

## The Death of Biodynamnics in the Cranial Field

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Here are links to a Podcast and a Video that illuminates the points in this blog: [Podcast](#) and [Video](#)

Dr. Sutherland brought biodynamics to us 70 years ago, which is a story of love's journey that never ends. In *Stillness: Biodynamic Cranial Practice and the Evolution of Consciousness* you can review the classical biodynamic map. The upcoming new work, *Beyond Stillness: Union of Body with Love* picks up where *Stillness* left off and details the evolution of biodynamics during the last 20 years, and it thoroughly outlines how to practice advanced biodynamic cranial work for the evolution of consciousness.

However, as pointed out in *Stillness*, life manifests in the white-hot polarity between the dynamic tension of opposites, so there is a shadow side to biodynamic cranial to recognize and look at straight in the eye: namely, the practice of biodynamics without actual contact with the Breath of Life.

It is indisputable in professional biodynamic cranial circles that the practice of biodynamics as taught by Dr. Sutherland requires that a practitioner have *living* contact with the Breath of Life. It is inaccurate to call the cranial you are offering 'biodynamic' if you have not realized an *actual* living contact with the whole-body breathing tides of primary respiration, and beyond, into Dynamic Stillness and Pure Breath of Love. This means if the *living* potency of the Breath of Life is not present in you *and* the client as whole-body breathing tides during a cranial session, then you are not practicing biodynamic cranial.

You can call it biodynamic, but without actual inner realization of the whole-body breathing tides, it is an empty phrase, a dead concept in your mind.

Dr. Sutherland's biodynamic cranial begins when stillness pervades your whole inner body space that then emanates primary respiration of

the Breath of Life, which is the potency that awakens in you a living force that evolves your consciousness.

## **Evolution of Consciousness**

A profound evolutionary journey begins the moment stillness pervades your whole inner body: it inwardly ignites whole-body primary respiration, as fluid tide, that expands your consciousness until you realize the vast global luminescence of long tide. If your consciousness continues to expand, your awareness may spill over the edge of the known into an infinite black Dynamic Stillness. In Dynamic Stillness the ego, which is your sense of a separate self, disappears and crosses the threshold of the abyss of the black emptiness into an unknowable beyond. Ego returns transmuted into a *Radiantly Awake Self* that is irrevocably united with Pure Breath of Love, which is the primordial potency emanating from the beyond that creates all that is.

This profound path of the evolution of your consciousness can occur only if you have a *living* contact with the Breath of Life. Such a realization is impossible if you orient to cranial wave or mix the three types of cranial work. When you engage functional treatment methods such as objectification, efference, orienting to and intending in cranial wave, it collapses the subtle fractals of life and the living tides remain concealed. Like opposing ends of a magnet, even the slightest functional activity on behalf of a practitioner repels primary respiration's living potency.

That is why Dr. Sutherland implored us to be still, to not use any outside force, and to trust the tide. Without the awareness that Dr. Sutherland's biodynamic principles are based on non-doing, non-efference, and do not involve functional methods, it is easy to believe that *craniosacral biodynamics* and *biodynamic craniosacral therapy* (BCST) are allied with Sutherland's work.

However, if you study Sutherland's original definitions of the three types of cranial work in the cranial osteopathic literature, you will see the proof in the pudding: that the practices inherent to BCST are by definition functional work.

Namely, in functional work, a practitioner objectifies a client, enters their subtle body - the craniosacral system - in order to evaluate its status while orienting to *cranial wave* to feel its lesion patterns. Then, with efference, the practitioner applies intentions and suggestions - as outside forces - inside the clients' system to treat them.

Functional methods define the practice of BCST, which the founder clearly characterizes in his writings. However, to comprehend his words you have to thoroughly understand the osteopathic definitions of the three types of cranial work. Then it becomes crystal clear that BCST is a functional method that is not compatible with Dr. Sutherland's non-doing biodynamics.

I recall the 1990's when the professional biodynamic cranial community pointed out to the founder of BCST the discrepancy between Sutherland's non-doing principles and the functional methods inherent to his BCST practices. But instead of correcting his error, the founder dug in his heels and added more layers of efference that further alienated BCST from Dr. Sutherland's non-efferent biodynamics. What exists now is a BCST organization that offers lip service to Dr. Sutherland's non-doing, yet its actual practice is filled with medically based methods.

Do you feel it's important to see *craniosacral biodynamics* and *biodynamic craniosacral therapy* for what it is, rather than to believe that it is something it is not?

### **Living Biodynamics or the Empty Void?**

I feel clarity is important. I began my cranial studies in the 70's and trained for two decades under a student of Dr. Sutherland's. Through stories and anecdotes Osteopath Dr. DeJarnette, my teacher, brought the living spirit of Dr. Sutherland into the classroom every time he taught. As a result, I have always felt a deep living inner connection to Dr. Sutherland, which has compelled me to abide by his original non-doing biodynamic principles.

It is by this same personal direct inner transmission from Dr. Sutherland that Dr. Ruby Day, Dr. Rollin Becker, Dr. Anne Wales, Dr. Robert

Fulford, Dr. Jacques Andrevia Duval, Dr. James Jealous, Dr. Zachery Comeaux, Dr. Bernard Darraillans, Dr. Olivier Forteau, and many other biodynamic cranial giants, have received and carried Dr. Sutherland's impulse and kept it alive in their own ways.

All these biodynamic cranial practitioners have taught that in Dr. Sutherland's biodynamics a practitioner uses no outside force and trusts the tide. When you apply the slightest of objectification, efference, intention, suggestion, or, you enter the client's body, name, treat, or do to, ... it collapses whole-body primary respiration, leaving behind in the client an inertial field bereft of life. When in the presence of an empty void a practitioner's ego needs to fill it by naming, manipulating, creating space and managing.

Specifically, that means if the *living* field of primary respiration is not present in the practitioner, it collapses the whole-body breathing field in the client.

So a practitioner transmits an empty void bereft of life to the client.

Subsequently, while inside this empty void, a practitioner lays down efferent tracks of false fulcra to fill this empty void of inertia. This can confuse a BCST practitioner, particularly if he or she mistakes the inertial void for stillness, or thinks that the tracks of false fulcra are part of the inherent treatment plan. Repeatedly creating false fulcra in the empty void inside a client's system may instill doubt about the boundless power of biodynamics in the practitioner and client alike.

Although baffling to me, working in this vacuum of virtual biodynamic reality seems to have motivated the BCST organization to add more efferent doing to methods than ever.

Many BCST practitioners become disheartened once they discover that Dr. Sutherland taught us to 'be still.' This is particularly poignant to them when the fruits of being still are juxtaposed with how busy "doing" that a BCST practitioner is during a session.

Such a practitioner is too busy to realize a *living* contact with the Breath of Life, even though he may deeply long for it.

Subsequently, hundreds of BCST practitioners have taken our Dynamic Stillness School mentor and post-graduate classes, despite knowing that they have to give up all their BCST functional methods. Even though that may seem like a big sacrifice, a practitioner is rewarded with a *living contact* with whole-body primary respiration and can offer a biodynamic cranial practice for the evolution of consciousness the way that Dr. Sutherland did. If living contact with the tides interests you, ponder this:

**Inquiry:** Do you want to work with inertial forces of death or the Breath of Life?

The empty void is an inertial, lifeless field of the past in which cranial wave and its stillpoints dwell; in contrast, the Breath of Life emanates from the full void of Dynamic Stillness. The full void, Dynamic Stillness, is the source potency for the creation of all life. From it emanates the dynamism of the Divine Feminine that manifests all creation. That is why a biodynamic practitioner reposes in Dynamic Stillness.

You can only realize Dynamic Stillness if you practice what Dr. Sutherland advised: “Be Still and Know I AM.” Be still means you cease objectification, stop efferently entering a clients’ body to listen to cranial wave (or to sense tidal activity in their system), and you do not orient to or intend in cranial wave.

Reposing inwardly in non-doing is essential for realizing a *living contact* with whole body primary respiration, be it fluid tide or long tide, which emanates from Dynamic Stillness that leads you into the beyond of Pure Breath of Love.

Again, to practice biodynamics as instructed by Sutherland you do not orient to cranial wave, you do not add any outside force, you do not test the Spheno-basilar joint, you do not treat symptoms, or work with the cranial wave-based neurological effects of trauma, nor do you use a treatment protocol, harbor an agenda, goal, or outcome. Rather, you trust the tide in its unerring potency in a disposition of ‘Be Still and Know I AM.’

There is not much left to one's imagination to comprehend what Dr. Sutherland and his wife Adah meant by "Be Still and Know I AM." This pre-planned conscious advice is permanently etched on their two headstones that are laid together in the graveyard at Point Pinos in Pacific Grove, California. When you practice as Dr. Sutherland taught until his last breath, it is a biodynamics that ignites the evolution of consciousness.

As mentioned, hundreds of graduates of *biodynamic craniosacral therapy* (BCST) have attended our mentor and post-graduate Stillness Touch classes, and enrollment has exploded to 200 BCST graduate sign-ups per year. Here's what one student, a BCST sanctioned teacher, wrote about participating in the post-graduate Stillness Touch class: "You have brought us the illuminated essence of biodynamics. So many BCST practitioners are ready because they have felt the potential of the evolutionary work, but no one teaches the deepest layers except the Dynamic Stillness School. It must have been arduous for you all these years given that the BCST schools were against your teachings, and, not every BCST practitioner is ready to accept the evolutionary path. I can imagine how many BCST teachers, and therapists trained by them, must be upset that their therapeutic concepts have to come crashing down to practice the Dynamic Stillness work."

That letter sums up the situation in *craniosacral biodynamics* and *biodynamic craniosacral therapy*: it is a tragic reality that I have witnessed myself in the mentor courses and post-graduate Stillness Touch classes: **most BCST graduates have not experienced the living whole-body breathing tides.**

This fact unveils the shocking reality that the BCST principles of "doing" fosters the death of biodynamics in which neither practitioner nor client realizes *living* contact with the tides - the forces of life. I have witnessed that these practitioners are sincere in their desire to practice a *living* biodynamics taught by Dr. Sutherland from the disposition of "Be Still and Know I AM."

At the Dynamic Stillness School, we welcome and are happy to retrain

any BCST practitioner who desires to practice a living biodynamics the way that Dr. Sutherland intended.

### **Non-doing is Fundamental to the practice of Dr. Sutherland's Biodynamics**

A renowned BCST author and teacher confessed the BCST practice disposition precisely by saying, "Charles just hangs out in Dynamic Stillness, why can't he help the Breath of Life out?"

My answer to, 'why don't I help the Breath of Life out' would mirror what Dr. Becker has said, 'the Breath of Life does not need my help.' Becker would abide in stillness in non-doing until neutral arrived, and then he would take his hands off his patient. He knew that the moment neutral arrived his participation was no longer necessary. Neutral is characterized as the moment the patient's ego has handed control over to the Breath of Life. As Becker describes it, "The treatment begins when the will of the patient surrenders to the will of the tide."

He trusted the tide, and knew that the Breath of Life does all the healing; on the next visit Becker could sense the progress made in the patient by the potency of the whole-body primary respiration, which he called "life in motion." Becker walks the talk of his teacher, Dr. Sutherland. He, as mentioned, enjoined us to not orient to cranial wave or motion test the Sphenobasilar joint, apply no outside force, trust the tide, let its unerring potency be the guiding force by the practice of 'Be Still and Know I AM.'

Helping out the Breath of Life is opposite to surrendering to the unerring potency of the tide. Nowhere in his two books does Dr. Becker say he treats, works with the cranial wave, or mixes the three types of cranial work. Instead, he rests in stillness, in non-doing, which naturally synchronizes him with neutral that evokes whole-body primary respiration, the forces of life that do all the healing.

Manipulating cranial wave with intentions is not biodynamics  
no matter how you cut it.

**Do not use Efference**

If you desire to practice Sutherland's non-doing biodynamic cranial, it is crucial that you stop *all* functional cranial practices. At the end of a recent post-graduate Stillness Touch class in Switzerland, one BCST graduate student asked, "can't I use a little bit of efference to treat my client?" I said, "Efference is fine if you do not want contact with the Breath of Life."

Again, in Sutherland's biodynamics, you do not work with the cranial wave, you stop efference, cease intending, and you curtail any and all doing to or treating of the client. If you are a BCST practitioner, you also have to stop applying BCST session protocols, cease suggesting stillpoints, stop negotiating space (zones), and quit shifting into tides, and no longer tell the client what they are feeling during the session, and, you have to give up trauma management.

That seems like a lot to give up, and it shows you how far the BCST organization has drifted from Dr. Sutherland's original non-doing principles of "be still."

Not until you can 'be still' will you 'know' the essence of Dr. Sutherland's biodynamics and enjoy actual *living* contact with the whole-body tidal expressions of the Breath of Life. Then you will clearly realize for yourself that BCST principles and practices are functional, and not biodynamic.

Prior-to your actual contact with primary respiration, "be still" is an empty phrase.

It perplexes and angers practitioners when I suggest that if they really want to learn biodynamics the way that Sutherland taught it then do not go to the teachers certified by the BCST organization; but there is a lot of history as to why I say that.

Dr. Sutherland characterized his non-doing disposition in writing as early as 1947 in the preface for his 1948 edition of *Cranial Bowl* when he wrote, "allowing the physiological functioning within to manifest its unerring potency, rather than the application of blind force from without." By the mid-50's, after Dr. Sutherland moved to Point Pinos in Pacific Grove, California, he became emphatic about practicing



biodynamic cranial in an utter non-doing manner: no testing of the Sphenobasilar joint for lesion patterns, and not to add any outside force.

The results when practicing Sutherland's unconventional non-doing approach were, as he put it, 'uncanny.' Long before going public with his non-doing principles he orally transmitted them to his close inner circle of students.

And again, the essence of Dr. Sutherland's instructions are: be still and naturally synchronize with whole-body primary respiration *within* as an expression of the Breath of Life. After he realized the boundless power of biodynamics, Dr. Sutherland never again suggested *in any way* that we orient to, or intend in the cranial wave. No longer did he treat symptoms, nor mix biomechanical, functional, and biodynamic -the three types of cranial work (*Teachings in the Science of Osteopathy*, p.166).

The founder of craniosacral biodynamics or biodynamic craniosacral therapy says that he discovered BCST. True enough, yet it was Dr. Sutherland who discovered and developed all three cranial types that, to this day, are the source of all modern cranial practices, including biodynamic. So Dr. Sutherland knows what he is talking about, and cranial osteopathy has precisely defined each type of cranial work based on Dr. Sutherland's original work. These definitions are in *Stillness* Chapter 3, and you can read the sources yourself by obtaining the references.

If you are not aware of these distinctions because they were not taught in your BCST training does not mean they have not existed for decades in the professional cranial field.

If you are a BCST practitioner and desire to practice biodynamics as Sutherland taught it, you will have to stop all efferent 'doing to' a client, including all aspects of the BCST session protocol. As Dr. Jealous says, "The Tide never does the same thing, the same way, twice; neither does a master."

Even though the BCST organization pays lip service to Dr. Sutherland's non-doing, non-efferent principles, if you review the 2-year BCST curriculum - included at the end of the piece - it is glaringly obvious that students are taught the exact opposite of what Dr. Sutherland

suggested. Here is a letter I recently received that illuminates the confusion this creates when a medical approach is called biodynamics:

“Dear Charles,

What confuses me is how you say that biodynamic craniosacral therapy (BCST) is a medical model. In my experience, any biodynamic teacher worth their weight in salt is going to practice a non-intervention, non-medical therapy that is absolutely aligned with the principles of evolution you write about. So it’s confusing, especially to the public, who practitioners like me are serving, to label it medical model.”

As part of my response to this sincere BCST practitioner, I sent a copy of a BCST sanctioned 2-year curriculum, and here is what he said after reading it:

“It’s clear after looking at the BCST curriculum you sent that it is tissue oriented, and feeling into it, I would have to guess that it maybe has 5-10% ”in common” with the biodynamic teachings I’ve received, although that might be generous.

The curriculum you sent helps me to be grateful, and appreciate what I’ve been given. My teacher offers true non-doing biodynamic principles, and he begins his teaching with the doorway of the neutral. It is amazing to me how the BCST curriculum jumps into some elements on day one that, in my opinion, shouldn’t even be brought up until there is the cultivation of a strong practitioner neutral and the development of afferent consciousness. And it is even a little horrifying to me that they would jump into working on infants as part of the core curriculum, even if at the end. Yikes!

The whole thing seems resonant with Sills’ books, which are useful resources. However, I honestly have a hard time reading them and most other BCST texts, and am super grateful that I’ve had the guidance to be able to tell when the writings are self-contradicting and muddled with conflicting principles. What a mess for unsuspecting students trying to figure it out without a real guide!”

That BCST practitioner perfectly characterized the tragic fact: a BCST sanctioned training actually prevents the tides from arising, which

explains why so few BCST practitioners have a *living* contact with primary respiration.

In 2013 I taught a Stillness Touch class of 64 BCST graduate practitioners and it was shocking that they had ever experienced *real* contact with primary respiration. The problem seems to be that the training involves orienting to cranial wave patterns, and Sutherland's biodynamics does not in any way involve working with cranial wave motions of flexion, extension, side bending, etc. Let us examine why.

### **Cranial Wave is compensatory, it is not a Tide**

Cranial wave (CW) is a compensatory neurological motion; its rate changes because it is the nervous system's reaction to life, based on the amount of stress that is present. CW expresses digital, electro-charged, automatic patterns that are a holographic record of your past - your history - that is etched in the ground substance of your body. CW, therefore, is a fossilized record of your history, frozen in time, inside the inertia of an empty void. In contrast, the *living* whole-body breathing tides of primary respiration are potent fractal expressions of the Breath of Life that emanate out of Dynamic Stillness. Indigenous people unexposed to modern life do not express the cranial wave, said James Jealous.

But for argument's sake, you might ask, "But we are in the modern world and people have cranial waves, don't they? So why can't I orient to, or intend in, cranial wave (CW)?" You are free to practice in that way, but that is not biodynamics.

First, the cranial wave, that Sutherland originally called the cranial rhythmic impulse, is, as the name implies, an impulse of the nervous system that modulates the rate and quality of the cranial wave rhythm in response to stress. The cranial wave is *not a fractal tide*, rather it is a digital compensation created when the fractals are modified by the nervous system's reaction to stress.

Second, cranial wave radiates electro-charged digital signals that cancel out the fractal expressions of the tide in the affected areas of the body,

which collapse the whole-body field of primary respiration, leaving an empty void inside the client's system.

Third, canceled fractals leave behind digital tracks in the empty void inside client's subtle body. These tracks are known as false fulcra, which are inertial, electro-charged, digital patterns that turn the ground substance from liquid to a gel, creating cellular dysfunction.

Finally, and most importantly, if you wait in non-doing *without expecting cranial wave patterns*, the cranial wave will not appear neutral arises, becomes whole body stillness out of which primary respiration breathes body-wide.

Therefore, if you orient to cranial wave, or expect it to appear, it lays down inertial tracks of false fulcra that add to the fossilized record of the past that is already entombed in the ground substance, creating more dysfunction, symptoms, and disease, ... all of which accelerates the onset of death. Cranial wave, being the fossilized record of the past, is inside an inertial empty void, it is *not* the present, nor is it inside the dynamic fractal field of life, which is the biodynamic field of primary respiration.

The door that leads to primary respiration is to wait in stillness without expecting *any* motions, and that includes not expecting tides. When neutral arrives as a whole body stillness, it will ignite whole-body primary respiration - the first expression in the biodynamic field.

### **"Mid-tide" is misleading**

That is why I take offense at the term "mid-tide." Calling fluid tide "mid-tide" implies that cranial wave is a fractal tide, and most definitely it is not.

So anytime you expect cranial wave, it will leave false fulcra, the inertial forces of death, in a client that turns the ground substance from a liquid to a gel. Gelled ground substance emits digital electro-charged cranial wave patterns. A gel cannot transmit the fractal instructions that convey healthy function, which emanates from whole body primary respiration to the cells. This depletes cellular vitality that leads to symptoms and can become a disease, which draws death that much closer. This is why Sutherland asked us to trust the tide.

Here is a letter from a biodynamic cranial osteopath clarifying that a biodynamic practitioner uses no efference:

“I was in a group of post-graduate osteopaths in Holland and Belgium between 2003-2011 lead by Dr. Jealous. From day one he made it very clear that transmutation, disengagement, synchronization, and augmentation are all effects of the Breath of Life, primary respiration, through neutral. We augment by synchronizing. What you teach is not different from what he has taught us, and it is in perfect alignment with the later teachings of Sutherland: no forces from outside by the practitioner are used whatsoever!”

It’s your choice how you practice, but be honest and do not tell clients that you are offering biodynamic cranial when you are not. In my opinion, that reeks of cultic behavior. Just because someone calls it *craniosacral biodynamics* or *biodynamic craniosacral therapy* does not mean it is a non-doing biodynamic cranial practice as Dr. Sutherland defined it.

### **To Practice Biodynamics you must give up all Impediments to Non-doing**

When one practices Sutherland’s non-doing biodynamics it becomes an evolutionary approach. It has to because biodynamics requires contact with the *living* whole-body breathing tides of primary respiration, which automatically evolves your consciousness.

If you want to offer biodynamic cranial in the way that Dr. Sutherland taught, you must give up all of the following impediments:

- \* Objectification, efference, and treating.
- \* Naming activities during a session, such as cranial wave patterns, tides, or processes.
- \* Seeing the body in anatomical parts: bones, dura, CSF, nervous system, muscles, organs, fascia, spine, diaphragms, ... and evaluating the functioning of each part to treat it.
- \* Treating cranial wave lesions or symptoms, even with intention.
- \* Holding the idea, expectation of, orientation to, or intending in the cranial wave.

- \* Feeling for tides, seeking midlines, establishing fulcra, creating a relational field.
- \* Shifting into a tide at will.
- \* Entering the client's inner body space (the craniosacral system) to look for inertia, cranial wave patterns, tides, stillpoints, midlines, fulcra, the status of the anatomy, etc.
- \* Treating any specific anatomical compartment of the body.
- \* Suggesting stillpoints to a client internally or verbally.
- \* Intending cranial wave techniques to balance cranial wave inertial patterns.
- \* Negotiating space (zones).
- \* Conversation skills *during a session* such as asking permission to make a contact or to remove a contact, telling a client that you feel the presence of tides, lesions, activities, states, etc.,
- \* Treatment sequence required to give a BCST sanctioned session.
- \* Trauma Management: pre-birth, birth, or present life trauma. Trauma is organized and controlled by the central nervous system, brain stem, limbic system, and the hormonal system as the stress fight or flight response, the freeze response, shock, titration, soothing, etc., ... *all the protective functions of trauma operate on the level of cranial wave.*

Juxtaposed with fixint it, here is an enlightened view on the resolution of trauma by being *present*, written by Catherine Fehrmann, MD:

"Many of us don't have major episodic trauma, but rather developmental trauma from childhood as the repetitive lack of needs being met with something aggressive or shaming coming in throughout the phases of development. This includes early infancy attachment wounds. These patterns live in the nervous system and determine the tone of physiology and psyche. These patterns also reflect our karmic patterns and our habitual conditioning.

So, rather than us needing to take something in (from out there) to heal, we need to work with the obscurations, be it trauma, bugs, toxins, or habitual conditioning to access our true nature (Buddha nature, Christ consciousness, etc.).

Obstacles are not negative things to be eliminated. They are the source of our awakening. In Vajrayana Buddhism, the "demon" is fed and an

encumbered pattern transforms into a Wisdom Dakini. Not conceptually, but energetically, in the body.”

Based on a review of the published BCST curriculum - included at the end of this piece - there are dozens more efferent, doing to, treatment methods that are for symptom relief involved in practicing biodynamic cranial sacral therapy (BCST). But to enjoy *living* contact with the tides all of it has to be given up, and, it is even more complex than that.

### **Following the Parts without Sensing the Whole**

For example, suppose you do not expect cranial wave, you are not orienting to it, nor are you being guided by or intending in the cranial wave. Instead, you wait in stillness in non-doing. Neutral arrives as whole body stillness and fluid tide arises. You follow the fluid drive and the motion present. If you are not *also* simultaneously synchronized with the whole-body excursions of primary respiration, you can fall into the trap of unconsciously creating inertial motion that leaves false fulcra in the client. Even amid a biodynamic cranial practice, if you have no contact with whole-body breathing of primary respiration you are only tracking the footprints of inertial motion, which in and of itself does not reveal the *living* potency of the tides as a *presence* that expresses the forces of life and health throughout the whole body.

Potency is a subtle substance, a *living* ‘fluid within a fluid,’ and to sense this potency you must be still and wait, ... for nothing ... then your attention will become soft, unfocused, unfixed, and free, and the potency of life may by grace reveal itself to you and become your guide. Your free attention will be moved by the potency of the Breath of Life, which expresses through the midline and distributes as the whole-body motion of life that brings coherence and healthy function to all systems throughout the client’s entire body.

You sense primary respiration as a living fractal array that simultaneously wells up the midline longitudinally and breathes in the transverse body-wide.

Although primary respiration contains the fluid drive, it is distinct. By analogy fluid drive moves like a small stream in the pond of primary respiration. Primary respiration is the potency that invisibly shifts the fluid drive from point to point in the client's subtle body, and if the fluid drive dwells in particular local area, which is the motion present, it resolves specific inertial motions, or fluid lesions, in the body.

By contrast, inertial motion is by definition an automatically repeating pattern that is frozen in time, which drains the life forces from the body. The potency of primary respiration restores the forces of life by transmuting inertial patterns back to their original ever-changing fractal state. In the body, this process of transmutation liquefies the gelled ground substance and returns it to a functioning whole body fluid (See Ground Substance in the Appendix of *Stillness*).

The following analogy points to this indescribable living fractal process. The path of a fish as it moves around in an aquarium is the fluid drive. The fish's particular undulating bodily motility is the motion present, and the tidal motion of the entire fish tank is primary respiration. If you only focus on the fish's journey in the tank (fluid drive) or on its specific bodily gestures (motion present).

As interesting as it may be, without the larger perspective that simultaneously includes all aspects - the effects that the tidal forces have on the entire fish tank, the path of the fish, and its body - you lose the perspective that reveals why the fish is behaving as it does, and why it is heading where it is—the inherent treatment plan.

## **Having The Courage to Be Still**

We are all sincere practitioners who want to help the little fish, to nudge it a bit, to direct it along its path, and we long to fix its bodily lesion patterns that cause it suffering - we are compassionate and we think we know how to help.

But if we have the courage and can be still and wait, we will enter what Dr. Jealous calls the mysterious metabolic fields of life, which move in a perpetual fractal flow in synchrony with primary respiration. These



fractals are motions that express life and contain the patterns of health, and are not predictable.

Since this motion of life contains the ancient intelligence in all living organisms, certainly you would agree that the Breath of Life is capable of resolving the dilemma of the fish without our generous, yet misguided, assistance?

Again, you must give up objectifying and all efferent methods to practice biodynamic cranial for the evolution of consciousness.

If you offer cranial sessions for symptom relief, fine, tell the client that your work is for the relief of symptoms, no big deal. But do not call that biodynamic. Anytime we tell a client she is receiving biodynamics when she is not, betrays our fundamental oath of 'do no harm.'

I realize that practitioners are innocent;  
they are trained to practice BCST this way.

### **The Proof is in the Pudding**

This was written by a BSCT trained practitioner who is also a BCST teaching assistant that demonstrates what I have been pointing to:

“Dear Charles,

I will be a participant in your training next week. I have many questions about biodynamic craniosacral therapy (BCST). I have taken the two-year certification training that is approved by the Biodynamic Association of North America based on the work of Franklin Sills; I also took some training with Michael Shea. I paid a good deal of hard earned money from teaching and practicing massage and bodywork for the last thirty-five years. I am feeling disenchanted.

I read your book *Stillness* and felt a resonance with your approach, so I signed up for the workshop. After two years of biodynamic study, one year of practice, plus presently being the teaching assistant for my original teacher in her newest training, I am not sure if I am feeling a tide, able to observe a fulcrum, or know what to do when I "think" I "see" one.”

And my answer:

“Dear \_\_\_\_,

Thank you for writing so candidly. I wish I could say that your situation is unique. However, it is common, given the training you have received, that you are not sensing the whole body breathing tides. I regularly receive letters just like yours that express your exact frustrations.

So it is not surprising. If you practice the medical treatment orientation that is offered as the BCST approved curriculum, then actually sensing the Breath of Life is impossible. There’s too much interference amid that degree of objectification, efference, doing to, and protocol-based session stages that BCST practitioners are trained to offer clients.”

### **Tough Love Inquiry:**

This is tough self-love, and it may feel brutal it what you believe is based on on alternate facts that you are taught, rather than factual reality, but maybe you have an open mind and you realize that I am not putting down other cranial methods in and of themselves. Do you have the courage to answer the following questions with respect to your use of BCST functional methods? If so, ask yourself:

“Am I *really* connected to the *living* Breath of Life, or is it in my mind?”

“With a strong conviction do I *actually* sense the whole-body expressions of the fluid, long tide, or Dynamic Stillness, or do I ‘think’ I feel them?”

### **The Death of Biodynamics**

If, after a 2-year certification training in BCST, you do not feel the whole body breathing tides with total conviction, you may feel heartbroken. But this death of biodynamics is not your fault; it is the responsibility of 45 sanctioned teachers of *biodynamic cranial sacral therapy* (BCST) who have impacted the biodynamic cranial field outside of osteopathy. I say that because cranial osteopaths have ferociously guarded Sutherland’s living biodynamics against this tragic dilution.

It is beyond the scope of this blog to reveal in detail all the expressions of indignant rage at the BCST organization on behalf of US biodynamic osteopaths. However, it is a fact that biodynamic osteopaths grimace when they hear the BCST training being called biodynamic because it fraudulently misrepresents Dr. Sutherland's biodynamics.

I know of US biodynamic cranial osteopaths who will not even allow a BCST graduate practitioner to receive a paid session if they find it out ahead of time. One BCST practitioner told me she was speaking on the phone with a very prominent biodynamic osteopath, author, and teacher, and when she told him she was BCST trained he started screaming at her and then he hung up the phone. I know a non-US trained osteopath who wrote an incredible book on the fulcrum that was prevented from being published by a US biodynamic osteopath because a single BCST author and teacher was quoted in it.

You may know colleagues who have experienced similar treatment from US biodynamic osteopaths. However, the deceptive tactics used by the BCST organization betrays Sutherland's original biodynamic principles, which justifies their indignant rage.

### **The Death of Biodynamics is Transmitted to Clients**

This blog is not meant to criticize a sincere, unwitting BCST practitioner who innocently transmits the death of biodynamics to clients when they offer sessions. That is how you were trained. How does one transmit the death of biodynamics, you ask? When a BCST practitioner "thinks" he feels a tide yet is not *actually* sensing it, and even when 'thinking' he feels a tide, it is without deep conviction, because he is actually not in *living* contact with whole-body primary respiration. This can leave a practitioner confused and full of doubt. When a practitioner gives a session, and in the slightest way expects, orients to, or intends cranial wave patterns, it forces the client to receive a cranial wave experience. The presence of cranial wave not only deprives a client of *actual* contact with the living whole-body breathing tides of the Breath of Life, also the client misses out on Breath of Life's evolutionary power.

When neither the practitioner nor client has actual contact with the living whole-body tidal expressions of the Breath of Life, by definition that is not a biodynamic session.

Every year hundreds of new BCST practitioners are trained to unwittingly perpetuate the myth by telling clients that they offer biodynamics. A practitioner unwittingly reinforces this myth by applying 'conversation skills' that involve telling the client what is happening during a session - by naming cranial wave lesion patterns, tides, midlines, suggesting stillpoints, etc.

These methods can mesmerize a client into believing their practitioner. However, a sensitive client will feel resentment about being told what to feel, especially when they sense that the practitioner is making up what is happening and the client is not experiencing the living whole-body tides in herself. Facing this fact may sound harsh, yet it is the reality if a practitioner is efferent in a session, or orients to cranial wave.

### **Ask Your Client to 'Tell You the Truth'**

Perhaps you do not believe me? Maybe you think I have an ax to grind, and because I have such a huge ego I have to exaggerate? Do you *really* want to know the truth for yourself? If you have the courage, try this:

With sincerity and humility tell your client you are conducting some research.

First, *let your client know that you need them to tell you the unedited truth.* Ask your client to promise to tell you the absolute truth when you ask your question. Once he or she agrees, ask your client, "Are you experiencing in yourself what I am telling you is happening during my sessions?"

But you have to possess the courage to hear the truth, which means you ask the question from neutral. Also, watch that your body language is neutral too because sincere clients are desperate to please you, their beloved and trusted practitioner, and they will hold back if there's even a whiff of a bodily sign that you do not want to hear the truth.

Again, this blog is about the death of a biodynamics that Dr. Sutherland taught. Offering a living biodynamic session involves actual contact with the whole-body breathing tides, and those tides also have to be experienced by the client. It is impossible for a client to realize living contact with the tides when you are telling them what they are experiencing during a session, or, you expect, orient to, and intend in the cranial wave, and work with the nervous system's reaction to trauma.

I want to reemphasize that this is not your fault: as a practitioner, you were trained by BCST teachers inside a powerful consensual group field to 'believe' that tides exist without having actual contact with them. BCST practitioners are trained to use simple words such as flow, shimmering, spraying up the midline, settling, stillness etc. that tell the client what you feel is happening in them during a session.

For example, a BCST practitioner may tell the client, "Shimmering light is spraying up your midline." And that is supposed to mean that long tide is present. Or, "waves are moving to and fro in you." This is supposed to indicate fluid tide. "There is a settling in you, would you like to take a pause and drop into stillness?"

Simplistic phrases and suggestions to a client are not indicators of the presence of tides, or of Dynamic Stillness, not in the least. Characterizing an actual body-felt tidal realization of the tides is more complex than naming it using words like fluid, light, spraying, shimmering, settling, stillness, etc. Let's characterize some of the aspects of an actual tidal experience that must be present.

### **How Does One Verify an Actual Experience of the Tides?**

When a living whole-body breathing tide is *actually* present, it is so powerful that you are left without any doubt. Why no doubt? Because actual contact with a tide as a *living* presence alchemically transmutes and expands your consciousness.

Tides are overlapping expressions of consciousness  
in the client and practitioner.

The powerful *presence* of a living tide cannot be created in your mind, tides are not delta brain waves, and tides cannot be shifted into at will, nor do tides manifest by naming them during a session.

The *living presence* of fluid tide can *only* be considered possible if several aspects arise at the same time. Long tide may be confirmed as a *living presence* if the aspects of fluid tide are present and you also realize a shift in your consciousness from personal to transpersonal (See in *Stillness* fluid tide, long tide, Dynamic Stillness, and Pure Breath of Love in Chapters 6-9).

You have to sense all the indicators of a tide simultaneously before assuming that a tide *may* be present. Otherwise, it is a figment of your imagination concocted by the thinking mind; and this fantasy is amplified in a consensual group field as I noted in *Stillness* on page 41.

I've heard BCST students boast, "Oh, so and so (insert a teacher's name), teaches from long tide." That is preposterous. No one can teach from long tide. Who told the student that?

Below are factors that must be present simultaneously before you can consider the presence of a living whole-body tidal expression of the Breath of Life.

**Conditions to be met *before* verifying that a particular tide 'may' be present:**

- \* The degree of depth and inclusiveness of stillness starts at whole body.
- \* Stillness expands from whole body, to global, to infinite, or all of them at once.
- \* A particular tide expresses out of a specific matching depth of stillness.
- \* Whole-body primary respiration emanates from whole-body stillness.
- \* The excursion of a particular tide originates inside the inner body at midline, suffuses the whole body, expands beyond body, approaches the

horizon, spills over the horizon into infinity, and from infinity returns renewed to become all expressions simultaneously.

- \* The ebb and flow tempo matches a tidal rate, no rate, or all rates.
- \* The presence of parts *and* the whole are simultaneous, or, both/and.
- \* Your awareness expands from body and beyond referenced to the midline of stillness.
- \* You realize ever-expanding and inclusive levels of consciousness.
- \* You inwardly sense *living* conscious qualities of earth water, air, fire, ether, or all.
- \* Your disposition spontaneously shifts with your perception.
- \* Your perception evolves from personal witness, to being witnessed, to transpersonal being, to both/and/and neither.
- \* Your inner realizations are specific to each enfoldment of consciousness.
- \* You realize extraordinary sensory, visual, auditory, and tactile experiences.
- \* You are able to be with increasing degrees of intensity, intimacy, and paradox.

There are many more indicators in *Stillness* Chapters 6-9. The above is what minimally must be present *at the same time* before assuming that a tide *may* be present. Again, *living* tides are extremely complex; they do not appear in one dimension. You cannot think or imagine tides into existence, a tide is not evoked by talking about it, and you cannot shift into a tide or Dynamic Stillness at will, except in your mind, a fantasy by which you create a virtual tide that does not exist.

Whole-body breathing tides are beyond the perceptual capacity of your brain, only your heart perception can sense tides by synchronized entrainment while you are in neutral.

Tides are subtle experiences, an invisible fluid within a fluid, yet at the same time, they are extremely powerful. Actual contact with tides are realizations of consciousness that are so profound they overtake you and leave you with an overwhelming conviction and zero doubt of their *living presence*.

**Ego will Co-opt your Realization**

As a caveat, the ego will co-opt your realizations by collapsing your expanded state into a less coherent one. Here is an example: a BCST graduate took my yearly Kripalu Stillness Touch Class. After the class, she wrote me to say that her body is trembling with ecstasy as a whole body erotic pulse of love, and she feels deep peace all at the same time. She mentioned her new realization to a woman who runs delta brainwave workshops and the promoter told the BCST practitioner that she was experiencing delta brain waves and convinced her to sign up for a training on delta brain waves, and off she went.

The next example occurred during a special class for gynecologists, midwives, and doulas. One midwife's consciousness expanded to a black infinity, and after she reported her realization an Italian osteopath without being invited to share his opinion told her it was the result of hyperventilation.

The two examples above exemplifies how ego will co-opt a realized expanded state in an attempt to diminish the experience and reduce it to a physical explanation. It epitomizes the difference between a medical model cranial based on the cranial wave, the nervous system, and materialism and an evolutionary biodynamics based on heart perception of the Breath of Life.

An expanded state is not better than a less expanded one, yet it behooves us to understand that there are major differences between them. As mentioned, here is copy of a direct download of a curriculum from a major BCST sanctioned school.

**After reading this curriculum, please answer for yourself the question that I pose at the end:**

### **Course I – relational touch**

Explores the phenomena of touch, space, perception and Tidal forms. Looks at the craniosacral biodynamic concept in depth.

- The relational field
- Holistic shift



- Unfoldments of the Breath of Life
- Perceptual Fields

*Starting to look at:*

- Stillness
- Resourcing
- Patterns of Experience
- Inherent treatment plan

*You will learn how to:*

- *Establish a state of balanced awareness and practitioner fulcrums*
- *Be able to achieve a settled state within your own system*
- *Negotiate the contact space with your client*
- *Be able to sit back and listen to how your client's system is*
- *Establish a clear relational field*
- *Notice expressions of primary respiration in your own body and others*
- *Recognize stillness in yourself and others*
- *Invite systemic stillness in your client's system*
- *Offer a wide perceptual field*

## **Course 2 – the midline**

Explores the spine as a unit of function and natural fulcrum for the whole body's health as well as a conductor for the primary energies of the bodymind system. Looks at how natural adjustments take place around this axis.

- Embryological origins
- Original health and blueprint
- Primal midline
- Holistic spine
- The two poles - sacrum and occiput
- Spinal motion dynamics
- Fluid spine
- Key Joints

*Starting to look at:*

- Natural states of balance
- Tissues, fluids and potency
- Body learning
- Recognising and treating trauma affects

*You will learn how to:*

- *Recognize how the health of the spine affects the health of the whole body*
- *Become familiar with recognizing expressions from the primal midline.*
- *Listen to the spine as a whole unit of function.*
- *Relate to the health of the spinal curves and the continuity through the spinal column helping you identify spinal joint patterns.*
- *Recognize the horizontal relationships of the spine, that is, facilitated segments and irritability in visceral and somatic nervous arcs and how to meet them therapeutically.*
- *Learning skills of assessing your client's health.*

### **Course 3 – whole body dynamics**

Explores the phenomenon of holism. When the body communicates and moves as a whole, there is access to greater health. Looks at continuity of tissues, whole body patterns and shapes. Also looks at reciprocal motion through the body.

- **Connective tissue**
- **The Fascial web**
- **Reciprocal motion in membranes**
- **Horizontal and transverse structures**
- **Whole body whole field**
- **Resolving whole body patterns**
- **Trauma models**
- **Hip and Shoulder Joints as key nodes in Fascial Web**
- **Wide perceptual fields and the Long Tide**
- **Practice development: skills of assessment, diagnostic baselines, language for touch, recording treatments**

*You will learn how to:*

- *Recognize how the health of the connective tissue matrix can affect the health of the whole system.*
- *Become familiar with assessing connective tissue health.*
- *Feel whole body patterns.*
- *Differentiate between longitudinal and transverse strains in the body - appreciating their convergence and inter-relationships.*
- *Recognize the qualities of dural membrane, being able to relate to the falx and tentorium as key structures for cranial health.*

- *Listen to the dural tube, observing dural glide as a way of assessing mobility.*

#### **Course 4 – craniopelvic resonance**

Explores primary respiration around cranial and pelvic bones. Looks at how the two poles of the midline mirror each other and create health when there is synchrony.

- Mobility and motility of cranial vault and pelvic bones
- Patterns of experience
- Specific resonances
- Bipolar contact
- Integration and resourcing
- Bony-membranous expressions
- Core-periphery resonance: midline and limbs
- Practice development: structure of a treatment session, treatment processes, safety in practice

*You will learn how to:*

- *Start to recognize how bones feel and express healthy motion*
- *Recognize how the health of the Reciprocal Tension Membranes affects the bones of the midline.*
- *Feel whole body patterns through craniopelvic resonance.*
- *Recognize how the falx and tentorium are key structures for healthy motion of the vault bones.*
- *Learn to listen to the dural tube as the core link between the pelvis and cranium.*

#### **Course 5 – birth, ignition and original health**

Explores how we develop in utero and the prenatal conditions for health. Craniosacral therapy can form a relationship to these early forces and facilitate a re-ordering of early affects. Looks at the process of birth and how the body shapes itself in response to this unique event.

- Pre-natal experience and the psyche
- Cranial base patterns and their resonance
- Whole body birth shapes and posture
- Understanding entrainment

- Ignition processes
- Attachment and bonding body affects
- Relating to the transpersonal
- Pacing and containment
- Practice development: developing trust in body intelligence, diagnosing health and assessing change

*You will learn how to:*

- *Work with the vault hold (Sutherland's hold) and modified vault hold (Becker's hold) to explore cranial distortions.*
- *Work with whole body shapes and patterns, exploring links to the cranial base and perinatal events.*
- *Orient to the cranium as a fluid membrane bag, appreciating the effect of birth stages in distorting the fluid filled bag that is the baby's cranium*
- *Start to get a sense of compression, side-bending and torsion patterns.(physiological strain patterns of SBJ)*
- *Start to get a sense of lateral and vertical shear patterns of the cranial base (non-physiological strain patterns of SBJ)*
- *Deepen your appreciation of Long Tide through relationship to a 'horizontal' perceptual field*
- *Deepen skills around facilitating resources, presence and understanding pacing and containment*

## **Course 6 –visceral intelligence**

Explores how organs feel and move - their embryological origins and primary health expressions. Looks at how treatment can change their physiology in a profound way.

- Visceral nervous system
- Fight or flight response and the brain stem
- Limbic system and emotions
- Individual organ expressions and clinical considerations
- The gut and umbilical affects
- Physiological affects of stillness
- Practice development: acute and chronic conditions, dealing with serious illness, relationship with short, medium and long term clients

*You will learn how to:*

- *Work precisely with the pericardium and its connection to other structures, especially the link between the cranial base and the diaphragm.*
- *Orient to the fluid nature of organs and the physiology of the body.*
- *Relate to the peritoneum as a visceral reciprocal tension membrane system.*
- *Sense of the gut tube and its particular, potency and movement expressions.*
- *Deepen your skills of listening from CRI and mid tide to body structures.*
- *Appreciate the integrative affect stillpoint has on organ physiology.*
- *Orient to body cavities as internal spaces.*
- *Understand the holistic nature of viscera, fluids, nervous system and potency.*
- *Deepen your skills of differentiation.*

## **Course 7 – neural matrix**

Explores the fluid/electrical phenomenon of the central nervous system right at the heart of us. In particular how the brain feels and responds to light touch. Looks at how to relate to neural patterning to bring about smoother neural flow dynamics.

- The whole brain
- Neural flow
- Ventricles and deep potency reservoirs
- Blood and brain
- Brain states
- Nerve facilitation
- Psycho-neuroimmunoendocrine response
- Stillness in the central nervous system
- Sea of stillness
- Practice development: being a successful fulfilled craniosacral therapist, how to survive as a self employed therapist

*You will learn how to:*

- *Feel the ventricles of the brain and the deep potency that resides there. Following the potentization in the ventricles during stillpoint.*
- *Recognise how the health of the third ventricle can affect the health of the whole system.*

- *Become familiar with nervous tissue expressions of health. Learning to recognise states of balance and work with different parts of the brain, including the eye.*
- *Relate to venous sinuses. Assessing their freedom of movement and encouraging greater mobility and flow, potency and movement expressions.*
- *Identify brain stem activation and how to tone down the nervous system.*
- *Relate to the hypothalamus and pituitary and detect endocrine changes in the body.*

## **Course 8– the facial complex**

Explores the dynamics of the face and the special senses. Looks at how the face functions in relationship to the neurocranium, the whole body and a plethora of inter-relationships. Particularly looks at the pivotal relationship of the jaw and throat to the whole body and how it is the fulcrum for powerful physiological and psychoemotional expressions and repressions.

- Cranial nerves & special senses
- Motions and emotions of the face
- Hard palette dynamics
- The jaw and TMJ harmonics
- Emotional entrapment and its expressions
- Shock and the jaw
- The pivot of the throat
- Key joints of the lower body
- The empathetic practitioner
- The power of acknowledgement and non-action
- Practice development: framing the physiology of emotion and pain, developing presence and simplicity in the treatment session

*You will learn how to:*

- *Recognize birth patterns in the facial complex*
- *Recognize TMJ compression and its affects*
- *Understand ramifications of chronic jaw tension and its affect on all systems of the body including the in particular the immune response, digestion, posture and emotional repression*
- *Work with the hyoid as a natural fulcrum for the structural and emotional health of the throat*

- *Be able to listen to the face as a whole and be in relationship with all the different facial tissues*
- *Become more precise in your ability to name patterns of expression and their quality and direction*
- *Define BCST through the spoken and written word*

## **Course 9 – the holistic system ~ neuroendocrine immune response**

Looks at how the body is holistic in its very nature. The nervous system, the endocrine system and immune system are intricately linked and complementary, co-influencing our emotional and psychological states. New biology and new science will be examined as theories to help us understand what lies behind physical and emotional conditioning along with practical ways to bring this knowledge into the treatment room and meet your clients system in a truly holistic way.

- The phenomenon of the hypothalamic-pituitary-adrenal (HPA) axis
- Metabolic fields and the thyroid
- Immune system potency and the immune organs
- The hormonal molecular fluid matrix
- Regulation of the neuroendocrine immune system
- Understanding the stress/inflammatory response
- Practice development: building your practice, legal requirements, ongoing development

*You will learn to:*

- *Feel the HPA axis and be able to assess its level of biodynamic health and stress response*
- *Recognise how the potency connection of the third ventricle is pivotal for the health of the whole system.*
- *Become familiar with the immune response and its expression of health. Learning to work with the immune organs.*
- *Relate to the lymphatic ducts. Helping to free them and encouraging greater mobility and flow, potency and movement expressions.*
- *Learning to identify the pineal gland as a fulcrum for natural balance and rhythm.*
- *Relate to the body at a molecular level.*

## **Course 10 – working with mothers, babies and children**

Pregnancy, birth and early life are profound and formative times. These first moments can determine many aspects of our health and nature that condition the rest of our lives. Craniosacral Therapy offers a profound understanding of these events and through a unique and deep contact with the human system can help the expression of the innate life force within each individual. To be able to use these skills effectively can help the development of the embryo, foetus, baby and mother.

- Mother and Baby Resonance
- Treating Mother and Baby for the first time after the Birth
- Health Expressions/Trauma Expressions in Mothers Babies and Children
- Postnatal Period and Changes that Occur
- O-A Birth
- Natural Labour
- Paediatric Conditions
- O-P Birth
- Labour Complications and the Medical Model
- Pain Relief
- C-S Birth
- Antenatal Care Profile – Women’s Choices
- Physiological Changes during Pregnancy
- Treating Pregnant Women & Acknowledging the Baby’s Presence
- Conditions that developed in the Antenatal Period
- Clinical practise
- Case taking of the Woman and Baby on the first visit
- Treating Mobile Infants

### **Inquiry:**

Is the above curriculum a functional medical approach to cranial work, or is it a non-doing biodynamics?

This curriculum may be exactly what you are looking for. If it is, by all means, go for it. But do not call this curriculum biodynamic. Similar to what the practitioner said in his letter quoted above, any professional biodynamic cranial practitioner worth their weight in salt will call this functional cranial work (tissue work oriented to cranial wave), which is



what it is through and through. This is not a criticism or a put down; it is a fact.