

# Gina Leads the Way

## (Meeting the Core, Not Treating the Symptoms)

Matthew Appleton

Gina is twenty months old and was brought along to a low-price Teaching Clinic by her father. This session was also attended by two therapists who wanted more experience of working with children. Instead of taking a seat the father sits on the floor with Gina. She is clingy and fearful. I sit close by, arranging toys around me as the father gives us the background to why he has brought Gina along. He is concerned by the constant string of infections that Gina comes down with. She was born in water and there were no problems with the birth, or obvious after-effects. She has one older sister and is mainly looked after by the mother as he is away a lot, working abroad. She has had several sessions of cranial osteopathy, but with no effect, and previously attended one teaching clinic, during which she eventually warmed up to the therapist. The father feels there is an emotional component to her low resistance to infection.

Whilst the father talks Gina clings to him anxiously. After a while I attempt to engage her attention with a hand puppet. She begins to cry. I back off and she settles close to her father. He plays with her with the toys on the floor.

Once she is absorbed with the toys I come a little closer, sitting beside her. She eventually initiates contact by handing me plastic figures; pointing to them, saying, "boy", "girl", "mummy", "daddy". Daddy is the most prominent of these. Her father continually interjects, breaking the contact between us. There is a rather forced quality to the way he



Photo: Clare Cherry

interacts with Gina. I have the impression that he is “trying too hard”, that he is trying to prove something either to himself or to us and is not giving Gina any space. A couple of times I try to initiate physical contact with her back, but each time she pushes my hand away. I respect this and instead take up a contact with her energy field, several inches from her body, stroking downwards from head to toe. She allows this and becomes more expansive and interactive with me.

After a few minutes of this she accepts a physical contact at her sacrum and her system softens and opens up in response. During this interaction her father continues to try to grab her attention, whilst she clearly turns away from him, absorbing herself in playing with the toys. One of the attending therapists indicates that she would like to join in playing with Gina, but feeling that my own contact with her is so tenuous and that the father is not giving her enough space as it is, I suggest that this is not appropriate at the moment.

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Suddenly and with a clear sense of intent, she stacks the toys in a pile to one side. The father looks around for something else to distract her with and I take this opportunity to ask him if we can give her some space to decide what she wants to do, rather than attempt to distract her. He agrees and sits back against the wall. After a moment she gets up, walks to him and climbs onto his lap, all the time allowing me to keep my contact with her sacrum. She snuggles into him and I sit beside them, keeping my contact. She is very quiet, resting her head against his chest, sucking her thumb. I check with him whether it is okay to stay with this. He says yes, but I sense a slight discomfort. After a few moments I ask him if it is okay with him to try and soften himself, as if allowing her to melt into him. He does so and as he does so she softens even more and a sense of deep stillness and peace pervades the room.

We sit like this for ten minutes or so. Eventually Gina begins to look around her. There is a sense of

completion. I ask the father how he feels about what has happened. He is fine with it, but wants to know what I picked up on. I tell him my impression is that she needs some space to express herself and that he is a bit too “in her face”. I put this as tactfully as possible, suggesting that perhaps as he is away a lot he overcompensates when he comes home and that, maybe, Gina needs to be able to reach out to him, rather than have him initiating the contact all the time. He is happy to accept this and acknowledges that “[he] act[s] out of guilt” with her, because of being away from home so much. I suggest that he does not need to do this, as Gina obviously loves him and is able to express this, as she did in the session, when given the chance.

When they leave the father looks more relaxed and Gina has a strong presence about her, making clear eye contact, looking very different from the clingy, fearful child she was when she came in.

Whether this session will have any long lasting effect on their relationship or the number of infections she succumbs to, I do not know. But clearly a child who can be more expansive and soft is going to be a child with more vitality and a stronger immune system. When the internal environment is functioning more freely as a whole, all its individual parts are freer to respond to external stresses and strains.

Children have a great capacity to regulate their own lives on many different levels. The Intelligence that forms us, also *informs* us throughout life, when we are able to listen to it and trust it. This comes naturally to children, but as we impose concerns and constant distractions, borne of adult anxiety, children easily lose contact with the wisdom of their own organisms, as we often have. What children often need is not so much ‘Treatment’ (with a capital T), which can sometimes be yet another adult imposition, but space to express themselves and a world that is able to listen and respond. \_

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