattern of mild headaches and upper spine dysfunctions. His left shoulder is subject to recurrent pain and weakness, which seems to tie in with stress at work. He also has an overbearing boss who bullies him.

During an early CranioSacral Therapy session John becomes very relaxed, but his head keeps wanting to turn to the right, and his left arm lifting away from his side. Adept at helping with SER, the practitioner initiates what we call "dialoguing", a conversational process the primary aim of which is to help John get in touch with his feelings. At the same time the practitioner supports John's involuntary movements in such a way as to allow them to explore their full range. This combination of circumstances should lead to the discovery of the root cause of John's physical problems, while simultaneously bringing up the deeply-held memory of his suffering at the hands of his teacher. Therapist and patient then continue with the dialoguing and physical process to attain release of the memory and the tissue that was holding it, together with resolution of the original emotional hurt.

Principles of SER support a patient-centred approach, allowing only the subject's own language, culture, beliefs and insights to influence the proceedings.

"Simultaneously" is underlined because the extraordinary efficiency of the process appears to derive from concurrent psychological/emotional and physical processing.

During our imaginary process with (adult) John, he recalls in vivid detail being mistreated by his teacher. Our primitive brains appear not to have our higher brain's understanding of time. During his process John feels he is right there again, little Johnny in the presence of his teacher, the colour of the painted schoolroom walls, the distinctive smell of the desks - almost as if he is dreaming. And just as when we dream, our physiology reacts as if that early experience is actually happening now.

With no prompting from his practitioner, during subsequent reflection John begins to understand more clearly the inhibitions, the lack of self esteem and the

irrational fears that have secretly hampered his life's progress - how these have made him, for example, so susceptible to the tactics of his bullying boss.

John is gradually able to get his career onto a more self-directed and empowered footing. Friends, colleagues and family become vaguely aware that something about him is changing. He is more relaxed, less intimidated, and they feel better in his company. And after a little more therapy, his neck and shoulder troubles clear, and his headaches go away.

How easily does SER occur?

There are many factors that can increase the likelihood or degree of emotional retention, but a key factor seems to be the ability, or otherwise, to accept or integrate a particular experience. In John's case, not untypical, he is able to quickly get in touch with his problem and, with the right kind of help, resolve it. John had suffered for years in silence, the memory of his teacher so effectively buried that he had little or no idea he even had an emotional problem. He came from a safe and supportive home, and felt quite secure until he attended his first school. The teacher, however, made him feel ashamed and inadequate, unable to seek his parents' help. Luckily he has good, deep resources to draw on, and as a result he has no real fear about getting in touch with his feelings.

For other individuals, the ease with which they can get in touch with their emotional issues will vary tremendously, and the process of SER may be subject to degrees of resistance. It is often, however, as if some unconscious mechanism allows us to start into our process of SER when we are at just the right time of our lives to make a change. And CranioSacral Therapy does seem to be very effective in preparing the ground, gently helping our issues to come nearer the surface, preparing our bodies to play their part in the work.

Where did it come from?

The concept of SomatoEmotional Release[®] was developed during a three-year period (1977-80) while the late Dr Zvi Karni and Dr John Upledger were working together as researchers in the Department of Biomechanics at Michigan State University. Dr Karni was a visiting professor with the department on leave of absence from his post as Chairman of Biological Engineering at the Technion Institute in Haifa, Israel. Dr Karni held doctorates in both Biological Engineering and Biophysics. The research mission was to explore possible areas where the fields of Medicine, Biology, Physics and Engineering might integrate to better serve mankind.

One of Upledger and Karni's key findings was that on numerous occasions when human tissue goes through a release process, there is a distinctive change in the craniosacral rhythm. It seems that during such changes some kind of state is entered, both emotional and mechanical, that can be significant to the patient's

deeper healing. This gives the practitioner an objective physical means of monitoring, and therefore guiding, the process.

It was Dr Upledger's patients who revealed to him the extraordinary usefulness and universality of SER. When working with autistic children he found out that sometimes a limb would want to move automatically. By working carefully with such limbs, permanent resolution of deeply retained trauma could be achieved. On one such occasion the patient started to cry. The therapeutic team proceeded normally, but found this individual more open and communicative after the session. Under non-directive encouragement, further such sessions were experienced. The approach proved beneficial for every type of patient, and with any type of problem. This established SER as a truly core therapy.

SER – a physical phenomenon

The final element in our understanding of why SER is so efficient is the Energy Cyst concept. In brief summary, energy cysts are areas of tissue that have not only become restricted, but also carry some kind of apparently electrical charge. They are generally associated with trauma sites, and can be palpated with pinpoint accuracy. Energy cysts seem to occur when the tissue receives an energetic input greater than it can discharge or fully recover from. This input may be mechanical, or emotional, or both. What seems clear is that emotional input can be at least as significant in cyst formation as mechanical input. Just as with a septic cyst, the affected tissue seems to be walled off by the body in order to confine its effects. The term Energy Cyst was suggested to Dr Upledger by Dr Elmer Green, Director of the Meninger Institute, when Dr Upledger described the phenomenon to him.

An energy cyst will often be the invisible, final missing piece between partial and full recovery of injured tissue. Whatever the cause, the effects of an energy cyst are always physical – in the tissue.

Some degree of emotional release is required to clear an energy cyst that has an emotional component. Key ingredients for the practitioner in facilitating SER are detecting energy cysts, monitoring the craniosacral rhythm and following the tissue. Experience shows that this hands-on approach, supported as appropriate by dialoguing, guided imagery, creative visualisation and a variety of other neutrally offered tools, is not only empowering for the individual, but can achieve complete resolution of long-standing and deeply held patterns of emotionally-caused dysfunction.

We understand that when we are truly experiencing emotion, as distinct from merely thinking about it, our awareness is operating through our limbic system or mammalian brain. The limbic system is what we dream with. Unlike our neo-cortex, or higher brain, which is dominant during analytical processes, it is a part of our brain where metaphor, pictures and symbols are the language, rather than

the logical use of words. As already mentioned, it appears not to have the sense of time enjoyed by our "smarter" neo-cortex. But the limbic system connects with our autonomic nervous system and metabolism, which is why our physiology can be affected, sometimes to extremes, during dreams.

Careful, guided use of the limbic system provides a direct voice for the body, including the R-complex, enabling us to listen to its messages unimpeded by analysis, diagnosis or conditioning. This is what enables our fictitious hero John to listen to what his shoulder has been trying to tell him most of his life. Recruitment of the limbic system as a channel for communication and change engages the mechanical and the emotional in concert, thereby helping to bring resolution to long-standing and resistant problems more quickly and completely than approaches that focus on the analytical neo-cortex.

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