

DECOLONIZING OUR  
**ORIGIN STORY**

A PATHWAY  
 TOWARD

*Communal*  
**HEALING**

RUTI WAGAKI RCST®

On August 18, 1920, women in the United States earned the right to vote. The Original Peoples of Turtle Island have held some long-standing matriarchal traditions that inspired the American suffrage movement, which had been hard at work during the time of the Trail of Tears, and before the Emancipation Proclamation went into effect in 1863. Eight years prior to the start of the Civil War, Andrew Taylor Still, who is known as the “Father of Osteopathy,” was married with two children when he relocated to the Wakarusa Shawnee Mission in Kansas where his father, an abolitionist Methodist preacher and physician, was assigned.

Back then, when a person wished to become a doctor, one was expected to study with an existing physician, and A.T. Still chose to learn under his father. The Museum of Osteopathic Medicine’s website states, “He may have received additional, formal training at a school in Kansas City, but no records remain to establish where and when this training took place.” (A.T. Still biography section, para. 3). After the end of the Civil War, Dr. Still was disillusioned with his training as a physician and began learning other forms of healing which led him to develop what he later called Osteopathy.



*Turtle Island | Traditional Indigenous name for North America | Image by Ivan Chiosea*

We may find a possible clue to the mystery of A.T. Still's lost years of additional training in Susan Raffo's 2020 ground-breaking blog titled, *Aligning the Relational Field: A Love Story about Retelling the Creation of Craniosacral Therapy (and a lot of other Touch-Based Bodywork as well)*. Within it, Dr. Lewis Mehl-Madrona is mentioned as having studied Cherokee Bodywork with two traditional Cherokee women who also move cranial bones. A graduate of Stanford University's School of Medicine, he is a former faculty member of several medical schools, an author of many books, a medical researcher, a man of Lakota and Cherokee heritage, and a teacher of Cherokee Bodywork. One of his students, Nita Renfrew (2015), explains:

When Dr. Still became a recognized physician and surgeon, although he never said where he had learned his musculoskeletal and organ massage techniques, which he called Osteopathy, he is known to have alluded to the bone-setting methods of the Shawnee at least once, as reported by the director of the Museum of Osteopathic Medicine in a lecture. (para. 3)

Here we are asked, as Craniosacral Therapists, to reconsider the status quo, and we are challenged to examine facts and further investigate and honor the Indigenous origins of our work.

In the initial creation of that blog post, Raffo was unaware that Dr. Still himself had Indigenous roots. In retrospect, there is an added paragraph at the end of the piece acknowledging this, and at one time there was also a link to an interview with the director of the Museum of Osteopathic Medicine. The video is no longer available, but I was able to view it before it was removed. From this video, I learned that Dr. Still's father had Indigenous heritage and that A.T. Still himself was a quarter Lumbee and spoke Shawnee - making it clear that the "Father of Osteopathy" had one grandparent who was full Lumbee. Additionally, the museum director shared written account of a student describing Dr. Still's trancelike state while he spoke of *The Great Spirit* and asked the ancestors for guidance.

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**ORIGIN STORIES ARE A BIT LIKE PLAYING THE TELEPHONE GAME; BY THE TIME THE STORY IS TRANSLATED FROM ITS ORIGIN AND PASSED DOWN, IT CHANGES ENOUGH TO OBSCURE SOME TRUTHS.**

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"We're the people of the tide, the salmon people...

We consider ourselves their relatives. We call them people in our language. So we revere our relationship with the tides, with the moon, with the salmon.

It gives me a framework for how I interact with the world."

*Matika Wilbur*

Photographer | Project 562,

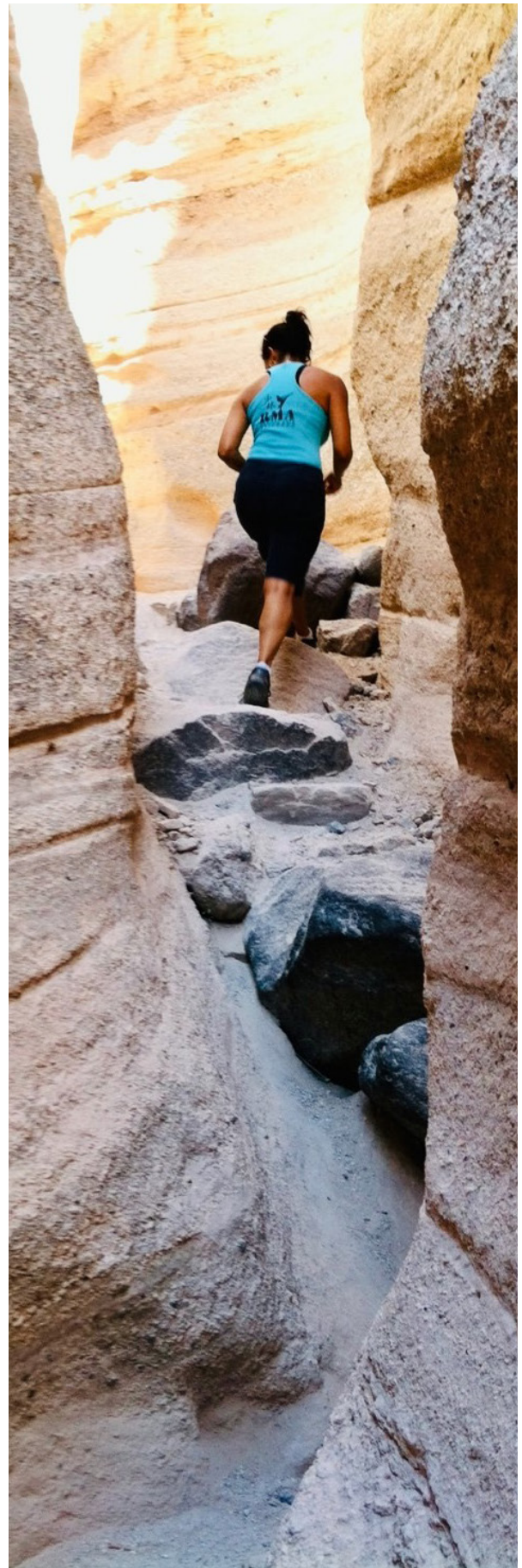
on what it means to be Swinomish (Mitchell, 2022, para.16)

When I began my journey as a Craniosacral Therapist in 1999, I learned that Craniosacral Therapy emerged from a lineage of white men, tracing all the way back to Dr. William Garner Sutherland, who is credited as the “Originator of Cranial Osteopathy,” and to his teacher, Dr. Andrew Taylor Still, when he established the American School of Osteopathy in 1892. Upon discovery of Susan Raffo’s blog and the video interview, I experienced a moment of fundamental change in the way I saw Craniosacral Therapy and would subsequently never be able to look at the practice in the same way again.

This awakening reminded me of a similar childhood experience. As Hebrew is my mother tongue and English my second language, in the fourth grade, reading the Old Testament in the original Hebrew was a school requirement. Upon reading the Torah, my entire class was astonished to discover that *The Divine* was referred to as both masculine and feminine throughout the Bible. We were never taught this previously, but we could see it written right there in the pages with our very own eyes. We asked our teacher why we had been misled all this time to believe that *The Eternal* was only masculine. She had no clear answer for our young, curious minds.

It was on that day that my classmates and I learned an important lesson: Origin stories are a bit like playing the telephone game; by the time the story is translated from its origin and passed down, it changes enough to obscure some truths. If lucky, however, people may stumble upon information that teaches them otherwise. Later in life, as an undergraduate student at Brandeis University’s Hebrew, Near Eastern and Judaic Studies Department, I had the opportunity to dive deeper into the ancient texts. I discovered many such anomalies in the English versus Hebrew versions of the Bible and realized just how much has been lost in translation. What if the same principle holds true in the retelling of the origin story of other subjects, including Craniosacral Therapy?

Let’s consider, for example, the suffrage movement. Until recently, their history has been told primarily from the white woman’s perspective. A documentary film by Katsitsionni Fox, “Without A Whisper – Konnón:Kwe” (2020), recounts a missing piece of the story. It tells us of the key role Indigenous women played in inspiring and supporting the birth of the women’s rights movement in the U.S., long before the Nineteenth Amendment was ever ratified.





*Turtle Island Map of Indigenous Nations* | Available under public license by HimySyed on [localwiki.org/toronto/Turtle\\_Island](https://localwiki.org/toronto/Turtle_Island)



*Zitkala-Sá* (Feb. 22, 1876 – Jan. 26, 1938)

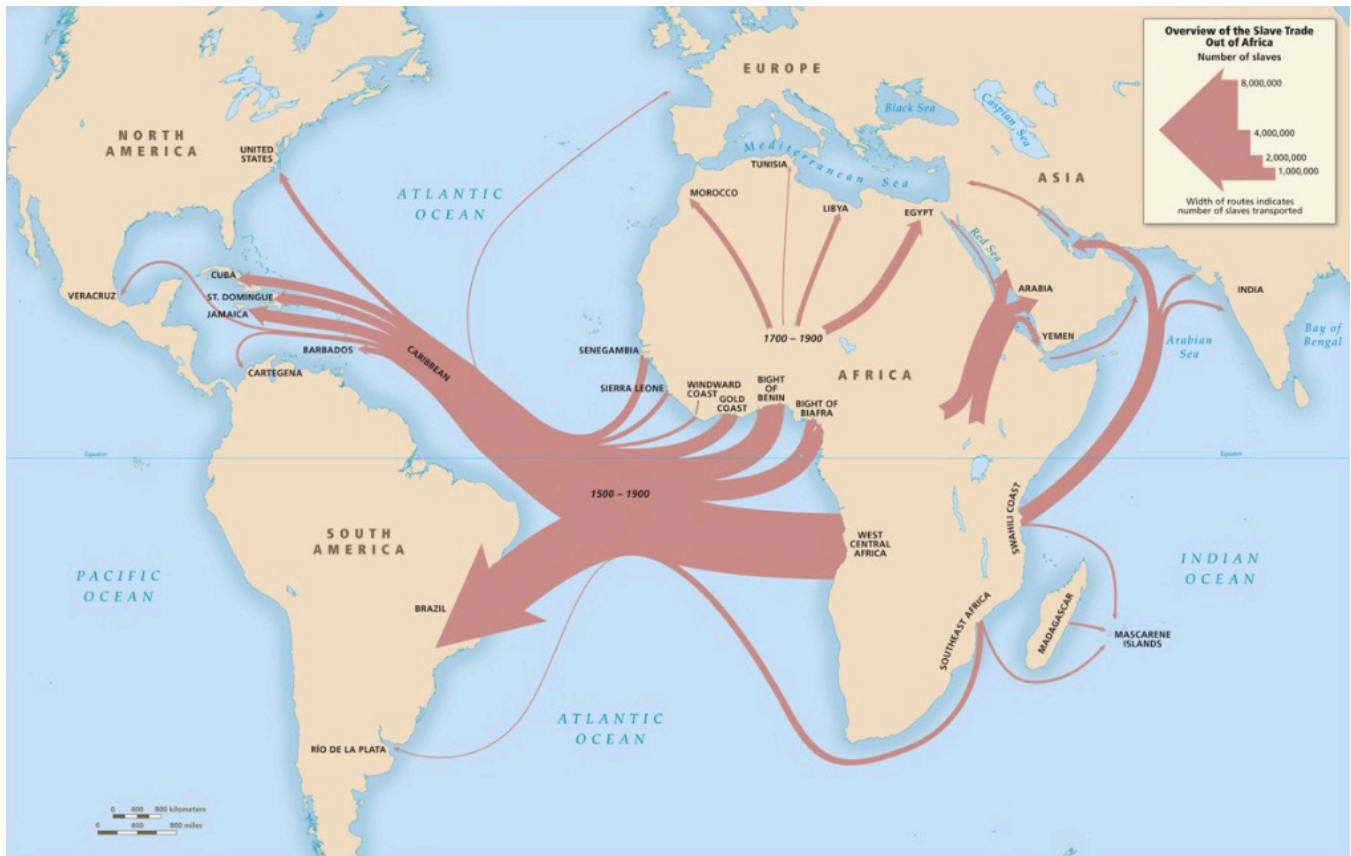
Published writer, teacher, editor, translator, musician, activist  
National Portrait Gallery | Smithsonian Institution

In her book, *Sisters in Spirit: Haudenosaunee (Iroquois) Influence on Early American Feminists* (2001), Dr. Sally Roesch Wagner attempts to right the wrongs of excluding Indigenous women from suffrage by examining the intersectional history of the movement for gender equality and the unrecognized influence Indigenous matriarchs had in inspiring early white suffragists with their vision for change. This dates all the way back to the first half of the 1800's. In *Recasting the Vote: How Women of Color Transformed the Suffrage Movement* (2020), Professor Cathleen D. Cahill recounts the additional contributions other feminists of color (the likes of Sojourner Truth) made to the success of the suffragists.

However, when the Nineteenth Amendment was finally passed, it did not include Indigenous women. At that time, the Original Peoples of Turtle Island were not even considered U.S. citizens, and therefore could not vote. In 1924, thanks to the hard-working efforts of Indigenous suffragists like Zitkala-Sá, a citizen of the Yankton Sioux people, the Indian Citizen's Act passed, and Indigenous Peoples in the United States were finally granted the right to vote and to representation in the U.S. government (Cahill & Deer, 2020).

Historically, Indigenous Peoples' story in the Americas has been distorted; land theft, genocide, and Indigenous contributions have all been downplayed or omitted entirely from the narrative. Persistent institutional forces have kept this pattern firmly entrenched, including in our profession. In her book *Caste* (2020), Isabel Wilkerson writes:

Society builds a trapdoor of self-reference that, without any effort on the part of people in the [white] dominant caste, unwittingly forces on them a narcissistic isolation from those assigned to lower categories. It replicates the structure of narcissistic family systems, the interplay of competing supporting roles—the golden-child middle caste of so-called model minorities, the lost-child indigenous peoples, and the [Black] scapegoat caste at the bottom. (p. 268)

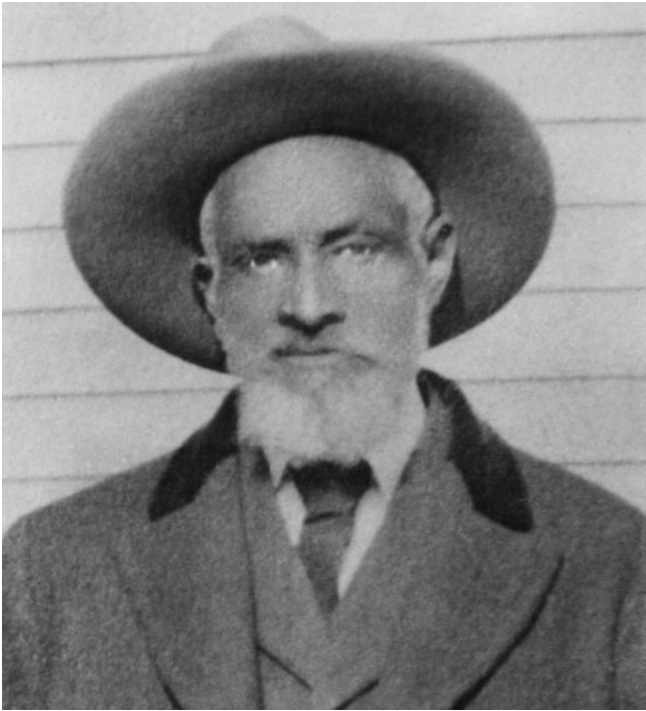


**Overview of the enslavement trade routes out of Africa, between 1500-1900** | More than 15 million Africans kidnapped. From *Atlas of the Transatlantic Slave Trade* by David Eltis and David Richardson, © Yale University (2010).

There is a similar theme of distortion and subsequent erasure of African and African-diasporic history as well. A true account exists of an enslaved man in 18th century Boston named Onesimus who shared his knowledge of African inoculation methods during a smallpox outbreak. He shared said knowledge with his enslaver, the Reverend Cotton Mather, but Onesimus never received the credit he was due. In 2020, LaShyra Nolen, the first Black woman to be elected class president at the Harvard Medical School, wrote a blog elaborating on this account:

In this version of the story, when a British ship arrives from Barbados overrun with smallpox in 1721, triggering the worst epidemic Boston has ever seen, Mather shares the [enslaved man's] suggestion with another white man, physician Zabdiel Boylston, who bravely attempts the procedure on his son, and then on other patients. Inoculation saves hundreds of lives, and the two men go down [inaccurately] in history as the lifesaving duo that brought inoculation to the American colonies. (para. 3)

Throughout the planet, Africans brought with them knowledge of many subjects such as farming, plant medicine, and other healing arts, including bonesetting, initially by means of maritime travel and migration, and later as they were enslaved. Dr. Chika Ezeanya-Esiobu (2019), who holds a PhD in African Development and Policy Studies from Howard University, reports, "In many parts of Africa, traditional bonesetters are renowned for their efficacy in the treatment of bone injuries. Like other variants of indigenous medicine, the knowledge of bonesetting is verbally passed from one generation to another, without resort to formal documentation." She then continues to note,



**George and Lavinia Potts** | Great grandparents of Paula Potts, RCST® (since 2001), on her father's side.

They were founders of the Society of Necessity (1885) in Flat Rock, NC (her ancestral home) and ultimately named *Mother and Father of the Society*. The Society provided loans, health care, funeral care, food, insurance and other essential needs to their African American community after the ravages of Reconstruction left them with no humane services. It still exists today. At that time, they were both free after being enslaved. She was a midwife and herb doctor and is listed among the *Granny Doctors* of Henderson County.



**The author's family, circa 1960, Kenya:** many doctors, midwives, clinical officers (equivalent to physician assistants); past and present.

"Through the practice of apprenticeship and on the job training, traditional bonesetters pass down the knowledge of bone manipulation, herbal topical applications and sometimes oral ingestions to the next generation, often consisting of family members." (p. 87)

Stolen against their will from Africa and brought to the colonies specifically for their expertise and skill (Penniman, 2019), some Africans intermarried with local Indigenous Peoples, which means there are people of African descent who also have Indigenous ancestors. The Biodynamic Craniosacral Therapy Association of North America has Indigenous members, and some Black members who have both African and Indigenous ancestry. Will we ever really know the extent to which African contributions were made to our field?

Is it possible that all those additional years of study unaccounted for in Dr. Still's training were in fact spent learning from the Shawnee women and perhaps other Indigenous healers? The oral traditions, not written about and subsequently lost to time, are part of many Indigenous and African cultures. We can look at the available information and see that something is missing. Without question, however, we now know that Dr. Still was a descendant of the Lumbee people, and that he spent some fragment of time learning from the Shawnee. With the general acceptance of Dr. Still as the "Father of Osteopathy," and Dr. Sutherland as his protege, one can correctly surmise that the origins of modern Craniosacral Therapy can be traced to Indigenous roots. What did Dr. Sutherland glean from Dr. Still that led him to his insight that the temporal bones in the cranium are "Beveled like gills of a fish, indicating articular mobility for primary respiration"? Perhaps if history had unfolded differently, Indigenous (and possibly African) healers would have received the credit they were due for their contribution to our field.

In February 2022, I hosted the first Biodynamic Craniosacral Therapy Association (BCTA) member connection circle planned exclusively for those of us who are Black, Indigenous, Asian and Pacific Islander, Latinx, and other people of color. My goal in helping BCTA organize this event was to provide a safe space for people to come together and share stories, experiences, and needs within the context of the association. In keeping with the promise of confidentiality, I will not divulge any specific details of our conversations, except to say there was an overwhelming consensus among our members of color that racism must be addressed within BCTA, and a fundamental change must be made to the way in which Indigenous contributions to our field are acknowledged.

Let me be clear: This is not an invitation to further harm our Indigenous members, nor to cause more unnecessary suffering to our Indigenous neighbors. I discourage any urges from white members to turn into savior-like "missionaries," wishing to go to Indigenous Peoples and lands to impose themselves upon their communities. Rather, this is an intentional attempt to illuminate the lack of truth-telling in the history of our profession and to offer fixes that could assist our community in finding appropriate places to start.

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Much repair is needed on the part of our organization when it comes to dealing with white body supremacy, implicit bias, and racism within our profession. This is an ongoing work, and as one of the few Black members of BCTA (who does not have direct Indigenous ancestry but does come from a familial lineage of African healers and is accustomed to being dismissed from historical reference in the healing arts), I have some suggestions for immediate changes that could be made within our association to begin to address this marginalization.

First, in a most respectful manner, offer a public acknowledgement on the association's website detailing the historical contributions of Indigenous healers to our field as well as further acknowledgement of Dr. Still's Lumbee lineage. Second, make it a policy to teach this history in our curriculum; otherwise, words unaccompanied by genuine actions for change can be interpreted as merely performative.

I have offered some of the findings from my research, and if readers are unsure about this information or are skeptical and need more data, independent research may be helpful. The decolonization of origin stories requires some digging. It can be a painful journey at times, and in other instances bring pure joy, but it always requires those in the dominant caste to notice any triggers that may arise in the process, and to set aside shame and pride and look within to rectify the harms inflicted on members of the non-dominant castes.

If we are to truly ignite a healthy and inclusive sense of community, then it is imperative that we begin to examine the role our field plays in perpetuating white body supremacy and move toward transformation and repair. Without such a commitment, any organization risks alienating its members of color, or losing them entirely over time. May we choose wisely.

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