

Craniosacral Therapy supports those with acquired brain injury. Clients' experiences of CST. A qualitative study.

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Complementary and alternative medicine (CAM) is increasingly popular with the general public.¹ For many therapies the supporting evidence base is limited. This is particularly true of craniosacral therapy (CST). CST is a body based therapy that supports the body's natural capacity to heal.

CST has developed from clinical experiences within the field of osteopathy which uses a vitalistic approach to health.² It is therefore based on the careful observation and exploration of the practitioners' perceptions of the body, the belief that nature can deliver perfect function and purpose and that human beings carry within an inherent capacity for health. The process of CST is reported by therapists and clients to bring about improvements in health status and reduction in symptoms.

This paper reports the findings of a recent study exploring clients' experiences of craniosacral therapy.³ The study identified that CST appears to help people with a wide range of illnesses and disabilities get better and how the touch and body work involved in CST helps others to access higher levels of well-being. Focus is given to three participants with acquired brain injury (ABI) and illustrates how CST can play a role in the supportive care of individuals with ABI. ABI is a brain injury that is acquired at or after birth.⁴

Research Question

This study aimed to answer the questions, what changes do clients experience whilst engaging in CST? We also asked clients about their reasons for seeking CST and their experience of CST in terms of changes in their health state.

Sample

The sample comprised of 29 participants who were over 16 years old and had received six sessions or more of CST within a 12 month period. (Three of the participants had acquired brain injury).

Methods

This was a qualitative study based on constant comparative methods that was informed by grounded theory⁵. Semi-structured interviews took place between April and August 2011 and explored clients' experiences of CST. Inductive thematic analysis⁶ resulted in themes, concepts and vignettes.

Results

The first thematic area, **expectations of CST** addresses why participants had CST, describing their presenting symptoms, what their expectations were and the kinds of changes they were

seeking, for example a resolution of psychological or emotional issues, relief from pain, rehabilitation and relief from stress were reported.

The second thematic area, **changes and outcomes** (changes in health status during and after CST), explores changes experienced during CST which have been further classified as reducing, resolving and relieving of symptoms. Four themes: changes to body, mind and/or spirit and possible adverse effects were identified.

The theme *body* came from the data and it is represented through physical symptoms. These symptoms, sometimes influenced by posture, reveal themselves by inhibiting function or mobility in turn affecting ability and daily activities.

The theme *mind* on a psychological and emotional level, many participants reported a change in their 'mental attitude' and a new level of emotional awareness. This enabled them to adopt new attitudes, gain new understanding and respond differently to their environments and life situations.

The theme *spirit* arose from examination of the data. It includes capacity to love and have compassion. It also includes feeling connected as experienced through relationships with themselves, others and the wider universe.

Due to the complexity of participants' stories, vignettes of three participant's who have ABI were used to illustrate how changes were experienced in either one of, or all three of the domains of mind, body and spirit.

A summary of participant 12's vignette

Participant 12 has acquired brain injury after being in a car accident in 1994 and spending 9 weeks in coma. The accident left him paralyzed, with no speech and no control over his body or limbs. During his recovery regained the return of his speech, is walking again and has regained full control over his body. However, experiences symptoms including headaches, dizziness, and numbness in both legs and shakes to the right arm. He reported that he could not sleep more than two hours at a time, had suicidal thoughts, was anxious and had depressive tendencies using alcohol to help him sleep and escape from things.

He had been attending Headway since 2001 and had been having bi-weekly sessions of CST depending on availability. He gets frustrated about his situation. Prior to his accident he was at University studying and was an artist.

Outcomes

Since having CST participant 12 reported outcomes in three domains: body, mind and spirit.

He reports having improved body awareness "*I know, I can talk, I can feel my body when I have CST, I can listen to my body.....it helps me to feel myself.*"

He described how CST sessions had helped him with improved sleep *“I couldn’t sleep for days, for 2, 3 days...for half an hour, 2 hour nothing more. Now I’m getting 4 hours sleep.”*

He believes CST keeps him calm and facilitates his ability to feel joy *“gives me enjoyment of spirit, of life, it keeps me calm.....”*

He also believes it increases his artistic flow *“I paint as well and after CST you can see in the painting how I feel and because I’m an expressionist, and what I feel I put on canvas.”*

In summary, the main changes he experienced having CST include feeling calmer, improved sleep, improved creative expression, improved body awareness, less shaking in his arms and hands after a session and can appreciate the joy of life.

A summary of participant 13’s vignette

Participant 13 is married with two children. Prior to having a stroke he held a leadership role within his local community. He had a brain hemorrhage and had a stroke which caused loss of use to the left side of his body and pain in his left shoulder. He was attending Headway and receiving CST sessions on a bi-weekly basis.

He reported feeling sad about losing his independence and having to rely on his wife and children to help him on a daily basis. He also reported that lack of sleep had started to affect his mental/emotional wellbeing and putting a strain on his relationships with loved ones. He had set goals for his rehabilitation journey; hoping to strengthen his left arm and leg and to gain more movement in these limbs and wanted pain relief in his left shoulder.

Outcomes

He reported changes in two of the three domains: body and mind.

He no longer has the shoulder pain. He described regaining his independence and freedom since being able to do some daily activities again *“Like getting in and out of bed, I can do it myself. I used to have people help with my leg here, I can do it myself and I can go to bed by myself, and get out of bed myself now, although it’s not completely easy. I do struggle a bit but I do it.”* ... *“it gives me the freedom to do what I want.”* He now does things in his own time and no longer allows his wife to rush him, which has improved the way they relate.

Regaining his confidence has been an important outcome for his daily life, *“I go to the gym without my chair, I go to the supermarket without my chair.....I’m getting the confidence back to do things like that.”* He reported improvements in sleeping as an important change *“I know if I go for a session of CST I sleep very well through the week, until the next week...”*

He reported having a new perspective on life he feels he has something different to offer the community (a disabled perspective on planning and design of buildings). He described how he appreciates the gentle approach that CST offers and how useful it is to work with the practitioner towards mutual goals.

In summary, participant 13 reported that the main changes noticed included improvements in his sleep and therefore he has more tolerance. He has regained some independence at home as his walking improves and he regains his strength and therefore, is regaining confidence. He reported relief from pain, improved mobility and range of motion in his left shoulder, arm and hand.

A summary of Participant 14s Vignette

Participant 14 has acquired brain injury after being assaulted in 2007. He described the experience as very traumatic and shocking as he woke in the critical ward of the hospital not knowing where he was or how he got there. Since the incident he has suffered from depression due to the debilitating pain that he has in the left side of his body. He experiences numbness and burning sensations on his skin, has a trapped nerve in his lower foot which causes his toes to hurt and that cramps at night causing him lack of sleep. He has weekly CST sessions as part of his rehabilitation and reported changes in the one of the three domains: body.

He reported pain relief for short periods of time *“And she [the practitioner] comes...you know heals the pain for... temporary, it doesn't seem to go away forever, but she seems to have the blessed hands for healing, seems to stop it for half a day, which is good enough for me.”*

He has been attending Headway since 2009 and believes the service encourages him to stay connected to other people who have had similar experiences. CST is just one of the interventions he is offered.

The three vignettes above reflect the findings of the overall sample in that health changes were reported in three aspects of a person: - body, mind and spirit. New levels of awareness highlighted changes in many areas including; self-concept; mind-body-spirit links; psycho/emotional aspects; adoption of coping strategies; undertaking self-care and improved interpersonal relationships.

Participants in the overall sample reported three ways in which their health status changed; these included the resolving, reducing and relieving of symptoms. This was influenced by the outlook participants had towards their symptoms and that relief may be experienced for a short period of time before resuming to normal.

The third thematic area, the **CST process** covers other aspects of CST reported by participants including the descriptions of their experience of CST and the client-practitioner therapeutic relationship.

The fourth area, **the implementation of CST** covers participants' opinions, beliefs and the choices they make about their health, including barriers to accessing CST and resolving scepticism. It provides information about the context of the CST experience including the way it has been combined with other interventions, medication and treatment plans.

Discussion

The findings of this study suggest that CST brings about changes in health experienced as recovery, reassessment of problems and reduction of symptoms, both sustained and temporary. Observing changes in at least two of the three themes of body, mind and spirit, including things like self-concept, psycho/emotional wellbeing, coping strategies, interpersonal relationships and relate to a more holistic health paradigm.

Whilst organizations like Headway East London provide a variety of interventions that may support rehabilitation for those with ABI, CST practitioners can play an important role in the supportive care of such individuals as part of that provision. There is a dearth of CST research and the researcher suggests that further studies are required to build on the current evidence base and how CST may support the rehabilitation of those with ABI.

Limitations of this study

This was a self selected group of participants who were extremely happy to talk about their experiences of CST, introducing the possibility of bias. By involving CST practitioners in the recruitment process the sample had a range of age/gender characteristics and many different health problems.

Ethics

This study was granted ethical approval by the University of Warwick's Biomedical Research Ethics Sub-Committee, in June 2010.

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