

This article is an excerpt from the forthcoming book, **Engaging The Movement Of Life** by Bonnie Gintis. It will be published by North Atlantic Books in Fall of 2006.

Engaging The Movement Of Life: **The Common Ground Of Osteopathy & Continuum Movement**

Introduction

It is indeed a sad situation that our natural instinct to move our bodies in a wide variety of ways has been separated from our everyday lives. When most people consider engaging in movement they think of just “exercising.” The spontaneous urges that non-human animals have to stretch, shake, undulate, twitch, or make a sound when they breathe, are quite unacceptable in the context of most of our lives. Watch a baby and see how they move their whole body, arching and curling, fanning their toes, waving their arms, kicking like a frog, constantly exploring every imaginable angle of mobility. Observe a cat or a dog, and you will notice that even these domesticated animals have a complex repertoire of movements. Viewing animals in the wild, you can see the vast assortment of spontaneous movements they engage throughout their waking hours. Most of us are fairly limited in our repertoire of movements, and we compartmentalize how and when we move. We frequently sit at work, sit in front of computers, sit while we are being entertained, and sit in our cars. We were told by our teachers in school to sit still, as if it helps us learn better. “Physical Education” is the name of a subject we study, rather than a realm of our own discovery. Modern societies provide just a few opportunities for spontaneous movement, but only during prescribed times, like while dancing or during lovemaking.

The innate engagement with the therapeutic, creative, and expressive value of movement is being lost. People in earlier times didn’t need to be reminded to move or be told to exercise because it was good for them. Survival and the chores of daily life necessitated so much movement, that the beneficial value of moving was built in to living. Fetching wood, carrying water, riding a horse, washing clothes, and baking bread

were very physical activities. There were countless opportunities for instinctual motions to be seamlessly interwoven with the routine movements of the day.

Emilie Conrad, the founder of Continuum Movement, observes that, “movement is what we **are**, not something we **do**.”¹ Andrew Taylor Still, the founder of Osteopathy stated that, “Life is matter in motion.”² With these considerations, how do we explore and rediscover the instinct to engage with the movement that is at the core of our biologic identity? How can we find new ways to move and allow the motion that is already present to augment itself? Can we resolve the dissonance between the constraints of an “exercise program” and the creativity and freedom of the instinctually guided movements of life that are present in every moment?

Ideally, we should not be able to differentiate movement from the rest of our lives. An integrated unit of function is not perceived as having separate parts if it is truly unified. But frequently, we do sense that movement is painful, dysfunctional, or simply not present. The first signal is usually some loss of function or discomfort, like stiffness or an ache. We usually aren't aware of our bodies' attempts to communicate with us until the message is so loud that we experience pain. Without a sense of one's inner workings, many people seek the help of a doctor or other health care practitioner. The notion that life requires movement hasn't been completely lost, but it's been isolated from the rest of our life, and its context has been distorted. Exercise has come to be regarded as a form of therapy, and it is frequently prescribed like a drug. Before the full expression of movement becomes restored as a natural aspect of someone's life, it may need to be applied as an exercise or therapy. Attention might need to be drawn to the dissociated function, so that it can be reintegrated into the whole.

We live in fast-paced times where our lives can become easily dissociated and fragmented. We are separated from the natural world, our natural rhythms, and our natural instinct to engage with movement as part of our self-correcting, and self-healing inner workings. By conveying my experience of integrating Osteopathic and Continuum

philosophy and practice, I offer an invitation to explore the potential of engaging movement as an expression of this natural state of wholeness and Health.

I have been studying Osteopathy since 1981, and I am always searching for ways to deepen my understanding and educate my patients about how to duplicate and support the treatment experience. So many of the problems I treat in my Osteopathic practice could be easily remedied by my patients themselves if they could re-learn to interweave their bodies' natural tendency to breathe, move, and rest into their busy lives. Development of our kinesthetic sense, the sensation and awareness of movement is the key to this process. I have explored many venues of movement education, awareness, and self-care and I try to convey what I learn to my patients for their own use. In my own search for a kinesthetic understanding of movement and healing, I have investigated yoga, meditation, visualization, tai chi, chi gung, Alexander Technique, Feldenkrais, many types of dance and dance therapies, gym workouts, Pilates, Gyrotonics, walking, and many other practices. All of these approaches have something valuable to offer, and may be helpful for some people some of the time, but none of them replicate what feels like the potential of an Osteopathic treatment. In my experience, Continuum Movement is the only approach I've found that elicits something powerfully healing and reverent that parallels Osteopathic treatment, and it empowers each participant to access the ability to heal themselves.

What is Continuum Movement?

Emilie Conrad, a professional dancer from New York City moved to Haiti in the late 50's to study and be immersed in Afro-Haitian dance and culture. She became the choreographer and leader of a Haitian folklore dance company. While living in Haiti and melding with the culture, she began to question not only her training as a dancer, but the very essence of how our movements relate to our culture as opposed to our biology. She began developing Continuum Movement (usually referred to as simply, "Continuum") in the 1960's as a way of teaching a new appreciation of movement.

Collaborations with people from diverse fields of interest and expertise have enriched the scope of Continuum over the past 40 years. Susan Harper, most notably, has been a major collaborator who now continues to develop her work under the name, “Continuum Montage.” Along with the other authorized teachers worldwide the application of Continuum philosophy and practice continues to expand in countless arenas of personal and professional realms of life; health care, bodywork, meditation, psychotherapy, spiritual practice, business organization, group dynamics, education, artistic creativity, performance, sports and fitness, just to name a few.

Continuum is **not** an exercise technique, in the same way that Osteopathy is not a treatment technique. They are both approaches to a practice based on a philosophy, a deep respect and trust in our self-correcting capability, a way of considering and appreciating life, and a context for growth, development, creativity, and healing.

Continuum’s teachings remind us of our capacity for change, healing, creativity, and innovation through movement, sound, and breath. Continuum explores movement and somatic education based on intrinsic felt movements, rather than on imposed exercises or prescribed routines. Much like Osteopathy, Continuum asks participants to cultivate a refined degree of attention, and trust that there is deep wisdom that will guide the body to move in a way to allow the expression of healing forces.

The focus of Continuum practice ranges from engaging in breathing, meditation, and small nearly invisible micro-movements, to large wave-like motions, and sometimes aerobic activity using weights and a variety of other exercise props and equipment. It’s not technique that defines Continuum, it is the spirit and context in which it is done.

A Continuum class may be composed of a group of any size, ranging from 2 to a few hundred. Continuum may also be taught in individual sessions. But, ideally it becomes part of a person’s daily reality, practiced for some period of time each day, and integrated into the way all movement is approached. Any exercise or activity can be influenced and enhanced by the sensibility of Continuum.

Wave Motion: Rhythm, Speed, & Amplitude Variation

In a Continuum session, the context is set for exploration by presenting an idea, an image, or a theme. Sequences of motions are combined with breath and sound that encourage exploration of the theme. Many of the movements in Continuum are wave-like. Wave motion is created by allowing the body to mimic the flowing, undulating, arced, and curving patterns often found in the movement of water. By mimicking the movement of water it's possible to create a resonance with fluid and experience the qualities one wishes to emulate.

The movements of non-human animals set a great example for us. Movements that are “biomorphic,” resembling those of other biological organisms may encourage discovery and awaken our capacity to sense our connectedness to all of life. Emulating amoeboid undulation, serpentine waves, the wagging of a phantom tail, or the ripple of change in octopus connective tissue may bring new life to our sense of embodiment. Many of us have lost our natural repertoire of movements. Babies and children often move playfully in ways we associate with other animals, kicking like frogs, climbing and swinging like monkeys, slithering along the ground, or pouncing like wild cats. Continuum practice offers permission and encourages exploration of biomorphic movements.

Positions are often used that change our usual relationship to gravity. By altering our usual reference points, we immediately respond to the novelty of the moment without falling into habitual movement patterns. Conrad has designed several devices that allow one to hang or prop oneself at slants and angles. Continuum can also be practiced on the floor, in a bed, chair, airplane seat, wheelchair, or standing, with or without simple props, such as a pillow.

The rhythm, speed, and amplitude of movements are varied to avoid repetitive patterns. Daily life tends to occur at a fast pace, and our nervous system finds ways to adapt to this. We are called upon to coordinate our activities with the speed of machines

like cars and computers. Although this is convenient, it leaves no room for the expression of biological rhythms that are slower. Fast paced movement without periods of rest and relaxation tend to cause a bracing reaction in the tissues of the body. The environment of our connective tissue has the ability to change its state of fluidity by shifting the relationships of its biochemical elements, varying from a state of relative fluidity called, “sol,” to a more viscous state referred to as, “gel.” We become locked into a state of relative gel in which our density increases and information exchange at the tissue level decreases. We brace ourselves to get the job done, but at a cost. It becomes harder to slow down, soften, and function at another tempo. The ability of an organism to adapt requires the ability to change rhythm, speed, and amplitude according to necessity, and move into a state of relative sol. It is the responsiveness of the fluidity of the body that gives us the capacity to recognize this need, slow down, and remember other tempos crucial to a self-regulating system.

The Movement of Breath & Sound

Our breath is one of the life-sustaining motions in our vast repertoire of movements. The pervasiveness and intricacies of breath allow new movement and sensation to arise. As long as we are alive, change ceaselessly accompanies our endlessly recurring breath. Respiration has a cellular effect; life-giving substances enter, and waste products are exchanged. Breathing has a gross motion effect; the rib cage expands, the spinal curves accommodate this motion, the diaphragms elevate and descend, and the internal organs are massaged. Breath will mobilize tissue, blood, lymph, change heart rate, alter the tone of our nervous system, change our emotional state, and effect countless other physiological functions.

Many of us underutilize our full capacity to breathe. This undermines the expression of our Health. We assume that breathing comes naturally, and that we don't need to pay attention to how we breathe. Breathing is automatic, to some extent, but there is dexterity and complexity to the breath that requires fine-tuning that can be learned and applied to improve the quality of life. We can become accustomed to breathing in certain dysfunctional ways, such as breathing shallowly in the upper part of

the chest, mouth-breathing, taking long irregular pauses between breaths, not fully exhaling, or expanding only a part of our respiratory apparatus. There are many reasons why this happens. When we encounter something we don't want to feel, whether it is a physical injury or an emotional trauma, restricting the breath will decrease sensation and allow us to cope. Many diseases, like asthma, allergies, or heart disease leave their residue in the restriction of breathing capacity. There are countless other ways the breath can become habitually restricted. Whether this protective response is conscious or unconscious it has a similar effect. These altered breathing patterns can be protective, or the compensatory reaction can become a problem in and of itself. Giving ourselves the opportunity to change the way we breathe offers our system options we might not otherwise find.

The rate and quality of breath can be consciously altered to elicit a change in function. We respond differently to slow quiet exhalation than we do to fast, staccato exhalation. Many people gravitate toward aerobic exercise because they enjoy the effects of breathing faster and more deeply than usual. Breath can be altered in a countless number of ways according to rate, rhythm, audible quality, relationship of inhalation to exhalation, how or where one pays attention, which parts of the respiratory anatomy are used, and more.

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 tissue. Continuum utilizes hundreds of different sounds ranging from a breathy whispered "haa", a quiet humming "mmm", a buzzing "jszz", a long tubular-like "oooh", to a bellows-like fast inhalation and exhalation made with a constantly changing shaped mouth. Each breath has a different texture and resonant effect on the body. Using the throat and mouth in unfamiliar ways evokes responses on many levels; in the tissue of the throat as it suspends from the base of the skull, in the organization and tension in the neck and face, in the physiologic responses of the nervous system, and in primal emotional and subcortical responses to different sounds.

The Primacy of Breath & Fluidity As More Than Mechanical Events

From Continuum's perspective, our breath is more than a mechanical event. It is a metaphorical doorway to healing. In each breath we change density and re-form, never in exactly the same way. This offers a great opportunity each of the approximately 12 times a minute that we breathe. 17,000 times each day when we breathe, we are at a threshold of transformation. During inhalation we expand. The taking in of air creates a literal and metaphorical spaciousness. In this capaciousness lies an opportunity to reorganize and take on new form. The actual movements of inhalation can be paralleled to the movements of growth in a developing fetus. During each cycle of the in-breath we experience a microcosm of growth and development, and in the exhalation phase, we dissolve, let go, and reenact our ultimate "expiration." The mutability of our form and function is our true identity as homeodynamic³ living, embodied beings, and this changeability is recapitulated in each cycle of inhalation and exhalation.

The primacy of breath is one of the foundations of Continuum. Emilie Conrad states, "All movement begins with inhalation and exhalation."⁴ She speaks of respiration poetically, metaphorically, and literally. Continuum shares this common philosophical ground with Osteopathy. Conrad's understanding of breath and fluid movement as something greater than simple mechanical actions parallels the Osteopathic concepts of the Primary Respiratory Mechanism, the "fluid within the fluid," and the "potency of the tide."

The "fluid within the fluid" is a term coined by William Sutherland to denote the vitality of the fluid in a living system. It is the non-material quality that differentiates a living fluid in a biological system from an inanimate liquid in an inert container. The effects of living motion as perceived through the fluid forces in the body are referred to as being phasic, like the breath or the tide. These cyclic or "tidal" fluid forces express potency or vitality. We can engage and support the expression of these forces, but we cannot control them. In both Continuum and Osteopathy we learn to join these forces and remove impediments to their fullest expression.

Osteopathy recognizes that there is a breath-like quality, referred to as “Primary Respiration,” that is noticeable within the fluid systems of the body. I specifically say that it is *noticeable* within the fluids, because it is easily recognized there. It does not dwell in the fluid or in any other location. The effects of the presence of Primary Respiration are also commonly perceived by some people as motions of the bones of the cranium and the dural tube, through the motility of the brain and spinal cord, via the cerebrospinal fluid fluctuation, or in any area of the body. The phenomena associated with Primary Respiration cannot truly be objectified, labeled, and plotted on an anatomical diagram, because they are not, in essence, physical phenomena. We perceive them as having physical mechanical movements, and attempt to talk about them, but it is important to realize that by doing this we mix our metaphors. By nature, whatever we say it is, it can’t be. Having stated this cautionary warning, let’s continue to explore ways of representing this life process so that we can most deeply engage its potential.

Primary Respiration is considered to be more basic and foundational than the breathing we do through our lungs. The movement of breath, referred to as “secondary respiration” or as the “breath of air” is a process that arises secondarily from the more fundamental Primary Respiration. This non-material expression of life and vitality may be palpable through actual liquid fluids such as cerebrospinal fluid or extracellular fluid, but is not just about these material fluid substances, they are only a vehicle for its expression. Primary Respiration is not a physical mechanical process, therefore it cannot be measured. Many who feel the effects of Primary Respiration sense its influence by the secondary movement of the body as it passes through. Primary Respiration is the effect of the unknown and unknowable life force as it expresses itself through the living human body. Since this is perceived as being phasic, like the breath, it is called by some by the poetic metaphorical name, “The Breath of Life.”

The physical breath can be altered, but the non-material field of influence referred to as, “the Breath of Life” is unalterable. As long as we live, this expression of life force manifests itself through us. Our body is the environment that provides the context for the Breath of Life to manifest in different ways. This living quality is equally

present everywhere in a human being; in the spaces, and in the movement of the things that occupy the space, and in the things themselves. The ability of the Breath of Life to manifest is altered by the conditions through which it must move; dysfunctional musculoskeletal states, scar tissue, toxic nutritional status, tumors, viruses, and emotional states, just to name a few. Disease, injuries, or other patterns of dysfunction may be held and represented in the tissues of the body and the central nervous system, but the forces in the fluid more readily relinquish distortions when given the opportunity to express their fluidity. We can focus our attention on our breathing as a way to access an engagement with the non-material realm of the potency of our fluid life process. Continuum resonates with this fundamental Osteopathic concept with its emphasis on attending to our fluidity and movement potential, and avoiding stagnation and inertia in order to increase the expression of our Health through movement of breath and fluid.

Open-ended Inquiry

Non-patterned, non-linear, asymmetrical movements are explored in the context of Continuum inquiry. Growth, healing, and increased vitality are made possible by asking new questions and challenging beliefs about the potential of the body's function and structure. We frequently have assumptions about ourselves and about how the world works based on misinformation or faulty conclusions from our past that become generalized into beliefs. These assumptions may or may not be true. Opening the inquiry into the possibilities available gives us an opportunity to test these assumptions and increase our capacity for change.

We can ask our body questions by initiating movement and breath, and then waiting and deeply listening to the multifaceted response. By silently asking ourselves, "What else is possible?" we can expand our sensory field and directly assist the body in change. 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, disrupt habitual patterns, and self-initiate a therapeutic process.

Attention

The philosophy of Continuum asks for a commitment to the expansion of one's attention, perception, and sensory fields. To be precise, life does not require our attention or our consciousness, but we tend to have access to greater potential when a certain quality of awareness is engaged. Just as important as what we do, is how we do it. Without our attention, life tends to become limited and diminished in potential. We can go on "auto-pilot," and arrive at our destination, but we won't be aware of the journey and enjoy as many of its benefits. There is a way to engage our attention and more fully participate in the movement aspects of our lives that leads to discovery of a constantly changing and unfolding living process.

Considering Habit As A Closed System

Routine can be a strategy that supports the body's natural rhythms and responds to specific needs. Habit can be a mechanism of efficiency used to accomplish routine. It's more effective for your long-term dental health to routinely brush your teeth every night before going to sleep, than to explore whether or not it's necessary. When you're running away from a life-threatening situation, it's not the time for creative movement. Survival demands that we engage in some movements without the burden of thinking or the danger of time-consuming options. This strategy is advantageous, as long as the reflex or routine is performed purposefully for specific periods of time as called for by the situation.

There is no room for creativity, innovation, and flexibility in efficient routines and habits. At its best, habit allows us to do something with the freedom of not having to think about it or devote too much attention to it. At its worst, habit creates a rut. When habit becomes mindless repetitive action, it can lead to problems. There is no opportunity in a habitual state to learn something new or to express flexibility. Habit creates a closed system.

Continuum asks us to disengage from our unnecessary habits. If habits are questioned, the response to a true need can be distinguished from habitual reaction to

perceived needs. This offers a novel chance to be present with the necessity of the moment and have access to a wider scope of choices and responses. This approach can be applied to every aspect of our lives, ranging from posture, walking, thinking, relating to people and other living beings, participating in the culture, the government, your profession, and relating to all your micro and macro-environments, including your home, your place of work, the earth, and the cosmos beyond.

One way to effectively disengage from habit is to slow down. Twenty-first century society values increased speed, efficiency, and productivity. The advent of technology that performs so far out of the range of most biological rhythms has distorted our notions of biological pace. Simply resting and slowing down one's movements can open the perceptual field and reveal a whole alternative range of possibilities. Continuum offers an open-ended invitation to disengage from the imposed rhythms of daily life and enter into a lifelong process of inquiry into the nature of embodiment.

Mutability, The Capacity to Change, Adapt, and Heal

The mutability of our being is evident in every instance of growth, development, and healing. Continuum, like Osteopathy, addresses our ability to change and adapt. 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 promote health.

We are composed of a multitude of shifting densities. The field of dynamic mutability spans the range of all possibilities. Our tissues fluctuate between states of relative gel and sol. Form and function shift as we inhale and exhale. The body should not be objectified as a constant bound form. Elements arrange and rearrange themselves into molecules, and molecules into cells. Our cells organize molecules into a host of tissues and fluids. Food and drink become blood, muscle, organs, nerve, and cerebrospinal fluid. We are automatically shifting arrangements within the space our

bodies live in. We are constantly shifting, adjusting, fluctuating “events.” We are not held static within any particular form, shape, alignment, or movement pattern.

Growth and development are dynamic metabolic events that involve a constant series of changes. Movements of nutrients and other resources combine in new ways. Healing involves the same forces as growth and development, only in a regeneration of the original event. Growth, development, and healing are all variations of the same event occurring at different times in our lifespan.

When we can no longer adapt and respond to the demands of our environment, we become restricted in our ability to cope. If we cannot change, we cannot adapt or heal. In this limitation, we experience illness, aging, degeneration, and eventually death.

Embracing many of these concepts, Emilie Conrad began to work with people who had spinal cord injuries, post polio syndrome, stroke, and other forms of paralysis. Without a medical background, she offered a fresh approach to a treatment model that she viewed as paralyzed. She considers the model to be more paralyzed than the patient, and works outside of the realm of neuromuscular synapses to create fluid movement. Although a person who has sustained an injury to their spinal cord at the level of their mid-back (e.g., spinal level T7) may not be able to sense or use any of the muscles below this level in the “traditional” way, wave motion may allow them to perceive and create movement that resonates below the level of their injury. A new sense of the body as a whole unit of function may be accessible through the “fluid field,” and offer the prospects for innovation in function. The people who have approached their rehabilitation and healing process using Continuum have remarkable stories to tell of discovering new possibilities that were not available through the medical mainstream treatment options.

“Release” Is Not A Goal

Both Continuum and Osteopathy acknowledge the interrelatedness of all aspects of our lives, and recognize that dysfunction or compensation in any realm may involve a

form of holding or inertia. In my practice of Osteopathy or Continuum, there is no specific intent to elicit a “release” of any particular sort, emotional, physical, or spiritual. Practices that are oriented towards letting go of held patterns may do so in a way that leaves the person vulnerable, without their sense of coping, compensation, or protection, before their natural process of healing is ready to do so. There is a danger of rebound reactions or the formation of new compensations, as the imposed release is perceived as another threat. This is not the priority or the goal of Continuum or Osteopathy, although release of any restriction may arise as part of the natural unfolding expression of a person involved in the healing process. Any need to let go or discharge will naturally be addressed by a system that is fully free to move and express itself.

The Body is Primarily Fluid

Continuum considers and values the fact that the human body is primarily composed of water. The average adult is approximately 70% water. Rachel Carson, the marine biologist, nature writer, and ecologist who was a great inspiration to William Sutherland, the developer of Cranial Osteopathy parallels our physiology to an internalized oceanic environment.⁵ As simple organisms, who were bathed in the nutritive oceanic environment developed more complex anatomy and physiology, and eventually moved onto land, they internalized their fluid environment.

Biological systems are primarily fluid-based, so most nutrients, waste products, and other things that need to be transmitted, are exchanged most freely through fluid. Exchange of information in a fluid-based system occurs more freely in a less dense environment. Molecules move faster and more freely in fluid than in solid, and thus are able to communicate more freely.

In addition to the physical characteristics of the fluids of the body, there is an energetic resonance that creates wholeness in a fluid system. The “fluid body” is a term that implies our ability to instantaneously resonate as a whole. As a drop of water falls from the sky and merges with the ocean it is indistinguishable as a “part.” In this way,

our fluid body is a resonant unified field of function. Osteopathy calls the potency and vitality that expresses itself through the fluid system, “the fluid within the fluid.” Rachel Carson inspired William Sutherland to pursue his exploration of the resonance of fluid systems when she wrote, “There is no drop of water in the ocean, not even in the deepest parts of the abyss, that does not know and respond to the mysterious forces that create the tide.”⁶ Although this potency expresses itself throughout every substance and in all the spaces of the body, it seems to be most easily accessed via fluid.

Fluid movements are the first functions in the embryo, which is nearly entirely composed of water. Cells organize, and form develops where fluid function has already been operating. Where function requires the stability of a container, form is stimulated to materialize and organize. In both Continuum and Osteopathy we can return to this primordial state and gain access to vast potential.

The Embryonic Field

The embryonic field is the primordial state of potential growth. It is obviously most evident in the embryo itself, but is not confined to this stage of development. This field of influence includes an assortment of formative forces and the structures that express creative potential throughout life. Whether we look at growth in an embryo or healing in an adult we see the same physiologic forces creating and organizing new structures and functions in the body.

Erich Blechschmidt and Raymond Gasser were German embryologists who posed radically different ways of looking at the developmental process. If we use their definition of a cell as “a momentary aspect of spatially ordered metabolic movement”⁷, we can view all structure as temporary. The need to change is inherent in our body physiology. It is a part of growth and development. These natural laws do not cease to exist once growth and development have ended. They continue to express themselves in the adult as the physiologic forces of healing and adaptation.

During the second week of embryonic life the fluid at a point in the tail-end at the midline of the embryo begins to organize its function and move towards the cranial end. This function begins as a movement of the fluid in the undifferentiated embryo, and as it takes form moving forward is called the primitive streak. The primitive streak is a sentinel, organizing event that begins as a function and stimulates the emergence of structure. All development occurs in relationship to this midline core. Continuum utilizes the potency of this reference point in a person of any age, as Osteopathy does, to make novel interactions available and lead to the creation of rich innovations.

In the embryo there are several types of “stem cells” that differentiate to form all the tissues of the body. These cells become specialized as development demands a particular role for them. Stem cells can also participate in the natural therapeutic process in all adults. Although the quantities of these cells, and ease of stimulating them decrease with age, vast numbers persist throughout the body during adult life and are actively involved in healing. In recent years the scientific establishment has focused a great deal of attention on the potential of using these cells, often obtained from human embryos in a laboratory, to regenerate function in certain diseases or injuries. They propose the development of medical procedures based on artificial stimulation and introduction of these cells into the recipient’s body. Continuum practice has us inquire into the potential of stimulating our own stem cells. If we can be prompted to mobilize our own stem cells, perhaps these cells could respond to the necessity of their environment and give us access to new possibilities for regenerative healing. From an Osteopathic perspective, adult stem cell activation must be a part of the expression of health and healing.

Approaching movement utilizing an embryogenetic model acknowledges the inherent power of the system to express mutability, generate function, and therefore alter its form. Anatomic form emerges to accommodate function that is already present. For example, during development, the metabolic demands of the rapidly growing brain stimulate the growth of the heart to more efficiently deliver blood. The interdigitating sagittal suture between the parietal bones of the skull forms to protect and

accommodate the growth and motion of the cerebral hemispheres that was there long before there was bone. A muscle that is called on to perform an activity will soon grow to meet the challenges of what is required. It's form changes to meet the function.

In the embryologic development of the extremities, there is streaming of fluid into the limb buds that is a function of the substances of growth moving toward the growing edge. There is movement in the tissue that is the precursor to muscle, long before there is an actual muscle, or a nerve to stimulate its motion. Motor neurons, the nerves responsible for sending impulses to muscles, are the first nerves to emerge. Sensory fibers begin to grow along paths laid down by the pre-existing motor fibers. The motion that is inherent in the growth process of organizing tissue and fluid, and the neurological ability to move, precede the existence of sensation. Movement provides communication with the brain and spinal cord and stimulates the creation of a sensory system. Movement seeds the matrix with potential for new pathways. The sensory pathways develop along territories first mapped by movement. We can apply this developmental principle to anyone at any age. Where there is inertia, lack of sensation, or impaired neural communication, if you “rough-in” movement, the development of new pathways may follow. To rough-in movement, an approximation is made of the desired effect, or a movement is imitated or mimicked, in order to begin to get our bodies oriented in the direction in which it would be beneficial to move. Get the body moving, and there is a greater possibility for innovation.

Fluid Movement & The Therapeutic Process

Anne Wales, DO in her reminiscing about 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.⁸ 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 that will find the necessity within the system and address it as needed.

What else might have the same effects as this approach to Osteopathic treatment? Many varieties of breath and movement stimulate fluid exchange. Depending on the intention of movement, the effect can be focused on gross musculoskeletal structures, the lymphatic or vascular system, the viscera, the nervous system, or non-material aspects of function and experience. Continuum offers endless opportunities to engage therapeutic fluid exchange.

Aging As Decreased Fluidity & Adaptability

Aging is accompanied by our body composition decreasing in its percentage of water. We are approximately 99% fluid at conception, 80% at birth, and down to about 60% if we live to be elderly. The diminished volume of fluid decreases the possibilities for fluid interchange. This contributes to the brittleness, slow healing, and resistance to change that plague aging. In the aging process, physiology loses its coherency, and adaptability becomes limited. Although there are limits to the longevity of our physical form, when an individual participates with their own biological process, it creates a greater opportunity for regeneration at a higher state of organization, and prevents some of the stagnation and entropy of aging.

Movement, Fitness, & Health fitness

If our bodies were able to move freely, the way they are designed to, without the constraints of habit, they would self-correct more often. Many people have lost the instinctive ability to sense this. We yawn and we occasionally stretch, but most of us don't engage in much spontaneous movement. If you watch a baby or a child or even an animal move, you will see them undulate, twitch, make faces, move their arms and legs like tentacles, separate their toes and wave them, and engage in a wide variety of seemingly random gestures. Infants have no assumptions about their bodies, no agendas about their posture, no self-consciousness and restraints about how they think they should move. They move in response to the creative flux of growth and they

quickly adapt to their environment and their circumstances. This enables them to respond quickly to their own healing forces.

In adults, the urge to move is commonly translated into exercise. Many people respond to the sense that they need to move by choosing to go for a walk, a run, to a gym, or to an exercise class. This is a healthy impulse, but all too often, once the activity has begun, the consciousness with which it's engaged is lost. Although there is undoubtedly some physical benefit from mindless repetitive movement, why not bring attentiveness to movement and explore its greater benefits?

In order to fully engage the healing potential of movement, it might serve us to cultivate our yearning desire to move, rather than disciplining ourselves into a rote routine. Discipline can be transformed into devotion. Too many people approach movement and exercise with the attitude that they must force themselves to do it because it's theoretically good for them. Discipline implies training that produces obedience to something external. One definition of discipline entails punishment. Devotion springs from great love, loyalty, enthusiastic zeal, sincerity, dedication, and may be viewed as a fervent form of prayer. From which of these viewpoints will the more powerful and lasting effect arise?

If a skilled Osteopath's treatment can be guided by attending to the subtle intrinsic mobilities and motilities of their patients, why can't we all learn to attend to ourselves this way? Most people don't know how to listen to the deep messages conveyed by the wisdom of their own biological process. Many people are able to follow someone else's directions, but this is not as effective as learning to participate with one's self. Sending this person to the gym to execute repetitive motions, or to a yoga class to practice patterned positions won't teach them what they need. They would most benefit from first learning to perceive their intrinsic need to move.

Developing a Sensory-Based Kinesthetic Vocabulary

It would be helpful for all people to be more perceptually active in sensing their bodies and learn how to inquire about their own physical state. This quality of awareness is not related to *thinking* about the body, or analyzing what is wrong. A pure experience of sensory awareness enables a person to learn to recognize internal cues. But a felt-sense alone is not enough. If the language we use to ponder or convey our perception is insufficient, it may distort the experience. It is valuable to acknowledge that anything we think or say about experience is not the same as the experience. Experience is not valued in our culture, and people frequently discount their experience if they don't have words to describe it. We all need a sensory vocabulary if we are going to fully express these discoveries, and not discount or distort them.

I guide my patients to pay attention and describe what they are feeling without analysis. I don't accept descriptions like, "my back is out." The person who makes this distorted statement is suffering and knows that something is wrong, but doesn't have the clarity of experience or vocabulary to express it. How can they help themselves if they feel like they have no access to their own body? It is somewhere else. It is "out." When someone uses language like this, I assist them in learning to describe what "out" feels like by guiding them to breathe and move gently, helping them find the words to describe what they feel. This empowers them to inquire and obtain the information they need to help themselves, and contributes to their sense of wholeness and presence.

A Continuum class is an excellent venue for this type of sensory-based kinesthetic education. Learning to be attentive creates opportunities for change in all realms of being, including gross physical function and structure, sensation, emotion, cellular function and structure, and more subtle energetic and spiritual aspects. This quality of presence promotes the expression of all aspects of Health.

Experiencing Osteopathy In Continuum Practice

The development of my own perceptual field has involved integrating my philosophy and practice of Osteopathy with the sensory vocabulary of my practice of Continuum. The two approaches feed each other. I have found this to be a vast territory

for exploration. I have discovered that I can apply the guiding principles of both Continuum and Osteopathy to any aspect of movement, whether I am “working out”, taking a walk, or reaching for an item on a shelf. In fact, the fruition of my explorations applies not only to movement, but to all of life. By experiencing Osteopathy through Continuum I have been empowered to create my own context for growth, development, creativity, and healing.

The following are some examples of merging the two approaches and appreciating some phenomena that are usually only experienced while treating another person. These are some of the Osteopathic themes I have explored in Continuum classes and workshops. I ask my students who are physicians to consider if and how their diagnostic perceptions of others, and their ability to offer effective treatment change after they have explored something themselves.

Breath is a doorway to the experience of the thoracic diaphragm, the pelvic diaphragm, and the intracranial tentorium cerebelli. Collectively, these are Osteopathically referred to as “the three diaphragms.” The fascial continuity of the dura of the cranium through the spinal canal to the sacrum, referred to as “the core-link” functions in relationship to these three diaphragms. There are also other diaphragms or transverse anatomical arrangements that can be included in this consideration; the diaphragma sella in which the pituitary sits in the center of the body of the sphenoid, the thoracic inlet/outlet, the knee, and the arches of the feet. There are infinite arrays of breath and movement motifs that can increase your direct experience of these relationships.

I may design a Continuum session, often referred to as a “dive” rather than a “workout,” to address one of the phenomena of the Primary Respiratory Mechanism as described by Dr. Sutherland. I may chose to engage the focus of my movement exploration on the fluctuation of the cerebrospinal fluid and the parallel manifestation of this interchange throughout the entire fluid field of the body; on the potency of the tide, or the fluid within the fluid; on the motility of the entirety of the central and peripheral

nervous system; on the mobility and change of shape of the cranial bones as well as the entire skeleton; on the relationship between the cranium and the sacrum as a manifestation of the midline; or on the function of the intracranial and intraspinal membranes in concert with the fascial continuity of the entire body. Both the voluntary and involuntary motions of the sacrum between the ilia can be balanced with the refined attention utilized in practicing Continuum. My intention to engage something specific broadens my awareness of that phenomenon and how it relates to the whole.

Movement can be explored either in the physical mechanical sense or in the metaphorical or non-material realm. Although in the mechanical sense, stillness might be considered the opposite of movement, this is not the case when considering the non-material definitions of these words. Exploring this topic requires some clarity of some terms, and the willingness to enter a philosophical exploration of both physical and non-material realms.

At the two ends of the mechanical spectrum dwell movement and lack of movement. Consider a simple system with a moving lever and a fulcrum, like a seesaw. There is a fulcrum, a non-moving point at the place where the lever balances, from which the mechanical system derives its power, and there is a lever, which moves upon the fulcrum. Now apply this idea to your hip joint. Your femur bone is a long lever with a point of attachment, a fulcrum, in the socket of your hip joint. You can explore how your hip moves by tracking the movements of your leg, or you can place your attention at the relatively non-moving point of attachment. Either the fulcrum or the lever action in body motion can be explored in both Osteopathy and Continuum. Any biomechanical aspect of joint motion can be examined and experienced, and it is often the attention to a physical phenomenon that opens the door to the perception of the non-material manifestation of the same concept.

From a non-material perspective, Stillness is the state from which all other states arise. It is always present and paradoxically, always overlaid by movement. In a paradox, something seems to be contradictory, but is nonetheless true. In this

philosophical view, both Stillness and motion exist simultaneously. Their relationship is dynamic, vibrant, and life-affirming.

The range of interesting viewpoints is endless. Making an inquiry about the body can be done by silently asking a question, and with each perceived answer, drop that bit of information from your consciousness, and ask, “what else?” As the physical, material answers fade into the backdrop of attention, our systems slow down and quiet. Other perceptions can emerge. You may have an opportunity to feel the subtle automatically shifting suspended fulcrum of the intracranial dural membranes. The Stillpoint around which the potency of the fluid fluctuates might be perceptible. Dynamic Stillness might be revealed. It can be your intention to create the conditions for awareness of Stillness to emerge, or you may just encounter the phenomenon as a part of the natural unfolding of the therapeutic process in movement.

Any of the manifestations of the many tidal rhythms of the body may appear during a Continuum session. The rate, rhythms, pauses, and textural qualities of fluid fluctuation may vary as the perceptual state of the person moving shifts focus.

The cardiovascular pulse may become an interesting part of an inquiry into some living process in question. Certain movements may be performed to specifically increase lymphatic activity. The attention may be in the extracellular space, rather than intracellular, or on a particular viscera, body part, or tissue type.

The space the body occupies is as much a part of the body as the matter of which we are made, just as in a piece of music, in which the space between the notes is as important a component as the notes themselves. We can explore this space in the gross physical sense, or in the quantum realm. Space may extend around us, but it also enters us and helps compose internal spaces such as sinuses, nose, throat, bronchial passages, the ventricles of the brain, and the digestive tract, just to name a few. Quantum physics tells us we are composed of far more sub-atomic space than matter.

There is potency to all space, and it can be accessed for inquiry and therapeutic purpose in a movement practice that is informed by the intelligence of the organism.

Conclusion

Healing is not an external procedure that is administered passively to a patient. The therapeutic process occurs in the patient, not in the Osteopath or other health care practitioner who administers a treatment. I find the use of the word “healer” objectionable because it implies that something is evoked by someone other than the person experiencing the healing. We are each our own healers. We may occasionally require the assistance of another person to help us orient to the reference point for our healing, but they are not our healers. Each of us performs our own healing.

Engaging movement and health by means of broadening our concept of movement as what we are, not something we do opens the field of potential, and allows us all to engage movement and health as we live our lives more instinctively. Developing a relationship to and an awareness of movement empowers each and every one of us to attain a deeper experience of extraordinary well-being. The common ground of Osteopathy and Continuum invites us to engage in conscious embodiment as a way of continuing the expression of Health. Rollin Becker, DO, reminds us that, “The point is not what the physician can do for the patient, but what the physician can do to open the doors to allow the patient to heal him or herself.”⁹ Continuum opens the door to an opportunity to cultivate a sense of devotion to caring for ourselves and to explore and engage the innovative potential of our lives. □

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¹ Conrad, Emilie. Life on Land. Santa Monica: Continuum Publications, 1998. p.49

² Still, Andrew T. Philosophy & Mechanical Principles of Osteopathy. Kirksville, Osteopathic Enterprises, 1986 (originally published in 1892), p. 257).

³ Homeodynamic, as opposed to the more traditional term, “homeostatic” implies an active participation of the organism with it’s influences to maintain the conditions conducive to life by responding and changing, not by maintaining a static situation.

⁴ Conrad, Emilie. "Continuum," in Groundworks, ed. Johnson, Don Hanbn. Berkeley: North Atlantic Press, 1997, p.74)

⁵ Carson, Rachel L. The Sea Around Us. New York: Oxford University Press, 1950, p.13.

⁶ Carson, Rachel L. The Sea Around Us. New York: Oxford University Press, 1950, p.149.

⁷ Blechschmidt, E. and Gasser, R. Biokinetics and Biodynamics of Human Differentiation. Springfield, IL: Charles C. Thomas Publisher, 1978. p.6

⁸ (Wales, personal communication, 1997)

⁹ Becker, DO, Rollin. Life in Motion: The Osteopathic Vision of Rollin E. Becker, DO. Portland, OR: Rudra Press, 1997, p. 241