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LETTER FROM THE PRESIDENT

Dear Readers,

Welcome to the 2017 winter edition of the *Cranial Wave*. Our theme, “Connections,” explores many ways that BCST interrelates with other healthcare and mindfulness systems. You will find a rich variety of articles and poems about these connections in this edition. I hope you will be inspired in how you can deepen your connections through this work to the rest of the world.

This amazing work offers a rich fabric that can be woven into our society. In our continued effort to share the beauty of our work and to foster connections, this past year we ran our Campaign of Connection with the hope of creating a deeper and more diverse resource of local support for our therapists. In addition, the Board has continued its participation in defending rights to practice of our members in every US state, opening dialogue internationally with our sister associations, and branching out to educate allied fields.

We hope this issue of the *Cranial Wave* will support and inspire you. Many blessings for the New Year!

Mimi Ikle-Khalsa, RCST®
President BCTA/NA

This is perfect.

From the perfect springs the perfect.
If the perfect is taken from the perfect,
the perfect still remains.

Ancient Yoga prayer

THE RELEVANCE OF CRANIOSACRAL BIODYNAMICS TO THE ALLIED HEALTH PROFESSIONS

Roger Gilchrist, MA, RPE, RCST®

Roger Gilchrist teaches Craniosacral Biodynamics to medical professionals in Europe, as well as leading BCST foundation courses in the USA. He has been a consultant to the National Institutes of Health, and was mentored in the sociology of healthcare by Max Heirich, Ph.D. Roger is the author of Craniosacral Therapy and the Energetic Body, and has produced several online videos on BCST and related topics: <https://www.youtube.com/watch?v=V4Z27u609js>



Craniosacral Biodynamics is fortunate to have within the profession a number of practitioners who are also credentialed in other healthcare professions. This suggests the relevance of Biodynamic Craniosacral Therapy (BCST) to these other therapeutic practices in either a direct or an ancillary manner. If it is true that BCST benefits therapeutic outcomes in relation to other health practices, an important related question is: to what extent do the other health professions know about Craniosacral Biodynamics?

The spectrum of healthcare professions, viewed collectively, is commonly referred to as the allied health professions. Each professional discipline in the healthcare spectrum has a particular niche where its specific focus is applied, which is why the discipline has evolved as a specialty over time. Most of the recognized healthcare professions have members that have studied Craniosacral Biodynamics. These include medical doctors, os-

teopaths, chiropractors, physical therapists, nurses, bodyworkers, psychotherapists, acupuncturists, yoga instructors, and more. Yet, as we asked above, how much do these practitioners' primary disciplines know about Biodynamic Craniosacral Therapy?

Another interesting question is: where does Craniosacral Biodynamics fit into the healthcare spectrum? Does what we do occupy a unique niche or offer particular access to the body-mind system that is different from other professional disciplines? If so, we should be able to identify how patients change from receiving BCST compared to the measures of other therapeutic practices.

The healthcare landscape is in the process of changing in the USA. While the current system of managed care and limited access PPOs will remain the primary service model for some time more, at some point, a federalized healthcare system that provides equal fundamental benefits to all people will replace the cost-heavy system of mismanaged care.¹

The established healthcare professions know this change will occur at some point, and they are positioning themselves for best advantage in the new healthcare landscape. As examples, the physical therapy profession changed its minimum degree qualification for full practitioner registration from a master's degree to a Ph.D. Almost all medical schools in the USA now include a survey course on Complementary and Alternative Medicine (CAM). In part, this helps physicians interact with other health professions that their patients are attending. Some medical schools go as far as having specialized tracks for integrative medicine. One final example of professions preparing them-

¹ The United States is the only Western nation without some form of federalized healthcare available to all people.

selves to ensure inclusion is the increasing movement toward board certification in many professions. These are all signs and specific action steps that indicate securing territory in the redevelopment of the healthcare landscape.

As parts of the healthcare spectrum are currently redefining themselves, BCST as a profession should ask itself if it would like to occupy a position in the spectrum. If we desire this, it means we will have to articulate what we do that is distinct from other health professions. If we accomplish this, it means we will start to have an established identity that defines us in the eyes of the public and, perhaps, in relation to our own self-view.

Broader questions surround the fulcrum of whether BCST wishes to become recognized as one of the allied health professions. First of all, do we want this? Are there specific advantages to being identified as a legitimate healthcare profession?

More fundamentally, are we a healthcare profession? Is this a piece of identity the majority of us could ascribe to? If so, we have to be able to say what we do. Do you work with the nervous system and factors that influence it? Bones? Membrane tensions? Entrapment sites or facilitated pathways? Connective tissues? Ligamentous strain? Or fluid dynamics? And a question arises from the evidence-based orientation: how do you know you work with these things?

Where is the research? One of the things that BCST (and craniosacral therapy generally) suffers from is the relative lack of research. In contrast to this background of limited research, craniosacral therapy has a history of making bold claims about what it does. These claims are probably of-

ten true in relation to individual cases, but broader sample sizes have not been assembled to generate statistically significant numbers. This is easier to accomplish in more established clinical settings, in contrast to the typically independent practice most of us maintain as BCST practitioners.

Demonstrated outcomes are what speak the most to the public and to bureaucrats with decision-making power. In the case of the public, if some of your clients come because of word-of-mouth referrals, that is one form of demonstrated outcome! In the case of bureaucrats, statistically significant numbers will carry more weight. Until those have been procured, however, other instruments like well-crafted standards of practice, an ethical code,

and liability insurance options demonstrate a professionalism to which we can be accountable.

Much of the research in healthcare starts with case studies. For example, the patient walks out of the therapy session with a more even gait and less pain. This can indicate less tension in the sacroiliac ligaments and potentially reduced entrapment of contributions to the greater sciatic nerve. Thus, this is one way you can know your work benefits a specific condition.

Some BCST practitioners prefer working in more spacious fields than the level of particular anatomy and functional changes. Necessarily, there is more mystery associated with these wide fields because there is less specificity. At times this can foster powerful, generalized healing effects! Yet, how you got there is nearly indescribable. This orientation likely will not be a grounding anchor for the landscape of the allied health professions.

On the other hand, being able to articulate specific things your discipline relates to (e.g.,

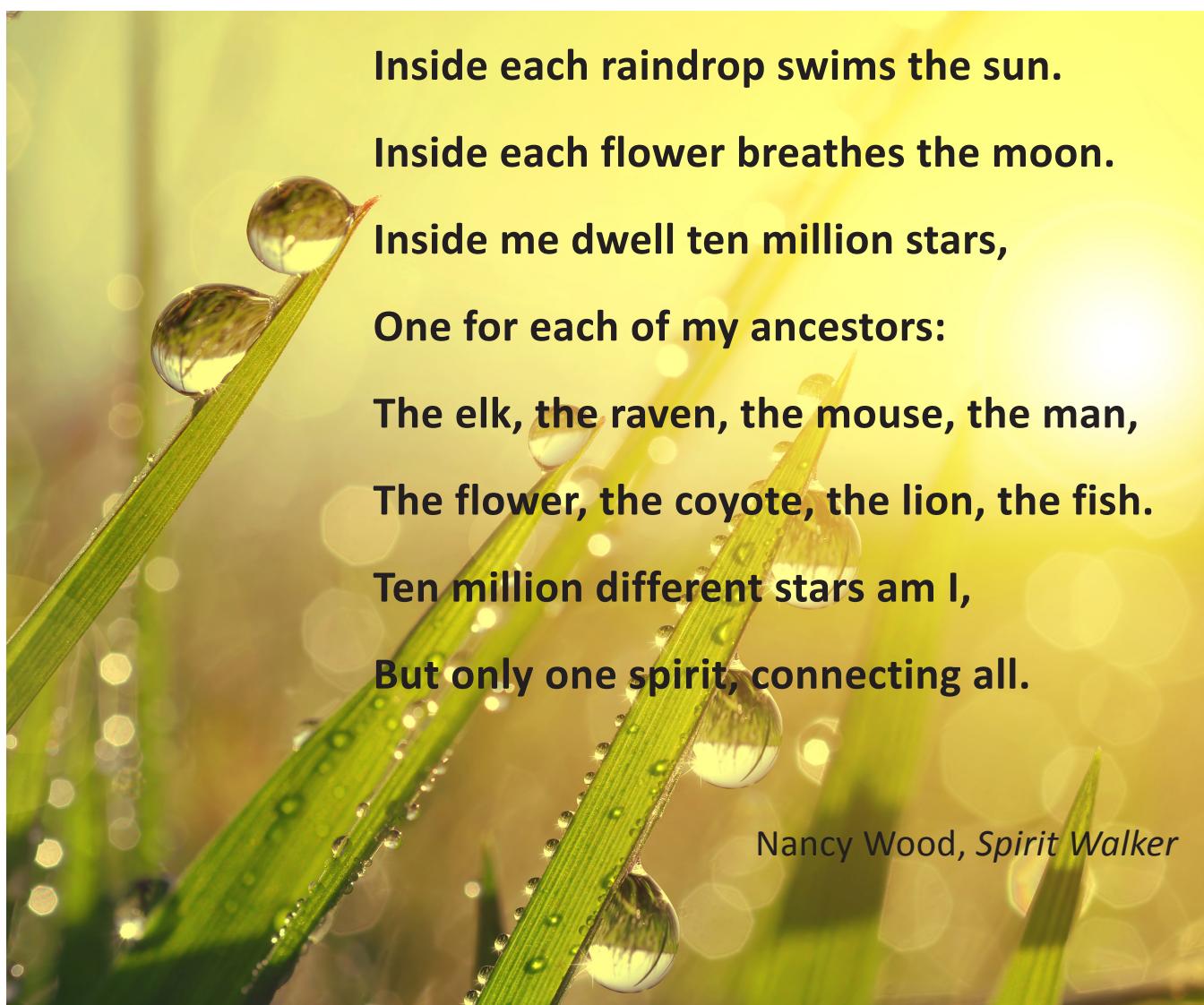
Being more recognized by the allied health professions leads to collegial relationships and interactions that open up new horizons.

membrane/ligament/connective tissue tensions, fluid conditions, anatomical position and ease of motion), and being able to demonstrate improved functions in those parameters is what establishes therapeutic validity. This, in turn, creates definition as a particular discipline amongst the allied health professions.

Let us return to the basic question of whether BCST wants to define itself as one of the allied health professions. Of course, there are pros and cons to every choice that is made. In addition to a strictly benefit/cost analysis, perhaps a more interesting question is where does the greatest potential lie? I always think it is better to be part of a system that exists, rather than to stand apart from the system. Being more recognized by the allied health professions leads to collegial relationships and in-

teractions that open up new horizons.

As BCST becomes increasingly recognized by other health professions, several things happen that correspond to this. Easier patient referrals from other professions will serve to widen our own practice and potentially expand it into new directions. Other professions become more aware of what we do and that, in many cases, may provide additional benefits to their patients. Some practitioners from other health professions develop interest in Craniosacral Biodynamics and pursue professional training. This, in turn, increases the dialogue between BCST and the allied health professions. Interdisciplinary discussion of BCST will ultimately precipitate to patients, and increasing numbers of them will seek BCST to supplement their other treatment.



We might be wise to observe the dynamics of other professions that historically read the signs of the times, rode along with particular trends, and positioned themselves to take best advantage of the socioeconomic forces of the healthcare system. Throughout the last century, chiropractic did a great deal to elevate itself from being a differentiated side-branch of A.T. Still's osteopathy to becoming a preeminent force in American healthcare. To the chagrin of licensed medicine, chiropractors are called "doctors" and in many cases their services are considered primary care by third party payers. A different example is the accomplishments made by acupuncture over the last

40 years to change from a somewhat suspect alternative approach to the widely accepted practice it is today. Along the way, the profession had to develop standards for practice, curricula which was applied consistently, licensing qualifications, and it had to provide public education about what acupuncture could help with.

There is no question that those two professions are more successful today because of establishing themselves within the broader healthcare system. Indications of this are vastly increased numbers of practitioners, common access to third party payment, greater public recognition of those professions and higher attendance of their services.

If the profession of Biodynamic Craniosacral Therapy makes a choice to stand shoulder-to-shoulder with the allied health professions, where will our discipline be in 20 or 30 more years?

In Switzerland, Biodynamic Craniosacral Therapy, along with polarity therapy and specific forms of energy medicine, was approved for cov-

erage by the national health insurance provided by the federal government. These therapeutic services are now paid for in this equal-access program. Practitioners admit there is more paperwork involved with the program. Perhaps this is the cost associated with the benefits of ease-of-access and health fund coverage.

Perhaps there is a deeper relevance, as well, beyond attracting patients, filing forms, and the flow of dollars or francs. Perhaps there is something significant about the recognized professionalism of a therapeutic discipline. This is exactly the reason that the allied health professions need to be aware of Biodynamic Craniosacral Therapy. With this aware-

ness, a wider field of potential will become apparent to some, and the more they know, the more that will grow! For these reasons, Craniosacral Biodynamics should do everything possible to help the allied health professions be aware of what we do. ♦

If the profession of Biodynamic Craniosacral Therapy makes a choice to stand shoulder-to-shoulder with the allied health professions, where will our discipline be in 20 or 30 more years?

Silent Sensing

I wait for you in the midst of silence,
silence so vast, I fall into myself.

I dive into that familiar place that continues to astound me,
Soft, gentle, potent, rich, warm, relational, where we are all one.

I wait for the divine timing,
for the blueprint to unfold,
sharing the whispers of who you are, who we are, where we meet.

I wait for the moment that the Breath of Life taps my shoulder,
Saying, "I am here, and I know where we are going today".

I step aside and I watch the dance unfold,
tear in my eye that once again I get to witness
the magic of being and becoming.

Mimi Iklé-Khalsa

THE ART OF PERCEPTION: WHAT HAPPENS BETWEEN OUR BRAIN AND HANDS

Liz Clow, BAS, LMT, RCST®

Liz Clow is accomplished in three fields of study: Art, Health, and Earth. A graduate of The Kootenay School of Arts and Design and Goddard College; Liz is certified in massage, Biodynamic Craniosacral therapy, and Permaculture; and has training in many more areas ranging from mycoremediation to Homeopathy. All of these modalities blend on a healthy inspirational path that defines the route of a lifetime of study. She lives in the mountains outside of Santa Fe, NM, surrounded by garden and studio.



“The painter draws with his eyes, not with his hands. Whatever he sees, if he sees it clear, he can put down. The putting of it down requires, perhaps, much care and labor, but no more muscular agility than it takes for him to write his name. Seeing clear is the important thing.”

-Maurice Grosser

The Painter’s Eye, 1951

“To be shaken out of the ruts of ordinary perception, to be shown for a few timeless hours the outer and inner world, not as they appear to an animal obsessed with words and notions, but as they are apprehended, directly and unconditionally, by Mind at Large—this is an experience of inestimable value to everyone.”

-Aldous Huxley

The Doors of Perception, 1954

-Quotes taken from *Drawing on the Right Side of the Brain*

When I am learning a subject that takes years to begin to grasp, there is an image that embodies the process. The Very Large Array is a long line of satellite dishes in central New Mexico that pick up radio waves from space. Over time, the gradual bits of information that have traveled through space are collected by the dishes to create an image or sound. This image also envelops a bigger picture of all the ideas and questions that have grasped my interest over the years. At times, the multiple modalities I practice have stretched far beyond any reason of connection. Over time, I can see how all the pieces are creating a whole picture. As the years pass, the image will reach a higher resolution. As well, I will find more questions and avenues to explore in the vast space inside and between all beings.

I received a session recently and the question, “What happens between the brain and fingertips of a practitioner during a session?” came up while on the table. This question is at the heart of many other questions my curious self navigates as a practitioner and artist. What proprioceptor mechanism did Dr. Stone use in order to draw and work with the many matrix layers of the human? How does the clarity of the maps he drew approach the anatomical relationship osteopaths and craniosacral therapists have with the fascia layers of their clients? Is it in our relational field that we palpate the energetic realms? Are our fingertips a consolidation of our whole being, the whole being are the fingertips, or just plain old fingertips are mechanisms of the organism? Are the hands for grasping at what our greater field resonates with? There are infinite questions to ponder. My questions are a part of an ongoing conversation of how do I see, touch, and move in my practice at the table and easel.

This paper will discuss from my artist and

BCST perspectives, the process of learning to see with our hands, the concept of differing right- and left-brain modes, and the invisible territories of Dr. Stone. My goal is to inspire questions into all of the ways we see. It takes time to pick up all of the fragments of a specific object, be it a galaxy or a human. I absorb information and it takes great lengths of time to see the whole picture. I know that when I draw or when I am in a session and I settle, I am opening up my antennae to listen and build the relationships from my brain to fingertips. The shortest distance between point hands and point brain is not a straight line. The anatomy is easier to dissect but the question of the relationship of my head to hands during a session is potentially as great or greater than my biosphere. I will keep exploring this question but recent events have caused me to want to share how vast the answer can be for one question.

The Hands

There are very obvious channels between the optic nerve and the capillaries on the surface of each digit. A majestically orchestrated chain of events occurs in order for the hands to hold a scalpel during surgery; for Jimi Hendrix to play guitar; for fingertips to read braille; and for a practitioner during a craniosacral session. Aware or unaware, we humans spend our whole lives listening through our hands. After thousands of hours listening at the table, our hands and human organism begin to hold an invisible library of information of our clients' vital systems—energetic and physical. Our movements become what some call instinctual or intuitive. It seems that the knowing in our hands is from countless hours studying anatomy, physiology, pathology, health—and from holding intentional relational fields with classmates and clients. There is a magical moment where all this information “clicks” into the present moment. Like sponges, we absorb all of the experiences and it is an informed action that moves us.

The Biosphere

In Sills' Vol. II of *Craniosacral Biodynamics*, he discusses the process of orienting “to the

system in such a way that deeper levels of organization become more obvious.”¹ He goes on to discuss six ways to maintain this state. I found it very pertinent to my question in how he defines how a practitioner orients to the relational field. He states, “The term *relational field* denotes the conjoined fields of both practitioner and patient. The biospheres of both join in a wider field of inter-communication. Your boundaries are still clear here. This is not a merged state, but a field of interconnectedness. Communication is exchanged within this relational field at many levels.”² The learned ability to become aware of—or open to—the infinite layers that organize the organism in our clients and self makes me keenly aware that our hands are only a part of the relationship of touch that we have with our clients. The relational field is vast and infinite.

Ways of Seeing

In this process of orienting to the system, I have found similarities to how I will access another way of being when I get totally drawn into the process of making art. Over the last year, I have been attending figure-drawing sessions. At five dollars an hour, I sit in a room with about ten artists, the music gets turned up, and the clothes are off of the person in focus. My modest self used to get a bit embarrassed in these situations, and I would keep myself busy with pencil sharpening and organizing my paper and chair. Then when the robe fell I would be like that four-year-old in me, drawing big circles and scrawls on the blank page, and find form within the chaos. The key was to keep busy in order to be doing the seeing of the model rather than seeing her beautiful body naked and all. I finally was able to settle into a recent session. I opened my eyes and took in the whole being in front of me, the whole room of people. I then closed my eyes and felt my feet on the floor, my mid-tide, and then I acknowledged all the energy in the room. I opened my eyes and looked again

¹ Sills, F. (2003). *Craniosacral Biodynamics*, vol 2. Berkeley: North Atlantic Books, p. 3.

² *ibid.*, p. 2.

with all of me. I took a moment, saw what I wanted to grasp of the human form, and began to draw.

I went to art school over a decade ago and I had long lost the skill I had attained of drawing “well.” I attribute my ability then to how imperceptible the distance between my eyes and hands had become. I would see and draw. No questions asked. Now, years later, it is through the process of relearning that I am consciously tracking the process of learning and what happens when everything “clicks.” I am grateful that this picking up of my artist tools again happened while doing my Biodynamic Craniosacral training. There is something that happens when I access a different state of seeing while drawing that is similar to how I feel when I am orienting to the system. A part of my mind shuts off, I am really seeing, and the filtering of my perceptions by the day-to-day running errands self is off. I think it very important to say that this seeing, the “click,” is intricately connected to my fingertips, and the distance between eyes and hands is imperceptible. The other state accessed shuts off the doubt brain and the questioning. The depth

of anatomy and technique are in me and not talking, but rather shown in how my hands and eyes relate. What happens away from the easel is just as important as being with the being in front of me and bringing all of my homework with me inside my biosphere.

“Drawing is not very difficult. Seeing is the problem, or to be more specific, shifting to a particular way of seeing.”³ Betty Edwards goes on to say that, “the key to learning to draw, therefore, is to set up conditions that cause you to make a mental shift to a different mode of information processing—the slightly altered state of

³ Edwards, B. (1999). *The new drawing on the right side of the brain*. New York: Penguin Putnam, p. 4.

consciousness—that enables you to see well.”⁴

Right Brain and Left Brain

In Betty Edwards’ classic book, *The New Drawing on the Right Side of the Brain*, she found that the most effective way to teach people in a short period of time to draw well was to aid the system in accessing what she called the R Mode. If the rational brain gets too involved in the process, then the relationship to the blank page was full of judgments and doubts that roadblocks the process of just drawing. In talking about seeing and accessing certain parts of consciousness, she says,

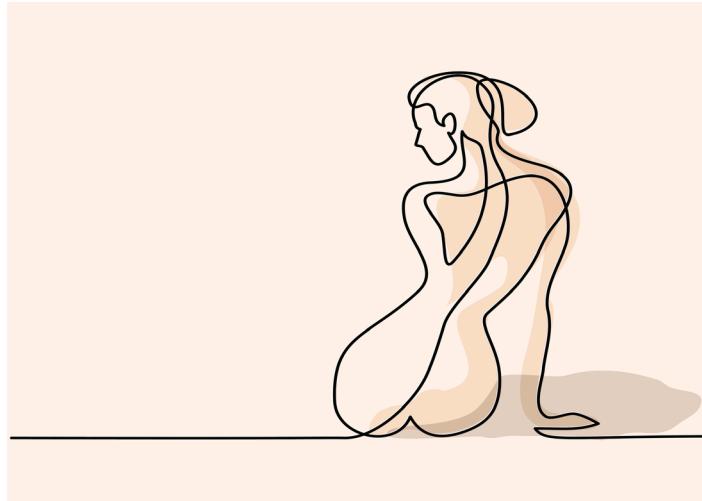
We tend to see what we expect to see or what we decide we have seen. This expectation or decision, however, often is not a conscious process. Instead, the brain frequently does the expecting and the deciding, without our conscious awareness, and then alters or rearranges—or even simply disregards—the raw data of vision that hits the retina. Learning perception through drawing seems to change this process and to allow a different, more direct

*kind of seeing. The brain’s editing is somehow put on hold, thereby permitting one to see more fully and perhaps more realistically.*⁵

She designed drawing exercises aimed to actively shut off the L Brain, L mode, in order to speed up the process of seeing and drawing well. Most, if not all, of my art teachers have used her exercises, and I realized this when I bought and read her book during my BCST training. When her book, *The New Drawing On the Right Side of the Brain*, was published it caused a bit of a stir in the scientific community because she was an artist

⁴ *ibid.*, p. 5.

⁵ *ibid.*, p. xxv.



using scientific research to explain what she was seeing in her students. The split-brain study of Dr. Sperry⁶ is widely accepted, and seemed to verify Edwards' understanding of the brain's involvement in art making. Dr. Sperry supported her correlation. In the years following the publication of her book, fields like cognitive neuroscience continue to define what parts of the brain are utilized during different actions. It is apparent that there are different functions that areas of the brain manage.

The mode of the left hemisphere is verbal and analytic, while that of the right is nonverbal and global...we now know that despite our normal feeling that we are one person—a single being—our brains are double, each half with its own way of knowing, its own way of perceiving external reality. In a manner of speaking, each of us has two minds, the consciousness, mediated and integrated by the connecting cable of nerve fibers [the commissures, particularly the corpus callosum] between the hemispheres.⁷ I believe that her approach is widely used just because it works.

I do not think any studies have been done yet where the brain is analyzed while a BCST practitioner or artist is working, but it could be as simple as accessing the R-mode to access the altered state of consciousness conducive to seeing. Sperry studied separated right and left hemispheres. His Nobel Prize-winning study allowed us to see how each side of the brain has clearly differing functions. One of the images in this article is, “Parallel Ways of Knowing.” It is a list that outlines the two ways of

⁶ Sperry, R.W. (Oct, 1968). Hemisphere disconnection and unity in conscious awareness, *American Psychologist*, 23, no. 10. <http://people.uncw.edu/Puente/sperry/sperrypapers/60s/135-1968.pdf>

⁷ Edwards, B. (1999). *The new drawing on the right side of the brain*. New York: Penguin Putnam, p. 33-34.

the human brain. The Tao emblem (*yin-yang*) is an ancient symbol that embodies these qualities. It is relatively easy to understand this dualistic pattern. While we have qualities and parts that are like two beings, we are also a whole being and I am curious how the whole being can relate to the two parts.

Neutral

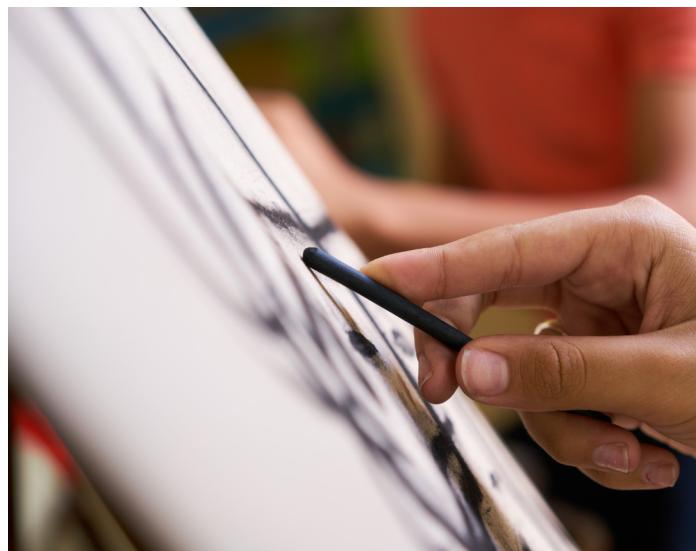
I find it interesting how Sills talks about, “the healing process within a patient does not really begin until a neutral is established within their

system.”⁸ *The neutral aspect of our being seems as important to note as the polarized extremes.* Dr. Stone’s repetitive superimposed image of the caduceus on the human body comes to mind. The dynamic of the energy that moves through life has clear roadmaps for how the positive, negative, and

neutral achieve balance in polarity therapy. These roadmaps came from Dr. Stone’s 60-plus years of research and practice of balancing human energy fields. He discovered that the positive and negative polarized energies are often shown intertwined through the midline of the body with the neutral present as well. Dr. Stone also understood that this ability to hold the invisible world as well as the visible, and to hold the “Essence of Life” has deep implications for what is accessible by our being.

Vitality is the buoyant inner Life which is the joy of living and creativeness of the soul and of the mind in selflessness. Balance and proper use form the objective of this gracious gift of God. This grace is given to the few who search in humility and understanding of the Essence of Life, and who tune into it by attention and whole-hearted interest...The true doctor should know Life, feel it and understand its pattern of flow, like a blueprint of

⁸ Sills, *Craniosacral biodynamics*, vol. 2, p. 4.



Life, the same as he knows his anatomy, so he can skillfully direct its wireless currents by removing the blocks and short circuits in the various fields.⁹

Whole Brain

What is apparent to me while accessing this other part of myself while in work mode is that *I am aware of the whole being in me and in the being I am observing*. Maybe I am drawing from my whole brain, because my left brain is no longer in charge. If we look at the parts of the brain that are close to the mediator of the two sides, the corpus callosum, below and around it are the ventricles and optic nerves. This place in the brain is called the *Dan Tien* in Chinese, the crown chakra or *ajna* in the Hindu tradition, the third eye, and many other names. Dr. Stone calls this *the seat of consciousness or the seat of the soul*. The natural fulcrum for the motility and motion of the central nervous system is the lamina terminalis.¹⁰ This juicy location (the anterior wall of the third ventricle) is near where the freshly produced cerebrospinal fluid (CSF) from the lateral ventricles flows as the CSF moves from the lateral ventricles into and through the third ventricle, which is the natural fulcrum for the bioenergy sys-

tem of the body.¹¹ I cannot help but wonder about the dynamic between my hands and my brain being in relationship to these natural fulcrums.

Resolution

I do think a way of being, an altered state, side of the brain, and/or neutral, is accessed during certain activities and is worth investigating. The process of reorienting to one's system during a session suggests that we can—through practice, *learn to re-access this state consciously*. In the least, I think it useful to look at the parts of myself and return to the whole as I approach work from a clearly accessed state. I do really hope that I have not stretched people's life work out of context with my playful and creative self.

I must return to the Very Large Array image. I know that during my BCST training it became clear that when I orient to another being's system and the dynamics of the relational field, a way of being is accessed. We all have different hobbies, practices, and spirituality that can access something greater than the rudimentary errand brain. I scratch the surface into this world and there is more, and I believe it will endlessly be so. Endlessly, my hands interact with life just as do my eyes and brain. Over time, the image will have more resolution and then the torch gets handed to the next generation. ♦

⁹ Stone, R. (CRCS, 1987). *Polarity therapy*, vol. 2, book V, p. 97.

¹⁰ Sills, *Craniosacral Biodynamics*, vol. 2, 31.

¹¹ Sills, *Craniosacral Biodynamics*, vol 2, 38-41.



INTEGRATING BIODYNAMIC CRANIOSACRAL THERAPY AND PERINATAL EDUCATION: OBSERVATIONS FROM THE FIELD

Scott Zamurut, RCST®

Scott Zamurut has been a student, practitioner, and teacher of bodywork since 1988. He began his studies of Biodynamic Craniosacral Therapy with Franklyn Sills in 1992, and has been teaching this healing art since 1994. He also has extensive training, practitioner, and teaching experience in Pre & Perinatal Education (PPE), in the lineage of William Emerson, Ph.D.



Scott's rigorous, spirited, and hands-on classroom model is a result of over 20 years of observation, practice, study, and the training of both practitioners and new teachers. He has been teaching Biodynamic Craniosacral Therapy at the Santa Fe School of Massage (SFSOM) since 2012, where he offers Foundation and Advanced trainings. In 2017, Scott added Pre & Perinatal Education to his course offerings at SFSOM.

Scott has served as a Vice President with the American Polarity Therapy Association, and was a founding board member of the Biodynamic Craniosacral Therapy Association of North America.

Our Biodynamic Craniosacral Therapy (BCST) community carries a strong interest in and awareness of the influence of pre- and perinatal experiences on the health of people in all stages of life. Of particular importance in BCST practice is the manner of birth: whether through the birth canal, or via a caesarian section, the transition from the womb to the world is an experience that fundamentally shapes all people, ourselves as practitioners, and the clients who come to us for healing.

We have all been taught to recognize the patterns of the cranial base as a key for understanding the organization of a client's cranium, which in turn leads to an understanding of how to meet their system in session work. An ability to discern the whole-body patterns that took shape during birth provides access to even broader healing possibilities. Biodynamic practitioners who have an in-depth understanding of the patterns that result from birth offer an immeasurable gift to their clients.

This article will explore how a pre- and perinatal training specifically designed for biodynamic practitioners is evolving into new levels of sophistication, and how this evolution is offering greater healing to both clients and practitioners alike.

Overview of Pre- and Perinatal Education

The world of pre- and perinatal therapies covers a wide range of human experiences and foci: working with infants and children, working with expectant families and families after birth, and working with individuals within the context of somatic and/or psychological therapy. The specific training I will be describing explores this last domain, which prepares practitioners to relate therapeutically to prenatal and birth patterns in the course of one-on-one session work.

I am currently teaching Foundation trainings in Pre- and Perinatal Education (PPE): one in Thermopolis, Wyoming, and another in Crestone, Colorado. The latter is in partnership with Buddy Frank, a colleague who teaches Structural Integration (developed by Ida Rolf). The students in both trainings have completed, or will soon complete, their RCST® courses. Three of the students

in these trainings are currently teacher trainees in BCST courses.

The curriculum of the PPE Foundation course has evolved from the one I experienced as a student, and that I worked with in my pre- and perinatal teacher training experience, between 2000 and 2006. My teacher, Karlton Terry, was a long-time student and mentee of Dr. William Emerson. The curriculum is also deeply influenced from my time as a student and teacher trainee with Franklyn Sills, who is largely responsible for articulating the somatic dimension of the birthing process. The new inquiry in the current training is integrating biodynamic session work into the class at key junctures.

The PPE Foundation curriculum consists of three primary strands of intention:

1. Teaching the students the four stages of birth and their variants, which includes the somatic, emotional, psychological, and spiritual dimensions of birth.
2. Training the students how to facilitate an individual through a therapeutic re-enactment of their birth, and in particular, how to facilitate the resolution of shock still present from birth.
3. Affording the students ample opportunity to recognize, process and resolve their own birth shock.

Differentiating and Cross-Pollinating

One of the keys to the PPE training process is the recognition that specific moments in the biological process of birth (this is also true for prenatal experiences) are “hot spots,” places where

challenges are faced, processes impeded, choices made, and conclusions drawn about life in the material world. Dr. Emerson discovered that recreating the body position(s) of birth, in a safe holding environment, affords people access to the full range of personal memories from birth. Coupled

to these memories are the unresolved energies that were overwhelming to the individuals during their births, the sources of shock. This method of re-enacting birth has proven to be a safe and powerful healing process.

There are important differences between the healing principles utilized in pre- and perinatal courses, and the healing principles of Biodynamics

ics, and it is important to be clear about these distinctions. The most important distinction is that the PPE exploration and healing process does not involve the tide and its attendant phenomena, nor the inherent treatment plan, which is at the heart of biodynamic practice. Let’s look at the PPE process in more detail to understand how it differs from biodynamic healing.

In a step-by-step investigation of birth, students gather in triads consisting of a student-client and two student-facilitators. The student-client will take up specific postures and body positions on a well-padded floor. These postures replicate the position that individual was in during their birth, and in the relational field of the triad the posture evokes the somatic and emotional memories, along with unresolved shock energies, of that phase of their birth. While the process is largely self-directed by the student-client, the other members of the triad are also providing insights from their own perceptions of the process.

Once the proper position is found, the facilitators make contact in a manner that replicates

the position and pressures of mom's pelvic bones, body structures, and even obstetrical devices. The physical contact often involves a great deal more physical pressure and input, fully guided by the student-client, than we would ever utilize in biodynamic sessions. The student-client will then, in this carefully contained and safe context, research, re-pattern, and resolve the challenging and shocking aspects of their own birth. These PPE processes follow unique principles, which have proven effective over many years of refinement. They offer both an embodied learning regarding the birth stages, and the opportunity for deep healing and change.

Integrating biodynamic session work comes when a clear completion point in the birth re-enactment has been reached, and with an acknowledged shift in intention and orientation by the entire triad. After the pre- and perinatal process has reached completion, the two facilitators in the triad will, with the permission of the student-client, offer a four-handed biodynamic session oriented to integrating the process that just finished.

As you can see from the above description, there are significant differences in the therapeutic principles of pre- and perinatal healing and biodynamic healing. Even the integration of biodynamic session work in the PPE training requires a clear shift in intentionality by the participants. In light of this, I feel that the core learning for each domain of healing work is best taught in its own setting.

To be clear, the integration that is the focus of this article occurs in a specific circumstance: with fully trained RCST's, and some students in the final year of my three-year RCST training, bringing their embodied biodynamic skills into the PPE Foundation training. I am planning future PPE trainings exclusively for biodynamic practitioners in which biodynamic skills and session work will augment the PPE learning and healing processes.

The Enrichment that Biodynamics Brings to the PPE Training

There are several ways in which the PPE

training and its principles are enriched by the qualities of biodynamics that the instructors and the students embody. The key observation I have made in my current classes is that a group of biodynamic practitioners holds a space unlike any I have witnessed in past PPE courses. This shows itself in the depth of explorations that are occurring, and in the relative ease with which my students are able to access and heal deep wounding. In light of the quality of relational presence the students offer one another, we opened the door to the full biodynamic skills of the participants. Skills that are cultivated in RCST courses that translate into the pre- and perinatal classes include:

- Establishing and maintaining a clear relational field, a skill that comes primarily from resolving one's own personal shock.
- Contact skills: touch, listening, intention, and perception.
- Understanding anatomy and the organization of the soma.
- Perceptual skills: the ability to track changes in emotional states, activation of the CNS, changes in tissue tone and texture, changes in energetic states (fulcra, field states, etc.) and more.

So far, the results of this new exploration have shown major positive results. The feedback provided by the participants in both current trainings, and the observations from my experience as a practitioner and biodynamic teacher when I went through the PPE training, dovetail seamlessly. The benefits of the integration flow in both directions—biodynamic skills augment the PPE course, and the PPE training augments biodynamic clinical practice.

Important outcomes from the integration of biodynamic work and pre- and perinatal education, as described above, include:

1. The experience of deeper healing for the students in the PPE courses, with impactful and clearly discernible real-life results;

2. The cultivation of accurate empathy: the capacity to precisely read and meet the experience of a client with an open heart, essential in both healing practices;

3. Increased overall clinical efficacy in private practice as a result of practitioners clearing their own shock in the PPE course, increasing their capacity to hold a safe relational field, and to perceive and track the subtle phenomena of biodynamics;

4. Increased efficacy in relationship to the specific presentation of birth and prenatal material in biodynamic clinical practice. Properly trained practitioners are able to recognize and meet this material with confidence and without the interference of their personal material in the therapeutic container.

Unique Benefits of the PPE Process for BCST Teacher Trainees

In addition to the benefits listed above, BCST teacher trainees experience additional unique benefits with wide-ranging implications to

our field. To give a deeper sense of what has been discovered, let me share one person's story. (Please keep in mind this discovery came in the context of an ongoing training, and while the session recounted here was a key moment in the process, a healing experience of this magnitude most often occurs within a larger context and extended time-frame.)

One of my current teacher trainees, Teena Walker, RCST®, gave me permission to share an important experience she recently had to illustrate the power of the PPE training in her development as a biodynamic teacher. Teena is at the point in her teacher training where she is presenting and offering demonstration sessions of course material in an RCST training. Earlier this year she did an admirable job presenting the biodynamic process for engaging the midlines of the arms and legs. Being in front of the large student group brought up inner challenges—being seen in front of so many

people, owning a new dimension of authority in the classroom, and embodying her wisdom, acquired through years of study and practice. These challenges were noticeable, but not overwhelming.

Shortly after this teaching experience, Teena was in her PPE training class in which we were

During this seminar, she discovered that the intervention of the attending obstetrician at her birth was profoundly helpful, as he worked to remove her umbilical cord which was wrapped around her neck three times, allowing her free passage through the birth canal and into the world.



exploring Stage 3 of birth. During this seminar, she discovered that the intervention of the attending obstetrician at her birth was profoundly helpful, as he worked to remove her umbilical cord which was wrapped around her neck three times, allowing her free passage through the birth canal and into the world. Recognizing that the delivering doctor was helping rather than hindering her birth had huge significance; understanding the counter-rotational pattern in her soma cleared up a quality of embodied confusion; and an appreciation for the fact that her obstetrician may have saved her life filled Teena with tremendous gratitude.

As you may imagine, this was a wonderful healing experience, but even more impressive was what happened the next time Teena got in front of the class to teach biodynamics. She was able to teach without any hesitation, her insecurity around “knowing enough” was resolved, and the challenge of standing as a colleague to me as her teacher was no longer present. Instead, we saw a clear, centered, and capable woman teaching biodynamics. Most significantly, the students, to a person, recognized her teaching had completely changed. When they asked about her transformation, Teena shared her personal experience with the group, and in the conversation that followed, educated our students about the nature of the profound change they had witnessed.

To summarize, the benefit to BCST teacher trainees are:

1. Biodynamic teacher trainees have demonstrated notable, positive changes in their ability to present material in the supervised classroom teaching aspect of their training. This results from an increase in their confidence and inner ground as a result of their cumulative healing experiences, which translates through their whole life, not just their work as a teacher.

2. Teacher trainees have demonstrated an increased capacity to support the experiential learning of students in Foundation and Advanced trainings. As with practitioner efficacy, this can be attributed

to the depth of personal healing achieved in their PPE experiences.

These two points regarding teacher trainees have led me to require that my current and future biodynamic teacher trainees attend, at minimum, the PPE Foundation training. My current trainees and I recognize that this additional dimension of preparation for the responsibility of teaching biodynamics is an invaluable aspect of their teacher training.

Conclusion

In conclusion, I am convinced of the significant, positive contributions that pre- and perinatal education makes for biodynamic practitioners and teachers; in particular, a training that both differentiates and allows the cross-pollination of both approaches. I am clear that the best methods for training require separate courses, so that each educational process can be optimized for the experiential learning of the students. Doing so honors the request that my biodynamic teacher, Franklyn Sills, made of me many years ago, which was to keep the teaching of biodynamics separate from other therapeutic processes. My own experience has demonstrated the wisdom of allowing each therapeutic form to breathe to its fullest, while also discovering key points of interface for biodynamics within the PPE curriculum. Finally, I recognize that PPE training for biodynamic practitioners adds significantly to the healing capacity of practitioners trained in both fields.

It is my sincere hope that these observations can serve both practitioners and teachers within the biodynamic community regarding the interface of biodynamics and pre- and perinatal therapy. ♦

This article was written with editorial assistance from Daven Lee.

CONTINUUM MOVEMENT: WHAT IS THIS LIVING, FLUID MYSTERY THAT WE ALL SHARE?

Jane Ward, BSc, RCST®

Jane Ward's life has been enriched by travels to wild, beautiful places, from New Zealand to the Himalayas, many sacred sites in India and meeting wonderful gifted healers. After working as a registered therapist in private practice in Switzerland for 27 years, she moved back to her roots in Canada, and has recently opened a new practice on Gabriola Island, BC. Jane was a registered supervisor for craniosacral students and practitioners both in Switzerland and the UK for several years.

Jane has explored and trained in several healing modalities including Biodynamic Craniosacral Therapy with Franklyn Sills, yoga, continuum movement, somatic trauma therapy, supervision, natural horsemanship and Taoist practices.
www.jayaward.wix.com/craniosacraltherapy



I first participated in Robin Becker's (USA) Continuum Movement seminar out of curiosity. After many years of taking professional development seminars in Biodynamic Craniosacral Therapy, as well as somatic trauma therapy trainings, I found myself wanting to do more for my body, and resource myself in a new way.

In Switzerland, where I lived from 1989 to 2015, a registered craniosacral therapist is required to take a minimum of 20 hours of accredited professional development training a year. Continuum Movement is an accepted training. I enjoyed and benefited so much from the first five-day, 40-hour seminar in Switzerland in 2009, that I took two more five-day seminars in 2011 and 2012.

My health and therapy work have been

very positively influenced by these teachings. In a safe environment, I learned a wonderful new way to give myself permission to slow down, attuning to the fluid field within my body, allowing my body to move as it wanted, and creating more spaciousness within myself—simply being present for myself. Really slowing down, welcoming stillness, and within the stillness to enquire, with an “open attention,” without judgment, expanding my awareness of life...feeling the interconnectedness with all beings...healing. I loved being in this sacred space we created and felt very nourished.

Although I have an extensive background in meditation, which I practice daily, Continuum Movement helped me go deeper into stillness, relating to my body in a new way. This was, and continues to be, very refreshing for myself and my work as a Biodynamic Craniosacral Therapy practitioner.

The following text is a summary I wrote in 2012 trying to capture the essence of what I learned during these three, five-day seminars. We often “worked” on mats or chairs, with or without music, guided and supported by Robin Becker. She gave me permission to share this, but requested I leave out the very specific sounds and sequences she taught during the seminar.

Emilie Conrad

Emilie Conrad (1934-2014) was an inspirational somatic pioneer, dancer and healer. Emilie created and developed Continuum Movement. Continuum Movement is a practice for inquiry into the meaning of life, movement and health: a study of the body as a fluid system.

Movement is essential for life and our bodies can be almost 80% water. We need to keep ourselves alive, voluminous, and flexible no mat-

ter what language we speak, using methods such as dance and Pilates. Emilie Conrad said, “A lack of movement equals starvation. Aging is starvation. To keep your tissue hydrated you have to move.” Elderly people are often only 50% water. They are dehydrated. A “constant companion of gentle flow” is inside our body, is our home, our birthright.

Water

Life on this planet has been shaped by the long, slow spiraling movements of water. All natural rivers meander and spiral. Water never repeats itself and there is a saying that you can't step in the same river twice. A human being is really spiraled water. Victor Schauberger, an Austrian scientist of the last century, known as the water wizard, recognized a subtle, powerful ordering force in the universe—which he called original motion—spiraling movements of energy and matter to generate form.

He also discovered there is more buoyancy in cooler water, because there is more oxygen in colder water. He noticed that logs float on the water at night but sink down during the day when the sun shines.

The Dive

In Continuum Movement, we try to become water, to enter water and experience water. If we can support water to be more of itself in our body, we can help it be innovative in life and create a new, healthier way of being. Continuum Movement teaches us how to attune to these slow, internal,

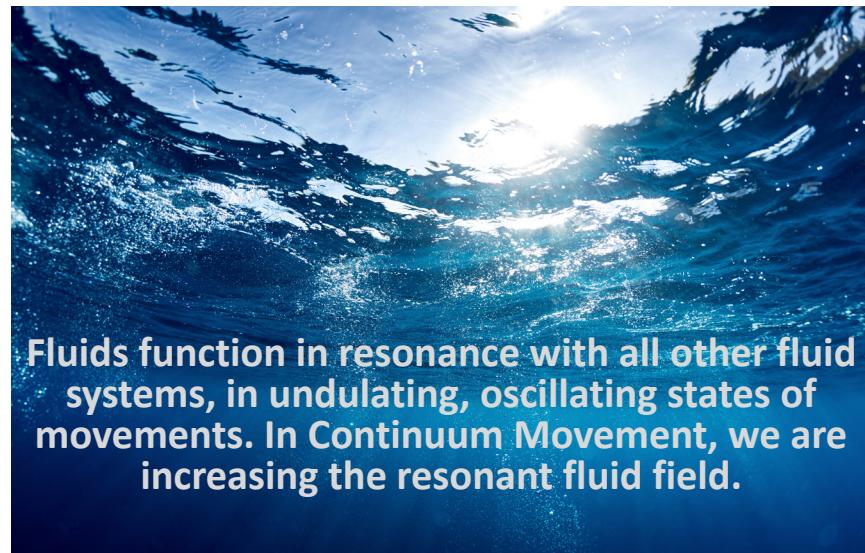
wave-like movements. This is deeply nourishing and healing.

We use sequences of sounds, with pauses and open attention, layered together in a “dive.” A dive can be experienced lying down, sitting on a chair or standing, in any position. Since we consider health as the capacity to be adaptable, we choose very different sounds to use in a dive, to vibrate the body in different ways. During a dive, we look for different relationships to gravity in our various body parts. We usually don't repeat the same sequence of sounds in the next dive, but if something is interesting you can repeat it for three to four days and then change. We keep mixing up the layering and sequence so our body keeps finding new relationships.

Through pauses and open attention we develop spaciousness, which is necessary for nourishment. A dive may be one hour long or take several days and provides a loose structure, a container of safe space in which we can explore, experience, and rest.

Open Attention

“Open attention” is the main tool of Continuum Movement. The whole point of Continuum Movement is what happens in open attention. Listen to the voice of your body. It is a state where the more skillful one becomes in tracking sensation and bringing awareness to sensation, the more creative is the harvest. We use “the gaze of two directions” to look inside and outside the body at the same time.



Resonance with the Earth

Fluids function in resonance with all other fluid systems, in undulating, oscillating states of movements. In Continuum Movement, we are increasing the resonant fluid field. Water is liquid crystalline, so we really are receivers and transmitters in a liquid crystalline matrix field. However, the fluid system is often not very active in our daily life, as we live in a time that takes us away from our body. We live in speed, electronics and an intellectual world, and forget how we are intricately interwoven and embedded in the natural world.

Most people's bodies are very tense and move only in very limited ways. The Western idea of support is the same as rigidity. We need to deepen our relationship with the natural world, so we can learn more about the human world and increase the activity of our fluid system. Our body is an expression of our planet, a representation of the life processes of our planet. Since our bodies are much slower than our thoughts, we need to slow down when we want to deeply connect with our bodies.

Earth movements are very slow. Earth rhythm has lots of space between the waves, whereas in high speed electronic waves there is not much space between the waves. In spinal cord paralysis there is almost no interval in the waves. So we need to slow down to resonate with the earth. If we slow down the spiral of our bodies to the earth rhythm of 8 Hz, then we move in resonance with the information in a larger field. If we slow down to 4 Hz we resonate with all that functions at this speed. So the field we are able to contact keeps getting larger and larger as we slow down, as we unravel the spiral.

Healing occurs when we slow down. In Continuum Movement, there is no strain. There is slow rhythm, which means the movement is more oxygen rich. The movement is cooler. Tonic muscles, slow twitch. We are slowing down to the earth rhythm in Continuum, and healing.

Rest and Innovation

The two great needs we have are rest and expression. Our capacity to rest is directly related to our capacity to receive. We can only really rest when we feel we really belong. In the slow wave we can absorb much more information and nourish ourselves much more. Unwinding, settling, calming and relaxing, which are the first steps in healing, take us out of fear management and this gives space for new ideas and innovation. Something you might not recognize

may emerge. This is different than the concept of fixing itself. Emilie Conrad finds that innovation is a better word than regeneration to use in the healing process.

In ancient Greece, people used to visit Asclepian temples when they had problems. They would sleep in the field of the healing temple, believing that their body system was going to be informed and healed. They had great trust in the greater mystery that is holding us.

In a similar way, in Continuum Movement we learn within our own being how to rest. When we want healing, we need to start to slow down, and meet the rhythm of the earth, so we can join with all the ancient information. There is a huge amount of information in slow. We meet what is difficult in ourselves when we slow down. We can only safely release it with resource, sensation awareness. Continuum work is very gentle and not cathartic. When we meet the disturbance or trauma and allow it, it

Since our bodies are much slower than our thoughts, we need to slow down when we want to deeply connect with our bodies.

is a cause for great celebration, because it means we have enough resources to meet it. We need to be very gentle with ourselves. It is an invitation to meet that which is difficult with gentleness, homeopathically and with interest. Meet it, leave it and resource.

The brain is shaped by experience. The process of shaping the brain never stops, so to discover new movement is like giving new food for your brain and nervous system. Repetitive movement is a closed system. No new information comes in. We all have habits, so inquire into your movement habits. If you notice a pattern, pause, and explore and see what else might want to enter. Do not objectively analyze.

Write A New Story

Continuum Movement is a study of the primary substance of the body, whereas practices such as yoga, tai chi, dance or Pilates are more organized repeatable languages or systems of movement that we choose to “speak.” There is a universal quality of movement in Continuum. We want the newest part of the brain, the neocortex, to fall in love with the oldest part of the brain. We need to let go of symmetry. When you have resourced your body with more primal information, you can come back to the newer language with more volume and more information.

Continuum helps us remember all the possibilities that we do not usually use to function. We might find they are interesting and nourishing. Can we go to a softer level, a more primal level beyond even the patterns of our ancestors? Because all of that is a habit. True self is beyond that. Can we be courageous enough to become receptive and go deep enough to write a new story?

Emilie says it is much healthier to be strong like an octopus, which has no bones but can squeeze

a shark to death. Get everything strong instead of one little muscle. “The density of bone has nothing to do with the health of bone,” says Emilie Conrad. Fluidity and hydration are the most important things for health of bone. Bones need to be juicy.

Present Time

I continued my explorations over the next few years in a supervision training with Robin Shohet who co-authored, *Supervision in the Helping Professions*, and Joan Wilmot at the Centre for Supervision and Team Development (CSTD) in London, UK. Most participants were psychologists, counsellors, and social workers. Interestingly, one of the tools we learned to use during the training was to become aware of our own internal sensations during the supervision with a supervisee or in group super-

vision sessions, and how to use this awareness of changing sensations and feelings. The Continuum Movement experience enhanced my supervision skills!

I now live on a small island off the west coast of Canada, where it is easier to attune to primary respiration amidst the forests by the sea. Franklyn Sills continues to support me through Skype supervision sessions for my newly established private practice here, and I have noticed how much more quickly my clients can settle and deepen into their own resources being so close to nature. ♦

Continuum helps us remember all the possibilities that we do not usually use to function.

The Fields

*Out beyond ideas of wrongdoing and rightdoing,
there is a field. I'll meet you there.
When the soul lies down in that grass,
the world is too full to talk about.
Ideas, language, even the phrase "each other" doesn't make any sense.
~Rumi 13th century*

I'm searching for these fields you talk about
Tissue
Fluid
Potency

Wandering through my experience --
Picking up each sensation and turning it over in my hands, my mind
is this it?
what should it feel like?
what am I looking for again?
is this tissue or fluid or energy?
what do you mean by fluid anyway?

Putting it down and moving to the next
is this it?
what should it feel like?
what am I looking for again?

Again and again and again

Becoming more anxious and tired as I search --
What if I never find them?

Losing myself in words that don't make sense to me --
stumbling along
trying to grasp them without success

Looking up I see the stars and moon --
my old friends
calling me to be with the unfathomable

I drink in their beauty
orienting myself to their patterns
relaxing in their presence

My spirit expands to embrace them

They whisper to me of letting go of striving
of moving beyond ideas
of simply being present

I breathe more deeply
letting myself rest
letting go of my search
letting go of my need to understand

Perhaps someday I'll find these fields you talk about

Tonight I'm going to lie in the grass
letting my soul be at peace
with all I do not know

by Erika Baern

COMPLEMENTING CRANIOSACRAL THERAPY WITH THE CONNECTION PRACTICE

Ellen Synakowski, MA, RCST®, LMT

Ellen Synakowski is a Connection Practice trainer, coach and certification trainer. She uses this communication method in her life because it works! She relocated to Laramie, WY, from Washington, DC, in August 2017 and can be reached at EllenSynakowski@icloud.com or through www.EllenSynakowski.com



Once it overtook my thoughts, I couldn't shift my attention away from the phrase, "The adventure of being alive." With ankle surgery looming, my intention for this craniosacral session was to invite comfort, ease and acceptance around the idea that a lengthy recovery would lead to improved mobility. But those five words were relentless. "The adventure of being alive. The adventure of being alive..."

Such was the banter in my mind after settling on the table for a session with my friend and colleague, Donna Gangloff.¹ I asked her to replicate a hybrid modality I'd been practicing for some time but had yet to experience for myself. It begins with coaching and moves to table work. So that I could better understand what I offer, Donna coached me

¹ Donna Gangloff, RCST is also a Connection Practice trainer and coach and a movement instructor. She lives in Silver Spring, MD.

through The Connection Practice² before transitioning to craniosacral.

The Connection Practice

A typical session begins when a client enters the treatment room and finds the massage table covered with small green cards. The most common words for feelings are organized on the left: excited, frustrated, sad, grateful, annoyed, etc. To the right are words describing needs: understanding, connection, appreciation, to be heard, to matter, progress...

Clients generally get right to the task by re-laying a conflict or celebration they would like to know more about. Using Connection Practice tools from Nonviolent Communication (NVC),³ they pick up, name, and set down in the center of the table each and every feeling experienced around the story. The same sort of exercise is repeated with the words representing needs.

Talking with Donna helped me see that my feelings around the surgery were mixed. I felt discouraged, stressed, vulnerable, and fearful. At the same time, I was grateful to live in a time when such an intricate procedure could be done and

hopeful that next year at this time the hardest part would be over.

Together we considered unmet needs.⁴ And

² Rasur Foundation International is the nonprofit organization that has developed The Connection Practice, <http://rasurinternational.org/connection-practice/>.

³ "Nonviolent Communication is . . .", <https://www.cnvc.org/Training/NVC- Concepts>.

⁴ As a point of clarification, I'm using the word "need" in a particular way. If we say we need a new car, in the language



while I had not expected to be drawn to the need for power in my life, I was not surprised that needs for ease, choice and trust were present.

As an aside, I am guessing that as you read about my feelings and needs, you can relate to them, not because you, too, need surgery, but because of the universality of needs.

Once my needs around this situation were identified, the heaviness lifted. Though the situation had not changed, empathy for myself became easier, and I could imagine ways to address what was not being met.

At this point in a session, clients move from working on the table to being on the table for Quick Coherence®⁵ (a tool of HeartMath), insight, and craniosacral. HeartMath, a component of The Connection Practice, says that coherence “reflects an orderly and harmonious synchronization among various systems in the body such as the heart, respiratory system and blood-pressure rhythms.”⁶ It works on the premise that choosing to generate a positive feeling such as gratitude or compassion changes the physiology of the body by altering the heart-rate variability (HRV).

Studies show that when we sustain coherence, stress is reduced,⁷ we find creative solutions to problems, humor comes more easily, and we generally feel more alive.

Coherence is not meditation, and it is not a state of rest. Rather it is an active balance between the sympathetic and parasympathetic nervous systems. It is a fast and easy way to self-regulate emotions.

The Foundation of This Work

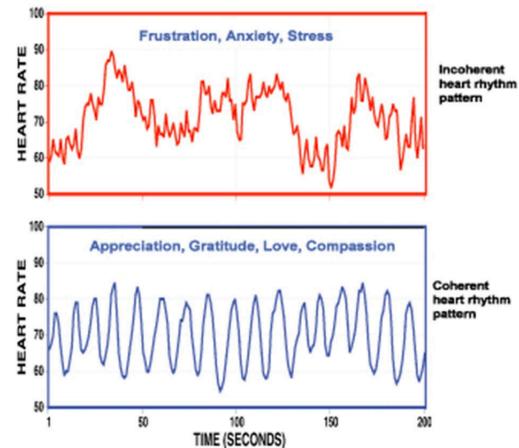
Several studies support the efficacy of The

of NVC the car is not a need but rather a strategy to get needs such as efficiency, progress, ease, and maybe even beauty met.

⁵ “The Quick Coherence® Technique for Adults,” <https://www.heartmath.org/resources/heartmath-tools/quick-coherence-technique-for-adults/>.

⁶ <https://www.heartmath.org/support/faqs/research/>

⁷ “Inside Stressing Out: What works and what doesn’t in the face of stress?” <https://www.heartmath.com/articles/inside-stressing-out-what-works-and-what-doesnt-in-the-face-of-stress/>.



Connection Practice. One from the University of California Los Angeles concludes that when we name feelings, the reaction of the amygdala⁸ is reduced so we are not as likely to act out of fear.⁹ We also have evidence that naming needs leads to empathy.¹⁰ And HeartMath research has shown that coherence accelerates insights.¹¹ Enabling the heart and body to be open to the highest intelligence is the sole reason I began offering sessions that include both practices.

Fundamental to biodynamic craniosacral and The Connection Practice is the value both place on innate wisdom. When each modality is offered with integrity, this common thread permits them to be offered and received as compatible partners. Therefore, there is no need to dilute either.

Back to the Session With Donna

With the feelings and needs part concluded, I got on the table and Donna guided me into coherence—the state where my heart and brain and emotions became in sync. I dropped into a contemplative craniosacral space, and the session further

⁸ “The Brain Made Simple: Amygdala,” <http://brainmadesimple.com/amygdala.html>.

⁹ Lamm, C., Batson, C., Decety, J. (2007). The neural substrate of human empathy: Effects of perspective-taking and cognitive appraisal. *Journal of Cognitive Neuroscience*, 19(1), 42-58.

¹⁰ Subramaniam, K., Kounios, J., Parrish, T., Jung-Beeman, M. (2009). A brain mechanism for facilitation of insight by positive affect. *Journal of Cognitive Neuroscience*, 21(3), 415-432.

¹¹ “Intuition Research: Coherence and the Surprising Role of the Heart,” <https://www.heartmath.org/research/science-of-the-heart/intuition-research/>.

deepened as we entered the holistic shift.

While experiencing the peace of coherency and the secure feeling of craniosacral touch, I asked for an insight about my ankle. Then waited.

And that is when it happened. The big ah hah! The surprising, amusing, and absolute truth-bearing realization that “The adventure of being alive” was not a random thought gripping my mind but the precise insight I was seeking!

It drew on my best intuition. My highest intelligence. What else could this medical experience be but another way to experience life from the fullness of my humanity? I hadn’t had that perspective prior to getting on the table, so what this session offered was a new way of seeing an old problem. At the end, I sat up free of even a trace of fear that

might have enveloped me if my emotions had been left to stew on their own.

The combination of an open heart, little to no emotional interference, and enhanced awareness within my body made it easy to perceive the craniosacral treatment and insight as vibrant, trustworthy and even humorous.

After experiencing my own session, I am left to wonder what else is

possible when craniosacral touch and The Connection Practice’s empathy and insight are introduced¹² to clients. Sequentially delivering each in its pure form can only enrich the alignment of their partnership. ♦

¹² Certification as a trainer/coach is necessary to offer The Connection Practice in sessions.



Vision of Reality

At the Center of the center, the light shines as the Heart:

Timeless stillness, infinitely potent, the Mother of All.

Rising from this place of Peace the light illuminates the mind

And radiates, undulates as the ten thousand things.

Each thing in its place reflects the source, perfectly poised

Vibrating harmoniously with the pulse of life.

by Matt Sieradski

THE BREATH OF LIFE: A BOOK IS BORN

Cherionna Menzam-Sills, PhD, RCST®

Cherionna Menzam-Sills is certified as a teacher of Craniosacral Biodynamics with BCTA/NA, and also as a supervisor by the Craniosacral Association of the UK. She teaches Biodynamics, often with her husband, Franklyn Sills, around Europe and America. She has also been authorized as a Continuum Movement Teacher by Continuum founder, Emilie Conrad. Continuum is a mindful movement practice involving perceptual shifts and healing potential similar to those of Biodynamics.

Incorporating 40 years experience teaching and practicing various therapies, mindfulness practices, somatic movement, bodywork, psychotherapy and Prenatal and Birth Psychology, Cherionna's credentials include a BSc in Occupational Therapy (University of Toronto), M.A. in Somatic Psychology (Dance/Movement Therapy) (Naropa University), and PhD in Pre- and Perinatal Psychology (Union Institute and University). Her doctoral work led her to develop a uniquely embodied approach to teaching embryology, which she has continued to develop over almost 20 years, incorporating it into her Biodynamic teaching. Her somatic understanding of embryology enhances her sense of universal Biodynamic forces guiding our formation both in the womb and in Biodynamic session work.



A Story About and Preview of the
Forthcoming Book,
*The Breath of Life: An Introduction to
Craniosacral Biodynamics*

*Standing beside the treatment table, where
my client lies comfortably, I feel my heart soften
and expand as I remember the sacredness of the*

journey we are embarking on together. I have already guided the client in orienting to a sense of resource. She has recalled a favorite big tree she often visits. Taking a deep breath, she has reported a sense of her own roots into the earth and an ability to rest into them, standing tall like the tree she identifies as her resource. I have suggested she take this image and feel sense to the table with her, where I have guided her in being aware of her breath and the places where her physical body makes contact with the table, sensing the support of gravity under her body.

I explain I am settling myself further in relationship to her, as I stand at the side of the table. Within my own system, I orient to my own sense of contact with the support of the earth through my feet, my own breath, my own body. I begin to settle deeper into a sense of the wholeness of my body, and its fluid nature, as I allow my awareness to soften and widen. I sense fields within fields of support holding me and my client as I widen my attention and allow the client's midline to become the center of my perceptual field. There is an almost palpable sense of softening and settling in the space between us as our relational field settles.

Again, I am reminded of the sacredness of our journey. I rest in gratitude for the opportunity to be able to practice and share this Biodynamic presence with another...¹

About three years ago, I decided it was time to create space in my life to write the books that had been gestating in me for years. When I announced this to Franklyn Sills, my husband and pioneer in the field of Craniosacral Biodynamics, he surprised me by enthusiastically suggesting I write an updated introductory text on this beautiful

¹ Excerpt from, *The Breath of Life: An Introduction to Craniosacral Biodynamics*, to be published Spring, 2018.

Biodynamic work. This book hadn't actually been consciously brewing within me, but, as I sat with the idea, I realized I had been gathering compost for it through years of training and practice. The seed had now been planted.

As I began to mention this project to others, the seed was further watered by conversations with cranial students lamenting the lack of female authors in this field and excited by their experience of Continuum Movement, which I had introduced to them within the context of Biodynamic classes.

It had not really occurred to me that there were essentially no female writers in this highly feminine field, and it was pointed out to me that most of the practitioners are female. I began to wonder what it would mean to write this book from a feminine perspective. Questions began to ignite my awareness.

What is feminine?

It is not really about men and women. Both are attracted to the field and can offer its healing effects. Both males and females have masculine and feminine qualities. What is it that attracts more women to this field? Why are there so few female authors? The question that most intrigued me was, "How would a book written from a feminine perspective be different?"

A Feminine Perspective

What emerged for me was a framework that I found nurturing and inspiring. I concluded that a feminine perspective involved qualities inherent to the field of Biodynamics: receptivity, intuition, being relational, creative expression, and somatic, mindful, body-based inquiry. I realized I needed to write this book in my favorite way of writing, invit-

ing the reader to join me in my experience. I began many sections with a description of my experience of session work, like the one above, intended as an invitation to the reader to join me and discover their own perspective. I allowed myself to draw on my creativity, resurrecting my artistic skills from so many years ago to illustrate the book, and enjoying being a bit poetic in the writing. I welcomed the persistent influence of my mentor, the late Emilie Conrad, founder of Continuum, introducing Continuum-esque explorations into the book, and being nurtured by my own Continuum work throughout the process.

I also engaged in dialogue with other practitioners and tutors along the way, receiving their ideas and suggestions as further sustenance for this growing fetus of a book. For example, I wrote much of the book during trips to New York City, when Franklyn was teach-

ing in a foundation training there. I used the trips as weeklong writing retreats, away from the routine of life at home. As I had taught in the previous trainings at Stillpoint, I knew the tutors well, and also popped into class occasionally to offer a Continuum exploration. The tutors and students knew about the project and supported it with enthusiastic impatience for it to be available. They also informed me that their clients were looking forward to reading the book.

I had not considered clients reading the book. This was a big "aha" moment for me, when I realized I needed to be writing in a way that would also be accessible and meaningful to clients and others interested in Biodynamics who were not practitioners or planning to become practitioners.

Receptivity and Resource

Receiving the input of the environment I was writing in affected the writing even more directly. For example, the New York City influence penetrates the following excerpt about resting in resource:

When clients arrive, they are often in a relatively activated state. In the modern western world, the very process of arriving can be speedy and overstimulating. Life itself can be overwhelming! As I write this chapter, I sit in a public library in New York City. Although libraries are relatively quiet, this one, like everything in this city, is full of people. There are literally people everywhere! There is not much talking, except at the information desk, but I am surrounded by the tapping of computer keys, the ringing of mobile phones, the scraping of chairs being moved, as well as intermittent coughing, clearing of throats, and occasionally the slamming of doors and clicking of loud heels. This is a quiet place in the city! On the street outside, my nervous system is bombarded by the sounds of traffic, sirens, honking, talking, and music. There are flashing neon signs, in fact signs everywhere you look, faces, movement, colorful clothing, too much to possibly take in at any given moment. I compare this to the quiet little Elizabethan market town where I live in England. There I can say hello to rabbits, sheep and cows on my daily walk. Even there, however, people rush to appointments, get stuck in traffic, are distracted by shopping, etc. In our modern world, we are rarely free of stimulation, and most of it is fast and frequent. No matter how well I understand this, my animal nervous system still reacts, seeking to eval-

uate how safe or threatened I may be in any given moment. How can I rest in the midst of all of this?

Rest is possible when my system has the ability to be with what it encounters. Overwhelm involves too much input for what the system can handle. For example, trying to be aware of everything is generally too much to process. Those of us

with a history of trauma may find ourselves being hyper-vigilant, distracted by every little sound, every movement we detect out of the corner of the eye, and every change in our environment. There may have been a time when our survival depended on such astute awareness. We may have needed to know when to expect the next attack in order to protect ourselves. Settling becomes difficult with this kind of history until we learn to hone our attention to what is actually present and relevant now.

"Again, I am reminded of the sacredness of our journey. I rest in gratitude for the opportunity to be able to practice and share this Biodynamic presence with another..."

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What tells me I am safe now? I can feel my breath. This tells me I am alive. Where there is life there is hope. I can feel my feet. This tells me I have the ground under me. There is some support. Mindful awareness brings me, or the client, into present time, actually shifting our neurobiology. Visual awareness may also be helpful. Looking around the room, I see the shapes and colors of this present-day room. I practice being aware of what is now. I may hear sounds from outside, but I know I have not been attacked in many years. As I allow myself to listen, I hear these are the sounds of traffic, or of squirrels, or whatever it actually is. I can begin to feel safe and rest again. Rest can arrive through awareness of what is present here and now.

For some, this shift of focus is too big a step. Sounds in the distance always mean danger.

There is no sense of safety. Nonetheless, we all have resources, or things that support us in the midst of our experience and help us to find a sense of safety and wellbeing. When we begin work with clients in Biodynamics, we generally check in as to how the person is, and then guide them in orienting to resource. I might simply ask, what supports you in the midst of all this?

History in the Making

A major support and influence on this book is my relationship with Franklyn. As I write in the preface to the book,

During my years with Franklyn, I have undergone dramatic shifts in my own understanding and practice of Biodynamics. I have deepened also in appreciation of Franklyn's ability to articulate the subtle perceptual experiences and healing processes involved in Biodynamics, and to organize them into a coherent conceptual system delivered in a remarkably effective training curriculum. His clarity seemed to dissolve perceptual veils and clouds of confusion for me and many others.

I had been practicing and teaching Biodynamics for some time before Franklyn and I began our personal relationship. Romantic attraction is always a source of ignition and discovery, but for me, our ongoing discussions about the work we share and love further kindled the fire.

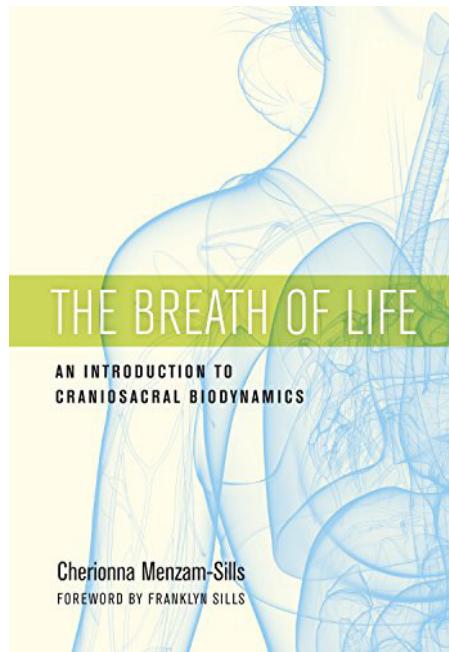
I had studied Biodynamics with John and Anna Chitty, who had in turn studied with Franklyn. From working closely with Anna in Boulder, Colorado, while preparing to become a teacher myself, I had shared in her struggles to clarify and develop the work and how to impart it. I loved the field of unconditional love Anna seemed to create in her classes. Although I was already a practicing somatic psychotherapist when I took the Bio-

dynamic training with John and Anna, I found my understanding and ability to work effectively with trauma grew exponentially under their tutelage. I also found my own ability to self-regulate went through a quantum leap while taking their foundation training in Biodynamics.

We all celebrated when Franklyn's first volumes of Biodynamic Craniosacral Therapy were finally published. Up until that time, we had available a number of books by cranial osteopaths that related to our work to varying degrees. Franklyn's books were actually about what we were doing in the foundation training, and could really serve as a text. Teaching this work became a bit easier at that point, but there were numerous discussions between teachers about what it was we were actually doing. There were so many questions.

The two post-graduate seminars I took with Franklyn didn't entirely clear things up for me. They actually sparked more curiosity as I saw that he was exploring areas not covered in his texts. When we began to get to know each other, I learned that he considered the original two volumes to be bridge texts, intended to support those trained in more biomechanical forms of cranial work in the transition to Biodynamics. Back in 1992, he and his tutors at Karuna Institute had agreed they weren't teaching what they were actually practicing. They were teaching what Franklyn had believed was necessary to teach to beginning practitioners. They began the process of revising the curriculum to reflect a more Biodynamic approach. The trainings he had taught in America had not reflected this change due to practical issues involved. Much of the confusion we experienced as students and teachers seemed to relate to this discrepancy.

When our relationship began, Franklyn was



working on a new set of texts relating to how the curriculum and understanding of the work had evolved. I helped edit and review the texts, including contributing my own chapters. I also began assisting Franklyn in his foundation training in New York City. The clouds began to clear! With each *aha!*, I found myself settling deeper into the work. I experienced my perception clarifying in astonishing ways, which continues even as I write this. I am also witness to Franklyn's ongoing development, as he further elucidates and simplifies aspects of the work. I feel deeply grateful for the opportunity I have had to be so close to Franklyn and his evolving clarity in this field.

As I continue my own journey with Biodynamic practice, I enjoy bringing my own touch (yes, feminine touch) to the work. My other passion is Continuum, founded by my mentor, the late Emilie Conrad. Continuum is a mindful movement practice profoundly feminine in many ways. It is all about curves and spirals, pulsations and waves. Like Biodynamics, it involves slowing down and deepening into fluid, spacious states accompanied by subtle perception. It utilizes different breaths, vocalized sound usually directed into the body tissues, body movement and subtle awareness. Like Biodynamics, I consider it an embodied mindfulness practice, potentially altering the nervous system and enhancing a sense of health, wholeness and well-being.

An inspiring Continuum teacher, Bonnie Gintis, is also a Biodynamic Cranial Osteopath. In her book, *Engaging the Movement of Life*, she compares the two practices. She writes, "Sutherland considered the goal of Osteopathic treatment to be the free movement of all the fluids of the body across their interfaces. Continuum practice addresses the same issues by empowering each individual to engage their own fluidity and to stimulate movement of the fluids themselves as well as the body as the fluid container" (Gintis, 2007, p. 79). In Biodynamics, we particularly orient to the organizational forces affecting the free or inhibited

flow within the body. In Continuum, we can sense and embody these subtle influences. I have heard many declare that Continuum is like giving yourself a Craniosacral or Biodynamic session.

It was actually through my presentation on Continuum and Biodynamics at a Biodynamic Craniosacral Breath of Life conference in North Carolina that Franklyn and I began our relationship. I had originally called the presentation: Continuum and Biodynamics: A Perfect Marriage. I later changed the subtitle to "Parallel Paths," but was reminded by Biodynamic colleagues of the original title two years later when Franklyn and I married.

When I was encouraged by a male student to write this book because of lack of female voices in this field, I realized it would need to include a Continuum influence. I can no longer practice Biodynamics without referring to Continuum. Throughout this book, I offer guided experiential, body-centered explorations primarily influenced by Continuum.

This book is, in a sense, an expression of the marriage of my two loves! I hope it will provide for you the kind of igniting spark I have received in discussing Biodynamics with Franklyn, and that I continue to receive in each treatment session.

The Breath of Life: An Introduction to Craniosacral Biodynamics offers insights from my own journey, as I have sought to clarify and embody the principles and concepts of Biodynamics. I hope it can provide support to you and your clients, as well as a welcome to potential clients and practitioners, in engaging this evolving and dynamic field, which is about our most essential being and connection. ♦

Reference

Gintis, B. (2007). *Engaging the movement of life: Exploring health and embodiment through Osteopathy and Continuum*. Berkeley, CA: North Atlantic.

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REVIEW OF: MYRNA MARTIN'S "BIRTH AND ATTACHMENT" BOOKLET

Susan Pulvermacher, RMT, RCST®

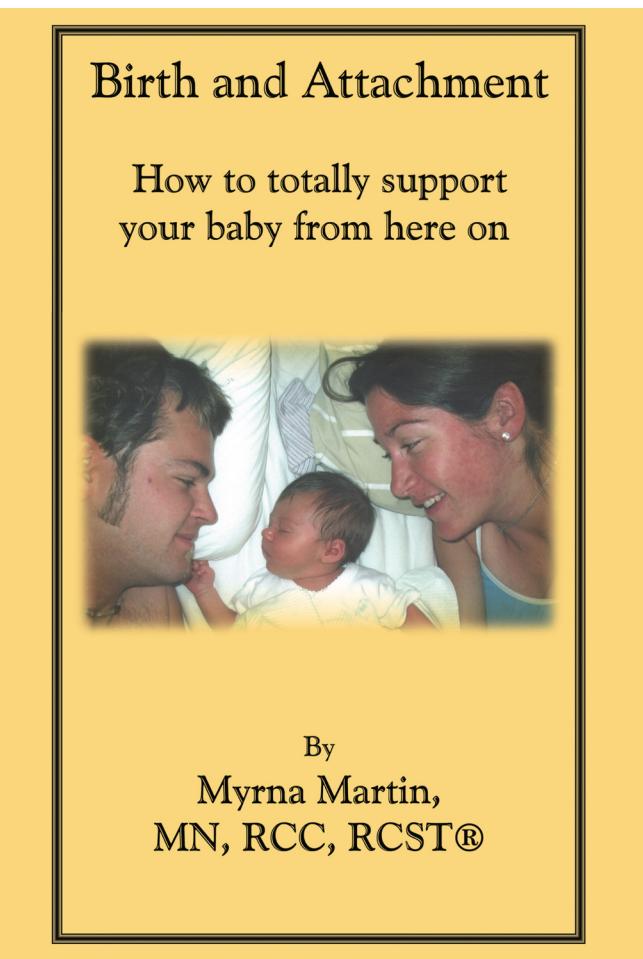
I have been giving a complementary copy of Myrna Martin RN, MN, RCC RCST®'s booklet, "Birth And Attachment," to my clients who have babies ever since I first discovered it. The caveat is that after they are done with it, to please pass it on to someone that they think may find it useful or return it to me so I can give it to another family.

This 26-page book is small and therefore readable by busy parents and is available in English, French, Spanish, and Portuguese. As Myrna says, it is a guidebook for "co-creating secure attachment," and she does that by being concise but complete. She engages the reader with a description of what attachment is, and it is clearly not a fad or someone's opinion; there is research that supports attachment for healthy development of the child. Knowing it supports their child's ability to regulate their emotions, cope with stress and form healthy relationships is important, but to understand that it also affects their ability to learn and affects the health of their body through regulating the heart, neuroendocrine and immune systems—this gives parents even more concrete reasons to learn about and practice this thing we call attachment—and to keep reading the book!

Myrna talks about when attachment begins, and how it develops, specific to each developmental stage of the child from preconception to 18 months of age. Importantly for parents/caregivers, she includes an extensive list of tips that support secure attachment, which begins with Slow the Pace and includes baby's body language, Eye Contact, Touch, Motion, Watching for and Respecting Activation and Settling Cycles, Recognizing when Babies and Children are Relating to their History, and lastly Recognizing when Parents and Infants

or Preschoolers Need More Support.

Although this book is directed towards the new family, it contains information that benefits families of all ages and speaks to healing and optimizing attachment patterns, enriching the lives of all family members. ♦



LEAP OF FAITH: WRITING MY HEALING JOURNEY

Paula Potts M.Ed., BCPP, RCST®

Paula Potts is an author/poet and energy medicine practitioner. Her early career as a higher education professional was highly touted until disaster struck.

The onset of severe disability in 1988 changed the trajectory of Paula's life in colossal ways. She journeyed through devastating losses to ultimately exceed her expectations for recovery through the study and practice of polarity therapy and Biodynamic Craniosacral Therapy and the determined pursuit of remedies that work.

In 2005, Paula awakened to the call of storytelling to fulfill her "sacred contract with healing." Her memoir, Yesterday When I Was CRAZY, is poised to invite controversy and critique while inspiring hope and providing insight into Health and Wellness opportunities outside the box.



My journey to the remarkable healing power of energy medicine started in a SynergyDance class with the phenomenal founder, Charmaine Lee. In no uncertain terms, after my first bodywork session, she counseled: You need to do this work! I have the perfect teacher for you! A swift introduction to master teacher, Roger Gilchrist, came soon after, as divine timing declared, "the student is ready." These gifted "earth angels" lovingly guided me through what I came to understand as a "sacred contract with healing." When inquiring minds ask me to describe the impact on my health of the study and practice of Polarity Therapy and Biodynamic Craniosacral Therapy, I say, "It saved my life!" This is why I wrote the book, a memoir entitled,

Yesterday When I Was Crazy.

This "leap of faith" to share my most intimate struggles with the severe, debilitating pain of fibromyalgia, the terror of seemingly unending panic episodes and years of abuses by authority figures who labeled me a fraud and called me "crazy," is perhaps my most liberating experience as a sentient being seeking spiritual clarity. The call to tell my stories so that others could "be healed" or helped in some way that mattered came early in my studies. Somehow, I knew the path I embodied was not, "just about me." Witnesses to my miraculous progress reminded me constantly that I could serve an even greater good. And so I set about answering the question, "What did I do to get better?" As my deepest truths unfolded and lifted me—body and soul—from the depths of loss and despair, I learned two great lessons, God Is Bigger and Love Is The Answer. These personal mantras that I share with all who will listen (or read) capture the spiritual message and central theme of my writings, my phoenix rising and my return to wholeness. What I know for sure is that energy medicine is the "good news" in the 21st century! ♦

