

## FROM THE ARCHIVES

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# Osteopathy—A philosophical perspective Reflections on Sutherland's experience of the tide

My purpose is to examine philosophically the phenomenon of the Tide in osteopathy. In doing so, I hope to call attention to the essential role that philosophy plays in the art and science of osteopathy. I will attempt to place osteopathy within the context of the history of ideas in western philosophy and show the relativity of the two main epistemological approaches, namely vitalism and materialism.

The characteristics of a vitalist perspective and the relevance to osteopathy will be demonstrated. Osteopathy will be viewed as a quasi-phenomenological method within the context of the vitalist tradition and the emphasis on perception will be noted. Finally, the concept of metaphor will be discussed and applied to the phenomenon of the Tide.

As osteopaths we are all familiar with the notion that Dr. Still's main focus with his students was anatomy and the concept of the osteopath as master mechanic or engineer, reasoning from the level of effect or disease to the level of cause. Namely, that a physical restriction was the reason for the impeded arterial flow, the impeded lymphatic drainage, the impeded venous return, etc. We vaguely know something about his philosophy and we know that we have little in the way of specific techniques as our legacy from him. This is certainly true about his *Philosophy of Osteopathy* and his *Philosophy and Mechanical Principles of Osteopathy*. In his last work, *Osteopathy: Research and Practice*, while we certainly receive more in the way of technique, we cannot avoid the conclusion that the "old doctor" was, at heart, a philosopher. My purpose is not a discussion of his philosophy per se, although I consider his concepts of the *Biogen* and of *Mind, Matter, and Life* to be most interesting. Rather, it is in part to reflect upon how little we as osteopaths actually engage in philosophy and to think philosophically about the Tide. Since his passing we have had no shortage of anatomy, physiology, pathology, biochemistry, etc. We have had precious little philosophy. We have, in fact, had precious little osteopathy and may have compromised ourselves into near oblivion by living off of the legacy he left us without "digging on" philosophically and practically.

I hope to show where osteopathy stands in relation to the history of ideas and describe its essential features so we may apply them to the concept of the Tide. One of my favorite quotes from Dr. Still is from the preface to his *Osteopathy: Research and Practice*, "The mechanical principles on which osteopathy are based are as old as the universe. I discovered them while I was in Kansas. You can call this discovery accidental or purely philosophical."

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What could he have meant by the tenn “philosophical”?

The history of western philosophy is vast and, when taught at the introductory university level, generally requires a minimum of two semesters to complete, so we certainly are not going to attempt that here. However, we can survey this expansive field and try to classify the osteopathic approach. The area of philosophy most closely linked to science is epistemology, that branch of philosophy concerned with the theory of knowledge- the nature, scope and basis for knowledge itself. The history of epistemology can be viewed as our struggle to come to grips with the issue of what exactly can we know about reality. The early Greek philosophers were not very much concerned about this issue, relying on the supranatural and mythic for an explanation. By the 5th century B.C. one minor exceptional group, the Sophists, began to question whether what we know about nature was objective or was the product of the human mind. However, by the middle ages the world of the supranatural, the mythic, or the Platonic world of Forms and Ideas of the Greeks drew to a close to be replaced by a medieval cosmos based on the authority of law, churches, and sacred texts. The modern period in philosophy, and for that matter science too, began during the Renaissance when a world-view based on reason began to reign supreme. Modern science was now the authority which implemented the test of unrestricted doubt.

Personal belief played no role for the grounding of assertions about reality. It began with Galileo and later Newton and Descartes - and it is here where we must begin a closer search.

With the work of Galileo and Newton, descriptions of material reality are to be stripped of any subjective experience. Objects must have their qualities of color, texture, taste, etc. removed. Space itself is purged of its visual and emotive qualities of vastness, nearness, farness, boundedness, etc. The qualities of our self-referent bodily motion such as to, from, up, down, in front of, in back of, etc. are all removed. The qualities merely occupy space. Space is indifferently occupied by matter. All matter ultimately gets reduced to two allowable qualities - number or quantity and extension or location in space. In the realm of philosophy, the Renaissance also fueled a search nature of reality. It has merely attempted to circumvent it by its use of probability statements. However, with the exception of atomic physicists, most scientists, especially in what may be called the “soft sciences” still believe that

an independent observer is possible. Before we move on to the issue of osteopathy, however, I would like to take a short detour and comment on the notion of science as objective. I believe this is important because there is a very strong desire and a long historical tradition in the osteopathic profession to be “scientific,” “rational,” and “objective” to have osteopathy be based on “science” so that we can prove that what we do is real. Simply, to prove that we are as good as allopaths. So, please bear with me as I attempt to demythologize science. For an epistemological method that would determine the truth for once and for all. The French mathematician and philosopher, Descartes, in his *Meditations*, offered a proposition that was beyond doubt. One could never be proved wrong by maintaining the proposition.

This is the now famous proposition, *Cogito, ergo sum. I think, therefore, I am.*

He further proposed that it was indeed possible to make a separation between the *res cogitans* and the *res extensa*, that is between the object as it exists and the object as it is thought about. Philosophically this is the foundation for what has become modern science. This Cartesian perspective is, for all intents and purposes, synonymous with descriptors such as rationalism, dualism, natural science, Newtonian science, and logical positivism. It is materialism—namely that there is nothing in this world over and above what can be discovered by physics. All that exists in the universe are subatomic particles or aggregates of subatomic particles and that the only properties or relationships that exist—are between and among such particles or aggregates of particles. Should osteopathy be considered a science? If so, is it a science from the materialist perspective? Let’s look a little deeper. What we generally understand today as natural science is materialism. It is characterized as empirical, that is, information is gathered by the application of the so-called scientific method. It is reductionistic since all experience is reduced to two major qualities, namely number and location in space. These two qualities are generally regarded as quantities. Once relationships or laws are generated, natural science can then predict outcomes. The use of Heisenberg’s uncertainty principle in quantum mechanics, notwithstanding, science is essentially deterministic. Modern physics has not yet dealt with the indeterminate nature of reality. It has merely attempted to circumvent it by its use of probability statements. However, with the exception of atomic physicists, most scientists, especially in what may be called the “soft sciences” still believe that

an independent observer is possible. Before we move on to the issue of osteopathy, however, I would like to take a short detour and comment on the notion of science as objective. I believe this is important because there is a very strong desire and a long historical tradition in the osteopathic profession to be “scientific,” “rational,” and “objective” to have osteopathy be based on “science” so that we can prove that what we do is real. Simply, to prove that we are as good as allopaths. So, please bear with me as I attempt to demythologize science.

Science is a human activity. It is not a thing. It did not drop out of the sky. It is not a super-human or trans-human essence. It is not an entity unto itself. It cannot be conceived of outside of the matrix of all other human conditions, needs, and interests in which it originates and develops. It is not perfect nor can it ever be. It must always remain one of several ways of viewing the world. There is nothing within the logical basis of modern science which would compel one to automatically accept that logical basis itself. The rules of logic are also a human product and as such do not have an inherent acceptability to them. So world-views or paradigms about the functioning of the universe must always remain relative. Society’s selection of a dominant paradigm is a complex, cultural, economic, political, and esthetic choice the basis of which is itself not rational.

Since before the middle of this century, philosophers of science have written extensively about the subjective nature of natural science. For instance, Michael Polanyi, a physical chemist and philosopher at Oxford, in his book, *Personal Knowledge*, exposes the subjective nature of some of the tenets of science. For instance, often theories are held on esthetic grounds for years before technology can be developed to test them - this was certainly true about most of Einstein’s work. Probability only makes sense in relation to the notion of order, a concept which we accept tacitly without a logical basis. Probability statements in relation to the null hypothesis are also based in the subjective because ultimately one cannot assign a numerical value to the intensity of one’s belief. In addition, there is no specified set of rules as to how a hypothesis is to be generated from the observed data. The myth of science as objective was further exploded by Thomas Kuhn, professor of the philosophy and history of science at M.I. T., by his work, *The Structure of Scientific Revolutions*. In this work he cogently argues that science does not proceed in time as an orderly progression of the accumulation of knowledge as is typically portrayed in text books. Rather

it is a series of explosive quantum leaps in which one paradigm is superseded by the next in a manner not at all logical, objective or scientific. Let us now return to our discussion of osteopathy.

So if we as osteopaths are going to chase after this thing called “science,” we should at least know what it is and what it is not. Most of what we are chasing after is the *appearance* of the objective. We seek the outer appearance of science. The research labs, the white lab coats, the federal research grants. These are merely the trappings of the scientistic technocrats. The use of computers, of machines, of measuring devices and the communication of results in graphs, charts and algebraic formulae are not the necessary and sufficient conditions for the activity of science, despite how spellbound we are by them. I am not arguing against the utility of the knowledge derived from scientific activity and the wonderful technologies which have made our lives so much better. However, the knowledge gained must always be placed in perspective. Each perspective is of necessity incomplete and none can be argued to be more correct. No one approach can ever hope to explain the totality of human experience. Nor is every approach applicable to every aspect of human existence. Science is a human activity which at its core derives from the wellspring of human capacities we all share. It is an organized, systematic body of knowledge about the world using certain general principles or laws. There must be universal agreement among scientists and they must share a common language and common criteria for the justification of claims or beliefs. The truths so revealed must be timeless and non-local. It is from this definition of science that we can examine osteopathy.

In discussing osteopathy as a science it is extremely important to differentiate Still’s original work and method from that which we have since used to explain and justify his work. In other words, we need to distinguish his original observations and principles from modern medical science which we retroactively apply to his work in an attempt to show it to be worthy. The first I call osteopathy, the second I call osteopathy or “allopathic” osteopathy. The distinction I am making here is like the difference between the experience of God and religion. One is the transcendent, ineffable experience of the mystic; the second is the written dogma derived from that experience. One is the actual experience; the other our intellectualization and communication of that experience.

How then shall we characterize Still’s work? We have



very little information about his discovery of the principles of osteopathy. We do not know whether there was some kind of direct inspiration or intuition of first principles and then a downward deduction of particulars, or whether the first principles were the result of an upward induction from the particulars. He only tells us in the *Philosophy of Osteopathy* when he began to "give reasons for his faith in the laws of life as given to men .... by the God of nature." There seems to be no experimentation as we know it today, rather the exhortation to continue the application of the principles of osteopathy during one's professional life and to learn the needed lessons from Nature. Yet osteopathy is certainly organized and systematic. It does use general laws or principles. It does provide knowledge about human health and disease. And its truths are timeless, nonlocal, and can be communicated amongst osteopaths - so it is scientific. But how?

To answer that question we need to look at two things: the world view or paradigm of osteopathy and its basic methodology again (bearing in mind that I am talking about the actual doing of osteopathy) and that a paradigm or world view *is* the collection of basic assumptions by a scientific enterprise. If we understand what materialism is as a paradigm and if osteopathy is scientific, then clearly the world-view of osteopathy is *not* that of materialism. The osteopathic philosophy is a vitalist philosophy. From the vitalist perspective living things are not just a complex pattern of organization where each element of that pattern is itself nonliving. From the vitalist perspective, a living thing is not alive because something called life emerges when nonliving elements are combined in a certain way. Vitalism maintains that there is in living things the presence of an entity or organizing principle that imparts powers not possessed by inanimate objects and which is not reducible to the mere sum of the parts of the living system. The vital entity or principle that animates an organism is called Life. Life is not made up of nonliving substance and Life is capable of an existence apart from the organism.

The concept of an animating principle is not new or unique to osteopathy. In Ayurveda, the ancient Indian healing system it is known as *prana*. In Chinese medicine it is known as *chi*. Hippocrates called it *physis*. Galen called it *pneuma* or spirit. Paracelsus called it the *archeus*. Samuel Hahnemann, the founder of homeopathy, called it the *vital force*. The concept of *Life* for Still was much more than just a force of nature or an organizing principle. It is with this concept that we see the basis for Sutherland's

work with phenomena such as the Breath of *Life*, the *Tide*, or *Liquid Light*. *Life* is not a blind force. *Life* has a purpose. It has a plan or goal. It is oriented toward this goal and in this sense it is teleological. *Life* can communicate directly to each of us personally. *Life* is ever present - it is only we who fail to notice. For Still and Sutherland *Life* is God. In this sense, osteopathy is more than vitalistic. It is more correct to say that osteopathy is theistic and that vitalism is a subset or a special case of theism. In the *Philosophy of Osteopathy*, Dr. Still states:

"First the material body, second the spiritual being, third a being of mind which is far superior to all vital motions and material forms, whose duty is to wisely manage this great engine of life." (p.26)

There are several more points to be made about vitalism which will help our understanding of osteopathy. Its methodology is for the most part descriptive.

One of its methodological tools is the metaphor. The metaphors used are multidimensional matrices of meaning whose depth at first glance is not obvious.

Perception (not physiological sensation or physical palpation) is the foundation of the science. The perception shifts with the experience of the practitioner. The perceptual field of practice changes as the osteopath evolves mentally, psychologically, and spiritually. The metaphorical becomes literal, but now on a different plane of understanding. Unlike the natural sciences, in vitalism it is not a matter of mere intellectual experience and technical expertise. In the natural sciences one physicist is as good as another once he or she has the basic training and can perform experiments. The field of physics in its practice is the same regardless of the experimenter. In vitalism, the entire field of study shifts according to developments in the consciousness of the practitioner. In theistic perspectives like osteopathy that evolution is toward a particular end point, namely God. In vitalism knowledge (as an object to be possessed) is *not* the goal, rather, wisdom (as a way of being) is sought. In vitalism, each practitioner is a participant observer within the context of the co-created field with the patient.

I believe that Dr. Still recognized the perceptual shifts which take place as an osteopath grows and evolves over a lifetime of practice. We see this most clearly in a quote from *Osteopathy: Research and Practice* where he states in paragraph 34:

...and all the mysteries concerning health disappear just in proportion to man's acquaintance with this sacred product,

its parts, principles, separate, united or in action. As a descriptive science, osteopathy comes closest to a movement in western philosophy known as phenomenology. Phenomenology as a movement was started in the late 1890s by the German philosopher, Edmund Husserl. It was in large part a reaction to the mathematical and mechanical reductionism in philosophy and science of the times. Phenomenology is non-empirical, relying on description and intuition of essences.

The task is to perceive things as they are in themselves, without any presuppositions. Belief in the existence of objects itself is suspended. All theories about reality are bracketed. Phenomenology attempts to describe phenomena and not explain them. Phenomenology seeks to describe how the world makes itself known to our awareness. Husserl called it the “science of experience.” For Husserl, reality can never be “objective” because the field of our experience is inhabited by other subjective beings whose embodied gestures and expressions call forth a kind of associative empathy. The pure, objective reality assumed by modern science is viewed as an artificial construct, an idealization of an inter-subjective experience. The common, collective world we all share as an intersubjective field, Husserl called the *lebenswelt*, the lifeworld. The life-world is that organic, open-ended field which we each experience from our individual perspectives, in which our lives are inexorably intertwined and which is ultimately indeterminate.

This life-world always stands as a backdrop to everything we do in life. It is the horizon that exists in our subsidiary awareness as we engage in a focal act or thought. Any human activity has meaning only in relation to the life-world.

Following Husserl’s death in 1938, the work of modern phenomenology was carried in slightly different directions by Martin Heidegger in Germany and Jean-Paul Sartre in France. Phenomenology in the formal sense is not a set of doctrines but is rather a method of exploration, each philosopher utilizing it in slightly different ways. Another French philosopher and psychologist, Maurice Merleau-Ponty, studied perception from the phenomenological perspective. It is his work which provides an excellent foundation for understanding perception in the field of osteopathy.

In a sense what Descartes had separated—consciousness and matter—Merleau-Ponty restored. For Merleau-Ponty, the notion of a transcendent self, separate from the

experiencing self, was an impossibility. The experiencing self is the bodily organism. What gives us the possibility of reflection, abstraction, and intellectualization is the body itself. However, the body for Merleau-Ponty is the body as lived, not the body of natural science. This lived-body has fuzzy boundaries. A boundary which is permeable to and interacts with the life-world. In the act of perception, the boundary of where I end and the object begins interpenetrate whether the object is another human being or a tree.

Merleau-Ponty’s phenomenology is an attempt to give voice to the world from our situation of being immersed in it. Mind or consciousness can never stand outside of the lifeworld. An abstract absolute perspective is never possible. Perception is primary and reality is always perspectival. The world always remains indeterminate because I can never embody all perspectives at the same time.

Perception is always participatory, that is, there is some interplay between the perceiving body and that which it perceives. The interplay is possible because there is a fundamental matrix or unity in which both I and the object of my perception participate. For phenomenologists, this unity is arrived at by the application of the phenomenological method to the experience of perception. For Still, this unity or Life is a presupposition—hence osteopathy is quasi-phenomenological. However, with this one exception the two philosophical disciplines are very similar. It is in understanding perception that we can begin to understand osteopathy as philosophical.

In his *Philosophy of Osteopathy*, Dr. Still states:

I wish to impress it upon your minds that you begin with anatomy, and that you end with anatomy, a knowledge of anatomy is all you want or need, as it is all you can use or ever will use in your practice, although you may live one hundred years. (page 16)

What Dr. Still meant by anatomy is not only the descriptive anatomy of the books and the gross anatomy laboratory, but also physiology, histology, biochemistry (what he called elementary chemistry), observation in the clinics and observation and practice in what he called the operator’s room, i.e. the treatment room. All of this information, all of our medical studies, even today, form the background out of which emerges our perception of the patient when we are working as osteopaths.

Each of us, with our totally unique perspectives, must approach the other with all of these facts which we learn at school as the ground on which we stand, as the horizon

from which emerges our particular focus with each patient. The medical science we learn from the materialist perspective must inform the osteopathy we perform from the vitalist perspective. So, we have this synthesis of all of our natural science which we have learned in our colleges as the back ground to the actual doing of osteopathy. Dr. Still advised us to proceed as an artist would, by having a living picture in our minds. Now, he could have said photographer who captures the “real anatomy” as it exists for modern science, but he chose the word painter which implies subjectivity, perspectivity, interpretation, and the notion of having an “eye” for things. In fact, Still often talks about having something in your mind’s eye.

For instance, on page 13 of his *Philosophy of Osteopathy*, he states—

...because I want you to carry a *living* picture of all or any part of the body in your mind as a ready painter carries the picture of the face, scenery, beast or anything he wishes to represent by his brush”. [emphasis mine]

Later, on page 23 he states:

I believe that more rich golden thought will appear to the mind’s eye as the study of the fascia is pursued than any other division of the body.

He is talking about perception. I have been at CME courses where the instructor was showing slides of anatomy so we could memorize them. I do not think that is the limit of what Dr. Still was talking about. There is nothing inherently wrong with viewing anatomical drawings. However, we need to understand that the segmental anatomy we study is a perspective we have historically chosen to communicate our knowledge of structure. It is one way of “seeing” anatomy. It is *not* the only way. It is definitely not the way we experience our own bodies, nor is it the way we experience our patients as participant observers. The work of artist Alex Grey, as portrayed in his work *Sacred Mirrors*, comes closer to an osteopathic perception during treatment. Here we see the attempt to portray human anatomy in terms of energy. There is less “hardness” or mass to it and the borders interpenetrate with the environment. It recalls Sutherland’s metaphor of the house at the bottom of the sea, surrounded and emersed in fluid. For Still, the first kind of anatomy gets you into the field, the second allows you to become an osteopath.

Often times we are more oriented, as osteopaths, to the tactile. There are many perspectives. There are many ways to be an artist. The only goal is to find health, as Dr. Still said—anyone can find disease. Each perspective is equally

valid and yet each follows the same general principles. While we are on the subject of perception, I would like to quote at length from Harold Goodman, DO in his foreword to the 1992 edition of *Osteopathy: Research and Practice*:

Please remember that what you will read in this book is the distillation of a lifetime’s experience of a very elevated and advanced soul. Originally, Dr. Still was said to have remarked that he doubted that the work of osteopathy could be taught. He realized that most people saw things in a radically different way than he did. And yet, there was a continuous demand for this type of practice, which he alone could not satisfy. Out of compassion he allowed himself to attempt to do what he personally believed was impossible: to impart the life and soul of his work. Essentially they were instructed in anatomy and osteopathic philosophy. No technique of any sort was taught, we are told. Each student made his own connection according to the level of his personal development and evolution. Dr. Still realized that people can only see and hear what they are open and prepared to receive. In an effort to facilitate the teaching process, Dr. Still repeatedly uses purely mechanical terms and images to encourage the student. Don’t believe for one second that this was the limit of his vision. According to many who studied with him and others who have spent years studying his works, it was his hope that the experience of living, dynamic anatomy would awaken dormant centers of perception in the student. Gradually, over a period of years of focused attention, conscious intention of purpose and deep, non-judgmental concentration on the experience of life as manifested in the patient, the physician would evolve into an osteopath. This was Dr. Still’s hope in sharing his work.

In separating out the explaining of osteopathy versus the doing of osteopathy and in noting the descriptive nature of osteopathy and its reliance on perception - I am struck by several questions. Did Dr. Still *teach* osteopathy? Are we teaching osteopathy now? These questions have profound implications for our profession in terms of admission, education, examination, licensing, board certification, post graduate education and CME particularly as taught by the SCTF and the Cranial Academy. What is it that we teach? We are very good at providing the background natural science education, of teaching all about brushes and paints, how to use them, clean them, about the nature of pigments and the physics of color, etc. Are we teaching the art? Can it even be taught? Does our educational system, especially our CME curriculum, actually *prevent* the deepening of the perceptual skills with which we all started our freshman year? It may be that osteopathy is learned by prayer or meditation; by milking cows or riding horses; by fly fishing or marathon



running; by ballet or pottery; by glass blowing or singing opera; by any human activity in which we experience the interplay of form and function, energy and matter, mind and motion—in which we experience what one biofeedback pioneer calls “open focus”—what is otherwise known as love. We must confront the possibility that what makes a true osteopath is already present in nascent form before the student begins formal study. Do our admissions committees seek to ascertain this? Could it be that the best osteopaths are not DOs at all?

One of the ways a teacher can communicate ideas from a clear level of perception to a level capable of being understood by his students is to use stories, parables, paradoxes, or metaphors. These devices are attempts to give voice to the ineffable, to strain and push the limits of language and give voice to phenomena so sublime that the very act of languaging them threatens to destroy them. However, before we go on to the metaphor of the *Tide* we need to look closely at what a metaphor might be.

Keeping in mind Still's description of the osteopath as artist, it is not surprising that in attempting to verbalize his perception of the *Tide* as one of the finer forces of nature, Dr. Sutherland chose a tool of the poet—the metaphor. Although metaphors have been used for thousands of years, there is not universal agreement amongst scholars regarding the nature of metaphors. This, of course, has led to several theories of metaphor, each which informs the other, and all of which are useful. The substitution theory maintains that a metaphor attempts to communicate a meaning that might have been expressed literally. For example, in the statement, “Richard is a lion”—lion is a substitute for the word brave. This is a bit like solving a riddle. The comparison theory sees metaphor as performing a transformational function on the basis of analogy or similarity. The metaphorical statement could be replaced by an equivalent comparison. Here, the statement, “Richard is a lion” says something about Richard and about lions as well. The interaction theory maintains that a metaphor does not substitute or compare rather it initiates an interaction the result of which produces meaning. It is from the interconnectedness of the principle subject and subsidiary subject of the metaphor that the mystery and magic of the metaphor reside. Despite the varying theories of metaphor several features of metaphor should be noted. There is a transferral of meaning in intention and extension. There is a measure of semantic impertinence. A certain tension is generated by that which is odd, new or startling about the metaphor. Despite the

oddness it must be intelligible. From this tension, from this dialectic emerges the clash of perspectives all imbued with ambiguity and yet yielding glimpses of the truth. The sameness and differences of the metaphor are joined together by their likeness. The metaphor is a unique device which is very flexible for extending the resources of language by creating a new sense for words in particular situations. It is like teaching old words new tricks. By applying an old label in a novel way, the metaphor can illuminate a aspect of human existence not previously communicated. This is especially true about phenomena which are illusive, difficult to categorize or pin down. By the binding of apparent opposites the metaphor generates a tension which pushes us to the limits of language. One of my professors in phenomenological psychology once described the metaphor itself with the following metaphor: “The metaphor is a lie that tells the truth, a confusion that clarifies, a detour that puts one more directly on the road, a blindness that enables one to see.”

Ultimately, the metaphor is a heuristic, that is, that which serves to find out or discover a truth. It is a method for solving problems without any guarantee for doing so but which can educate and elucidate in the process.

So we have finally come to the point of appreciating the metaphor of the *Tide*. We will look at how Dr. Sutherland described a natural phenomenon from his perceptual field. Bear in mind that he only began talking about things like the *Tide* toward the end of his 50th year as an osteopath. It took him that long to get it. I am not saying that his first 49 years were uneventful, I am merely pointing out that from the perspective of hindsight his previous work, however great, was only a prelude to his crowning achievement of the clarification of his own perceptual field and the realization of the finer forces. To fully appreciate the fullness of Sutherland's choice of the metaphor of the *Tide*, we need to perform what is known as a *hermeneutic*. The word *hermeneutic* comes from the Greek word for interpreter. It derives from Hermes, the winged messenger who shuttled back and forth from the gods to man. It is a kind of interpretation used in biblical studies to uncover metaphors and parables which serve to at one and the same time obscure and illuminate. The first step of this hermeneutic involves the recognition of the word fluid.

Fluid, from *fluare*, the Latin for “flow,” must be distinguished from the notion of “liquid.” Liquid is a state of matter; fluid is a description of behavior. Fluid implies

freely moving particles which give way to the slightest pressure and conform to the outline of the container. Liquid is incompletely elastic; fluid has complete elasticity. In osteopathic philosophy fluid does *not* refer to any liquid. The water to be supplied to the withering fields is *not* the cerebral spinal fluid, or at least it is a fluid whose *least* significant aspect can be identified with the CSF. Even if natural science finds ubiquity of the CSP through all tissues, it would still be true that the CSF is only the material plane correlate of a more important fluid. Further, finding the fluid via the natural science approach will not help you very much to experience the fluid with your patient. The 19th century physicist Maxwell in his work *Electricity and Magnetism* called the two electricities fluids Benjamin Franklin spoke of “a particle of electric fluid.” The fluid of Andrew Taylor Still is something close to a definition given in the Oxford English Dictionary:

several subtle imponderable all pervasive substances whose existence has been assumed to account for the phenomena of heat, magnetism, and electricity.

In *Osteopathy: Research and Practice*, Dr. Still states:

Osteopathy has no place for the masseur, but for the mechanic of first water, endowed by nature and well qualified by practice. (par. 46)

Dr. Still's fluid or first water is what flows through the human bioelectromagnetic energy field. It is a type of intelligent bioelectromagnetic plasma. It penetrates and permeates anatomical structures such as brain, dural membrane, ligament, even bone. We tell ourselves and our students that when we do av-spread on a patient that we are directing CSP - but we really know that CSP, as a liquid cannot go through brain, membrane and bone on a diagonal, in a matter of seconds, because we will it to be so. However, an electromagnetic fluid can and does. There is not a true reciprocal tension system in a closed space based on hydraulics, rather there is a reciprocal tension system that is magnetic and not bounded by anatomy as we know it. Now we can begin to see the genius of Dr. Sutherland in using a metaphor connected with the sea.

In contemplating the *Tide*, we must consider the essential structure of the phenomenon which would make the metaphor understandable to all. Remember, this is Dr. Sutherland's attempt to communicate from his clear perception as teacher to our cloudy perception as students. Imagine if you will, a beach scene containing some of the following elements each a perspective of the experience of the tide; each person experiencing the tide in their own

unique way, yet each in a way similar enough to allow for the phenomenon of the tide to have universal meaning.

What is the tide:

- To a child playing with a sandcastle?
- To the ship's captain calculating his departure?
- To adolescent boys in the full throws of a hormone storm - girl-watching bikini clad beauties?
- To two lovers strolling hand in hand not noticing their feet getting wet?
- To a sunworshiper lulled to sleep by the sound of the pounding surf conducted through sand and her thick beach blanket, momentarily interrupting the music on a transistor radio?
- To a clammer, rake in hand, looking for that telltale squirt from beneath the sand?
- To the solitary beach comber walking into the wind, hair blowing, hands clasped behind him thinking sad thoughts?

Somehow from perspectives such as these, the essential structure or essence of the phenomenon of the ocean tide can be distilled into the meaning which is the metaphor of the tide. By using this metaphor, Dr. Sutherland meant to convey something about what he experienced with his patients that shares some qualities with the ocean tide. This phenomenon he called the *Tide*.

The *Tide* as metaphor was Sutherland's attempt to described an aspect of his lived experience of the field of perception co-created with his patient during an osteopathic treatment. This approach is known historically as the phenomenological or human science approach.

Continuing the hermeneutic, let's dive into the metaphorical tension between the terms water and fluid and also between the term the ocean tide and the *Tide*. Water or the sea represents that primordial substrate which was first fertilized by the seed of the spirit. In Genesis, we are told that the Spirit of God hovered over the waters. The Firmament separated the two waters, the water above and the water below. The material water which is a liquid and the spiritual water which is the first water or fluid. Water symbolizes the universal matter from which the cosmos was created. Its qualities are adaptability, plasticity, fluidity, and receptivity. Just as we are all immersed in the amniotic waters of gestation, so too we are all immersed in the immensity of the cosmic waters as the fish are immersed in the sea. Water has a natural tendency to spread out as widely as possible over surfaces, to seek the depths



and in traveling downward to fill up spaces until it fills everything. Water is a horizontal principle. The horizontal provides the possibility of a plane of perception that can include a midline. When the patient is lying supine, the phenomenon that is the *Tide* is experienced as arriving from a point an infinity away at the patient's feet, which then passes through both you and the patient to a point an infinity far behind you somewhere on the horizontal plane. Physical water is the material plane correlate of the cosmic fluid that fills the entire universe. If your perception is clear enough it is said that even physical water has all of the elements and forces of cosmic water—one need only awaken to them. Water has no form of its own, universally it is the most plastic and receptive of elements. It has no color of its own, it takes on color based on the terrain it flows through. It is perpetually on the move. It undergoes change yet remains unchanged as it passes through its environment. It is water that both cleanses and nourishes all. Water literally and figuratively reflects its environment. Most importantly it reflects the firmament above, the dwelling place of the gods. Next, there is the aspect of fluctuation, of the ebb and flow of the *Tide*. There is periodicity in the *Tide*, the primary respiration of the universe. From our puny little human perspective this *Tide* is never ending. The rhythm is apparently permanent. It gives us the experiences of forever and infinity. There is more. Just like the rustle of the leaves in a tree is not the wind but the effects of it, so too the rhythmically crashing waves are not the *Tide*. The *Tide* is that invisible element that makes possible the movement of water. It has potency. In *Teachings In The Science Of Osteopathy*, we have Dr. Sutherlands words on this topic:

Now, notice the fluctuation of the Tide—a movement coming in during inhalation and ebbing out during exhalation. Is it the waves that come rolling along the shore—is that the tide? No.

There is the sense that what drives the water is invisible yet potent—yet where is that potency? When we try to locate this potency we are mystified. There is a sense that we must leave the surface of our planet to find the origin of this invisible energy just as we know that these finer forces of the *Tide*, the *Breath of Life*, and *Liquid Light* are not bound by the borders of the material body. We have the moon to guide us. The genius of using the metaphor of the tide is that it contains within its matrix of meaning the concept of the regulation of the ocean tide by the invisible gravitational forces of the Moon. This immediately takes the fulcrum of the *Tide* and moves it off the surface of the earth. When we are working with

the *Tide* we have an awareness of the “horizontalness” of our perceptual field - the plane of flow, if you will. We acknowledge that there is an horizon of awareness at the periphery of the field. And on occasion if we can “be still within” then the *Breath of Life* will announce itself to our awareness from a location that is at one and the same time very far away off the horizontal plane of flow and yet as close to us as our own hearts. In contemplation of the moon we note that it makes its appearance only in as much as it reflects the light from the sun leading us to the experience that the forces involved in osteopathic healing are universal, invisible, interplanetary and cosmic.

In summary, placed within the context of the history of ideas and the philosophy of science, osteopathy is a holistic, vitalistic (theistic) healing art. As a discipline, osteopathy meets the criteria of a science historically established by the philosophy of science regardless of its oftentimes “unscientific” outward appearance. While its explanation and teaching is often expressed in natural scientific terms, the description of the doing of osteopathy is best achieved from a human science, phenomenological approach. Perceptual descriptions hinted at by Still, and later clearly stated by Sutherland lend themselves to a method of analysis no less scientific, albeit less mainstream in today's culture. The evolution of the individual osteopath's consciousness and therefore his or her perceptual field, those characteristics which Still hoped would naturally develop over time, can be purposefully nurtured in our students if we recognize the legitimacy of the human science perspective. The challenge for osteopathy in the future is to systematically train our students in methods of perceptual clarity. Natural science will eventually endeavor to quantify the finer forces in the universe but the totality of the experience of osteopathic healing must always require a dialogue between the natural science and human science perspectives. This dialogue must accept the relativity and incompleteness of any one approach to a subject matter that is as profound as it is infinite. If we accept this challenge we can arrive at working models of healing based in essential structures of behavior derived from the lived experience of our patients and ourselves. It is in this sense that osteopathy is philosophical and it is in this sense that we must “dig on.”

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