

# The emergence of feeling in osteopathic manual listening

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Since the late nineteenth century, osteopathic medicine<sup>3</sup> has been considered a holistic manual therapy,<sup>4</sup> adjusting somatic disruption of the free circulation of fluids and information in the human organism in order to restore the body's functional harmony. The type of osteopathy we seek to discuss here is perhaps not the most commonly known variant, which consists mainly in palpations and 'structural' manipulation, applying external force to a patient's body in order to restore lost mobility in joints or tissues. Without dismissing this strictly biomechanical approach, the osteopathic listening process in osteopathy in cranial field<sup>5</sup> also requires therapists to use their hands, but here as the focal point of the listening process or attention given to the patient's body. This means that the osteopath's hands do not need to touch the patient's body or be in constant contact with it.

It might seem at first that the idea of listening to a living physical entity has already been developed within traditional Hippocratic medicine: consider, for example, the auscultation of the qualities of a patient's breathing – whether it is clear or hoarse, fluid or uneven. The auscultation of bodily excretions, which has not featured in medical training for a long time, is another example. So what is distinctive about the osteopathic listening process?

I. The defining characteristic of this listening process is that it essentially derives from the osteopath's ability to sense the inner space in which organic life develops – in other words, to sense this organic life itself, even though we are raised to believe that such a process is impossible.

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<sup>3</sup> « Osteopathy is a science which teaches that the human body is capable of producing within itself all substances necessary for the building and repairing of human tissues, provided there is no mechanical interference with the circulatory or nervous systems. Correction of such mechanical interference permits a free flow of forces and nourishment between the parts, which restores normal tissues and re-establishes the harmony of conditions and action know as health », M. A. Lane, Professor of Pathology in American School of Osteopathy at Kirksville, Doctor Still As a therapist, Osteopathic health, Chicago, December 1916, Number 6

<sup>4</sup> Grégory Bateson, *La Peur des anges*, Paris, Seuil, 1989, p. 242-246.

<sup>5</sup> <http://www.cranialacademy.com/cranial.html> and William G. Sutherland.

The common view is that, without using a scalpel, it is as impossible for us to sense life inside a living organism enveloped in skin as it is for us to see through a wall. This ability only seems inconceivable because of how we are educated. In fact, we assume not only that all sensation occurs within the limits of our five senses, but also, as a consequence of this idea, that all real knowledge can only develop in the context of the relation of a subject to an object. In other words, such knowledge relies on a process of objectification.

From this perspective, our knowledge of the body is limited either to an objectifying or anonymous process – a ‘third-person’ understanding that fails to consider the body itself – or to a ‘first-person’ understanding of the body’s physical casing that is obtained purely through observation of the skin’s surface. The latter reduces one’s body to a mere receptacle with obscure contents, its outlines defined by the physical barrier of the skin; it implies a first-hand understanding of our corporal existence that is temporary and rather limited. Further, this comprehension can only reach deeper than the surface when we experience physical or emotional pain – for example, fear or anxiety. Our limited knowledge of bodily consciousness is based on the idea that good health is indicated by the ‘silence of the organs’, to borrow René Leriche’s expression. In such a view the ‘external’ environment, the world that surrounds the skin, is also incidental – as is the body’s relationship to it.

Yet this also suggests that the scope of our sensory capacities exceeds that of the five senses, and that the human body perhaps exists beyond the mere confines of its skin. This is a sensation we have all experienced when we turn around to find someone watching us.<sup>6</sup>

II. The osteopathic listening process provides a first-hand understanding of this interior aspect of the body. It enables a different type of knowledge from what is commonly referred to as ‘sensory’ perception, if by that we mean what our five senses allow us to perceive. The sense of touch, for example, should be understood on the basis of what we mean when we say ‘I am touched’, in other words ‘affected’; a deeper, more authentic understanding of the sense of touch, as already observed by French phenomenological psychiatrist Eugene Minkowski (1885-1972).<sup>7</sup>

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<sup>6</sup> See Edward F. Kelly and Emily Williams Kelly, *Irreducible Mind, Toward a Psychology for the 21st Century*, Rowman and Littlefield Publishers Inc., 2007. This book reassesses and updates the contributions of Frederic W. H. Myers and William James to scientific psychology in light of the works produced in the twentieth century. The main conclusion is that Myers, James and their colleagues were on the right path to developing a comprehensive understanding of the nature of the human psyche. Additionally, this comprehensive understanding also accounts for various types of empirical phenomena, which find little or no explanation in the conventional, reductionist and materialist context of the relationship between the mind and brain.

<sup>7</sup> Eugène Minkowski, *Vers une cosmologie* (1936), Paris, Payot, 1999, chap. 17. A student of Alexander Pfänder and Moritz Geiger in Munich, Minkowski contributed to the incorporation of phenomenology into psychiatry. *Le*

This listening process means that, for osteopaths to acquire the ability to perceive or sense, they should first be able to maintain a kind of silence in their own psychic life – to halt their constant mental conversations and block out the images in the world around them (a process referred to as *epoché* in ancient Greek), so that they become receptive to what the patient’s body, in this state of silence, may tell them. As when the Eugen Gendlin method of Focusing teach us to listen the ‘ Bodily felt sense’.

This silence must allow the osteopath to become harmonised with the space in which the patient’s organic life occurs and with the patterns it follows – a phenomenon Jacques Cosnier<sup>8</sup> calls ‘mirroring’ or ‘echoing’. Otherwise, the care provided to the patient may be disrupted by an external element and thus perceived as a form of violence. In everyday life, this echoing exists as the empathy that enables our interaction with others. Such empathy comes in a variety of forms; it is evident when we mimic or mirror the gestures of others, for example yawning or smiling when they do, and forms the basis of human communication. The concept of echoing can in fact be seen as an essential feature of life itself, on the basis of Minkowski’s idea of ‘reverberation’ to mean a ‘vital and dynamic category’.<sup>9</sup>

Minkowski’s notion of reverberation, which is largely analysed in Chapter 9 (‘Remembering’) of *Toward a Cosmology*, does not refer to a primarily acoustic or subjective phenomenon, but rather to one of the ‘properties of the universe, a basic property of life’. In this regard, he writes:

‘The notion of reverberation is [...] far more primitive than the opposition between the self and the world as commonly defined by psychology [...]. A melody, symphony, or even a repetitive sound, especially when it is low and deep, persists inside us, penetrates the depths of our being, echoes and truly reverberates within us [...]. Clearly, we are not dealing with a second melody that is a ‘reflection’, in some form or another, of the first or takes place inside me in a some way; in reality there can only be one melody [...that] carries the both of us.’<sup>10</sup>

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*temps vécu* (1933), has been translated into English by Nancy Metzler (*Lived Time: Phenomenological and Psychopathological Studies*, Northwestern University Press, Evanston, 1970).

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<sup>9</sup> See Minkowski, *Toward a Cosmology, op. cit.*, p. 101, or p. 109 where he describes an ‘essential category of the reverberation process’, which he explains with the following comparison: ‘It is as if the waves from a water source were enclosed in a vase and constantly striking its interior surface, filling it with the sound they produce; or as if the echoing sound produced by a hunting horn caused every single leaf or patch of moss to quiver at once, and thus filled the forest to the brim, turning it into a vibrating, resonant world’ (p101).

<sup>10</sup> Minkowski, *Toward a Cosmology, op. cit.*, p. 106. Bachelard writes about the same topic in *La poétique de l’espace* and invites us to consider the notions of echo and reverberation as a ‘phenomenological doublet’ (p.13): ‘echoes are scattered throughout the various aspects of our terrestrial lives, while reverberation encourages a deeper examination of our own lives. Echoes allow us to hear the poem, and reverberation allows us to speak it, even to own it.’ Unlike Minkowski, Bachelard seems to define this phenomenon as strictly connected to the notion of psychic interiority.

Therefore, if all therapeutic treatments imply a degree of empathy between the body of the therapist and that of the patient – and if that is the basis for treatment – what does the phenomenon of echoing mean in our specific context of osteopathic treatment?

A principal feature of this osteopathy is that the osteopath *consciously* attempts synchronisation with the patient's body, and that both diagnosis and treatment will be more effective as a result. This implies firstly a need to focus on what can be sensed from the patient's body, with the osteopath discerning and locating in his or her own body the disorders affecting that of the patient. This osteopathic listening process is a unique experience, allowing therapists to sense or 'feel' not only the patient's physical existence, but also the relationship between this corporeal presence and their own – in other words, to become aware of a non-objectifiable inter-corporeal dynamic.

Perception of the spatial aspects of the life of this 'anonymous subjectivity' (to borrow a Husserlian expression) and the patterns that this life follows – not the common rhythms of wakefulness and sleep, or illness and recovery, but rather those of the organism's various systems – is possible via a process of visualisation that does not rely on the human eye so much as an understanding of the entire body. Osteopaths use the language of anatomy as a presupposition or interpretative tool to guide their visualisation – the word 'guide' indicating precisely that what they discover is often unprecedented or unusual. The information is perceived in a way that is incontrovertible, but simultaneously indirect or surreptitious (as when one discovers the presence of a symptom but does not necessarily know what it is the symptom of). Moreover, as part of this visualisation process, human anatomy becomes an active or animated presence. What is *felt* is translated into and transmitted via images that allow the osteopath to understand and communicate with the reality that they portray. The images have a powerful symbolic function and may indicate the presence of a given imbalance or dysfunction to the osteopath. Thus the patient is 'relayed' by the sense of touch, and treatment requires the involvement of a creative imagination.

Another characteristic of this listening process is that, unlike medical auscultation, osteopathy does not seek to connect certain symptoms to a particular known pathology, but rather undertakes an adventurous exploration of the 'anonymous subjectivity' of the human organism – in other words, an exploration of the ever-changing universes, or ecosystems, of the human body. It is 'adventurous' because what the osteopath perceives may be new, unprecedented and therefore unpredictable.

Osteopaths must thus develop the ability to discern a patient's inner life, allowing them to perceive the rhythms, harmonious or otherwise, that result from the involuntary micro-movements of body tissue that animate the entire body in the same manner as breathing. There is a clear parallel with the traditional Taoist practice of 'turning one's eyes inward' to observe one's inner life – the growth of one's hair, one's internal organs, or the processes at work in the musculo-nervous and intravenous systems. Like any art, this listening process requires training, firstly because it is not a natural predisposition (on the contrary, our basic needs require us to focus on the 'outside' world), and secondly simply because practice improves one's sensitivity. I am curious as to how the osteopathic listening process might relate to the notion of 'feeling' that Susan Stuart calls *enkinesthesia*.<sup>11</sup> It would also be interesting to compare the process to the experience of what Merleau-Ponty defines as 'flesh' (*la chair*), or – following Gabriel Marcel's idea of 'intertwining' (*l'entrelacs*) – the interweaving of the self, the body and the world.<sup>12</sup> This would imply that the physical bodies of the therapist and patient are synergically linked not only with one other, but also with their natural environment – in other words, that they are both part of the same natural 'whole'.

In conclusion, the osteopathic listening process relies firstly on a technique of observation that suspends the flow of one's normal psychic existence. It also requires the osteopath to be patient: the information gathered from the analysis of a being's anonymous existence may be uncertain or undetermined. One might argue that the osteopathic auscultation of organic life is a method unique to practitioners of this medicine – or, on the contrary, that learning to listen to our organic existence may in fact be of relevance to us all. But is asking this very question not in itself an expression of the 'excarination' of modern Western thought described by Charles Taylor in *A Secular Age*?<sup>13</sup>

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<sup>11</sup> See Susan Stuart ., « The union of two nervous systems : neurophenomenology, enkinesthesia and the Alexander technique » in *Constructivist Foundations* 8 (3), p. 314-323.

<sup>12</sup> Marcel thus describes this 'kind of intertwining of the body and the self as the very foundation of our human or animal condition' (*Être et avoir*, Paris, Aubier, p. 120). David Abram, among others, developed Merleau-Ponty's analysis of the notion of flesh [...].

<sup>13</sup> Taylor, *A Secular Age*, Belknap Press of Harvard University Press, 2007; French translation by P. Savidan, *L'âge séculier*, Paris, Seuil, 2011, p. 1040 et seq.