

“Experiencing Osteopathy Through Continuum Movement”

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“I had to perform many serious experiments on my own cranium because of my skepticism about the mobility of the cranial bones. I could not perform these experiments upon the heads of other people. However, I did need to perform them on a living head because it was necessary to have the knowledge that is unobtainable from the study of a dead specimen in an anatomical laboratory. . . *Had I tried them on another person I would only have had information; they would have the knowledge.*”¹

William G. Sutherland, D.O.

As an Osteopathic student with an intense desire to develop my diagnostic and treatment skills, I often found myself wondering why I was working so hard to learn how to feel what was happening in someone else’s body when my own body was in many ways much more accessible. I found myself as the “patient” lying on the table in Osteopathic Principles and Practice class learning more by sensing my own mechanism, my own anatomy and physiology, than I did when I was the student physician sensing my patient’s body. As Osteopaths, we are trained to be attentive to other people’s anatomy and physiology, but not to our own. Most people don’t know how to listen to the deep messages conveyed by the wisdom of their own biological process, and to use this sense. Once I learned to recognize a physiological phenomenon in myself, it was much easier to perceive it in someone else.

I discovered that when studying anatomy and physiology if I embarked on my own inner “Tour of the Minnow”, like Dr. Sutherland, I could deepen my *knowledge* by exploring my own living human body, rather than merely gain *information* from reading the book or listening to a lecture. Along with the development of my perceptual field and the knowledge that came with it, I realized I could also apply these self-sensing principles to the treatment process. I hoped that some day I could find a way to teach this to my patients and empower them to care for themselves without always being dependent on someone else to treat them.

Years later, as I developed into an Osteopathic educator, teaching at New York College of Osteopathic Medicine and eventually becoming Course Director of the Cranial Academy’s 40-hour Basic Course, I wondered why our basic educational process was so “externally” oriented towards diagnosing and treating others. If Dr. Sutherland began his Osteopathic inquiry as an inner exploration of his own cranial mechanism, why don’t we all begin with that orientation? I began to develop my own methods of teaching students to perceive Osteopathic principles in their own bodies.

I have always searched for ways to reproduce or support Osteopathic experiences outside of the usual clinical context. I have explored many methods of increasing awareness and self-care and I try to convey what I have learned to my students and patients for their own use. Continuum Movement is the most effective approach I’ve found that offers an opportunity to experience Osteopathic principles in ourselves. Continuum teaches us to access an expanded perceptual awareness that enables us to recognize and respond to internal cues. We can use this wisdom to guide any aspect of our own lives or we can apply this expanded array of perceptions to our practice of Osteopathy.

The following is a brief description of some of the essential principles of Continuum Movement and an explanation of the common ground they share with Osteopathy.

History & Basic Philosophy of Continuum

Continuum Movement (usually referred to as simply, “Continuum”) was developed in the early 1960’s by Emilie Conrad, a professional dancer. She discovered a way of approaching movement and somatic education based on intrinsic felt movements, rather than on imposed exercises or prescribed

routines. She continues to develop her work and teaches internationally. Conrad states that, “movement is what we are, not something we do.”ⁱⁱ Continuum is *not* an exercise technique, in the same way that Osteopathy is not a treatment technique. Much like Osteopathy, Continuum is based on a philosophy that trusts in a deep wisdom that will guide the body to move in a way to allow the fullest expression of healing forces.

The mutability of our anatomy and physiology is evident in every instance of growth, development, and healing. Continuum, like Osteopathy, addresses our ability to change. Form follows function, and function alters form; they are interrelated throughout life, from the embryonic phase until death. We can always enter the realm of potential, the primordial state that allows us to cultivate the ability to fluently shift our context and thus promote Health.

The Fluid System is Fundamental

Continuum considers the fact that the human body is primarily (70%) composed of water. Biological systems are fluid-based, so that nutrients, neurotransmitters, most waste products and other substances are exchanged most freely through the fluid of a relatively less dense environment. Stimulating the movement, and hence the vitality of the fluid aspects of the body is central to the practice of Continuum. Both Continuum and Osteopathy acknowledge the material fluid system, and the non-material Potency expressed in the “fluid within the fluid”. By refining our attention and intention to allow our fluctuating fluid nature to express itself, Conrad assures us that an exchange of information and nourishment will occur in our system that carries a divine and complex intelligence that is not limited by the boundaries of our own thought process or of any treatment technique.

Anne Wales, DO in her reminiscing of Dr. Sutherland, refers to how he described the goal of an Osteopathic treatment as the movement of all the fluids of the body across all their interfaces.ⁱⁱⁱ The movement of fluid at the cellular level delivers nutrients and other information-containing substances into and out of the cell. Waste products are carried to their final destinations. The gross physical effects of this exchange of fluids include the stimulation of blood flow, venous and lymphatic drainage, visceral mobility and motility, and fluctuation of cerebrospinal fluid. Sutherland did not focus on alignment, range of motion, relief of pain, or release of physical strain patterns. These are all secondary benefits of a functional fluid system. In the elaboration of the phenomena of the Primary Respiratory Mechanism, Dr. Sutherland stated that the phenomenon of the fluctuation of the cerebrospinal fluid and the Potency of the Tide is the fundamental principle of the cranial concept.^{iv} If we embrace this as true, then we can develop this principle and apply it to every aspect of our lives. Continuum provides a fascinating way to explore this path.

Breath, Sound, & Vibration

The primacy of breath is one of the foundations of Continuum. Emilie Conrad states, “All movement begins with inhalation and exhalation.”^v She frequently speaks of respiration poetically and metaphorically, “Breath will start to activate our fluid systems and bring about novel intrinsic interactions where the throb of life becomes apparent.”^{vi} Her understanding of breath and fluid movement as something greater than their simple mechanical actions shares common philosophical ground with Osteopathy and parallels the Osteopathic concepts of the Primary Respiratory Mechanism, the Breath of Life, and the Potency of the Tide (the fluid within the fluid.)

Continuum utilizes hundreds of different breaths and sounds. Each one has a different texture and resonant effect on the body. Our breath is one of the constant life-sustaining motions in our vast repertoire of movements. The rate and quality of breath can be consciously altered to elicit a change in function. Respiration has a cellular effect, a gross motion effect, and a profound effect on the function of the autonomic nervous system. Breath can mobilize tissue, blood, lymph, somatoemotional holding patterns, change heart rate, innumerable physiological functions, and stimulate our general constitutional vitality. Refining our relationship to secondary respiration opens the door to a more intimate relationship with Primary Respiration.

Sound is the vibratory movement of the breath. Vibration coupled with breath can change the focus of attention and can have a direct effect on many aspects of the body and its function. Increasing the dexterity and capacity of our breathing, and engaging in a wider variety and greater complexity of movements, enhances our sense of our internal intrinsic world and gives us an opportunity to mobilize inertial states and disrupt dysfunctional habitual patterns.

Redefining “Fitness” Without Mechanical Habits

Both fitness routines and rehabilitation regimens tend to focus solely on the mechanical model and externally prescribed regimens that address the known aspects of the gross workings of the neuromusculoskeletal system. If our bodies were able to move freely, the way they were designed to, without the constraints of habit, we would more readily self-correct and strengthen. Strength can only emerge from a system that is responsive and adaptable. Habit is an expression of efficiency and is necessary for survival, but if it persists beyond its physiologic need, to the point of inertia, it creates a closed system with no room for creativity and flexibility. Nonphysiologic habit becomes a rut and disables the healing process. Continuum asks us to disengage from our habitual approach to movement, in order to experience a novel chance to be present with our body’s necessity and have access to a wider scope of choices and responses, and increase our adaptability and ability to heal.

What happens in a Continuum class?

The focus of a class may range from engaging in breathing, meditation, and small nearly invisible micro-movements, to aerobic activity using weights or a variety of unique exercise equipment. The context of a class is set by presenting an idea, an image, or a theme, and performing a variety of breaths and movements with attentiveness to that theme. Sequences of wave-like motions are combined with breath and sound. Wave motion is created by allowing the body to mimic the flowing, undulating, and curving patterns often found in the movement of water.

In a class of mine we may combine an anatomical fact with an Osteopathic concept and explore a movement sequence. For example, we may explore feeling the relationship between the pharyngeal tubercle of the occiput (from which the posterior pharyngeal wall is suspended) and the sacrum. Cueing our sense of the anatomy by breath and movement allows us to enter a state of open attention and observe this relationship from a new perspective. Depending upon the theme, the work may be done with music, or in silence. Continuum can be done in a group class or at home alone as a daily practice.

Conclusion

In practicing Continuum, I experience many of the basic principles of what I practice Osteopathically. Continuum is a great venue for exploration and discovery that universally applies to personal physical, emotional, mental and spiritual life as well as work as an Osteopathic Physician. Exploring Continuum empowers us to develop and deepen our diagnostic and therapeutic skills, to cultivate a sense of devotion to caring for ourselves and our patients, and to re-integrate movement as an instinctual therapeutic aspect of our lives. My synthesis of Osteopathy and Continuum is an invitation to follow A. T. Still’s encouragement to “dig on” and explore the depths of our experience and understanding of Osteopathy beyond our known limits.

References

ⁱ Sutherland, William G., ed. Wales, Anne L. Teachings in the Science of Osteopathy, Rudra Press, 1990, p.4-5.

ⁱⁱ Conrad, Emilie. Life on Land. Santa Monica: Continuum Publications, 1998, p. 49.

ⁱⁱⁱ Wales, Anne. Personal communication, 1997.

^{iv} Sutherland, William G., ed. Wales, Anne L. Teachings in the Science of Osteopathy, Rudra Press, 1990, p 176.

^v Conrad, Emilie. “Continuum,” in Groundworks, ed. Johnson, Don Hanlon. Berkeley: North Atlantic Press, 1997, p. 74

^{vi} Conrad, Emilie. Life on Land. Santa Monica: Continuum Publications, 1998. p. 52.