

EDITORIAL

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From the Editor: Phenomenology and the Development of Expertise in Osteopathy

This issue features case reports and a thesis from Fellows of the American Academy of Osteopathy. This designation is conferred upon members of the AAO who have demonstrated expertise in osteopathy and who have completed the process for fellowship.

One of the distinguished osteopaths of our time, Anthony Chila, DO, FAAODist (1937-2021) co-authored a paper about phenomenology and possible applications to teaching OMT in 1998.¹ I ran into this paper in residency and was intrigued by the topic. I reread the paper multiple times but couldn't penetrate the deeper meanings. I emailed Dr Chila with questions and received a short response that wasn't very helpful. Undeterred, I continued to keep reading this paper every few years and, in the meantime, continued to practice OMM and read different things, including books about Goethean science.²

I learned that phenomenology is the philosophic approach of trying to understand a subject through its totality, rather than breaking it into component parts and studying each part separately, which is reductionism. In that way, phenomenology is diametrically opposed to reductionism. However, reductionism is how we learn almost everything in formal education now. Phenomenology is a completely different way of understanding the world because one begins from attempting to appreciate the system as a whole.³ Another aspect of this system is that there is less of a dependence on words and thinking because words and the intellectual mind cannot convey the totality of the experience. Thus, phenomenology is a right-hemispheric way of approaching and understanding the world.

Iain McGilchrist, MD wrote a detailed book entitled, "The Master and His Emissary,"⁴ referencing neuroscientific research to describe the differences in function and perception of the right and left hemispheres of the brain. One of the ideas in the book is that the right hemisphere

generally controls our perceptual existence in the world. However, left hemisphere functions, such as verbal facility, logic, and reductionism, have been emphasized in this historical era of humanity, which is more technology driven. Therefore, the way we experience the world feels dry and disconnected, possibly leading to the rise in anxiety and depression today. By re-integrating our brain hemisphere functions, we can re-experience the joy of total immersion into our lives through our sensory experiences.

Another of the great osteopaths of our time, Edward Stiles, DO, FAAODist, enjoys telling a story about George Laughlin, DO, the grandson of A.T. Still, MD, DO. Dr. Laughlin was an old-time "ten-fingered osteopath" in Kirksville, where Dr. Stiles would shadow him in his office. Dr. Laughlin employed a type of functional technique that he described as "take the doo-dad where it wants to go." Dr. Stiles chuckles as he relates how he tried to get Dr. Laughlin to explain it more but Dr. Laughlin would just reiterate his instructions. This is a good example of a phenomenological, or right-hemisphere, understanding of a technique approach. At his lecture in the 2015 Convocation, Dr Stiles also discussed how the Goethean perspective can be integrated with the medical perspective.⁵

Currently, the way we teach OMM techniques in schools is very linear and mechanistic. Muscle energy, for example, is described in a very step-wise manner. As a result, the students are able to learn and parrot these maneuvers. Conveniently, techniques are then able to be evaluated in



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a written way on standardized tests.

However, if you watch somebody with expertise actually practicing muscle energy, they perform the technique in a fluid, intuitively-driven way. Perhaps they barely alter the rotation in the set-up, but it makes a huge difference in the result. How did they know to do this? Intuition might be thought of as a result of iterative learning through experience—basically, from this person's thousands of times of setting up the technique in thousands of different patients, they have acquired the learned skill to consider the patient and technique from a phenomenological perspective and can intuit what a particular situation needs.

For my first two years of medical school, I parroted back memorized instructions about techniques but really failed to be able to perform it in a fluid way. As I worked with more mentors in my third and fourth years, I could see how they were able to diagnose and treat in a fluid but precise and economical way. For example, I was able to do a rotation with Sara E. “Sally” Sutton, DO, FAAO, who participated in the first muscle energy tutorials organized by Fred Mitchell Sr., DO, FAAO. She hosted them at her house in Fort Dodge, IA, cooked for everyone, and was involved in writing the first manuals. She used muscle energy but in a completely different way than I understood it. Not only was she able to localize to specific locations of a vertebra, she understood the technique from the inside-out, not the outside-in: from a lived experience, rather than just a theoretical one. It's not enough to know the steps of a technique: you need to be able to understand it in an entirely different, perceptual way.

Osteopathic medicine can be a rare instance in medical science of the left-hemisphere and right-hemisphere working together. When structurally diagnosing a patient, I consider the specific diagnoses but also how they fit into the overall system. This is where the Area of Greatest Restriction (AGR) approach is helpful—it offers an overview of the system and what the patient's body is protecting. Once this generally restricted region is located, the specific diagnosis can be evaluated. AGR was first developed by Fred Mitchell Sr., DO, FAAO, and further extrapolated by Dr. Stiles so that the latter could get more similar results to his mentor, which is another example of the iterative process of experience.

Left-hemispheric approaches are responsible for many scientific advances, and they are extremely useful,

especially if we know how to balance this framework. Goethean science, phenomenology, or empirical natural science are ways to balance the left-hemispheric scientific approach. When comparing Dr. Still's writings to Goethe's, it is astonishing how similar their perspectives are. My opinion is that their opinions converge because they are both natural scientists in the classic way—they build conclusions about the natural world by painstaking observation of similarities and differences of expression in different situations. For Dr. Still, he observed how different people expressed different symptoms with the same diagnosis and explored the anatomical and physiological reasons why that was the case. For Goethe, he observed how the same plant species had different forms in light or shade—perhaps the root system or the leaf distribution was different.

From this standpoint, I believe Dr. Chila was trying to articulate how a right-hemispheric perceptual process, such as osteopathic cranial manipulative medicine (OCMM), can be understood on its own terms. He was very fond of making profound, gnomic statements, such as: “look... see...perceive.”⁶ He said this in his lecture in the 2015 AAO Convocation, for example. My interpretation of this statement now is to shift from a thinking brain to a perceiving brain. It's a long process of unlearning our habitual patterns of thinking, which is perhaps also why his last advice in that lecture was, “Get a life!” Get out of your ideas of who you think you are, what you think are doing, ask big questions, and get out and live life—bringing all of your lived experience to your practice.

References

1. Gaines E, Chila AG. Communication for osteopathic manipulative treatment (OMT): the language of lived experience in OMT pedagogy. *J Am Osteopath Assoc*. 1998;98(3):164-167.
2. For example: Bortoft H. *The Wholeness of Nature: Goethe's Way toward a Science of Conscious Participation in Nature*. 1996. Lindisfarne.
3. Shaw R, Abbey H, Cassals-Gutierrez S, Maretic S. Reconceptualizing the therapeutic alliance in osteopathic practice: Integrating insights from phenomenology, psychology, and enactive inference. *Int J Ost Med*. 2022;46:36-44.
4. McGilchrist I. *The Master and His Emissary: The Divided Brain and the Making of the Western World*. 2nd ed. Yale; 2019.
5. Stiles EG. Goethean science and the emergence of osteopathic manipulative medicine. Lecture presented at AAO Convocation; March 2015; Louisville, KY.
6. Chila AG. Lecture presented at AAO Convocation; March 2015; Louisville, KY. ■