Steve: **Hey, Ged. We're in Calgary together. It's amazing to be here. Big sky, bit of snow on the ground. Thank you for inviting me over.**

Ged: Pleasure, Steve. Good to have you here. It's been a while since we hung out together, isn't it?

Steve: **Yeah, four days is unusual for us.**

Steve: **I was going to ask you some questions around where you are right now with biodynamic cranio work.**

Ged: Sure.

Steve: **The first one: Can you talk about the most important tools for creating safety in BCST?**

Ged: Good question. I think it's probably within the practitioner, actually, and how they are in themselves. I always think that scenario where the baby or the child is getting upset and distressed, and the best thing is Mum coming along and being very calm, picking the baby or the child up, and that's the way people settle down. I think we play a little bit of a similar role.

People aren't feeling safe. What does that mean? They're hyperaroused or hypervigilant, and the best thing you can be is regulated in your own system. I think the work is about that, really. It's about practitioners modelling balance in their own system. I think that's one of the big things we bring to it.

If you're starting to feel like you're activating in a treatment session… I know for me, my practitioner just being very solid and steady, and not getting phased by it – I kind of know that on a conscious level, but unconsciously I know it as well. It's like my physiology is looking for the other person being settled. I think that's where it's at, really, for me. I don't know what you think.

Steve: **I agree deeply. I think human beings find safety in other human beings, and we learn that, ideally, through caregivers who are good enough, but even if your caregiver isn't good enough, to be human, you're inherently seeking safety in relationship. Do you think that's true?**

Ged: Yeah, I do. I always like that idea of "good enough parenting." I can't remember what the percentage was, but I think it was like you just need to be 40 or 50% decent, good at it, and the child will not take any harm. I think it's probably the same with practitioner-client relationship. You don't need to be this absolutely perfect example of being completely sorted out and balanced, but you need to have some ability in your own system to be able to modulate your own system and to just be settled around trauma states. The more experience you get, the more you don't get fazed, really.

I remember working in the early days, and people's traumatized states starting to manifest, and it was quite distressing, actually, for a long time. Once you've sat with these things for a while, you just start to know the whole terrain of it, the whole feel of it. It's known. How people react is actually not that wide of a range.

Steve: **I agree.**

Ged: They're reacting along fairly well-established lines.

Steve: I don't do anything that different from what I was taught 10-15 years ago, I just have a much deeper confidence in the really simple things.

Ged: Yeah.

Steve: I've seen them work in a wider, more extreme range of circumstances, and I just settle in, I'm present, try to make relationship, do the simple things really well, and I have confidence they're going to work. I think my confidence in working is one of the biggest therapeutic tools.

Ged: Yes, based on experience, I guess. Good. Okay.

Steve: I know you still run a practice, even with all of your travelling, and treating in various parts of the world. What are the common themes in your clinical practice? What are the sort of things you work with a lot?

Ged: Hyperarousal and hypoarousal. Yeah, without a shadow of a doubt, really. That's what everybody is suffering from. Isn't it? They might have all kinds of pathology labels on them, but I guess hyperarousal is the most common affect these days. Everybody is so stressed out of their minds in one way or another. Out of their bodies, actually. The biology is running fast. The number of times I've put my hands on people, and it's the same kind of story: There's not a lot going on in the digestive tract, everything is tight in the chest, the heart is running a bit fast, and there's vasoconstriction, etc., and the mind is charging away. I think that's probably number one.

Then low potency, people in varying states of fatigue, they're running on empty – that is so common. That's getting scary common, really. That always used to be around, but I think it's almost every other client now.

Jaws, people…

Steve: You always love jaws.

Ged: I know. Love them. They're everywhere.

Steve: Tell a story about your all time when I teach. Al Palwoski, who is dead now, but he said: "If you can treat the psoas and trapezius issue, you should always have a busy practice." I remember saying that to you, and you shot back straightaway: "If you can treat the jaw and the liver, you'd always have a busy practice." It's still part of what you do. I love it.

Ged: Totally. It's everywhere. People are doing the jaw tension thing, and there's so many residences through the body around that. Yeah, okay, it's dental trauma, but it's emotional repression and…

Steve: I like treating the jaw. For me, the three big sensory pathways into the brain: the trigeminal, the vagus, and think of the spinal cord as the nerve from the body to the brain.

Ged: Interesting, yeah.

Steve: **Trigeminal is an amazing way of supporting health; vagus, clearly is incredible; and the spinal cord. Trigeminal…**

Ged: I'm totally with you. Trigeminal is massive, isn't it? Look at the size of the ganglion.

Steve: **Yeah. Isn't that amazing?**

Ged: Yeah, and it's mostly sensory. Isn't it? Yeah, you're right. I like that we address that in quite a big way in the course.

Steve: **Clearly, we both deeply trust cranio work, but what other sort of things are difficult to treat in cranio work, from your experience?**

Ged: Skin issues, to be honest. It's actually very difficult. There's something about things getting established in the skin that I think many, many therapies struggle around; it crosses all kinds of modalities. I think BCST is no different there, really. That comes to mind.

I suppose kinds of immune issues can take a long time for people to shift away from, long-term chronic stuff. To be honest, there's hardly anything that doesn't get touched. Most students who are putting their hands on people during the course are responding in the most remarkable ways, right from seminar one, and then when they start looking for people with obvious pathologies, there's the most remarkable shifts over an eight-session case study treatment plan. It's incredible.

Steve: **There's a beginner's mind around those eight sessions of the case histories. I see some great stories, and I think: "Wow, I always hope that was happening in my practice, that type of clarity, really." I think it's something fresh, new, and hopeful…**

Ged: There is that.

Steve: **That some really nice things happen.**

Ged: Yeah, but it is remarkable. Also, people with very powerful neurological issues are starting to respond to this therapy; whereas I'm sure back in the 90s, that was hardly happening. Now people with Parkinson's, MS, and so on, are actually responding very, very fully.

The answer to your question is: Hardly any body doesn't respond. Every body responds. It's just a matter of how fast people respond. There's always a depth to this work that affects people beyond what's probably recognized.

Steve: **Yeah. Embodiment is something that's central to cranial work, and everybody responds because everybody has a body on some level, I guess. What do you have to say about embodiment to someone who doesn't know about cranial work? Why is that so important?**

Ged: It's being in relationship to your life, actually, it's big for me. It's the living expression within you, that's what embodiment means to me. Yes, acknowledging you have a body and finessing towards it through felt sense awareness. I don't know how people don't have that, actually. It's quite an odd phenomenon that people can be doing a life, and not necessarily be that embodied. I've always found that curious, but it's true. There's a huge spectrum of degrees of embodiment.

What I notice is that when you're not embodied, it tends to lead towards the body not doing so well, and pathologies arising. Most certainly I notice that. The more embodied people are, the more in contact with the living presence within them – the better they do, generally, I would say. They're happier. There's joy. The mind, the brain, the central nervous system runs better. Hormones like that kind of environment as well.

Steve: **One of the nice things about reading around pain for me recently is just this growing research around the people who can't map out their bodies very well tend to have more pain. It's a very nice support for what we've been doing for years, really.**

Ged: That's correct.

Steve: **Finding a body, being safe in a body leads to health and happiness.**

Ged: Yeah, that science is great. It makes people realize they're not going mad, that there's a reason why all that is happening. Yeah, I think BCST is about embodiment. Part of my remit as a therapist is to suggest ways of becoming more embodied, because that's the way to health. Health lies in a deep relationship with their own biology.

Steve: **Okay. This is a question. Cranial work, its an alternative medicine, we don't have much of a research basis. Edzard Ernst is one of the guys down at Oxford University, he has been deeply critically of many forms of alternative medicine. He had a recent discussion of a research paper on cranial work. Very dismissive, he described the underlying assumptions of cranial work: "One, light manual touch of the head moves the joints of the cranium. Two, this movement stimulates the flow of the cerebral spinal fluid. Three, the enhanced flow has a profound and positive effects on human health." That's actually a fair description of the historical paradigm of cranial work. (Ernst article can be accessed here http://bit.ly/ernst-cranial-2015)**

How would you answer: What are the core assumptions of cranial work, as you treat and teach right now?

Ged: I slightly challenge the assumptions he's made here, actually, because I'm thinking about the many kinds of CST that are around, and I'm not sure it's actually quite as reductive as that. Even back in the day when Sutherland, Becker, and so on, were around, yeah, I think the remit was much bigger than that. I think that's the sad reduction of the therapy, even in its classical model, so I kind of had trouble with that a bit.

This almost doesn't apply anymore to the biodynamic paradigm. Do we touch the body and go: "Oh, let's hope CSF starts flowing better and starts fluctuating up and down the midline"? I've never had that thought for a decade, and maybe longer. Are we that interested in the movement of cranial bones? It just seems a bit of a sideshow, to me.

Steve: **I deeply agree.**

Ged: Yeah. All of those things that are barely interesting anymore. It's about organic, natural processes taking place through a whole number of systems in the body. Obviously, work deeply into the neuroendocrine immune model, and that's when most things are going off. Cranial bones, give me a break, really. It's a bit of a sideshow. Obviously, it can be a powerful moment for somebody's system at a various point in time. Maybe the sphenoid in the cranial base does do some of this that's described here.

Steve: It creaks a little bit, yeah.

Ged: A little bit, but it's all way more global and deep. The biodynamic model is a much bigger creature, I think, than that, really. It bores me slightly, all this stuff. Quackwatch get into all of this, because it's like they're almost missing the major event.

Steve: How can we explain what we do do, then, in a way that might meet that critique?

Ged: That's the problem. That's the tricky bit around this work. I think it almost needs a little bit of research. It's so thin, really. We all know how much happens in a session. It'd be nice to have some kind of scan before and after, just to show what the brain is up to or what.

Steve: I wonder whether we're ever going to find a research paradigm that can manage the complexity of what we do.

Ged: I think you're right, we probably won't.

Steve: I would say we can justify what we do in ways of sort of… We know that touch is enormously powerful, so let's be really good at touching.

Ged: I'll get to go with that. I don't really talk this kind of talk when I'm explaining it. I'm more interested in: Touch is incredibly profound, and sets off a deep, physiological reaction in the body. Bodies have abilities to internally reorganize themselves. I want to go down that pathway, really, more than all this stuff.

Steve: We could say, to reverse the argument: If we didn't touch people, how sad would that be? There is a place for touch therapy. Cranial work is at one end of the spectrum, doing this very gentle, permissive touch. I think because it doesn't have this agenda, it facilitates a much greater range of responses than this very directive touch.

Ged: Yeah. I'd be happy with that, that it being described as a safe and subtle touch that enables people's systems to settle. I'll be okay with that, actually, rather than going into all of this, necessarily. Because it just winds up a lot of people unnecessarily.

Steve: I know. The comment section underneath the research, we put the research in lists of the notes.

Ged: Yeah, that'll be good.

Steve: There are very, very strong critiques out there of cranial work, but I think there's some really nice ways that we can be reassured or coalesce around what we do from the touch, presence, understanding trauma. They're enormously powerful windows to explain what we do.

Ged: I agree. We're trying to do that. Aren't we?

Steve: Indeed. Last question: You are one of the quickest decision-makers I've ever met, Ged.

Ged: Thank you.

Steve: An email ninja, I would say. Second only to my wife. My wife is pretty good at the email thing.

Ged: I bet.

Steve: You're also incredibly resourced because you travel and move, so how do you trust your instincts, and what helps you when you make decisions?

Ged: I've made a lot of decisions. I'm not scared of making mistakes. I am a risk-taker. I calculate risk. I always seem to have this sort of… It's a bit like the work, actually, it's this kind of local but global thing going on. I do have this eye towards this vision, where I want things to go, and then I can somehow do all the bits between.

Then I think the other thing is just to have a network of really switched on people. I think I'm good at spotting that and enrolling people into everything that we do here. That's just everything, really. I think if you've got somebody who's likeminded and very resonant with what we're doing, what the work is, that's what makes things happen. Most of my decisions are around people, to be honest. I know the right person in the right place will make a massive difference.

Steve: Can you tell me: What is it like when you make a decision? Is it you have a particular thought, or you feel something in your belly, or…?

Ged: I sort of go into my primal midline.

Steve: Yeah?

Ged: A bit, yeah, I think I do actually. Yeah, I just have this lining up of things. I feel like I sort of drop into my core a bit when I do it.

Steve: Yeah?

Ged: Yeah, in a sort of mini way; not in a big way. I'm making, I don't know, 20 decisions a day. Big decisions, I'll contemplate it. I won't necessarily do it straightaway. I do go away and mull things over. You didn't know that, did you? I'm not quite as spontaneous as I seem. I do sit down and think about things, and let it ferment a little bit, and run it through my bowels. Do you know what I mean? I think all of that sort of stuff. But yeah, I've made mistakes, but…

Steve: You don't seem to worry about the same mistakes, really.

Ged: Not really.

Steve: My sense is you're much more prepared to try things. If it doesn't work, it's okay,

Ged: Yeah, totally. Yeah, I'm really up for that. I like the excitement of it, and: Will this happen, will it not? Will this be a good thing to roll out or not? You never know, do you? There's so many factors in it, really. I'm not scared of decisions.

Steve: Cool. That's a great skill.

Ged: Well, hey.

Steve: I think you're a very free thinker.

Ged: Thank you.

Steve: I enjoy being around you enormously.

Ged: Cool.

Steve: Great. Nice talking to you.

Ged: Yeah, totally.