

Suggested Learning Outcomes
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The following document is intended to describe the suggested learning territories included in biodynamic trainings so that practitioners have the perceptual skills necessary for relieving suffering by orienting to the inherent Health that underlies all form.

(1) Practitioner Stillness (entering a heart-centered state of being) and the Relational Field (understanding the nature of the holding field).

(a) The student learns to settle into a state of being, a heart-centered orientation to stillness, internally, externally and relationally. Students learn to establish heart-centered practitioner fulcrums and to orient to their clients midline-to-midline and field-to-field. Students learn to establish a safe and trustworthy relational field, within which clients can settle out of defended forms of self into their natural state of being. This shift occurs largely through being-to-being resonance. Students learn to deepen into an oriented, non-analytical state of receptivity and listening.

(b) In this endeavor, students learn to recognize their own conditioned systems of self, and do not project these systems onto their clients. The dictate “healer know thyself” is pre-eminent. This implies a deep and personal self-searching that may include various therapeutic and spiritual practices.

(2) Orientation to Primary Respiration (Long Tide as primary field of interchange and Mid-Tide as realm of embodied forces) and Dynamic Stillness

(a) Students learn to orient their perceptual awareness to Primary Respiration as an expression of Long Tide phenomena. This entails a settling out of ego and conditioned states and entering a being-state and a heart-centered stillness. In this ambiance, students learn to perceive the presence and dynamics of Primary Respiration both outside and inside of themselves and their clients. They may perceive the Long Tide as it moves from the horizon toward the client’s midline and back out toward the horizon. The Long Tide manifests as a vast tidal presence of radiance and light, sensed as slow 50-second cycles of inhalation and exhalation. It can also be perceived as local wind-like streaming forces and quantum-level ordering fields often perceived as fields of light. Students learn to resonate both with the presence of the Long Tide and with its intentions. They learn that Primary Respiration manifests the intentions of the Breath of Life as a local ordering field with midline phenomena and primary orienting fulcrums. These are present from the first moments of life. They inform the organization of the embryo and maintain organization and dynamic equilibrium of form throughout life. Students also learn that these forces, as they manifest in the fluids of the embryo, orchestrate the embryological shaping of form and function. The embryo and its developmental process become archetypal images for biodynamic

work.

(b) Students also learn to recognize the presence of Primary Respiration as Mid-Tide phenomena, mediated through the fluids of the body as the fluid tide and fluid body. These manifest as a relatively stable, faster tidal rhythm of 1-3 cycles a minute. Students learn that the fluids of the body are the primordial media of the life force that Sutherland called potency, and that these forces orchestrate the formation of the embryo and of the tissues throughout life. Students learn that how the reciprocal action of the potency within the fluids generates all cellular and tissue motility, form and function. Students learn to recognize the tensile fields of action within fluids and tissues, that Sutherland called reciprocal tension motion.

Students also learn to recognize the dynamics of the fluid tide as fluctuant phenomena. They learn to recognize the inhalation and exhalation cycles of the fluid tide and the expression of potency within its action. They learn to monitor fluid drive and its quality of expression. These include longitudinal and lateral fluctuations and eccentric fluctuations of any kind.

Students learn to orient to the tissue field as a reciprocal tension motion field moved by the action of potency within the fluid body. They learn the basic dynamics of tissue motion and their embryological origins. Students learn to differentiate among the various tissue structures, and to recognize structure motility within the unified field of action of the Mid-Tide and fluid body. Tissues are naturally oriented to midline phenomena and what Sutherland called automatic shifting fulcrums (natural condensations of potency that link different fields of action to the midline and the stillness at the heart of the midline). In this ambiance, students learn to perceive a fluid-tissue body whose form is constantly maintained by the action of Primary Respiration in every moment.

(c) Students learn to recognize the dynamics of the CRI (cranial rhythmic impulse) as effects of trauma and unresolved conditions within the system. The CRI is the waveform of conditioned experience manifesting on the surface of deeper tidal phenomena. Students learn that the appropriate response to the presence of the CRI is to orient the system to the deeper tidal expressions of primary respiration. The CRI naturally subsides when practitioner and client come into resonance at a deeper level of being with Primary Respiration.

(d) Students learn to orient to the Dynamic Stillness as a primary principle in the work. Dynamic Stillness links form to Source and is present at the heart of all interchange. The Breath of Life, and the Primary Respiration it generates, arises from and returns to Dynamic Stillness. Stillness has a centering function within all reciprocal tension dynamics. It can reconcile all opposites. Students learn to access states of neutrality within the system and to deepen into a relationship to the centering function of the Dynamic Stillness.

(e) Over time, as students and practitioners learn to enter deeper and deeper states of stillness, while maintaining non-dissociated presence, the potential for a more direct awareness of the Breath of Life emerges. The Breath of Life is a divine presence that mediates the creative intention from Source to form. It connects all things to their origins in present-time. In deepening stillness, it may emerge into the foreground, seemingly everywhere, all-at-once, and direct heart-opening experiences may occur for both practitioner and client. This may unfold in a state of non-knowing, suspended in present time. These experiences can be life-changing experience for both student/practitioner and client.

(3) The Holistic Shift

(a) The Student learns to recognize a phenomenon called the holistic shift, a shift in the client's system and consciousness to its inner resources of stillness and primary respiration. This shift heralds a sometimes-dramatic reorientation in the client's system, from patterns of distress, inertia and conditioned habit to internal states of stillness linked to Primary Respiration. This shift may manifest as a deepening stillness creating a basis for the emergence of the fluid tide and primary respiratory phenomena. The holistic shift occurs within the resonance of the practitioner's presence and orientation to Primary Respiration.

(b) Students learn to recognize the felt experience of the holistic shift. The experience is one of settling, stilling and deepening. As this occurs, the fluid tide may emerge and the Mid-Tide rhythm of 1-3 cycles a minute may become more palpable. Alternatively the client's process may deepen within the holistic shift and Long Tide phenomena may come to the forefront, or a depth of stillness may be accessed as both practitioner and client enter the Dynamic Stillness as a ground of emergent process.

(c) Many clients come into sessions presenting shock and dissociative states. This is very common in modern life. If dissociative conditions are present, multiple sessions may be necessary to achieve the holistic shift. The system may struggle to make this shift to states of being and primary respiration. Students learn to orient the client to the holistic shift via resourcing processes, stillpoint gateways and a deepening relationship to primary respiration and Dynamic Stillness. Layers of traumatization and shock often have to clear before the holistic shift emerges.

(4) The arising of healing processes related to suffering and conditional forces.

(a) The holistic shift marks the beginning of what Becker called the inherent treatment plan, a natural unfolding of a healing process mediated by the Breath of Life and its forces and potencies. The inherent treatment plan cannot be discovered by analysis and motion testing. It unfolds itself via a deepening ability to orient to and resonate with Primary Respiration. Students learn to relate to the arising of healing processes via an awareness of the prerequisite conditions. These include:

- Perception of the phenomena of the Long Tide both inside and outside of practitioner and client;
- Orientation to the fluid tide and its fluctuant phenomena; orientation to the motility and form of the tissue field as it organizes around inertial fulcrums;
- Recognition of the potency and life forces that are mobilizing and initiating the healing process within either Long Tide or Mid-Tide dynamics;
- Orientation to the Dynamic Stillness centering the healing process as a basis for the emergence of coherence and dynamic equilibrium; and,
- An increasing ability to hold all of this in a unified and holistic perceptual experience.

(b) Students learn to orient to the conditioned forces and the shapes and forms they generate within the context of Primary Respiration. Within the Mid-Tide, they learn to:

- Perceive the fluid tide, including fluid and tissue motility and dynamics;
- Relate to inertial fulcrums as loci of potencies centering conditional forces;
- Orient to the state of balance (a systemic neutral related to a specific inertial fulcrum or issue) and Becker's three-phase awareness of healing processes. The three phases are: (1) seeking a neutral; (2) settling into a state of balance and the accompanying transformative processes; and (3) reorganization and realignment.
- Appropriately use supporting skills such as augmenting space within the inhalation phase, fluid tide skills, etc.

(c) Students also learn to orient to the settling of the neutral into deeper levels of dynamic equilibrium and stillness. Deepening states of balance or systemic neutral may occur repeatedly as transformative processes emerge.

(d) Within the Long Tide, students learn to support the arising process via resonance and deepening, appreciating a process that is unfolding directly from the intentions arising within Primary Respiration. Students learn to deepen through the neutral to the Dynamic Stillness that is centering the whole process. This experience can take students to the depths of the mystery of the healing process.

(5) Ignition Processes

(a) Sutherland described how the creative intention and its ordering principles ignite within the fluids of the conceptus and then continue to enliven the body-mind throughout life. Students learn to recognize these primary ignition processes, including three essential pre- and perinatal ignitions, and to relate to

ignitions as the direct expression of the breath of Life. These three ignitions are conception ignition, heart ignition and birth ignition. Conception ignition generates the first ordering field and lays the ground for spirit to incarnate in form; heart ignition is the awakening and embodiment of being in the stillness of the heart center; birth ignition fully ignites the potency of the Breath of Life in the fluid system of the newborn infant and is about empowerment as a separate and unique being. Other ignition processes include somatic ignition and death ignition.

(b) Students learn to directly relate to the major ignition processes and to help the client's system re-ignite and reestablish self-regulation.

(6) Birth process and working with infants

(a) The study of pre- and perinatal experience, and clinical issues related to this territory, organizes much of the work in craniosacral biodynamics. Students learn to appropriately relate fluid and tissue patterns to prenatal and birth processes, and to recognize these organizing fulcrums.

(b) Working with infants is introduced in the training with an encouragement to take advanced courses in this subject and to work with practitioners who are skilled in infant session work.

(7) Verbal skills and trauma skills

(a) Students learn verbal skills to help support client processes. Verbal skills include how to help clients find personal resources of resiliency and strength, clarify boundaries, and inquire into their arising processes. Verbal skills are especially important when psycho-emotional processes emerge.

(b) Students learn about the stress response, autonomic activation and levels of traumatization. They learn use palpation and resonance to monitor the client's system for autonomic activity and traumatic activation. They learn appropriate skills to use both manual and verbal interfaces in the presence of arising trauma-based processes, in ways that support completion without re-traumatization.

(8) Practice management

(a) Students may learn practice management skills to start and manage an ongoing clinical practice. These skills include setting up a practice, ethical advertising, adherence to a code of ethics, case history taking, ongoing clinical management, the importance of clinical supervision and referring clients to other health professionals.