

# 30 Years sitting in a chair

## Life and work as a cycle of learning

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I first put my hands on someone's head in a Craniosacral Therapy (CST) class in 1994. At the time I was working as a Hydrogeologist, specialising in wetlands (i.e. natural springs and groundwater resurgences) and arid/desert hydrology – having worked round most of the edges of the Kalahari. The class instructor talked about fluids moving in the body, and I was totally hooked.

Since then I have several times mused about how courageous CST trainers must be to set us off into the world - because we are not all brought out equally into this Life. If I have learned anything at all from my work about the wider world - it is that *everyone is set up differently in terms of their capacity to be embodied, our strengths and blind spots (including dissociations) - and therefore our particular combination of sensory capabilities and preferences (on what "level" and in what particular senses their attention naturally rests as part of the total familiar sense of self-presence).*

For me, this realisation and its implications has invoked a wide range of responses – occasional frustration, along with a compassion and patience that has thankfully grown over the years. At one time, almost a terror that human communication was so flawed – language having the capacity to cover up vast worlds of difference in understanding and internal experience – to the point that I wondered how any meaningful communication happened at all. And also a growing curiosity and constant active interest in how our consciousness interfaces with our biology (if indeed one can truly discriminate between these two), and how that conversation is experienced in daily Life.

Life is kind (though that kindness is not necessarily a pleasant thing) – in that it plunges us constantly into experiences designed to heal, or at the least expose whatever blind spots and misconceptions we are acting out. Seeing each lesson can take decades, even though it is in front of our faces every day. Perhaps all those were “meant to be” and the learning is actually what we came here for. Whatever the case, a reflective CST practice has the capacity to be a fast-track apprenticeship in self-knowledge. My particular body-mind system was not in a good shape when I started to practice – having been an embryo during the tail end of post-WWII 24-hour work hard/play hard lifestyle (I think my parents were both hitting about 20 Players Navy Cut per day and a lot of alcohol and nightclubs). And a mother who suffered from crushing post-natal depression and only gave me eye contact after a few months (and I suspect never really fully came out of that depression, and lived by sheer fierce willpower, some innate wisdom and a

special arrangement with the God of Bingo up to her death last year). An initially very loving father suffered three major head impacts before I became a teenager – which (viewed in retrospect) turned him (also) into a wounded, bitter and sometimes vicious attack-dog, with his former self sometimes looking out through the eyes but unable to quite remain in control.

So the Kalahari was everything from the sublime to the surreal as I experienced the full range of dissociation, de-personalisation and de-realisation whilst driving round it. It is only in the past 15 years or so that I have stopped asking how I could have so much trauma from such an apparently “normal” semi-rural suburban middle-class uneventful and protected childhood? Lots of other people have similar experiences “for no apparent reason” asked similar questions for themselves. So of course (the Universe working as it does), my Craniosacral practice attracted traumatised people. As I learned how to deal with their issues, I also learned about my own, in a somewhat bootstrapping process. Helped along the way by the CST treatments from fellow practitioners, and the many wise women to be found in Norfolk – including an exceptional Birth Process Work practitioner.

After about 5 years I recognised that most people coming into my clinic were actually coming with embodiment issues (i.e. some form of dissociation), and that the biggest professional issue I faced that needed support was not a technical one, but rather how to navigate the world of Counter-Transference<sup>1</sup>. So for about 12 years I was in a psychotherapy peer supervision group, and even my social life seemed to attract an inordinate number of healers, psychotherapists and NLP practitioners. Strangely, Norfolk was also the epicenter of the UK branch of the ESTD, and so I was in the ideal place to learn about dissociation, how it manifests in the body-mind, and how best to approach it in a treatment session. I’m sure there are other ways to view the world. But dissociation is my nail for which I’ve developed a pretty comprehensive range of hammers. With CST / somatic / body-oriented work as a core skill – because I never wanted to be a psychotherapist.

One principle absolutely central to CST is that *health is innate*. It is by invoking health that healing takes place most easily and profoundly. The logical conclusion of that with regard to “trauma” is that *there is no primary pathology* – though there may be secondary ones due to the compromises necessary for an over-adapted physiology and nervous system<sup>2</sup>. Rather, “trauma” (i.e. an imprint of chronic overwhelm) is a set of extremely intelligent and creative adaptations

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- 1 Counter-Transference is the experience by one person of the emotions and perceptual states of another person “as if it is your own” – and specifically this happening by the therapist’s mind and emotional state and somatic experiences to some degree or other being influenced by that of the patient. If this is made conscious then it’s an extremely powerful tool for compassion and healing. If it’s not made conscious then it can have disastrous consequences – such as the many cases of therapists abusing their patients by being pulled into the trauma. Ultimately it is the responsibility of all people offering therapy – whether somatic/bodywork or psychotherapy – to do their best to recognise and not be pulled into Counter-transference. Professional standards of ethics are a substitute for this level of awareness, just as criminal law is a substitute for an innate uprightness and sense of social responsibility.
  - 2 Scaer, R. C. (2001). The body bears the *burden*: Trauma, dissociation, and disease. Haworth Press, available as a PDF at [https://aztrauma.org/wp-content/uploads/2020/07/Robert\\_C.\\_Scaer\\_The\\_Body\\_Bears\\_the\\_Burd-1.pdf](https://aztrauma.org/wp-content/uploads/2020/07/Robert_C._Scaer_The_Body_Bears_the_Burd-1.pdf)

that are meant to be temporary – but for various reasons have become stuck in time, being no longer calibrated to present reality. Trauma and dissociation themselves are therefore not illnesses, but simply a loss of internal communication in the body-mind-soul complex, resulting in multiple parallel realities being lived at once, some of which leak up to varying degrees into “normal” life. Thus, if communication can be restored, the body-mind-soul will re-calibrate itself with the reality of the present moment – *simply because it wants to be well*. The only question is – how can that communication be restored? The answer is both simple and non-trivial. i.e. it can't be delivered in a soundbite, reduced to a single 2-D sheet of paper or adequately represented (without being mis-represented) in a 2 minute TikTok video.

Over time I have come to realise that loss of embodiment is one of the major factors that underlies a societal numbness - that allows violence of all kinds between people and between us and the rest of the Living world – and ultimately what has led to all of the current crises in our society, economy and the global environment. Violence (physical, emotional or simply withdrawal of proper support) then causes more numbness. And so the cycle perpetuates itself and accumulates over time. That loss of embodiment can also be found somewhere in the middle of whatever might underlie most physical, mental and spiritual pathologies. I am certainly not the only person with these views, and am just one fairly small voice in a growing network<sup>3</sup> of health-oriented health-informed approaches to the treatments of trauma and the return of society to a healthy sustainable form. The conclusion is that - rather than treatments being “trauma informed” (and therefore pathology-oriented) – trauma treatment (and all interventions to society, economics and the global ecosystems and environment) should be health-informed. i.e. start with a fundamental assumption that both biology / Life as a whole and individual people recognise Health and what is wholesome when they come across it - and given half a chance will wish to be part of it, and it to be part of them.

The fact is that there will never be enough therapists to heal the world, and never be enough money to pay for those therapists. So my preference in treatment has gravitated over some 25 years towards including an element of education so that people understand how their nervous system works. This “psycho-education” also provides them with some practical means by which they might both help their own healing in their lives away from the treatment room – and also contribute to the effectiveness of the session by actively participating in a useful way. For bodywork practitioners (or even for people working in the psychotherapies) they are a set of “soft” tools<sup>4</sup> that are well-formed according to how the body-mind-soul organises itself, how human biology has evolved, and how our nervous system is constructed – that can be integrated into a treatment (or not) as needed. They are also congruent with the “agendas” that tend to

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3 <https://body-mind-resilience.com/resources/links.php>

4 Soft tools – not a treatment modality in their own right, but a toolbox of add-ons that can add substantial value to a treatment session if employed in the right way at the right time(!)

shape adaptive survival patterns, and so are in most circumstances viewed by survival patterns as being “friendly” – and therefore “work with” / do not tend to invoke or increase “resistance”.

Having said that it’s important to understand that “resistance” in therapeutic context - and particularly with regard to musculoskeletal (fascial) tension – is actually a positive and valuable survival strategy. There are so many messages in our culture that abuse, attempt to fix – and therefore amplify the body’s attempts at survival. One of these is the idea that we can “Zen our way through” stress and confrontation. But in fact, musculoskeletal / fascial tightness in this circumstance is an expression by the body of its willingness to survive and come out victorious – rather than submit and be eaten. So there are specific ways to work with (instead of resisting) tightness that lead to far better outcomes in every way.

I have placed a summary of how I approach embodiment on a freely accessible web book, to be found - along with a small library of audiovisual resources - at <https://body-mind-resilience.com/> The content is fairly technical, but has also been written to include simplified instructions for practical application. There is no universal set of principles that applies to everyone that can be made intelligible to everyone in a simplified description. But this is, in my opinion, pretty good, and covers 95% of people and 95% of situations.

I also run occasional day workshops for anyone interested, and am running a workshop in Norwich specifically for Therapists on Saturday 4<sup>th</sup> July 2026.