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COMPARATIVE REVIEW

Osteopathy and (hatha) yoga

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Abstract Differences and points of contact between osteopathy and yoga as regards their history and practical application are outlined. Both seek to promote healing. Yoga seeks the attainment of consciousness; osteopathy aims for providing support to health. One fundamental difference is the personal involvement of the individual in yoga. Teacher and student alike are challenged to re-examine the attitudes of mind they have adopted toward their lives. Osteopathy generally involves a relatively passive patient while the osteopath is active in providing treatment.

Practical examples are used to highlight points of contact between yoga and osteopathy. The text includes a discussion of the importance of physicality and a description of ways of using it in healing processes. Furthermore, processes of attaining consciousness are outlined. Possible reductionist misconceptions in yoga and osteopathy are also pointed out. Fundamental attitudes and focus that complement each other are presented, taking the concept of stillness as a particular example.

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Introduction

From the historical point of view there are major differences between yoga and osteopathy. Whereas yoga has existed in India for some thousands of years, osteopathy came into being around the middle of the nineteenth century. It was founded mainly in reaction to an early model of medicine in the United States. Osteopathic medicine is a profession as well as a social movement. As a social movement it espouses a philosophy and a set of principles (Gevitz, 2004).

Osteopathy, as a kind of revelatory teaching, can be traced chiefly to Andrew Taylor Still (1828–1917). The revelatory teaching of yoga cannot be traced to any one historical individual.

From the beginning, osteopathy has postulated a unity of body, mind and spirit, as do the physically oriented forms of yoga. This unity is approached, both in osteopathy and in hatha yoga, primarily through the body. There are, however, clear differences in practical focus and in aims.

Osteopathy is a system of manipulative treatment (Gevitz, 2004) whose emphasis is on the promotion of health in the body and being of the individual. It comprises special methods of diagnosis and treatment. The main focus lies on the structural relationships and interactions of the various tissues and their functions and the body as a unit.

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In the West, the main value of the physically oriented forms of yoga is seen in its health aspects. Traditional hatha yoga, though, and yoga as taught by Patanjali are in essence an experience-based method of focusing the movements of the mind. This is also true for all other forms of yoga. The aim is to free contractive conditioning and to direct the attention to an immediacy of consciousness. The result should be an undistorted and unconditioned perception and awareness of a higher, transpersonal and post-rational self.

There is a clear difference in terms of focus: yoga is concerned with the practice, the responsibility and the insight of the individual performing it. The demand made of both teachers and students is an equal one. In osteopathy – since it is a type of system of treatment – the patient often remains relatively passive, in contrast to the osteopath, who is active in providing the treatment.

Points of contact: practical examples

Despite these differences, there are many similarities between the practice of yoga and osteopathic treatment. The following example from practice can be given: A vertebra may be 'restricted', i.e. held or 'blocked' in its movement. Tensions and/or fibroses can affect tendons and small, deep-lying muscles. This can have been brought about, for example, by physical (or psychological) trauma or disturbance of an organ. In many cases the causal event may have happened long ago. Initially, it may have occasioned no symptoms. In the author's experience, if the patient begins to practise a form of hatha yoga, positive changes soon emerge. Another possible course, however, is that restricted vertebrae may not necessarily be resolved, even with advanced techniques of yoga. Instead, hypermobility may develop in vertebral segments above or below the affected segment. The yogi generally feels no pain in the affected segment, but instead develops symptoms in the neighbouring segments above and/or below the affected vertebra.

In the author's experience, osteopathic treatment can be helpful in this instance. Firstly, it can localise precisely which vertebra and which associated tissues are in fact exhibiting restriction. Secondly, with osteopathy the restriction can be corrected by means of gentle manipulative impulses.

Another example involves a difference in leg length, whether an actual or a compensatory difference (brought about by pelvic torsion) in excess of 1 cm. In the long term, when left untreated, this can lead to pain and disturbances when performing, for example, a forward bend in the standing position (a yoga pose named *padangusthasana*). The asymmetry causes unequal tension on performing the pose. This occurs especially in the lower spine and sacroiliac joints. In an extreme example, it can even provoke or induce disc herniation. If these disturbances cannot be released by osteopathic treatment, slightly bending the knee of the longer leg when performing a forward bend in the standing position (*padangusthasana*) might solve the problem.

On the other hand, in the author's clinical experience most patients with a 'chronic' condition are found to experience improvement when they begin to assume

responsibility for their own state of health. Yoga, along with many other methods, can be very helpful in this respect.

Physicality as a means to enhance the processes of healing and attainment of consciousness

Our physicality is, in its first sense, our physical form or being (it also includes the consciousness of the body). It takes shape according to genetic information and environment. This process involves the stimulation, activation and expression of genetic information. Not only that; from the very start of our development we are exposed to numerous formative influences

Among these might be named:

- electrical, magnetic (Becker, 1994; Adey and Lawrence, 1984)
- electrodynamic fields, morphogenetic fields, (Gurwitsch, 1910, 1912, 1922; Spemann, 1921; Weiss, 1939; Thompson D'Arcy, 1973; Thom, 1975; Goodwin, 1985; Belousov, 2001)
- bio photons (Popp, 1976, 1984a, 1984b; Popp et al., 1981; Hameroff et al., 1984; Van Wijk et al., 1993; Galle et al., 1991; Gu and Popp, 1992)
- chemotactic mechanisms and mechanical stresses (Brouzes and Farge, 2004; Belousov and Grabovsky, 2003; Cowin, 2000; Belousov et al., 2000, 1988, 1975; Chiquet, 1999; Belousov, 1998; Belousov et al., 1990)

Prenatal and perinatal experience can have an enduring formative influence on life after birth (Janus, 2000, 2002). A first degree of autonomy and interrelationship with the mother are developed by the fetus in the womb. Through the medium of maternal moods and experiences the fetus even develops an indirect relationship to the outside world (Nathanielsz, 1999; www.birthingworks.org).

Studies have shown that our health is partly determined by that of our parents, including their life before conception. This can be brought about, for example, by their exposure to fat-soluble chemical substances (Infante-Rivard and Sinnett, 1999; Dimich-Ward et al., 1998; Nelson et al., 1996; Alaluusua et al., 1993, 1999; Garcia-Rodriguez et al., 1996; Paulozzi et al., 1997; Forman and Moller, 1994; Auger et al., 1995; Mizuno, 2000; Davis et al., 1998).

Other factors that can influence our physicality are:

- Physical and neurobiological mechanisms (Fischer, 2006; Csatho et al., 2003)
- The family, historical, cultural and social environment in which we are brought up and live our lives (Uexküll and Arnim, 1994; Winterfeld et al., 1998)
- The experiences of birth and the first years of life in particular (Zhang et al., 2002; Janus, 2002, 2000; Emerson, 1997; Peters, 1986)
- Our nutrition
- Diseases, accidents, psychological trauma (Huether, 1998; Emerson, 1997)
- Conditions during learning and at work
- Many rhythm-determining patterns of regulation and organization (Nelson et al., 1996)

Table 1

Philosophical hermeneutics	Theory dealing with the interpretation of texts and with understanding. It reflects on the conditions that control understanding
Neostructuralism	<p>A further development of structuralism:</p> <ul style="list-style-type: none"> – On the one hand, the range of subject areas is extended (in addition to linguistics (Saussure), it incorporates such fields as ethnology (Levi-Strauss), psychoanalysis (Lacan), science of history (Foucault), literature (Barthes), philosophy (Lyotard, Derrida) etc.) – On the other, it subjects the fundamental insights of structuralism to critique

- Other influences, stresses and habits (Chang and Merzenich, 2003)
- Acquired patterns of life and decisions made

All these factors have a formative influence on us. They condition us and determine how we perceive ourselves and the world around us and identify ourselves with our 'self'. Our bodies and their physiological processes and the way we feel, think and perceive, are influenced and determined by all these factors.

Our own inner growth is intimately connected with how we understand, deal with, accept, integrate and master the above factors contained within our consciousness, our experiences and influences. We may be useful to bear in mind that patterns of feeling, thought and belief tend to find physical expression in our body and being (Keleman, 1992; Kurtz and Prestera, 1979; Latey, 1996). Consequently, every individual exhibits quite specific physical characteristics, attitudes and tensions depending on their experiences. As a general rule we might say that the stronger the unprocessed experiences and events (e.g. a psychophysical traumatic event), the stronger the stiffness, tensions, tissue hardness and restrictions are generally found to be. This could also be accompanied by a weakening of the individual's overall stability. We might describe this as a correlation of tissue-energy-consciousness (Liem, 2006, pp. 203ff).

Physically oriented forms of yoga and osteopathy both use the body. The body reflects deconditioning from abnormal chronic bodily tensions and faulty postures. Ideally the practical application of osteopathy and hatha yoga should take into account the integration of restrictive patterns of consciousness, feeling and belief (especially the neglected or unconscious parts or dissociated sub-personalities) in order to be effective. At present, however, the author sees this aspect as often neglected in practice. It is important, in his view, for people practising yoga and osteopathy patients to make the connection between the circumstances of their lives, subconscious issues and behaviour, and their general state of health, bodily tensions and posture. Yet his impression is that they generally receive little support in doing so. Certainly light is being cast on the connections and influences that exist between body and mind/spirit. Some scientific disciplines (such as empiricism, positivism, the neurosciences and cognitive sciences), offer far-reaching explanations as to these, both within their own particular fields and in interdisciplinary debate. (The work of Piaget, Goleman, Kegan, Beck and Cowan (see below) may be mentioned here, for example.)

In contrast, the great strength of the hatha yoga tradition is that it offers an immense wealth of information about the system encompassing the human body, mind and soul (Feuerstein, 2008) from the subjective standpoint of the practitioner. Here, hatha yoga uses methods with a long and well-tried tradition.

On the other hand, such approaches as philosophical hermeneutics (Gadamer, 1990; Vattimo, 1994) and neo-structuralism (Frank, 1984; Munker and Roesler, 2000) cast light on intersubjective factors that are not considered by yoga or the objective sciences (Table 1).

Hermeneutics, neostructuralism and findings of the objective sciences could help to relativize some of the bliss-imbuéd explanatory models and inappropriate metaphysical views of early yoga (such as levitation, atomization, travelling through the air or walking on water, claimed as the result of certain yogic practices and featuring for example in the sutras of Patanjali (Woods, 2007, 267–278, Taimni, 2005); or methodically categorizing subtle, causal states of consciousness as existing beyond the material realm) (Thieme, 2008). Thus, the essence could be rendered more accessible to experience.

The asanas (postures) of yoga can confront us with unprocessed experiences and emotions. At the same time they are able to link us with our inner resources and strength. Conscious breathing and inner focus in combination with the asanas enable us – in the author's personal experience – to pass through and integrate the patterns of sensation stored in the tissue. This is achieved in a gentle and conscious manner. As our bodies become successively more flexible, there is the chance that we may achieve greater flexibility in our inner selves. The author's experience is that, as this happens, bound energies become increasingly integrated, become free, and begin to flow again. This may bring a change in the way we experience the moment: greater presence, joy and vitality (Fig. 1).

The relationship between yoga and health is not only mentioned in yoga related publications (e.g. McCall, 2007; Shah, 2006; Shankardevananda, 2002; Telang, 1999). Increased research interest has been shown in the topic over the past 3 decades, with a growing use of randomized controlled trials. The types of medical condition studied have included psychopathological (e.g. depression; anxiety), cardiovascular (e.g. hypertension; heart disease), respiratory (e.g. asthma), diabetes, and a variety of others. The therapeutic effects of yoga for children have also been studied. (Khalsa, 2004; Raub, 2002; Ebert, 1988; Birdee et al., 2009; Galantino et al., 2008)

Thus hatha yoga has been described as a process to achieve physical, mental, emotional and psychological



Figure 1 Pashimottasana – intensive stretching of the back (the western aspect of the body, ‘pashima’); strengthens the abdominal organs, strengthens the kidneys, improves the digestion and exerts a positive effect on the spinal column, etc. Photograph: © Karsten Franke, Hamburg.

balance (Muktiodhananda, 1998, p. 26). According to Muktiodhananda the individual’s entire being is systematically refined, strengthened, transformed and purified. This process begins with the physical body, so as to enable it to experience higher levels of consciousness. In osteopathy one way that this might be achieved is by locating and releasing dysfunctional tensions in the body. Here too the potential exists to differentiate and achieve an integration of emotional and psychological energies.

Possible reductionist misconceptions relating to physically oriented forms of yoga and osteopathy

In physically oriented yoga the primary aim is not to perform acrobatics or achieve certain bodily contortions. To see it as such is to completely misunderstand and miss the deeper goal of yoga (Muktiodhananda, 1998, p. 20). In this respect, there is a certain danger in paying exclusive attention to physical yoga. The increasing flexibility and strengthening of the body can in some circumstances lead yoga practitioners to an excessive identification with their body. The danger of a one-sided concentration on the physical aspects of yoga is that it avoids conflicts and opportunities for learning on the level of the emotions, relationships, needs and values. This could reduce the individual’s capacity to remain focused on the present. It could also hinder the process of loosening identification with the limited, small self and ego, and expansion into a transpersonal consciousness.

For this reason the main text on the subject of hatha yoga has long emphasized that this discipline only develops its full potential when practised in the greater context of raja yoga (the yoga of spiritual control) (Yogi

Hari, 2007; Svatmarama, 2007). Hatha yoga should also be seen in the context of other consciousness exercises. These guidelines regulate and harmonize the individuals’ relationship and attitude to others or to the outside world (Yama) and to themselves or inwardly (Niyama) (Yogi Hari, 2007, pp. 47–62). The initial step according to Patanjali is for the aspirant to adhere to a certain code of morality, so as to curb unwholesome impulses of the mind (Tandon, 1995) (Table 2).

In the sutras of Patanjali, the first methodological text on yoga, very little space is devoted to the asanas. Asana according to Patanjali had to provide a means of sitting steadily and comfortably for lengthy periods; this can be achieved when it is effortless and the mind tends towards infinity (Tandon, 1995). There are many other ways of focusing consciousness, such as pranayama (consciousness/control of the breath), retraction of the senses, concentration, meditation, etc (Desikachar, 2003, pp. 78–98). Patanjali did realize that there was a close connection between the breath and the mind, which explained why, for example, excitement, anger, or agitation led to short and irregular breathing. In order to soothe the ruffled mind, Patanjali prescribed the practice of pranayama (Tandon, 1995). Tandon describes Patanjali Pranayama as ‘a stretch of the prana and observation in its natural course, which makes the practitioner aware of its three stages (external, internal, static). Gradually from its gross stage it becomes subtler and subtler, reaching an extreme, when one may experience absolutely no respiratory movement’ (Tandon, 1995). This is different from the pranayama in hatha yoga which sometimes involves retention of breath with effort (Tandon, 1995).

Hatha yoga originally began with pranayama (the control of the breath) and nadi purification. Nadi refers to the channels of the hypothetical astral body; impurities can be

Table 2 Yama and Niyama : Yogic ethical precepts.

Yama	
Ahimsa	Dealing in a gentle and caring way with our own self and other living beings, often understood as meaning non-violence.
Satya	Truthfulness
Brahmachary	Often refers to sexual abstinence; also refers to moderation and carefulness in the way we deal with the energy that has contact with the outside world through the agency of our senses
Asteya	Not stealing
Aparigraha	Confining ourselves to the essential, to what belongs or is due to us. This requires self-understanding
Niyama	
Saucha	Inner and outer purity (this also includes the cleansing and detoxifying of the body); this helps create inner peace and lessens inordinate concern about the transient aspects of the body
Santosha	Contentment; non-attachment to external circumstances, desires and patterns of rejection
Tapas	Usually understood as asceticism and spiritual discipline; it also refers to the resolution of blockages and contractions in body and spirit by which we maintain a certain discipline in our lives.
Swadyana	The study of wise writings and the seeking of wisdom
Ishwarapranidhana	Reverence for a higher power or the acceptance of our own limitation before the infinite or before God

removed, for example, through practices such as abdominal massage (Nauli) and meditation. Cleansings are a late invention - see Gheranda-Samhita (Feuerstein, 2009¹).

Although important relationships undoubtedly exist between the body, the world of the emotions and that of consciousness, this may lead to reductionist misconceptions. Especially in the cult of the body encountered the West (Tiedke, 2007), and indeed in the author's own personal experience in many different hatha yoga classes, the degree of bodily flexibility often seems to be equated with the degree of development that has been achieved in the personality. It is clearly false, and too one-dimensional a judgement, to draw conclusions about individuals' consciousness merely on the basis of the degree of flexibility achieved by their bodies.

The situation in fact appears to be the opposite: it seems that many distinct strands of development take shape relatively independently of each other in the individual, step by step and at varying speeds (Wilber, 2001, pp. 45ff). Examples are cognitive development (Piaget et al., 2003; Kegan, 1986; Ginsburg et al., 2004), the development of values (Beck and Cowan, 2007) and emotional development (Goleman, 1997). Other examples are the development of needs (Maslow, 2002), spiritual development and physical performance.

There is a certain risk here, that excessive focus on increased bodily flexibility and control in hatha yoga might compensate suppressed elements or deeper levels of other strands of development (e.g. in the field of interpersonal relationships). This would replace a process involving greater acceptance, differentiation, relativization (distancing from oneself) and integration. The effect might sometimes even be to create dissociation. This applies above all to those forms of yoga that place excessive stress on the physical. This kind of development can occur in many varieties of every type of discipline, especially where there is a monopolistic approach.

In osteopathy the danger of reductionist misconception presents itself differently. Phenomena that are human and

interpersonal might be attributed to exclusively anatomical, physiological processes. This approach is typical of osteopathic procedures as currently practised. The danger is one of reducing the person to an anatomical object to be worked upon, or some kind of very complicated machine or complex energetic phenomenon. This happens when inner experiences are reduced to the energetic or physical aspects. It is therefore important to note that human phenomena have both an outside and an inside. Structural and physical dynamics describe only the former. Therefore, whilst it is right to view these as a human determinant, they are not the only factor. For example, although the emergence of physical life forms is based on physical laws, life forms also go beyond such laws. Just as physical laws are inadequate to explain the properties of biological entities, so biological explanations are inadequate to account for aspects that belong to the psyche.

If we are to treat the wholeness of the individual, it is not enough to treat only the tissue correlate.

Osteopathic treatment can sometimes make it more difficult for patients to assume responsibility for their state of physical and psychological health. This is another weak point of the system. Frequently, patients tend to hand over their bodies to the osteopath in the same way as they might take their car to the garage to be repaired. If osteopaths uncritically accept this role, they miss the chance of helping their patients to decide to participate actively in the healing process. Further, it makes it easier for the patient to suppress his psychic associations (Nathan, 1999). Another problem is the language in which much of the theory of the manipulative therapy professions is expressed: too often the terminology is bioreductionistic. These two issues may make it more difficult for patients to explore their own experience and behaviour on the one hand and the associated disturbances in their state of health and wellbeing on the other.

Therapists are invited to develop the skills necessary to help the patient to recognize and integrate possible psychic associations in relation to somatic dysfunction and disease. One approach might be to develop methods that encourage the active involvement of the patient in healing processes.

¹ Feuerstein G., 1/2009. Personal communication with the author.

The therapist could adopt a method of palpation that supports the patient in the healing process; for example, patients could be encouraged to be aware of bodily and emotional sensations during the treatment. Or patients could be encouraged to be aware of changes in their breathing pattern during the treatment. Or patients could be trained in their awareness of how differently the experiences of daily life will feel in a dysfunctional area, for example, or in the solar plexus, or in the neck, shoulder, tongue, chest or heart region, etc. Or the patient could be trained to recognize and to allow a feeling of inner flow in areas of somatic dysfunction or other body regions, etc. Basically the patient is encouraged in the process of experiencing and understanding the connections between health disturbances, dysfunction and associated inner and external circumstances of life.

Promoting the development of subjective experience of therapist or patient has been little cultivated as a methodological principle in osteopathy, in the author's view. Such development is distinct from techniques of experiencing the tissue by means of palpation. This does not imply that osteopaths did not receive training (depending on their different countries and schools) in psychiatric disorders or recognition of yellow flags. They might well have been taught some techniques (e.g. based on cognitive behavioural therapy) to encourage patients to take control of their situation. In yoga, in contrast, the aim is an undistorted and unconditioned perception of *all aspects* of one's own life. According to Feuerstein (2008, p. 26, 41–45), Desikachar, Krusche (2007, pp. 44–48), Eliade (1985, p. 8) this is true for all kinds of yoga practised. The achievement of the transformation in oneself alone makes the individual competent to assist others. (Feuerstein, 2008, pp. 50–55, 503; Advaya Taraka Upanishad (tr. Ramachander, 2009), Hariharananda, 2006; Desikachar, 2008²)

To understand the effect of manual medicine on the 'psyche-in-the-body' or 'lived body', a phenomenological description is needed (Nathan, 1999). Phenomenology was developed at the beginning of 20th century by Edmund Husserl. The name is derived from the Greek words *phainómenon* (that which appears) and *logos* (study). It is concerned with the systematic reflection of the structures of the consciousness and the phenomena which arise in acts of consciousness. The technique uses a highly modified "first person" viewpoint.

In phenomenology, 'bodyness' is neither limited to the physical body nor confined to consciousness alone; it consists of both. Human existence is composed of both, since we are constantly present in bodily form in the world (Husserl and Biemel, 1952). To be a human being, in phenomenology, is to be a body and to have a physical body. The *subjective* experience of the phenomenon (its appearance *for me*) and its *objective* presence (the appearance of *something*) constitute *a unity*. According to phenomenology, consciousness does not operate in a 'transcendental' nowhere (Flatscher, 2008). *Historical reality* and the space-time character of existence (Boss, 1999, pp.237–314) together determine its *directedness*.

Within osteopathy a number of endeavours are currently being made to demonstrate the effectiveness of treatment, e.g. in Germany the Akademie für Osteopathie (AFO), in the United States the Osteopathic Research Center. It is mainly the work of devoted individuals using objective science. In contrast to this, quite unthinking and regressive tendencies are emerging in certain other fields (particularly in those related to the 'cranial') under the guise of 'wholeness'. The author feels that there are such tendencies, for example, in prerational osteopathic neospiritual views, evangelistic proponents of embryology, quantum mechanical manipulators of the cranial bones, or fundamentalist divine healers. There is a problem in applying quasi-objective positivism and 'evidence-based medicine' in any absolutist way in osteopathy. Absolutist ideas of the subjective, idealistic kind, sometimes clothed in anatomical and physiological concepts, are just as surely reductionist misconceptions as the more obvious ones, and so to be avoided, for the following reason. 'Materialistic' approaches describe a given situation from the outside; 'idealistic' ones describe the same situation from the inside. Each of them represents only half of the case and the cure, therefore both are important. For religious or idealistic models to act as if they were quasi-objective science, even maybe to hide behind anatomical or embryological approaches, or make use of them to promote (simplistic) religious ideas, seems inappropriate. One indication that this is happening might be, for example, if therapists constantly use words such as 'embryology', yet at the same time show little knowledge of any of the processes involved. The terms may simply be a way of expressing commonplace spiritual ideas.

The next issue to consider is whether facts relating to intersubjective matters are integrated and applied in yoga and osteopathy. C.G. Jung warned against uncritically importing eastern teachings, for example, on the grounds that the psychological constitution of the peoples from the east and west being different (Jung and Clarke, 2005). There is sometimes a tendency in yoga to adopt traditional forms of the art without taking cultural differences sufficiently into account. For example, in the Ashtanga yoga system, the third sitting position of the very first series is a half lotus forward stretch (Ardha baddha padma pashimottanasana) (Jois, KP 1999). This seems relatively easy for people who have been used to sitting cross-legged since childhood, as many Indians would be, but difficult for westerners, who are used to sitting on chairs. Incorrectly applied hatha yoga practice can even produce injuries (Patel and Parker, 2008; Khalil et al., 2008; Caso et al., 2005; Paul, 2007).

As we come to consider the importance of intersubjectivity, it is first of all important to remember that subjective inner experiences show up within a mostly unconscious background of intersubjective structures. Poststructuralist approaches criticize monopolistic and absolutistic inner experiences (Derrida, 2000). In yoga, it is almost universal to take one's individual inner experience as absolute (e.g. Woods, 2007, 267–278). Structuralism, as one of the sciences concerned with intersubjectivity, has only been around for 100 years. This is one of the great postmodern discoveries. Therefore there is almost no reference to intersubjective matters in the classic yoga texts, and it is

² Desikachar T.K.V., 1/2008. Personal communication with the author, Madras.

also very rare in contemporary literature. This work has still to be done. However, the elements of an individual's perception are one thing. The psychological and collective structures forming the background of elements of the person's consciousness are another. These structures are largely beyond the reach of exclusively phenomenological practice (Habecker, 2008²). Nor can they be seen by purely subjective introspection. This remains true even when it is carried out in a manner that modestly acknowledges ignorance and avoids aggressive exclusion, and even if it is done with the greatest of honesty and devotion. Undertaking introspection as a monologue can help us better study the phenomena of our individual consciousness. It does not, however, enable us to discover psychodynamic aspects (à la Freud and Jung) or structures of development (e.g. emotional or cognitive development, or that of values, needs or ethics) (à la Gebser, Graves, Kegan, Cook-Greuter) (Habecker, 2008²). To find these, we have to understand the particular individual and historical cultural contexts (intersubjective structures). The approach needed for this involves dialogue and hermeneutics. The author has found that there is often great resistance to this among certain yogis. Maybe we are too easily led by insidiously monopolistic models because they offer tempting promises. Our responsibility as mature human beings is relinquished the moment we enter that realm. We rest in the blissful confidence that we have at last found the new place where we belong, a place beyond confusing words and opinions.

The consequence of this is the abstruse, sometimes dangerous adoption of Indian techniques and systems into western yoga studios (example see above). Certain hatha yoga systems cannot be adapted directly for use by westerners. Fundamentalistic tendencies (refusing to depart from the original system) are blind to such insights.

Although explanatory models of yoga do exist, its metaphysically based theory and traditions are rooted in its original time. However, all of these bases are no longer in tune with the present time, and attempts at explanation fail to stand up to modern discourse. But this is not the only problem. People at the time when yoga began were not in a position to take account of intersubjective influences. So, as explained above, there is a tendency to give absolute validity to subjective experiences. (See comments relating to structuralism and also, above, the claimed results of certain yogic practices.)

Cognitive disciplines such as psychoanalysis and developmental structuralism are very important as regards human consciousness. These theories are only 100 years old. The practice of introspection, in contrast, has a tradition going back thousands of years. This explains why little is found of the former in those traditions (Habecker, 2008³). Practitioners who follow the old models uncritically transmit archaic, magical and mythical elements to modern practitioners of introspection, as 'timelessly valid truths'. It is one of the reasons why modern science assigns the contemplative traditions in general, along with their exceptionally valuable phenomenological heritage, to the scrapheap of human knowledge (Habecker, 2008³).

Many modern practitioners of yoga cannot recognize this infection of consciousness by the old intersubjective elements of the teaching, however much introspection and yogic practices they apply. This, in fact, is one of the greatest weaknesses of the old teachings: the general inability of people at that time to realize that subjective experiences were not truths in their own right (e.g. inner perceptions of atomization, travelling through the air, etc. (Woods, 2007, 267–278) or certain visions of Indian gods) but instead determined mainly by collective, intersubjective and individual psychodynamic elements.

This means that yogis can find – sometimes profound – inner experiences arising within terms of reference that no longer accord. The resulting inner conflict in these yogis inevitably leads to reductionist, narrow attitudes. This can even have the effect of hindering them in many other strands of their development, instead of aiding them. The change needed here is usually small. The yogi has to supplement the old teachings, to view the old frame of reference in a relative light. He has to integrate it into the more differentiated, comprehensive (i.e. more fully developed) frame of reference of the postmodern world.

The author believes that this would also bring the valuable gems of this tradition more clearly to the fore and would in fact enable the yogi to achieve healthy and sufficient integration.

A similar, though less extreme situation occurs in osteopathy, when osteopathy is understood entirely as a teaching arising from a kind of revelation. Then, no account is taken of the effects of cultural and social elements or the influences in the history of scientific knowledge that helped to shape it. This approach not only excludes evolutionary potentials but also reduces any deeper healing impulses that might be present in the treatment. The value of reflection on one's own cultural history is often underestimated because it cannot directly be 'seen'; however, hermeneutic and structuralist processes provide a way of recognizing the conscious and unconscious elements that make up its background. Hermeneutics as a method in the humanities investigates the historicity of human beings in the world in which they live. For example, hermeneutical comparison could be used to investigate associations arising in different osteopaths while performing particular subjective palpatory examinations of tissue qualities. A structuralist investigation could look at such matters as recognition of recurring patterns in osteopathic palpation.

Another point to be borne in mind is that sometimes the concepts used by Still (such as 'material body', 'spiritual body', and 'body of mind') may be understood quite differently today than they were in his times (Still, 1986, pp. 16ff; Stark, 2003; Townbridge, 1991, p.161; Dippon, 2005).

The fundamental attitude and focus in yoga and osteopathy

It is only natural to seek the ultimate simple technique, the 'magic trick' that will solve all our problems. Yet this is not how healing and growth actually work.

The simplicity in fact lies in our fundamental attitude. We have to detach ourselves from expectations and ideas as

³ Habecker M., 10/2008. Personal communication with the author.

to how inner growth and health ought to manifest themselves. Instead, we should begin each yoga session in a state of un-knowing, leaving open the question as to where in our body and being change will occur and what its nature might be. In osteopathy it is the same: osteopaths are not miraculous healers. They can accompany and support the patient, according to the extent to which their patients are able to integrate the therapeutic impulses delivered during treatment. It seems typical in almost all systems of medicine, including osteopathy, that short-term relief from pain (e.g. through osteopathic manipulation, for example) is often achieved at the cost of a gain in understanding of the connection between disease symptoms and the coherence of the person's own life. The patient has the freedom to decide. No reproach need necessarily be made of osteopathy here as long as the patient is made aware of that freedom to choose. However, when there is a failure to recognize possible emotional wounds in a somatic dysfunction and no account is taken of them in the process of resolving the dysfunction, treatment will only produce translatable compensation. This can become necessary to avoid physical breakdown, for example. But at the same time it can also hinder transformative processes. This will persist at least until the next phase of instability or appearance of symptoms. On the other hand the patient may make use of the energy gained in the pain-free period to support transformative processes.

The performance of an asana is characterized by stability (sthira) and lightness (sukha) (Woods, 2007, p.141; Veda Bharati, 2004, p.568) (Fig. 3). These qualities equally assist an osteopath when carrying out treatment in a patient. In yoga as in osteopathy the attention can be fixed on the release of restrictions or the strengthening of weaknesses. This total absorption of attention brings the risk of noticing only negative findings and being concerned only with those. In yoga and osteopathy, therefore, the attention is focused on a vision or a goal. It might be something greater than ourselves that makes sense to us and provides motivation. In yoga, for example, this might be the focusing of our attention on the flow that is happening within and around us. It might also be the awareness of the union of the small self with eternity or of an unconditioned form of sympathy or joy. Osteopaths, when performing treatment, establish a resonance with the homeostatic forces, the health or flow in the patient. There are also some treatment approaches in which the osteopath's attention roams in the distance or rests in infinity.

The concept of stillness in osteopathy and in yoga

Stillness is an important element in osteopathy (Becker and Brooks, 2000, pp. 66–71; Sutherland, 1990) as it is in yoga (Woods, 2007, pp.8ff). It is in a state of stillness that palpation can develop without preconception. Osteopaths behave as 'empty vessels' and in that way are touched by impressions received from the patient. To touch, for an osteopath, means to listen. The osteopath is simply present and awaits with gentle attention the moment when the tissue offers information. It is then that the therapist begins to understand its own special, individual history. The

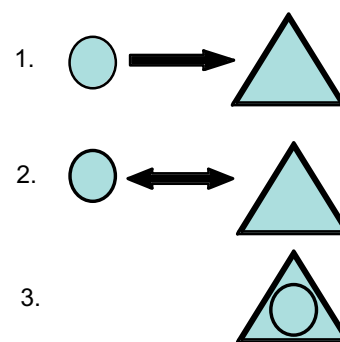


Figure 2 Steps in the progression from dharana (concentration) through dhyana (meditation) to samadhi. 1. Dharana: focus of the mind on an object, the breath, a part of the body, a sound, the concept of sympathy, etc. 2. Dhyana: our mind unites with the object, in the sense of establishing a continuous connection. 3. Samadhi: our mind merges with the object, becomes one. Yamas, niyamas, asanas, pranayama and pratyahara (the ability to retract and focus the senses) provide preparation for this process.

capacity to enter a state of stillness or to be receptive to stillness is essential in order to do this. The more highly developed the therapists' level of consciousness, the greater or deeper their ability to synchronize with stillness.

In Patanjali's collection of sutras, the definition of yoga that he gives in the second sutra is: *yogaś citta vrthi nir-odhah* (Woods, 2007, pp. 8ff; Desikachar and Krusche, 2007, pp. 44ff; Veda Bharati, 1986, pp. 93–113; Feuerstein, 1989, pp. 26ff). Literally translated this means 'yoga is the cessation of the activity of the mind'. With these words he defines it as the attainment of the ability to achieve total focus and to maintain it undistracted. Thus the mind can make the transition from a state of restlessness and drivenness to a state of calm, stillness and clarity. From this definition we gain an impression of the depth of this stillness that opens up to the deconditioned mind.

The extent of a person's ability to experience stillness is directly related to the conscious differentiation, relativization and integration of that person's own sensory and mental and psychoemotional conditioning.

The limiting patterns of perception have a constricting effect on this stillness that opens up to the deconditioned mind. Therefore the ability to experience stillness is the expression of the development of the person's own consciousness, of a deconditioned mind. In Yoga Vasishtha it is described as "the silent that knows the truth, is always in the self-same state of tranquillity, whether he be walking or sitting any where, or remain in the states of waking and sleeping" (Prakash Arya, 1998)

The maturing of the person; our own inner equilibrium and ability to remain centred in the present, in stillness and in 'being'; the ability to open ourselves up to life (instead of trying to control and manipulate it); the ability to surrender ourselves, as well as access to our own vulnerability and self-consciousness, all exert a direct influence on the therapeutic interaction and on our ability to palpate in a judgment-free way.

The therapist's conditioned attitudes and ways of seeing are not something that can be consciously changed in an



Figure 3 Ashtavakrasana – named in honour of the wise Ashtavakra. This strengthens the arms, hands and abdominal muscles. Photo: © Kirsten Petersen, Hamburg.

instant. They do however have a decisive effect on the extent and quality of stillness that the therapist is able to contact. Osteopathy does not teach any method of achieving this kind of inner deconditioning.

In this respect, approaches that exist in yoga can be useful in developing the capacities of the osteopath. All systems of yoga aim specifically to release the person engaged in perception from conditioned ways of seeing which cloud the view. In jnana yoga, for example, this is the achievement of true knowledge. In raja yoga, it is the capacity for control of the mind. In bhakti yoga it is self-surrender and in karma yoga selfless service and action (Glaserapp von, 1986; Brück, 2007). One possible system of promoting 'inner deconditioning' and attainment of consciousness is presented in Patanjali's sutras on yoga (see Fig. 2).

All this, of course, goes far beyond the day-to-day professional practice of osteopaths. True synchronization with deeper levels of being in the other demands, as a prerequisite, our own authentic awareness of these levels; one that encompasses all aspects of life (our relationship with and views of our body, life partner, children, friends, 'enemies', sex, food, holiday, money, power, etc.). This may not always be comfortable. Sometimes it might even provoke anxiety, since seen like this there is no strict distinction between the professional and the private. Last but not least it is precisely in the private sphere that our darker sides are mostly found. On the other hand – once we have begun to open ourselves up in this sphere – a much greater depth and coherence become accessible to us. We can use this resource in the therapeutic interaction and potentiate the manual means at our disposal. A more mature, non-judgmental awareness or 'witness consciousness' opens up to us step by step. It works not only in our wakefulness but during sleep, especially in deep sleep and in that openness to stillness that is free of all expectation.

Concluding thoughts

In osteopathy, too, the primary aim is not to achieve a symptom-free state but rather healing or becoming whole. This is aimed at as a form of a higher order or complexity (even if this is not always applied in practice). This is underlined by the words 'health', 'healing' and 'wholeness', which can all be traced to the old word 'haelan' (Morris, 2000).

These connections indicate points of contact where osteopathy and yoga can enrich each other. Osteopathy as a healing art in the field of medicine, and yoga as a primary system of experiencing the self, coincide. However, as mentioned above, both osteopathy and yoga – though sometimes for different reasons – require new frames of reference and additional development. This is the only way they will be adequate for the postmodern world and develop their potentials.

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