

# INTRODUCTION TO A PHENOMENOLOGY OF PERCEPTION IN OSTEOPATHIC THEORY AND PRACTICE<sup>1</sup>

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*« By knowing , I mean not information gained by physical senses but a knowledge that comes from getting as far as one can from the physical sense . So , along the way I have been searching here and there . »<sup>3</sup> WG Sutherland D.O<sup>4</sup>*

Over the course of their professional career, osteopaths perform a genuine perceptual journey during which they explore and deepen step by step, their expertise and their ability to communicate with the living body and help restore their patient's Health.

First trained in biomechanics, they develop a palpatory sense that allows them to apprehend and treat the imbalances in the human body with manipulations and mobilisations. Later on, addressing osteopathy in a cranial field, they will discover, beyond the physical senses, the ability to listen, see, feel and have a "knowing touch" that enables them to work more deeply and efficiently with the natural healing forces of the human body.

As their perceptual skills and exploration progress, osteopaths experience a revelation that gradually unveils their ability to communicate with the body and its functions.

The history of osteopathic medicine is literally the history of the exploration and development of the opportunities to perceive the human anatomy and its functions directly, without instrumental mediation.

Once in a state of empathic<sup>5</sup> "corporal communication", osteopaths can go as far as perceiving, more or less consciously and as an echo<sup>6</sup> of their own, their patient's corporal structure on themselves.

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<sup>1</sup> This article was translated from french to help Embodiment Mind Project 2013  
<http://www.percro.org/embodied2013/>

<sup>2</sup> Emmanuel Roche, D.O. (Dijon, France) <http://dijon.osteopathie.org/emmanuel-roche/>

<sup>3</sup> WG Sutherland in Contributions of thought final lecture 25 april 1948 p 210 Rudra Press

<sup>4</sup> <http://www.cranialacademy.com/cranial.html>

<sup>5</sup> The notion of empathy is the translation of the German notion of *Einfühlung* that literally refers to the act of feeling *fühlhen* from inside *ein*, Brunel Marie Louise and Cosnier Jacques *L'Empathie, un sixième sens*, Presse Universitaire de Lyon 2012.

<sup>6</sup> The notion of the corporal reverberation of others is at the heart of the notion of empathy and the theory of the manual perception of others' affects mainly developed by Pr. Jacques Cosnier <http://icar.univ-lyon2.fr/membres/jcosnier/publications.htm>. The discovery in 2002 of

Dividing their attention<sup>7</sup> between the anatomical object they explore and their own perceptual knowledge, between the whole and the part, they create an internal receptive space capable of sensitive intelligence<sup>8</sup>.

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neuronal mirror networks by Giacomo Rizzolatti and his team has had for sole purpose to accentuate the importance of empathy in understanding all phenomena of communication.  
<http://www.unipr.it/arpa/mirror/english/staff/rizzolat.htm>

<sup>7</sup> "Attention consists in suspending one's thought, making it available, empty and penetrable by the object, and keeping, within oneself, the various knowledge that one is forced to use near thought, but at a lower level and not in contact with it." Simone Weil, *Attente de Dieu*, Paris, Livre de poche, 1963, p. 85.

<sup>8</sup> **Jacques Lusseyran**, 1924-1971, became blind after an accident he sustained at 8 years of age and testifies to the existence of such an internal space and light providing him, through attentive vision, a deeper knowledge of people and things: Extracts from *Et la lumière fut* and *Le monde commence*

*"I could still see. The operation no longer occurred through my eyes, this is true, but it occurred. It took place inside of me, in an internal space that is difficult to define, but after all, no more and no less than it is difficult to delimit the external space. I insist. Anything that came my way was soon seen, and not touched or heard. It drew itself, took shape and colour on an internal screen, and this without my doing anything to trigger the phenomenon. Besides, how could I, merely an 8-year old child, have done anything?"*

*"Seeing is a fundamental act of life, a tear-proof and indestructible act, autonomous from the physical tools it uses. Seeing is a movement that life operates within us, before objects, before any external determination. Before objects and after them if, by accident, the material instruments of the encounter were not available. It is within you that you see."*

*"What must simply be understood is that the act of seeing is not only related to the work of the eyes. The ability to see must exist before its physical instruments, the eyes, can act. As long as people overlook this fact, they will only face illusion and failure. They will be impatient. They will want to see more and more. And they will no longer know who is confronted with such a mass of impressions and sees them."*

*"In my opinion, all our senses come together as one. They are the successive stages of a unique perception, which is always the perception originating from the sense of touch. This is why hearing can replace sight and sight can replace the sense of touch. Thus, no loss is irreparable. From this point, I wonder if what we call attention might not be the psychological form of this fundamental contact, a form based on feelings as much as the intellect. In other words, couldn't attention be a kind of touch?"*

*"At any given moment, what I know about the world is what I deserve to know. The extent of my knowledge is that of my desire, my attention. This time we are holding the thread, and not only the thread of a particular object, but that which links the universe to its living network. Only attention commands as it is attention that makes the universe. Therefore, I will try to make my hand attentive, or rather make myself attentive through it. To my knowledge, there is only one way to do so: not to carry ideas from my head into my hand."*

Bibliography:

- *Et la Lumière Fut*, Paris, Le Félin, 2005,

The attentive observation of the reactions and variations of their internal perceptual sensitive continuum is the essential organ of perception for osteopaths, their compass.

Osteopaths thus experience, more or less consciously, their perception from a phenomenological standpoint.

In the approach of osteopathy in the field, they will have to learn to leave the physiological function demonstrate its inherent potential, rather than using external blind forces.

For a long while, they will struggle with a natural tendency to “want to do” without having previously acquired the intelligence of truly listening, allowing them to establish an authentic communication. Identified with their hands, they will gradually have to learn not to confuse themselves with their patient, to liberate their hands, make them transparent, and find the right distance for them to have a clearer understanding of their patient’s body.

Beyond the analysis of physical sensations and information provided by mere palpation and visual observation, the osteopathic tradition thus teaches a sense of feeling and perception.

Distinguishing the sensation produced by palpation through tact from the anatomical image that is felt and revealed by this palpation is then necessary.

The symbolic function, quality and form of mental images invoked and offered to the living body seem to allow us to act in harmony and communicate on a relatively deep level with the patient’s body, its anatomy, functions, rhythm and space.

Further along their progression, through their conscious perception, osteopaths can discover the existence of an intelligent presence hidden behind the body’s mechanism. The more aware they become of this spirit of life that centres and animates their patient, the more efficient a collaboration this active intelligence will provide. This silent partner can then become a genuine, active interlocutor and, as is the case in all communication, the quality of the response will depend on the shape and clarity of the query.

If I do not have the preliminary image of what I want to perceive, I will only perceive the behaviour of an indistinct entity with a blurry meaning.

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- Le Silence des Hommes (out of stock)
  - Le Monde Commence Aujourd’hui, Paris, Siléne
  - Conversation Amoureuse. De l’amour à l’Amour. Éditions Triades
  - La Lumière Dans les Ténèbres, Éditions Triades, 2002
  - Georges Saint-Bonnet, Maître de Joie, Éditions A.G.I
  - Ce que l'on Voit Sans les Yeux, Éditions A.G.I

The theoretical and philosophical models that are traditionally used and taught in different osteopathic approaches function as do many conceptual frameworks that influence and ultimately determine the osteopathic perception.

If the osteopathic tree has spread to several different branches, all authentic osteopathic approaches originate from a shared central core, which is made of, at its base, the osteopathic philosophy of founder Dr A.T. Still<sup>9</sup> at the end of the 19<sup>th</sup> century, and, at its top, the development of osteopathy in the field from 1939<sup>10</sup> by W.G. Sutherland.

Through these models, experienced osteopaths relate the perceptual and practical path they have travelled. Later on, exploring that same path, their students have the pleasure of experiencing the identical broadening of their consciousness and therapeutic capacity.

During these joyful moments their teachers' lessons, which they had, up to that point, only understood in their form not substance, resonate. The similarity and descriptive accuracy of what is genuinely known from then on make the students acknowledge the value of the tradition that is passed on to them.

To clarify, today there are three main osteopathic conceptual models<sup>11</sup>. The mechanistic one refers to an approach considered as structural; the vitalistic model underpins osteopathy in the field of craniosacral therapy; and finally, the spiritualistic model, is best exemplified by the biodynamic approach.

These models are mentioned here to introduce the different technical, osteopathic approaches correlated to the major conceptual frameworks that underpin them. However, most osteopathic approaches are not limited to strictly "bio-mechanistic", vitalistic or spiritualistic. They necessarily contain, in varying proportions, and more or less explicitly elements of all three models.

This is precisely the criterion that enables us to distinguish truly osteopathic approaches from those that are only labelled as such.

The osteopathic philosophy is fundamentally holistic and designed for patients with a body, soul and spirit. Therefore the osteopathic medical philosophy transcends these models by reconciling them and is, all at once, mechanistic, vitalistic and spiritualistic.

The complete perceptual experience of osteopathy naturally begins by assimilating the mechanistic approach of osteopathy and, through it, the anatomy of people, "machine of all machines"<sup>12</sup>; then, through osteopathy in the field, the vitalistic osteopathy which opens up to the perception of "fluid"; and finally, the biodynamic, spiritualistic model

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<sup>9</sup> [http://en.wikipedia.org/wiki/Andrew\\_Taylor\\_Still](http://en.wikipedia.org/wiki/Andrew_Taylor_Still)

<sup>10</sup> Date of publication of his first book "The Cranial Bowl" including research and reflections begun in 1929.

<sup>11</sup> Similarly, there is traditionally a ternary anthropological representation of the mind, body and soul. See Michel Fromaget:  
[http://michelfromaget.free.fr/index.php?option=com\\_content&view=article&id=7&Itemid=2](http://michelfromaget.free.fr/index.php?option=com_content&view=article&id=7&Itemid=2).

<sup>12</sup> AT Still

that extends and complements its possibilities by expanding the knowledge of "the Spirit of Life, which controls this machine and its unintentional action."<sup>13</sup>

Osteopaths who would only be trained to the vitalistic and biodynamic approach, without first assimilating the mechanistic approach and anatomy would be built like a house without a solid foundation for their future perception and could drift off.

Like Icarus, they risk getting lost in the sky and burning their wings in the sun.

Each of these models is a particular representation of the physiology, pathology, living complexity and therapeutic possibilities offered by osteopathy. By predetermining the information that will need to be collected in order to assess the patient's functions and therefore his health, the models determine the direction and quality of the perception that osteopaths develop.

Travelling from the mechanistic model to the biodynamic spiritualistic one, we will discover that through these conceptual frameworks, osteopaths experience and develop their conscious perception passing successively from a model dominated by the perception of sensible form and then by that of the imaginal form<sup>14</sup> and finally to a model providing an intelligible form and even more to perception.

A/ The Bio-mechanistic model = the structural model: treating joint and tissue mobility provides cure. The action is mechanical and the expected reaction is a reflexive neurological response of self-regulation that has a general impact on the patient's health.

This is how the Bio-mechanistic model develops a perspective where the osteopathic dysfunction is easily assimilated to the structural imbalance of the mechanical forces that make up and move the body. This model therefore invites us to research and assess, by palpation and clinical trials, the mechanical mobility of its components.

Here, the focus will be on perceiving the information collected by manual palpation and joint or tissue mobilisation. Besides the pathognomonic<sup>15</sup> elements that are traditionally analysed in medicine, abnormal or relative variations of body symmetry, density, hardness, elasticity, mobility... will be sought.

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<sup>13</sup> AT Still

<sup>14</sup> The function of the *mundus imaginalis* and *imaginal* Forms is defined by their median and mediatory position between the intelligible world and the sensitive one. On the one hand, it immaterialises sensitive forms, and on the other hand, it "imaginalises" the intelligible forms to which it gives shape and dimension. The imaginal world symbolises with sensitive Forms on the one hand, and with intelligible Forms on the other. This median position immediately requires the imaginative power to resort to unthinkable discipline where it has degraded into "fantasy", which only secretes imaginary, unreality and is capable of all extravagances." Henry Corbin *Corps spirituel et Terre céleste*, the Prelude to the second edition (1978) is entitled "Pour une charte de l'Imaginal" Buchet / Chastel

<sup>15</sup> Indicating the presence of inflammation, trauma or some other medical symptoms ---

In their biomechanical tests, as in the manual, therapeutic osteopathic techniques that they implement, osteopaths, while using the mechanistic model, essentially try to evaluate and modify the obstructive qualities of joint or tissue tension.

In order to assess these qualities, osteopaths rely on their experience and palpatory memory. Their clinical experience serves as a reference and allows them to compare the perceived qualities. As a factor tuning a piano, it is only because they know a healthy body's biomechanical qualities that they can detect its abnormalities. Their perceptual consciousness compares the qualities perceived using the qualities of healthy tissue as a reference.

Corrective manipulations result from joint or tissue tension obtained by the action of one or more lever arm(s) supported on a fixed mechanical fulcrum<sup>16</sup> or one in relative motion. Experience makes practitioners using the techniques of mobilisation and manipulation at low, medium or high velocity gain a sense of movement and the right rhythm for efficient passage of forces across the joint or tissue whose mobility they wish to restore.

The Bio-mechanistic model is the scientific and legal reference and is in keeping with a restrictive view of osteopathic medicine, which, here is confused with the orthopaedic and rheumatologic vision of manipulatory therapies. Anxious to be in line with the dominant scientific model, the mechanistic model is keener on seeking scientific consistency that promotes communication rather than one in line with the depth of the perceptive and clinical experience osteopaths, who, over time, eventually incorporate elements from the vitalistic model, will experience.

The entire physical body can thus be tackled and perceived in terms of density, mass, mobility, and treated as such.

The physiological basis of osteopathy's mechanistic model mainly rely on neuro-physiopathological concepts that account for the somatic dysfunction by advocating reflex disorders affecting joint, ligament and muscle tissues and further along, all functions related to the central, peripheral and autonomic nervous system. Here, through manipulation, the mission of osteopaths is to restore the functional integrity of the joint, ligament, muscle, skeleton and nervous body, which is conceived as a complex tensegrity system. The key to efficiency here is to act on the nervous system and its segmental reflexive loops to provide equilibration to the operating process of the autonomic nervous system allowing joint mobility to be restored and organic and tissue vascularisation to improve.

In 1981, the American Academy of Osteopathy replaced the old concept of osteopathic lesion with the concept of somatic dysfunction<sup>17</sup> and gradually, particularly under the influence of insurance-related economic imperatives, changed its definition clearly favouring the musculoskeletal mechanistic model.

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<sup>16</sup> Bearing point, literally the blade of the knife that supports the scale.

<sup>17</sup> Today the term osteopathic lesion is no longer used. This concept was replaced in 1981 by the concept of somatic dysfunction: on the same topic, see the excellent article by Zachary Comeaux: *Somatic Dysfunction – A Reflection on the Scope of Osteopathic Practice* published in the AAO JOURNAL - Volume 15 – Issue 4 - December 2005.

## B/ The vitalistic model

Philosophically and historically, the major principles of osteopathy as established by Dr A.T. Still refer to a conception of osteopathic medicine that is essentially vitalistic<sup>18</sup>.

From 1929 onward, the developments proposed by Dr W.G. Sutherland D.O in the field of craniosacral therapy will provide osteopathy an opportunity to explore its vitalistic foundation in a more comprehensive manner.

First tested in a conceptual, bio-mechanic framework, craniosacral therapy undergoes a major change in 1948, six years prior to the death of its founder in 1954.

This major change occurred when W.G. Sutherland relinquished the exclusively mechanistic approach to craniosacral therapy and started favouring a practice setting out to discover and explore the therapeutic possibilities imparted by direct access to the vital principle, a motionless force perceived through fluids.

For reasons mainly related to the political context surrounding the difficult professional recognition of American osteopathy during the Cold War, W.G. Sutherland's students, anxious not to upset the majority of their D.O colleagues, did not wish to communicate clearly in the early 1960s on the vitalistic approach of osteopathy known as fluidic in the cranial field.

Thus, Dr Harold Magoun<sup>19</sup>'s work, the leading manual of osteopathy in the cranial field, has been subjected to several publications<sup>20</sup> that have gradually removed its scientifically distracting elements.

In order to continue exploring a path whose access key they had lost, in the 1990's, osteopaths had to start carefully rereading the first edition of Harold Magoun's work, which presents the most explicit vitalistic approach.

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<sup>18</sup> **Vitalism** is a philosophical tradition stating that the living is not reducible to the laws of physics and chemistry 1. It considers life as matter animated by a principle or vital force, which would add to the laws of matter for living beings. According to this view, this force instils life into matter.

In biology, this theoretical framework regularly comes up in the history of sciences. Strictly speaking, the term refers to the school of Montpellier (Paul-Joseph Barthez (1734-1806)).

"According to André Lalande, vitalism is a "doctrine stating that in every living being there is a 'vital principle' governing the phenomena of life and which is different from both the thinking soul and physical and chemical properties of the body" 2. Therefore, vitalism is a philosophical movement that illuminates an immanent concept founded on the reconciliation of materialism and idealism, both taken in their rough visions; the predominance of matter or mind over the meaning of things. Vitalism is an alternative to all kinds of dichotomies, which, again according to André Lalande, are "philosophical abilities ". This is also called monism."

Also see "Repenser le vitalisme" under the direction of Pascal New, Puf science histoire et société.

<sup>19</sup> "Osteopathy in a cranial field" edited by Harold Ives Magoun D.O 1951 for the first edition

<sup>20</sup> 1951, 1966 and 1976

This rediscovery made by Dr James Jealous D.O and through the knowledge that was passed on directly by Sutherland to some of his closest students, including Rollin Becker D.O, Anne Wales D.O, Thomas Schooley D.O and especially Dr Ruby Day D.O ... is what, in the 1990's, initiated the development of the Bio-dynamic educational curriculum in osteopathy in a cranial field.

Thus, from the 1940s onward, facing a perception and clinical experience the mechanistic model did not account for, W.G. Sutherland and his students, first and foremost Rollin Becker, have reread A.T. Still's work between the lines and proceeded with the exploration he had initiated.

To explore the micro mobility of the central nervous system and cranial sutures, W.G. Sutherland has developed a very fine palpation technique at the limits of which we discover the importance of perception through conscious visualisation and the ability to consciously communicate with tissues through the Life that runs through them.

*« The construction of a mental picture might help you in the recognition of the feel of the movement of the hemispheres. A way of doing this is to crawl inside the cranium mentally and assume a reserved seat on the foramen magnum and thus have a position for visualizing the activity as well as feeling it . One of the fundamental keys to diagnosis and technique is a ability to get within the cranium mentally and visualize all activities going on. »<sup>21</sup>*

Consequently, in 1948, after practising for 50 years, W.G. Sutherland stops testing bone mobility<sup>22</sup>, and diagnoses and treats by working directly with the intelligent Potency of the Tide.

He begins to experiment with Still-point<sup>23</sup> and states "be as far from your physical sense of touch as you can, have a deep sense of touch, a spontaneous feeling, feeling without palpating."

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<sup>21</sup> WG Sutherland *Contribution Of Thought* edited by Adah Strand Sutherland and Anne L.Wales D.O second Edition SCTF inc 1998 Rudra Press p143

<sup>22</sup> WG Sutherland *Contribution Of Thought* edited by Adah Strand Sutherland and Anne L.Wales D.O second Edition SCTF inc 1998 Rudra Press p 141

<sup>23</sup> *« If you were to take a glass of water and set it on this table and you shook that table the water would spill, that's wrong . But if I took my hand and gave a transmitted vibration from my shoulder , not down here , but a transmitted vibration, you would see that water come up to the center in a quiver .That's what I want you see in the potency of the Tide of the cerebro spinal fluid, not this up and down fluctuation during inhalation and exhalation . Before you get it down to a balance point between inhalation and exhalation, at the midways point , we have a brief period when your diaphragm is merely moving gently ,like that , a fulcrum point . And then you 'll get the same vibration to a center of your Tide, the point where you might say that you come to what is known in a hymn as a Still Small Voice.You heard the hymn, "Be still and know that I am." Do you get the point ? It's the stillness of the Tide , not the stormy waves that bound upon the shore . And thus, as a mechanic of the human body, if we understand that mechanical principle of this fluctuation of the Tide , how we can bring it down to that short rhythmic period that stillsthe Tide . And then you begin to understand something about the groundswell of the ocean and differenciation of the Tide , of the waves and so forth . »*



Acquiring the basics of osteopathy in the cranial field is first done within the boundaries of a reassuring mechanistic model and consists in mobilising cranial bones, their sutures, and having densities “letting go.”

Challenged to perceive micro-movements, osteopaths discover the effect of their attention and intentions on tissue reactions through learning how to listen to them beyond physical contact.

Through original thinking and unbeaten paths, the tissue approach developed independently by Pierre Tricot D.O also manages to develop within the framework of a model that is all at once mechanistic, vitalistic and spiritualistic, and come to the conclusion that the entire body is conscious. Beyond a careful reading of the works pertaining to the osteopathic tradition of which he is the main translator in France, Pierre Tricot essentially relies on the reflection of authors such as Arthur Koestler in “Janus”, Edgar Morin in “La Méthode” and Stéphane Lupasco in “Les Trois Matières.”

Then challenged to perceive the vital, primary respiratory mechanism, according to W.G. Sutherland and his students to rhythmically feel the entire body, osteopaths gradually abandon the physical sense of touch to discover what W.G. Sutherland describes as the knowing touch<sup>24</sup>.

W.G. Sutherland constantly refers to this knowing touch with his famous phrase “**thinking-feeling-seeing-knowing fingers.**” As Isabelle Schmidt<sup>25</sup> says: “From the start, he extends the palpatory notion to a perceptual concept, including Merleau-Ponty’s considerations, namely the unity of body and mind.

Here are the qualities attributed by WG Sutherland to fingers :

Fingers that can feel:

*« You aim must be to get the feel of the tissue ; the different sensations, wheter it has the ‘feel’ of dry parchement... is mushy feeling... perharps a delicate lacy feeling. That ‘feel’ tells you something on the inside... In your diagnosis, in your technic. You must get in there and see the picture all the way. »* <sup>26</sup>

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Transcription of an oral lecture gives by WG Sutherland D.O may 10 1949 for Rhode Island study group, recently transmitted in 2013 by Dr Leslie Gass D.O to Dr James Jealous D.O.

<sup>24</sup> *« That is why i have so much to say about information gained solely through laboratory tests and informations often gained through the application of erring or unreliable physical senses . How many of you have the same degree of vision?The same degree of touch?You saw me making that diagnosis during the application of seeing - feeling - thinking- fingers that endeavour to get away from the sensation of physical touch , wherein you have the knowing touch .. »*WG Sutherland D.O in Contributions of thought final lecture 25 april 1948 p 210 Rudra Press

<sup>25</sup> Isabelle Schmidt 2001 : « évolutions des perceptions chez W.G Sutherland »

<sup>26</sup> *« You aim must be to get the feel of the tissue ; the different sensations, wheter it has the ‘feel’ of dry parchement... is mushy feeling... perharps a delicate lacy feeling. That ‘feel’ tells you something on the inside... In your diagnosis, in your technic. You must get in there and see the picture all the way. »* »WG Sutherland D.O With Thinking Fingers – p 14

Fingers that can see :

Visualisation is one of W.G. Sutherland's main tools. The most significant example is "The Tower of Minnow." Several versions of it exist because W.G. Sutherland improvised this "touristic tour" at the end of some of his classes on the cranial concept, but the general idea remained the same. It allowed auditors to visualise the anatomy and physiology of the cranio-sacral mechanism.

Here's how our journey begins :

*In childhood days, we frequently demonstrated use of a lively faculty which was ours, the ability to stretch our imagination. The Creator of the Universe had Imagination – imagination with a capital « I ». Without it, no Universe would have been created. I ask you now to make use of this faculty and embark with me on a sightseeing tour ; a swim it will be in that great body of potent fluctuant fluid, the cerebrospinal fluid. Spark that imagination of yours and along with me accompany a little minnow, a fluorescent minnow, who can turn his light on or off at will as he explores, searches and reasons. He swims with fins and realizes that his movement fluctuates the cerebrospinal fluid... »*

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Here is an example of the same type of exploration proposed by AT Still :

*« We must start our exploring boat with the blood of the aorta and float with this vital current, and watch the unloading of supplies for the diaphragm and all that is under it. We must follow and see what branch of this river will lead to a little or great toe, or to the terminals of the entire foot. We must pass through the waters of the Dead Sea by way of the vena cava, and observe the boats loaded with exhausted and worn-out blood, as it is poured in and channeled back to the heart. Carefully watch the emptying of the vena azygos major and minor, with the contents of the veins of the arms and head all being poured in from little or great rivers to the vena innominate, on their way to the great hospital of life and nourishment, whose quartermaster is the heart, whose finishing mechanic is the lung. Having acquainted ourselves with the forms and locations of this great personality, we are ready at this time to enter into a higher class in which we can obtain an acquaintance with the physiological workings. We become acquainted with the "hows" and "whys" of the production of blood, bone, and allelements found in them necessary to sustain sensation, motion, nutrition, voluntary and involuntary action of the nervous System, and the "hows" and "whys" of the lymphatics, the life-sustaining powers of the brain, heart, lungs, and all the abdominal system, with its parts and various actions and uses, from the lowest cellular membrane to the highest organ of body. »<sup>28</sup>*

The fingers that can think :

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<sup>27</sup> Contributions of Thought – p 334

<sup>28</sup> A. T. Still – Philosophy of osteopathy – p 119 This book has been edited and published by Edward Muntinga (www.osteobase.org, www.muntinga.ch ) on the basis of public accessible texts from the internet.

*« The osteopath is a thinker, not a tinker – his fingers, when properly trained, possess the art of thinking intelligently at their digital tips. Therefore, technique cannot be taught through demonstration of a series of manipulations. »*<sup>29</sup>

The fingers that can know :

*« You saw me making that diagnosis during the application of seeing-feeling-thinking fingers – fingers that endeavor to get away from the sensation of physical touch, wherein you have the knowing touch. »*<sup>30 31</sup>

With W.G. Sutherland and in keeping with the work of A.T. Still, the perception of a fluidic, potent body appears on top of and beyond the physical body. As it intimately matches the shape of the physical body, perceiving it makes the anatomic body insufflate with the breath of life an intelligible concept.

Perceived as ductile plasma, an energy field offering an elastic resistance, the fluid body refers to a sensitive reality whose outline is palpable, though a bit unintelligible.

Osteopaths enter the realm of a vision that is more conscious of the living anatomy and what hinders the expression of their patient's Health by passing from an external consciousness of the fluids and their forms to a consciousness in harmony with the vital, primary respiratory mechanism.

This passage, described by W.G. Sutherland at the end of his life, is the pivotal stage that enables us to truly enter the medical science of osteopathy<sup>32</sup> as dreamt by A.T. Still and W.G. Sutherland.

The door to enter the imaginal reality<sup>33</sup> requires the ability to establish a division of the

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<sup>29</sup> *« The osteopath is a thinker, not a tinker – his fingers, when properly trained, possess the art of thinking intelligently at their digital tips. Therefore, technique cannot be taught through demonstration of a series of manipulations. »* WG Sutherland D.O Contributions of Thought – p 16

<sup>30</sup> WG Sutherland D.O Contributions of Thought – p 210

<sup>31</sup> Isabelle Schmidt 2001 : « évolutions des perceptions chez W.G Sutherland »

<sup>32</sup> *« osteopathy is here to stay . osteopathy is a science . The cranial concept is osteopathy . It therefore is a science . It is not an integral part of osteopathy, it is osteopathy . It is not a "therapy" .That is why i feel so intensely about the term therapy .For this is a science that deals with the natural forces of the body . You have seen evidence of this week in the application of diagnosis and in the application of techniques . Was this "therapy ?" No! It is scientific knowledge and it is what Dr Still endeavoured to leave with us . »*WG Sutherland in Contributions of thought final lecture 25 april 1948 p 210 Rudra Press

<sup>33</sup> *“Let us not understand the word “images” in the commonly misused sense of the civilisation of the image that we speak of today; these will only ever be images that remain at the level of sensory*

attention shared between creating a symbolic image and the awareness of the influence that objective reality has, as response, over an image that has become alive.

The key to open this door is the ability to synchronise one's attention with "fluid activity" without disturbing it.

By observing the living body in this manner, osteopaths discover that far from being stable the image they feel is animated by a genuine cyclical rhythm, and, like a breath, it passes from the expansion to the quiescence of the space within which it falls. Similarly, this is how W.G. Sutherland describes this primary respiration in which the whole body and its parts respond to this spatial breathing with internal or external rotations and extension flexion.

As Dr Rollin Becker said : « *as we go deeper into our understanding of body mechanisms, we learn that all normal functioning of the individual units of the body whether they be bone , ligament,membrane,fascia,organs,or fluid seem to operate through automatic , shifting , suspension fulcrums.* »<sup>34</sup>

The idea that Potency lies in this bearing point or motionless fulcrum<sup>35</sup>, which supports the lever arm, is a fundamental mechanical and perceptual principle of clinical osteopathic philosophy.

Inspired by his friend, physicist Walter Russel <sup>36</sup>, Dr Sutherland endorses the idea that the primary respiratory mechanism is governed by a law of rhythmic exchange balanced on fulcrums between all its components and its environment.

The ability to listen and self-synchronise with tissue or fluidic fulcrums gives osteopaths the ability to influence and improve the balanced rhythmic exchange within the body.

By synchronizing their attention with the motionless potency found in the fulcrum, osteopaths allow the sets of forces considered to reach a point of equilibrium through which the breath of life can start or re-start movement and function.

For osteopaths specialised in osteopathy in a cranial field , the greater and deeper their ability to listen to motionlessness, tranquillity and silence in the fulcrums, the greater and deeper their therapeutic potency and ability to use fulcrums as genuine "doors of

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*perception, never visionary perception. Mundus imaginalis (...) is a world that is no longer the empirical world of sensory perception, while not yet the world of intellectual intuition of the intelligible world. A world in-between, both intermediary and intermediate."* Creative imagination in the Şūfism of Ibn 'Arabī, Henri Corbin Flammarion 1997

<sup>34</sup> Dr Rollin Becker D.O Life in motion , P 27-28 1997 Rachel E Brookes , Rudra press ,Portland , oregon.

<sup>35</sup> Fulcrum, from Latin *Fulcra*, is a bearing point, a pivot, the blade of a Roberbal scale and by extension the centre of a wheel.

<sup>36</sup> [http://en.wikipedia.org/wiki/Walter\\_Russell](http://en.wikipedia.org/wiki/Walter_Russell)

perception.”

Moreover, in addition to fulcrums, osteopaths discover that when they observe the present movement instilled by primary respiration in the body and its anatomy, they act in harmony with it and increase it.

The precision of the work thus synchronised with fluids is almost “surgical.” Using a listening space that is more conscious and has developed within the division of attention, osteopaths can have a vision of living anatomy that is both precise and significant<sup>37</sup>. W.G. Sutherland then tells us that movements of a thousandth of an inch (the thickness of a sheet of paper) appear to act on potency and fluid.<sup>38</sup>

The increase of this respiration by reverberation functions as a lever arm that can set a pattern of tissue and fluidic tension into motion towards a new correcting balance, which is signified by an absence of movement, the Still-point.

During this period of motionlessness and tranquillity, a certain vitality and ability to restore improved functioning skills seem to be transmitted to tissues.

What we are talking about here is a transmutation of the forces that are potentially contained in fluids.

Osteopathy in the cranial field describes the perception of an energy field overflowing the anatomic body, but taking roots in an electrical, central axis, the median line. The CSF, and through it all body functions and fluids, are bestowed a visible vitality in the fluid body like a “fluid within the fluid” when in contact with this energetic axis. When consciously perceived, this fluid appears as a liquid light.

Upon contact with this electromagnetic field and beyond its slow physical circulation within the subarachnoid and ventricular space, which contains the cerebrospinal fluid, a longitudinal fluctuation similar to a tide arises in the coccyx and, fighting its way against gravity, springs up towards the cranium. By focusing one’s attention onto the space confined between a layer connecting pia mater with the arachnoid and a layer consisting of dura mater, one can perceive this naturally energetic tide like a stream running under the ice.

W.G. Sutherland compares the perception of this electric potential contained in the cerebrospinal fluid to that contained in the liquid of a car battery.

The genuine energetic transmutation of the vital force is made possible by the presence and use of this essential energetic function hidden within the cerebrospinal fluid and all other fluids bathing and nourishing the body

This field of fluidic vital force is breathed in and out following a rhythm of 2 or 3 cycles per minute and W.G. Sutherland compares it to a tide.

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<sup>37</sup> The osteopathic teachings of Dr Maurice Bensoussan D.O, F.C.A. dispensed at the Osteopathic Cranial Academy <http://www.cranialacademy.com> in the USA, and the AMOC and SEOC <http://seoc.fr> in France are currently the best example of a genuine osteopathic medicine, which, without pretence, uses visualisation as the essential principle of its therapeutic action.

<sup>38</sup> WG Sutherland « A thousandth of an inch » Nov 1050 in C.ontribution of thought P 244

In order to efficiently diagnose and treat, osteopaths in the cranial field must learn to distinctly perceive and precisely evaluate the response to the primary respiratory movement of the different components that make up the primary respiratory mechanism as described by W.G. Sutherland:

1 as the inherent potency produces central, longitudinal fluctuation and vital force like a battery, by evaluating its quality, one can measure and remedy the patient's ability to react to treatment.

2 the function of the meningeal membranes and their sickles duplicates suspended along the straight sinus and organising their mutual tension around Sutherland's Fulcrum, which behaves like a gearshift balancing the whole mechanism between an inhalation pattern of external rotary opening and an exhalation pattern of internal rotary closing.

3 the motility of the central and peripheral nervous system, which moves like a tadpole bending over when inhaling vital potency and straightening up during the exhalation of the primary respiratory mechanism, the brain wrapping itself around its ventricular cavities and the medullary canal retracting itself during inhalation and stretching during exhalation.

4 the sutural mobility of the skull and in particular the movement occurring inside the bones of the whole skeleton accompanying the motility of the central nervous system and the reciprocal tension of the meningeal membranes that protects it by gripping it. Organised around the sphenobasilar symphysis, cranial respiration offers the more or less symmetrical image of the opening of a flower when its rod goes up and closing when that same rod goes down.

5 and finally, the involuntary mobility of the sacrum and coccyx between the ilia reflects the functional quality of the pelvis and its visceral content.

Like conductors, osteopaths must have a vision of the mechanism's activity that is both global and analytical. They must feel and respect its potency, tempo and tone. Only then, will their therapeutic action be in harmony with the spirit of life, which controls this mechanism.

Further along, leaving behind the perception of the sole anatomical and fluidic body, and following in the footsteps of Dr W.G. Sutherland and Dr Rollin Becker<sup>39</sup>, osteopaths begin to be more consciously aware of a broader experience related to the nature of the vital principle animating their patient. From this point, the approach of osteopathy in the cranial field known as biodynamic best describes the path taken by osteopaths.

Reconciling mechanistic and vitalistic elements contained in the teachings of Dr W.G. Sutherland D.O and Dr Rollin Becker D.O, the biodynamic approach allows osteopaths to acknowledge the spiritual nature of the vital principle animating and centring their patient.

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<sup>39</sup> Dr Rollin Becker D.O 1910-1996 was a Close friend and student of WG Sutherland : "Life in motion" osteopathic vision of Rollin Becker D.O and "The Stillness of life " osteopathic philosophy of Rollinn Becker D.O edited by Rachel E Brooks M.D

Having reached that point, the perceptual osteopathic experience described by Dr W.G. Sutherland and Dr Rollin Becker is completed within a conceptual framework that is fundamentally spiritualistic.

C/ The spiritualistic model:

The approach of osteopathy in the cranial field known as biodynamic and the work with the silent partner taught by Dr Rollin Becker D.O.

Developed by Dr James Jealous D.O<sup>40</sup>, the biodynamic model represents W.G. Sutherland's teachings and late practice.

Reconsidering the main components of osteopathy in the cranial field over the course of an educational development, Dr James Jealous develops and extends W.G Sutherland's and R Becker's research.

The biodynamic model describes the possibility to become aware of and act on the great embryological crossroads of anatomy through the perception of the embryogenic forces<sup>41</sup> that are always at work and connected to the breath of life.

Dr Jealous D.O notices the similarity of the patterns among forces sensed in the fluid body and those of epigenetical force observed in embryogenesis by embryologist, Dr E. Blechschmidt<sup>42</sup>.

The perception of this embryological anatomy and the forces that drive them requires an increase in the quality of attention and the consciousness of a fluid in the fluid, which W.G. Sutherland refers to as liquid light.

Treating the patient as if it were an infant, osteopaths will be surprised to see an embryonic anatomy revealing all at once the great, dynamic tissue and functional unity of the body and the spirited relation it has with its natural environment, come into existence within their internal "imaginal" space.

By producing more mental silence, taking a step back and always through the process of division of attention, we can observe the entirety of the patient in equilibrium within their fluidic space respond to the external influence of the high tide.

Here, the key to being able to access this knowledge is by focusing on the halfway line that can be felt connected the 3<sup>rd</sup> ventricle of brain from the inside all the way to the coccyx.

By focusing on this line, we can see that it is bright, and that a liquid light within the fluid is diffused from and around it.

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<sup>40</sup> <http://jamesjealous.com>

<sup>41</sup> Describes by the german embryologist E Blechshmidt in " Bioketics and Biodynamics of human différentiation" Charles c Thomas Publisher

<sup>42</sup> **The ontogenetic basis of human anatomy:** a biodynamic approach to development from conception to birth Erich Blechschmidt, Brian Freeman

The high tide image refers to the perception of a deeper force than the tide perceived inside the fluid body. This is a more extensive and slower modality<sup>43</sup> of the influence exerted by the great force breathing throughout the entire nature and which James Jealous refers to as the external Presence of primary respiration.

Using an oceanic metaphor already used by pioneer of American ecology, Rachel Carson<sup>44</sup>, in her famous book "The Sea around us"<sup>45</sup>, W.G. Sutherland describes, people thrown into the influence of their environment like a glasshouse immersed in the ocean with all its windows open.

This therapeutic option mentioned by W.G. Sutherland when he demonstrates the possibility of working within intermediate spaces of the anatomy: the Space between.

Continuing its exploration beyond the perception of the anatomical body and fluidic body, one discovers a more subtle body centred by a midline perceived as having an inherent potential and electric intensity.

And finally, beyond it, one can directly perceive the breath of life.

W.G. Sutherland, also stated: "watch this space between anatomy. What's there? The fluid. And if you look in the space between the fluid, you will find something else. Then, if you look in the space "between that" you will rediscover the material expression of life."

Adjusting perception that must be in harmony with the quality of an ever fuller and deeper Stillness<sup>46</sup> or quiescence makes discovering each of these subtle bodies possible.

First perceived as tranquillity and the immobilisation of the fluid body, experiencing tranquillity on a perceptual level can be perceived outside the patient. The surrounding space then seems to freeze while infiltrated by a great feeling of peace. James Jealous speaks of Stillness with a capital S or dynamic stillness<sup>47</sup> in that case.

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<sup>43</sup> Describe by Dr Rollin becker D.O as a little train who come back 6 times in 10 minutes.

<sup>44</sup> [http://fr.wikipedia.org/wiki/Rachel\\_Carson](http://fr.wikipedia.org/wiki/Rachel_Carson)

<sup>45</sup> [http://en.wikipedia.org/wiki/The\\_Sea\\_Around\\_Us](http://en.wikipedia.org/wiki/The_Sea_Around_Us)

<sup>46</sup> The term "immobilité" is the usual translation, though incomplete, of the English word "**stillness**". Indeed, in addition to the notion of immobility, **stillness** also refers to a feeling of tranquillity and calmness. Its Indo-European root, *ST(h)el*, which mainly carries the notion of elevation, reveals that the way leading to experiencing tranquillity, calmness and knowledge goes through the prior elevation of the mind towards the centre, in other words, it comes after the mind has been cleared of mental current in order to receive internal sight. Cf. R. Grandsaignes d'Hauterive: *Dictionnaire des racines des langues européennes*, p 205 Ed. Larousse ISBN: 2-03-340335-1.

<sup>47</sup> "You need not leave your room. Remain sitting at your table and listen. You need not even listen, simply wait. You need not even wait, just learn to become quiet, and still, and solitary. The world will freely offer itself to you to be unmasked. It has no choice; it will roll in ecstasy at your feet."

Franz Kafka,



To enable the exploration of the relationships between the body and the surrounding space, the pedagogical biodynamic model invites osteopaths to expand the division of their attention.

Similar to a telescope whose focal length is increased, the broader their external, perceptual awareness of the universal, the deeper their awareness of the body and its functions.

Therefore, over the course of their professional development, osteopaths are required to simultaneously listen to their patient, their fluid body and the space in the room where they stand.

Later on and further down the road, when this perceptual conditioning occasionally breaks down, nature, like a great ocean, seems to flow into the room whose walls crumble.

Even further down the road, awareness of forms disappear, and the Presence of the being that inhabits their patient as well as nature become predominant for osteopaths.

The inherent potency felt through the fulcrum of fluids unfolds as an intelligent, bright and active Presence. To collaborate as consciously and effectively as possible with this living source of Health, osteopaths have to let a relationship of trust with this Presence develop inside them. As they learn to become truly attentive<sup>48</sup> to the presence of the breath of life inside their patient, they learn to step aside and know, love and serve their patient's health.

They can then acknowledge that people are made in the image and likeness of God and, like A.T. Still, see God<sup>49</sup> in their patient's form and face. leaving the perception of the sole anatomical

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<sup>48</sup> Jacques Lusseyran: *"At any given moment, what I know about the world is what I deserve to know. The extent of my knowledge is that of my desire, my attention. This time we are holding the thread, and not only the thread of a particular object, but that which links the universe to its living network. Only attention commands as it is attention that makes the universe. Therefore, I will try to make my hand attentive, or rather make myself attentive through it. To my knowledge, there is only one way to do so: not to carry ideas from my head into my hand."*

Simone Weil: *"The ability to pay attention to a needy person is a very rare thing, very difficult; it's almost a miracle, it is a miracle. Almost all those who believe to have this ability do not. Warmth, a gesture from the heart is not enough. (...) This way of outlook is primarily attentive, where the soul is emptied of all self-related content to receive, within itself, the human being it watches as he or she truly is. Only the able one is able to do so."* Attente de Dieu, Paris, Livre de poche, 1963, p. 85-97

<sup>49</sup> « *But we were taught the truth that man is made in the image and likeness of god, the creator. i think that Dr Still saw that man ; i think you will find him pointing to that man if you will get between the lines and get his thought. That is what i mean by thinking osteopathy, not thinking osteopathically* » WG Sutherland in Contributions of thought final lecture 25 april 1948 p 210 Rudra Press

Rollin Becker has best demonstrated this experience by talking about the work with the silent partner inside the patient.

« Question : Can you talk about what you call the "Silent Partner" ?

*Well, if I talk about it, that isn't what it is . One can only say that the pure "I" that represents me is my Silent Partner. It is the same Silent partner as yours , the same Silent Partner that is in this room , and the same Silent Partner the insect I saw walking around has . It's all the same Silent Partner , and accepting and surrendering to it has to become a conscious experience .The Silent Partner is not anthropomorphic-it is itself. It has to be made a conscious awareness or knowing ,but just the second you've got something that you can put your mental, intellectual finger on , that isn't it . But still it is something that is.*

*The Silent Partner can deliberately be appealed to or contacted on one-on-one basis .why and how it works,I don't know , and if I did know , that wouldn't be it . It's easier to demonstrate than it is to talk about . right now I'm going to contact mine , and while keeping an awareness of mine, I'll contact yours. Now, I'm going to quit .If I contact yours and then quit contacting yours , I haven't changed it one way or the other. But it's more than an ordinary contact . Can you feel the difference ? It is instant communication . And all that you are aware of is not it .*

*Throught its transmutation , it has aroused an electrical potential, and I am aware of the system working in your body . I am not aware of the system working in your body .I am not aware of the exact details, but I am aware of something going on within you because it has been activated .By what ? The only source of power there is -the Cause. I contact the Cause first . Why do I contact the Cause first ? because I also am Cause . If you are going to be a patient of mine , and I can for the short period of time you're going to be with me, then why not play whith the Boss instead of playing with the secretary ?*

*When you have contacted a patiet in this way , you have not taken on the responsibility for that person with that contact . You are simply tring to say to that individual, "Look, Boss, you're already Boss in that area, and I know that when you do your work, you're going to do it just exactly the way you want it done . Now I would like you to wake up and do that work , although I'm not going to sit here and watch you do it " I approach it this way , because your Boss is far more knowledgeable and efficient than I am for whatever problem you've come to me for .I've aroused its antennae , and I'm asking it to go to work. But I'm not going to dictate how it's going to do its work, and it isn't up to me to sit there and watch it or concentrate on it .The quicker you can get away from it and just go back to pure surrender , the better .*

*All right , let's take this one step further .L'll contact my Silent Partner , then I'll contact yours ,and then I'm going to surrender to it .Something happened didn't it ? There 's a difference .All of sudden , you have the same process working for you , and I've lost my responsibility for it . It's going to be working , and now it's my job to get in there and do what I've got to do . See ? You can talk about it , but there's nothing to talk about.*

*One thing you have to get over is idea of relating to problems. Just like when we said the body isn't thre point , it's also the case that disease is not the point . If you relate to problems, or you think about things in terms of problems , then all you've got are problems. All you have is one effect on top of another effect .You never get to the cause. So forget about problems.*

*The silent Partner is ,and that's all there is to it . So why not call it to action ? When you get to talking about how to use it ,I have given you the simplest answer that there is to give , and I haven't any more idea when I'm contacting mine what I'm contacting than I know about the man in the moon . Because if I did know , then it wouldn't be a Silent Partner . That would be making it part of the same limited-effect world that everything else our mid can touch is .I'm contacting it and surrendering to it –it's as simple as that . If you make it any more complicated , you're dead –nothing's happening .That 's all there is to it .That's what A T Still is talking about when he says, "God, of the mind the nature. " That's what he refering to.*

**Question :** *So it seems like part of our job is to open to that , to surrender to God ?*

*Actually it boils down to what do you surrender to now ? Your Silent Partner is a fulcrum point ; it's absolutely still. There's not energy in motion in the Silent Partner, none.It's all energy , but it's not a motion . Actually it is the source of energy, the state from which energy comes . It isn't energy in motion ,it's just pure potency .It's omnipotent .there is no motion , and yet it's all motion .It just is , and you surrender to it . Feel the stillness that has developed in this room.It's the same stillness . Can you feel it ? It's all the same stillness , and you can feel it , but it's not something that you work at .If you work at it ,you're missing it .It's living stillness that our conscious awareness can be aware of . This conscious awareness is with our big mind , not our little mind. Awareness is the acceptance of something .*

*While this may sound esoteric , it is a tangible experience .Once in a while when I'm treating patients in my office , you can take thez stillness in that room , cuti t with a knife , and make an igloo out of it-it gets that quiet.What brings it on ? I haven't any idea , and who cares ? It is there to meet the need for something that going on for that particular individual. Where it comes from and where it disappears to is not important . It's a way of life , a way of life with a capital "L" So that's what it is .Don't make it complicated.You can contact your own Silent Partner right now , and you can contact someone else's and then surrender to theirs . Everybody can do it ; we all have the same source.*

*It is possible to learn to live in the "presence", as Joel Goldsmith calls it , 24 hours a day . But , we're always forgetting this , being distracted by the world we're walking around in.But it's possible , in spite of the fact we're walking through this world , always to be in constant surrender to this thing you just made contact with . It's simply a matter of continuing to surrender as a conscious awareness experience , and it gets to be a habit . It is practically impossible for us to do this always because we're human being and live in this world.I get tired, and while I'm driving home , someone cuts me off and I get mad . So it's hard to do it , but it's as simple as that-a conscious, personal, even super-personal surrender to this stillness that's part of our being. »<sup>50</sup>*

This is where osteopathy ends and spiritual healing and the private domain of Faith begin.

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<sup>50</sup> Becker Rollin *The Stillness of life* Edited by Rachel E Brooks,MD 2000 Stillness Press p 28-31 extract from Ann Arbor Seminar .

In conclusion, rather than a science, osteopathy is in my opinion a clinical philosophy that is all at once mechanistic, vitalistic and spiritualistic. It is a path and a traditional education marking out the different steps and obstacles osteopaths must overcome to reach the therapeutic potential they need to serve their patient's Health.