

What is the significance of Dr. A.T. Still's principles and philosophy in the work of Austrian osteopaths today?

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by

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DECLARATION

Hereby I declare that I have written the present master thesis on my own.

I have clearly marked as quotes all parts of the text that I have copied literally or rephrased from published or unpublished works of other authors. All sources and references I have used in writing this thesis are listed in the bibliography. No thesis with the same content was submitted to any other examination board before.

Date

Signature

Abstract

What is the significance of Dr. A.T. Still's principles and philosophy in the work of Austrian osteopaths today?

To answer this question I have chosen the method of a quantitative survey based on a questionnaire, which was sent to osteopathic students in the sixth year of study, osteopaths with the final clinical examination and osteopaths with the degree D.O. of the Vienna School of Osteopathy (WSO).

162 osteopaths (66% return rate) filled in the questionnaire.

The main questions were:

Are Dr. Still's principles and philosophies still relevant today, 132 years after he raised the banner of osteopathy on June 22, 1874 – and are they still applied by osteopaths in their work with patients?

The results of my master thesis show that the philosophy and principles of Still are very important for Austrian osteopaths today.

The majority of osteopaths study the principles of Dr. Still, agree with them and integrate them in their osteopathic work.

Nevertheless, the osteopaths' attitude toward conventional medicine and its use of medications has changed since the time of Dr. Still. Osteopaths today are more open towards conventional medicine and they also respect its progresses. Medications are not completely rejected anymore. While Dr. Still defined osteopathy as independent form of medicine and completely rejected allopathic medicine, osteopaths today see their work as an addition, a complement to allopathy, which is corroborated by the fact that 61% see osteopathy as a form of complementary medicine.

This result is very important for policy decisions regarding the profession, since the osteopathic profession in Austria is not yet integrated in the health care system and is not regulated by law. Therefore the osteopaths' position towards conventional medicine will be an important issue in the future.

Keywords: Still, Philosophy, Principles, quantitative survey, questionnaire

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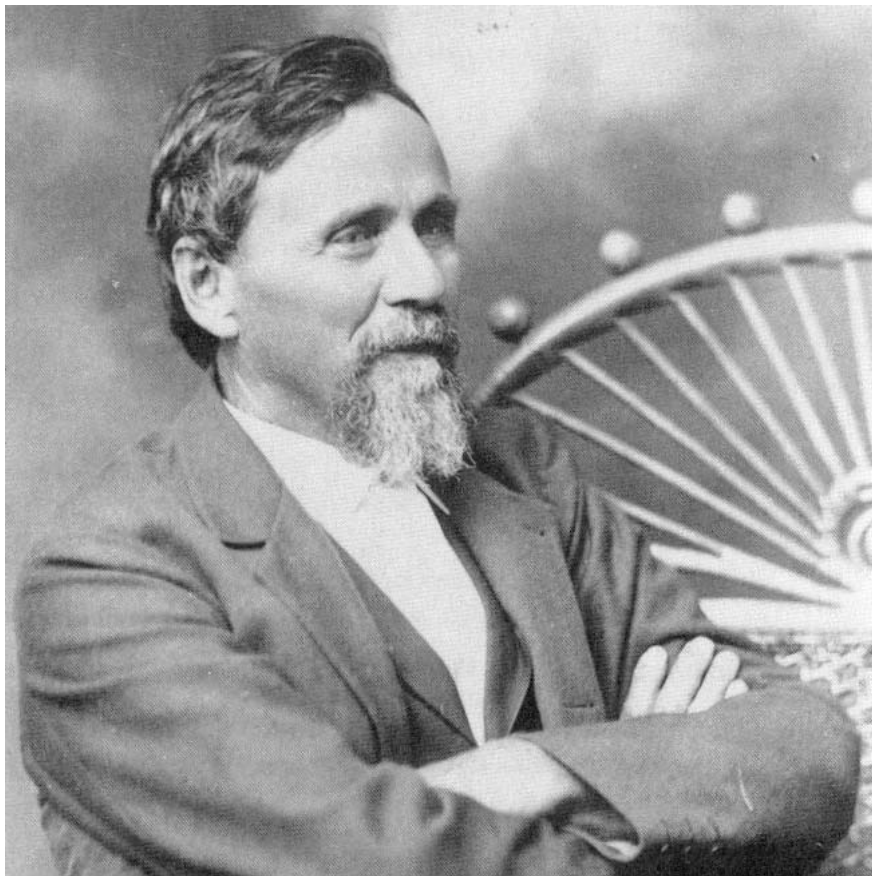
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Master thesis

What is the significance of Dr. A.T. Still's principles and philosophy in the work of Austrian osteopaths today?



With the kind authorization of the Still National Osteopathic Museum, Kirksville, Missouri.

1. Introduction

1.1 General introduction of subject

I would like to begin with a quote from Dr. A.T. Still in which he articulates a fundamental principle of osteopathy and an attitude which quite nicely highlights an element which distinguishes osteopathic thinking.

In this context, Still (2005) describes the body as a perfect, harmonious unit and highlights what practicing osteopaths may experience in working with people:

*"We look at it [the human body] in perfect health which means perfection and harmony not in part, but of the whole body. So far we are only filled with love, wonder and admiration."
Still (2005, III-28)*

Still's history, his attitude toward his work and his patient research to find principles which lead to health have captivated me since the beginning of my osteopathy training.

In her book *Andrew Taylor Still*, Carol Trowbridge (2003) summarizes his basic principles as follows:

"He believed in the perfection of the human body. This belief gave rise to four comprehensive and reciprocal principles:

- 1. The human body functions as a perfect biological unit.*
- 2. The body possesses self-healing and self-regulating powers.*
- 3. Structure and function are related.*
- 4. Abnormal pressure in one part of the body generates abnormal pressure and tensions in other parts of the body.*

*Rejecting medications, Still used manipulation therapies to release self-healing powers."
(Trowbridge, 2003, xiv)*

I have only been practicing osteopathy for a few years, and I have to wonder again and again whether I have truly understood and applied Still's fundamental principles.

I can only say that they are important to me in my work and that I aspire to apply them to the very best of my knowledge and ability.

My research question for this thesis emerged from this background: "Are the philosophy and fundamental principles of Dr. A.T. Still important for the work of my fellow osteopaths, and what is the significance of his teachings today?"

The question was as follows:

What is the significance of Dr. A.T. Still's principles and philosophy in the work of Austrian osteopaths today?

"The right hand of the God of the universe is with us, and we are sending the light more and more over the world. I expect when I am gone from active earth life that I will come back every week or so to see what Osteopathy is doing. I want to see if it is run off of the face of the earth. In the earlier ages the people didn't know anything of medicine, and they lived a long time. The less they knew of it, the more good food they ate and the longer they lived." Still (2005, 1-129)

This passage from Still (2005) encouraged me to ask practicing osteopaths whether the original philosophy and principles of osteopathy are still important and relevant to their work today.

1.2 Still's life and principles

In order to facilitate the reader's understanding of my question on Still's philosophy and principles, this section provides a brief overview of his life and his attitudes.

In her book *Andrew Taylor Still* (2003), Carol Trowbridge provides a comprehensive overview of Still's life. In this thesis, I will merely provide a brief summary of her description of Still's life:

Dr. Andrew Taylor Still, an American country doctor, lived from 1828 to 1917.

As the son of a Methodist preacher, he was familiar with the fundamentals of spiritual guidance.

He lived through the Civil War in the United States. After three of his children died of meningitis, he underwent a major spiritual crisis, which prompted him to turn away from conventional heroic medicine at that time. In his search for a better form of medicine, he then traveled other intellectual paths and learned about American transcendentalism, phrenology, mesmerism, magnetism and the bone-setting practices of the Shawnee Native Americans.

His love of nature, his strong belief in intuitive intelligence and his confidence in the perfection of humans distinguished his beliefs and helped him remain steadfast, patient and persevering in his quest for health.

Still loved freedom, was a proponent of human rights and was oriented toward science and philosophy.

He reviewed and integrated everything that appeared to serve the purpose of healing his patients.

In early 1870, Still studied the works of Charles Darwin, Alfred Russel Wallace and Herbert Spencer, the actual father of the theory of evolution. Still integrated their philosophy into his considerations, from which the philosophy of osteopathy emerged.

After years of researching the human body intensively and searching for tenable guiding principles, on June 22, 1874 Dr. Still came to a fundamental insight upon which he "raised the banner of osteopathy". He describes this experience in his autobiography:

"... I was shot – not in the heart, but in the dome of reason. That dome was then in a very poor condition to be penetrated by an arrow charged with the principles of philosophy [...] Part of the time upon that day I withdrew from the presence of men to meditate upon that event, wherein I saw by the force of reason that the word, 'God', signified perfection in all things and in all places. I began at that date to carefully investigate with the microscope of mind to prove an assertion that is often made... that the perfection of Deity can be proven by His works."

Still (2005, I-121)

He recognized the unity of the body as well as the connection between structure and function, and saw that every human possesses self-healing capabilities.

This was followed by years of research and experimentation with his principles, after which Still opened the American School of Osteopathy in Kirksville, Missouri, in 1892.

In order to provide a better picture of Still, I will cite another passage from Trowbridge's book *Andrew Taylor Still* (2003):

"Between 1874 and 1894, ostracized by his family and other people, Still wandered through the northeast of Missouri and taught anyone who was willing to listen about his new science. Clothed entirely in black, his pant legs carefully tucked into knee-high boots and shouldering a backpack filled with a complete set of human bones, Still truly fit the image of an eccentric. His stubborn refusal to include traditional medicine in his curriculum suited his image precisely. However, only a lack of historical knowledge makes Still appear strange and is unjust to a man capable of introspect whose ideas were far ahead of his time." Trowbridge (2003, xv)

1.3 Osteopathy today

If we take the year mentioned by Still as the starting point, osteopathy according to his example has existed for 132 years. The field has continued to develop in fascinating new directions and has now spread throughout the world.

At present, a team from the WOHO (World Osteopathic Health Organization) is working on a set of official osteopathy guidelines for the WHO (World Health Organization).

This document will contain guidelines for osteopathy education and practice.

In an interview with the journal *Osteopathische Medizin* (2006), Jane Carreiro states the following:

"These guidelines were prepared in order to provide governmental and non-governmental organizations with information on the educational and practical standards of osteopaths and osteopathic physicians. [...] Once the final version of the doc has been completed, osteopaths and osteopathic physicians practicing in countries where the discipline is not recognized will be able to refer their governments to the document." Carreiro (2006, 24)

Various professional associations of osteopaths are devoting a great deal of effort to having osteopathy integrated into the health system of each respective country and to enable this discipline to attain official recognition.

In Austria, the Austrian Society for Osteopathy (ÖGO), a member of the European Federation of Osteopaths (EFO) is negotiating the recognition of osteopathy in the health system with the Austrian Federal Ministry of Health.

The Austrian Society for Osteopathy is also developing a legal definition of the osteopath's profession as well as the accompanying rules for the profession.

Before osteopathy is officially recognized as a profession in Austria, a great deal of work still has to be done and a large number of scientific studies must be conducted in order to verify the positive effect of osteopathic treatment.

"Osteopathy is currently not a recognized healing or treatment method in conventional medicine in Austria.

'Craniosacral osteopathy' is considered a mechanotherapeutic measure as defined under Article Par 2. (1) of the Austrian Act Regulating High-Level Medical/Technical Services.

Among members of the Austrian Society, osteopathy can only be applied by trained physicians or physiotherapists.

Qualified osteopaths have completed a course comprising at least 1,500 hours of instruction.

The course of study takes six years in Austria."

ÖGO (2005, 2)

Are Still's original idea and philosophy retained in all of these processes and research efforts?

Martin Pöttner and Christian Hartmann have been working with the texts of Dr. Still and Sutherland for several years. In their article "Triune osteopathy", the authors address the topic of *"The exclusion of philosophical and spiritual aspects in everyday practical medicine."*

The authors come to the conclusion that, in effect, the original philosophy of osteopathy cannot currently be integrated into our existing health system.

Osteopathische Medizin (2005, pp. 19-23)

1.4 An explanation of osteopathy

The question of what osteopathy is and how it can be classified as a discipline has been an important issue since the earliest days of osteopathy.

In his book *The Philosophy and Mechanical Principles of Osteopathy* (1902), Still defines osteopathy as follows:

"What is osteopathy? It is a scientific knowledge of anatomy and physiology in the hands of a person of intelligence and skill, who can apply that knowledge to the use of man when sick or wounded by strains, shocks, falls, or mechanical derangement or injury of any kind to the body."

Still (1902, 18)

Becker (1997) defines osteopathy in another way:

"The science of osteopathy is a study of the human body as it functions in health."

Becker (1997, 60)

With this definition, I would like to underscore the fact that osteopathy is not confined to treating symptoms, but ultimately aims to promote the patient's healing potential.

In his writings, Still encourages readers to search for health – for anyone can find disease.

"To find health should be the object of the doctor. Anyone can find disease."

Still (2005, 11-28)

In my opinion, osteopathy is a manual *and* philosophical approach to physical symptoms with the intention of strengthening the patient's health.

If the philosophical side is excluded, a mere set of manual treatment techniques remains and the holistic approach which distinguishes osteopathy is lost.

In my view, the following general question arises in this context: Is it possible to measure the application of philosophy and principles?

First of all, I would like to address the terms "philosophy" and "principles":

In searching for a definition of the term "philosophy", I came across the following explanation in a German encyclopedia:

*"One typical characteristic of philosophy is that it repeatedly examines what is taken for granted and questions existing attitudes/opinions: philosophy means methodical questioning."
Meyers großes Taschenlexikon (1992)*

Those who are familiar with Still's books will know that he conducted enormous amounts of research and never found complete satisfaction in theories. He also called upon his readers again and again to broaden their knowledge and to use their minds.

The term "principle" is defined in the encyclopedia as follows:

*"In philosophy and science in general: Attitudes, objectives and rules for action which form a methodical point of departure for a theoretical structure or system of guidelines for action."
Meyers großes Taschenlexikon (1992)*

In the books included in *Das große Still-Kompendium* (2005; referred to in this thesis as the "Still compendium"), Still clearly describes his attitude and approach to treatment. It appears that Still was less concerned with descriptions of technique such as those now found in educational materials on certain areas of the body or on diseases.

I was unable to find descriptions of technique in any of the books in the Still compendium.

In this context, a statement made by Bachand (2005) appears especially suitable:

*"In reading Still's works, it becomes clear that the ideas behind osteopathy are more important than any specific manipulation method. [...]
In essence, osteopathy is more than just a technique, and Still wanted everyone to develop their own techniques in response to the situation at hand."
Bachand (2005, 14-16)*

In his works, Still emphasizes the significance of anatomy, the importance of unobstructed vessels and nerve pathways, and the fact that it is the obligation of osteopaths to use their minds and their precise knowledge in examination and treatment for their patients.

Treatment should be based on these considerations.

1.5 The teachings of osteopathy

The next question relevant to this thesis is: How did Still pass on his knowledge of osteopathy? Still conveyed his method of teaching osteopathic philosophy to both students and teachers by subdividing the content of his works into philosophy, illnesses and areas of the body.

He expressed this idea himself in the following paragraph:

"This work, which is designated as a guide or text-book for both student and operator, will be written with the purpose on the part of the author to assist the beginners and the more advanced in their efforts to obtain good results by accommodating Nature to do its own mending and restoring. The doctor of osteopathy, as foreman, can only preside over a shop of repairs; and, in order that he may wisely proceed and make his investigations thoroughly, we think it best to divide the human body into a number of divisions, beginning with the head and neck and including such diseases as belong to that division, then the upper spine, chest, and its organs to the diaphragm, and from the diaphragm to the sacrum, and from the sacrum to the coccyx. All diseases common to the human race will be classified and presented in the plainest and most forcible words at my command, to enable the reader to fully comprehend the meaning of this philosophy, which is written to simplify a knowledge of the cause and cure of all curable diseases to which the human race is subject.

Still (2005, 111-12)

The *1974 Yearbook* of the American Academy of Osteopathy contains a summary of papers selected from the writings and lectures of Dr. Angus G. Cathie, D.O. (1902-1970), an American osteopathic physician whose professional career centered on teaching at the Philadelphia College of Osteopathic Medicine. In *The Scope of Osteopathy* (1954), he mentions a question from Dr. Northup:

"[...] he [Dr. Northup] asked me if I realized that we do not have a single book on technic written by the founder of osteopathy and that we have very little technic described by him [Dr. Still], His emphasis was placed upon the concept and principles and upon the basic sciences which, if properly understood, would indicate the technic to be used. The teaching of technic is essential, but it should be explained from the standpoint of the part that is under consideration and that which is to-be accomplished. The purpose, the method, and the reason should come first, and the details of the manual dexterity should follow." Cathie (1974, 26)

In *Osteopathic Principles* (1961), Dr. Cathie states:

"Osteopathic principles are then the scientific application of basic sciences in the study and care of man. It also recognizes the importance of the relationship existing between body, mind, and spirit." Cathie (1974, 29)

In the section entitled "Man is Triune" in his book *The Philosophy and Mechanical Principles of Osteopathy* (1902), Still presents his holistic thinking.

The body, mind and spirit work together and manage the great "human machine".

"After seeing a human being complete in form, self-moving, with power to stop or go on at will, to us he seems to obey some commander. [...] This being the condition of the five physical senses, we are forced by reason to conclude there is superior being who conducts the material man, sustains, supports and guards him against danger; and after all our explorations, we have to decide that man is triune when complete.

First, there is the material body; second, the spiritual being; third, a being of mind which is far superior to all vital motions an material forms, whose duty is to wisely manage this great engine of life. [...]

The three, when united in full action, are able to exhibit the thing desired-complete."

Still (1902, 16)

After this introduction on the topic of Still's philosophy and principles, the next section presents the questionnaire, its development process and focuses.

2. Questionnaire

2.1 Development of the questionnaire

The process of developing the questionnaire for this research project began in November 2005.

I began the research process after deciding to write my master's thesis on whether Still's philosophy and principles are still relevant in the work of osteopaths today.

The core question in this context is as follows: Has Still's original idea of osteopathy been preserved?

In the specialized journal *Osteopathische Medizin*, I came across a number of recent articles published by various authors on the topic of Still's philosophy.

+ "Andrew Taylor Still-Techniken" by Pierre Bachand (2005, No. 4, p. 14):

This article provides an in-depth report on how Still worked and why the techniques have been lost.

+ "Triune osteopathy" by Martin Pöttner and Christian Hartmann (2005, No. 2, p. 19):

The authors discuss the question of whether spirituality and philosophy can be accommodated and integrated in the practice of conventional medicine today.

- + "The Great Legacy of Osteopathic Principles" by James J. Mc Govern (2006, No. 1, p. 13): This article explains the origins of osteopathic principles and how they work within and between the structures of body, mind and spirit.

Unfortunately, extensive Internet searches for theses on Still's philosophy and principles at American, English and German educational institutions yielded no results.

In addition, information was collected on how many units of instruction are devoted to osteopathic philosophy in the curriculum at the Vienna School of Osteopathy (WSO) in order to determine the status of philosophy in course planning. A total of ten hours of instruction are devoted to this topic.

I also studied the Still compendium (2005) once again with attention to the following questions:

- + How does Still present his fundamental principles?
- + How does he structure the content of his works?
- + Where does he make clear statements on healing illnesses and on conventional medicine?
- + Does Still explain techniques for certain symptoms or the attitude and approach to an affliction on the basis of his fundamental principles?

This gave rise to my next question:

How did he teach his philosophy, how did he pass it on to students in practice, and how is it taught by instructors today?

In his books, Still (2005) describes his strategy in approaching the symptoms of people with illnesses. He underlines the fact that a precise knowledge of anatomy forms an indispensable basis for an osteopath as well as the importance of respect for the "human machine".

In his explanations, he makes frequent mention of his respect for the human machine created by God. In this way, Still expresses his humility before the creation of humans and his deep-rooted faith and trust in God.

As my research did not yield any theses or studies on the question addressed in this thesis, I decided to address the topic by means of a questionnaire.

- + Have Still's philosophy and principles been preserved, and what is their status among osteopaths today?
- + How did osteopaths learn about Still's fundamental views at the Vienna School of Osteopathy (WSO) in Austria, and can they integrate these principles into their work confidently today?

As the questionnaire contains predefined possible answers and also calls upon the respondents to give free-text statements on certain questions, I expect to identify the extent to which osteopaths in Austria are familiar with Still's philosophy and principles, as well as the degree to which they apply these principles and consider them relevant.

A detailed discussion of the questionnaire is provided in Section 3.

Section 4 presents the results of the survey.

2.2 Structure of the questionnaire

The questionnaire comprises three pages.

It begins with general questions on the respondent's sex, age, main profession and degree completed (i.e. *Diplom OsteopathIn* = D.O., degree with final clinical examination, or 6th year of study).

Section 2.3 addresses this topic in greater detail.

This section is followed by 12 questions, all of which require the respondent to check the most appropriate response.

Questions 2, 6 and 9 are extended to include a space for free text in which the response can be explained in greater detail.

Questions 1, 2 and 3 examine whether the respondent is familiar with Still's principles and has read his works.

Questions 4 and 5 survey the respondents on the source of this knowledge.

Question 6 repeats Question 2 in different terms:

Question 2: In your opinion, is reading Still's works relevant to your osteopathic work?

Question 6: How important do you consider reading and understanding Still's philosophy and principles?

Questions 7 to 11 refer to the importance of Still's fundamental principles.

Question 12 asks whether osteopaths regard themselves as integrated in the conventional medical system or as the "opposite pole" to conventional medicine, or whether they define themselves as a completely separate professional group.

2.3 Selection of target group

The target group for the survey consisted of graduates of the Vienna School of Osteopathy who had completed the final clinical examination or the "D.O." degree, as well as students in the sixth

year of the course. The sixth-year students were included in the target group because at that point they have already gained comprehensive knowledge and practical skills regarding the fundamental principles of osteopathy (see Section 1.2) according to the school's curriculum, and they were only six months away from the final clinical examination.

Graduates of other schools who practice as osteopaths in Austria were not addressed in the survey, as two questions in the questionnaire address the content of the school's osteopathic philosophy. In this context, the survey was restricted to the Vienna School of Osteopathy.

The survey was sent to a total of 244 persons, 43 of which were osteopaths with the "D.O." degree, 175 were osteopaths with the final clinical examination, and 26 were students in the sixth year of study.

19 osteopaths who had completed the final clinical examination were living and working outside of Austria (Germany, Switzerland, Netherlands and Italy) at the time of the survey. These respondents were included in the target group because of their familiarity with the content taught in the WSO's osteopathy course and their ability to respond to the questions just as competently as their colleagues working in Austria.

2.4 Pre-testing stage

On February 18, 2006, the questionnaire was tested with a peer group of four osteopaths. In order to observe their reactions to the questionnaire, I remained in the room while the test respondents answered the questions.

All respondents deemed the layout of the questionnaire to be very clear and the number of questions to be sufficient. The time required to fill out the questionnaire was considered very reasonable, and the respondents stated that they were able to answer the questions easily and smoothly.

After testing the questionnaire, we discussed how to ensure anonymity in the survey.

The blank space next to "No. __" in the upper right-hand corner was an object of some contention. The test respondents felt that this was restrictive and distracted from the questions. As a result, I completely removed the space for numbering from the layout and numbered the completed questionnaires by hand once they had been returned.

Regarding Questions 4 and 12, we discussed whether one or more responses were possible. I decided to leave this question open.

On March 4, 2006, I attended a coaching session on drafting and evaluating questionnaires with an experienced and certified psychologist; during the session, we discussed the design of the questionnaire and its statistical usability.

The decision to number the questionnaires by hand once they were returned was considered a positive one.

This discussion prompted me to alter the order of responses in Question 5 and to change their distribution on the page in order to ensure visual equality among the possible responses.

In Question 7, I had to consider whether "place trust in" and/or "apply" was better suited to my question.

The original question read as follows: Can you place trust in and apply these principles in your work?

The question was then reduced to whether the respondents can place trust in Still's osteopathic principles. This was supported by the argument that trust expresses an attitude and must be decided on by a person before action is taken.

For the purpose of the ensuing statistical evaluation, the scale for responses in Question 11 was reduced from five to four possible ratings.

In Questions 4 and 12, it was not necessarily clear to the test group whether one or more responses were possible. This was left to the judgment of the respondents.

2.5 Cover letter

The cover letter included the address of the questionnaire's author, the month and year in which the letter was written, and explanation of the purpose of the questionnaire, its length and the time it would probably take to respond to the questions. The letter also mentioned that anonymity would be ensured, as well as the deadline for returning questionnaires and an expression of gratitude to the respondents for taking the time to participate in the survey.

The cover letter is included in the Appendix.

3. Contents of the questionnaire

For the sake of clarity, I will begin by presenting the original questionnaire:

You are: male female Age: ____

Osteopathy training: 6th year of study
 completed final clinical examination
 D.O.

Main profession Physician
 Physiotherapist
 Other (please specify): _____

1) Have you read any of Still's works in the past?

Yes No

2) In your opinion, is reading Still's works relevant to your osteopathic work?

Yes No I don't know

Please describe the reason for your response:

3) Are you familiar with Dr. Still's principles and philosophy?

Yes No -> please continue to **Question 6**

4) Where did you learn about Still's principles and philosophy?

(multiple responses allowed)

From lectures during my course of study
 Independent study / reading
 Other continuing education (please specify): _____

What is the significance of Dr. A.T. Still's principles and philosophy in the work of Austrian osteopaths today?

5) In your osteopathy course, did your instructors integrate Still's philosophy and principles into lessons?

- Not at all -> please continue to **Question 6** sometimes often very often

If your response was "very often," "often" or "sometimes":

How were Still's philosophy and principles conveyed to you? (multiple responses allowed)

- The instructors required us to read texts by Dr. Still
 Text passages were cited in class
 The content was taught in a separate course block
 The content was included in lectures on anatomy and physiology
 The content was included in the practical part of course blocks
 The content was conveyed through the instructor's "role model" effect
 The content was conveyed in supervised treatments
 In exchanges with fellow students/study groups
 Other (please specify): _____

6) How important do you consider reading and understanding Still's philosophy and principles?

- very important important less important unimportant

Please indicate your reasons for this response:

7) Still was convinced that healing is possible through the optimization of nerve pathways and fluid vessels. Can you place trust in these principles in your work?

- yes sometimes no

8) How confident are you in the healing process in general?

- 0 1 2 3 4 5 6 7 8 9 10

"0" means no confidence; "10" means maximum confidence

9) Still completely rejected the use of medications. Given our knowledge of medications today, do you, as an osteopath, reject medications?

yes, completely

partly

no

Please explain your response briefly:

10) Still emphasized the body as a perfectly functioning creation of the "grand architect."
Does belief in God – a higher, benevolent power – play a role in your osteopathic treatments?

0 1 2 3 4 5 6 7 8 9 10

"0" means no role; "10" means a major role

11) In your view, what role does confidence in the healing process play in the success of a treatment?

very important

important

less important

not at all important

12) Do you classify osteopathy as

Alternative medicine

Complementary medicine

Other: _____

Thank you very much for taking the time to participate in this project.

3.1 General data

The questionnaire begins with general questions on the respondent's sex, age, main profession and degree completed (i.e. *Diplom OsteopathIn* = D.O., degree with final clinical examination, or 6th year of study).

3.2 Question 1: *Have you read any of Still's works in the past?*

This question asks whether the respondents have read any of Dr. Still's works.

What is left open in this context is whether the person has read Still's works out of their own interest.

Reading is an active task which either arises from the reader's own interest or from an instructor's assignment/recommendation as preparation for lectures.

Another point which is left open is how much of Still's literature the respondent has read.

This question was to be answered with a simple "yes" or "no".

3.3 Question 2: *In your opinion, is reading Still's works relevant to your osteopathic work?*

This question addresses the issue of whether reading Still's works has any importance in the respondent's osteopathic work.

Three answers were possible: "yes", "no" or "I don't know".

This question is also expanded to enable additional free-text responses in which the reasons for the answer can be provided.

3.4 Question 3: *Are you familiar with Dr. Still's principles and philosophy?*

One need not necessarily have read about a topic in order to know about it. As it is also possible that respondents have gathered information by other means (i.e. hearing or seeing), people who have not read Still's works can still answer "yes" to this question.

This question was to be answered with a "yes" or a "no".

3.5 Question 4: *Where did you learn about Still's principles and philosophy?*

Here the respondents can indicate more specifically where they learned about Still's philosophy and principles.

Three possible answers were given:

- + from lectures during my course of study
- + Independent study / reading
- + Other continuing education (to be specified by the respondent).

3.6 Question 5: *In your osteopathy course, did your instructors integrate Still's philosophy and principles into lessons?*

Here the respondent can evaluate the extent to which Still's philosophy and principles were taught by their instructors. The objective of this question is to identify how much the respondents' osteopathic training/education contributed to their understanding of Still's basic idea of osteopathy.

"To be qualified for a profession you must have a complete training from persons who understand the science thoroughly, and know how to teach it." Still (2005, 1-69)

Four responses are possible here: "not at all", "sometimes", "often" or "very often".

This is followed by a closer specification of the form in which the respondents learned the philosophy and principles using nine possible responses:

- A) The instructors required us to read texts by Dr. Still
- B) Text passages were cited in class
- C) The content was taught in a separate course block
- D) The content was included in lectures on anatomy and physiology
- E) The content was included in the practical part of course blocks
- F) The content was conveyed through the instructor's "role model" effect
- G) The content was conveyed in supervised treatments
- H) In exchanges with fellow students/study groups
- I) Other (please specify): _____

3.7 Question 6: *How important do you consider reading and understanding Still's philosophy and principles?*

This question is rather similar in content to Question 2, which asked whether reading Still is relevant to osteopathic work.

In this question, however, the relevance to osteopathic work is omitted and the respondents can provide a general personal evaluation of the topic.

Essentially repeating the same question represents an attempt to find out whether differences in the ratings of the importance of Still's philosophy and principles arise from the change.

Four possible answers were provided:

"very important", "important", "less important" and "unimportant".

As an extension to the question, respondents were asked to indicate reasons for their responses in free-text form.

3.8 Question 7: *Still was convinced that healing is possible through the optimization of nerve pathways and fluid vessels. Can you place trust in these principles in your work?*

"The human body is a machine run by the unseen force called life, and that it may be run harmoniously it is necessary that there be liberty of blood, nerves, and arteries from their generating point to their destination." Still (2005, I-86)

Still often compares the body with a machine which is driven by the energy of life. In order to ensure that the machine runs smoothly, the blood, arteries and nerves must be able to function freely. The application of osteopathic principles can serve to remove blockages, thus allowing energy to flow freely once again.

"The osteopath has his own symptomatology. He seeks the cause, removes the obstruction and lets Nature's remedy—arterial blood—be the doctor; and when his patient is cured, he has in his system no blindly administered medicine with which he must contend." Still (2005, IV-12)

As this is a fundamental principle of osteopathy, it is important to elicit statements on this topic from the respondents.

Three answers were possible: "yes", "sometimes" and "no".

3.9 Question 8: *How confident are you in the healing process in general?*

In his works, Still repeatedly emphasizes his great confidence/trust in the mechanism of self-healing.

"Believing that a loving, intelligent Maker of man had deposited in his body in some place or throughout the whole system drugs in abundance to cure all infirmities, on every voyage of exploration I have been able to bring back a cargo of indisputable truths, that all the remedies necessary to health exist in the human body." Still (2005, 1-40)

"He cures by the correction of all hindering causes to the normal flow of blood and other fluids. An osteopath reasons from his knowledge of anatomy. He compares the work of the abnormal body with the work of the normal body. Adjuncts are not necessary to the osteopath." Still (1902, 7)

Self-regulation is a fundamental principle of osteopathy.

This is a fundamental attitude, thus the question addresses the osteopaths' confidence in their healing capabilities.

The respondents could rate their confidence on a scale of 0 to 10, with meaning no confidence and 10 meaning maximum confidence.

3.10 Question 9: *Still completely rejected the use of medications.*

Given our knowledge of medications today, do you, as an osteopath, reject medications?

The purpose of this question is to find out how practicing osteopaths today view the use of medications.

The three possible answers were "yes, completely", "partly" and "no".

Still believed in the perfection of the human body and was against medication. He regarded the use of medications as a lack of confidence in the capabilities of nature. In his time, poisons and alcohol were used as medications. He was convinced that the healing powers of the body could be released through the manual removal of dysfunctions.

The topic of medications was so important to him that he gave the following instruction in the platform for his school:

"An Osteopath stands firm in the belief that God knew what to arm the world with, and he follows His principles. And he who so far forgets God's teachings as to use drugs, forfeits the respect of this school and its teachings.

God is the Father of Osteopathy, and I am not ashamed of the child of His mind.

Still (2005, I-119)

The question is followed by a free-text area in which the respondent can provide reasons for the selected response.

3.11 Question 10: *Still emphasized the body as a perfectly functioning creation by the "grand architect." Does belief in God – a higher, benevolent power – play a role in your osteopathic treatments?*

Still repeatedly emphasizes his great faith in God. In his autobiography, he writes:

"My confidence is fully builded and will ever stand upon the goodness and love of God outside of all church organizations." Still (2005, I-82)

Still's principles emerged from this very deep-rooted faith. To him, the word "God" meant perfection.

"Part of the time upon that day I withdrew from the presence of man to meditate upon that event, wherein I saw by the force of reason that the word "God" signified perfection in all things and in all places. I began at that date to carefully investigate with the microscope of mind to prove an assertion that is often made in your presence, that the perfection of Deity can be proven by His works."

Still (2005, I-121)

According to Still, an osteopath is a mechanic who thinks in complex terms and the perfect creation is the healer.

In this way, he expresses his fundamental attitude toward osteopathic work.

This question addresses whether osteopaths consider this aspect important in their treatments.

The respondents could assign ratings on a scale of 0 to 10, with meaning "no role" and 10 meaning a "major role".

3.12 Question 11: *In your view, what role does confidence in the healing process play in the success of a treatment?*

*"An Osteopath is taught that nature is to be trusted to the end."
Still (2005, 1-118)*

Self-healing is among the fundamental principles of osteopathy.

This question attempts to establish whether this trust/confidence is of value to osteopaths in treatments and has an impact on treatments in their experience.

Four possible answers were provided:

"very important", "important", "less important" and "not at all important".

3.13 Question 12: *Do you classify osteopathy as alternative medicine, complementary medicine and/or "other"?*

Still considered osteopathy to be an independent science and philosophy, not a complement to conventional medicine.

In his book *Osteopathy, Research and Practice*, he makes a clear statement on other healing methods:

Osteopathy. Research and Practice, section "Our Platform":

"Seventh: We have a friendly feeling for other non-drug, natural methods of healing, but we do not incorporate any other methods into our system.

We are all opposed to drugs; in that respect at least, all natural, unharmed methods occupy the same ground. The fundamental principles of osteopathy are different from those of any other system and the cause of disease is considered from one standpoint, viz.: disease is the result of anatomical abnormalities followed by physiological discord. To cure disease the abnormal parts must be adjusted to the normal; therefore other methods that are entirely different in principle have no place in the osteopathic system."

[...]

"Ninth: We believe that our therapeutic house is just large enough for osteopathy and that when other methods are brought in just that much osteopathy must move out."

Still (1992, 20)

This question is intended to find out how osteopaths now view osteopathy in relation to conventional medicine.

The term "complementary" does not exclude anything. Complementary medicine can be described as an addition to conventional medical treatment.

The term "alternative" indicates that it is separated from / opposed to the mainstream. Alternative medicine is a term that indicates occurrences which are not experienced in conventional medicine.

Three possible answers were provided:

- + Alternative medicine
- + Complementary medicine
- + Other: _____

4. Survey evaluation

The survey was sent to a total of 244 persons, 43 of which were osteopaths with the D.O. degree, 175 were osteopaths with the final clinical examination, and 26 were students in the sixth year of study.

The questionnaire was sent out by mail on April 3, 2006.

Of the 244 persons in the target group, 19 osteopaths who had completed the final clinical examination at the WSO lived abroad; eight of those osteopaths returned the questionnaire.

The deadline for returning the questionnaire was May 30, 2006. By that date, 157 questionnaires had been returned. Another five completed questionnaires arrived up to one week after the deadline.

Therefore, the total number of returned questionnaires came to 162, indicating a return rate of 66.4%.

All of the questionnaires were included in statistics and analyzed.

Unanswered questions are labeled accordingly in the evaluation.

The statistical analyses were carried out using Microsoft Office Excel 2003.

4.1 Evaluation of general data

Of the 162 osteopaths surveyed, 54 were men (33%), 107 were women (66%), and one person did not indicate his/her sex. This data is illustrated in Figure 1.

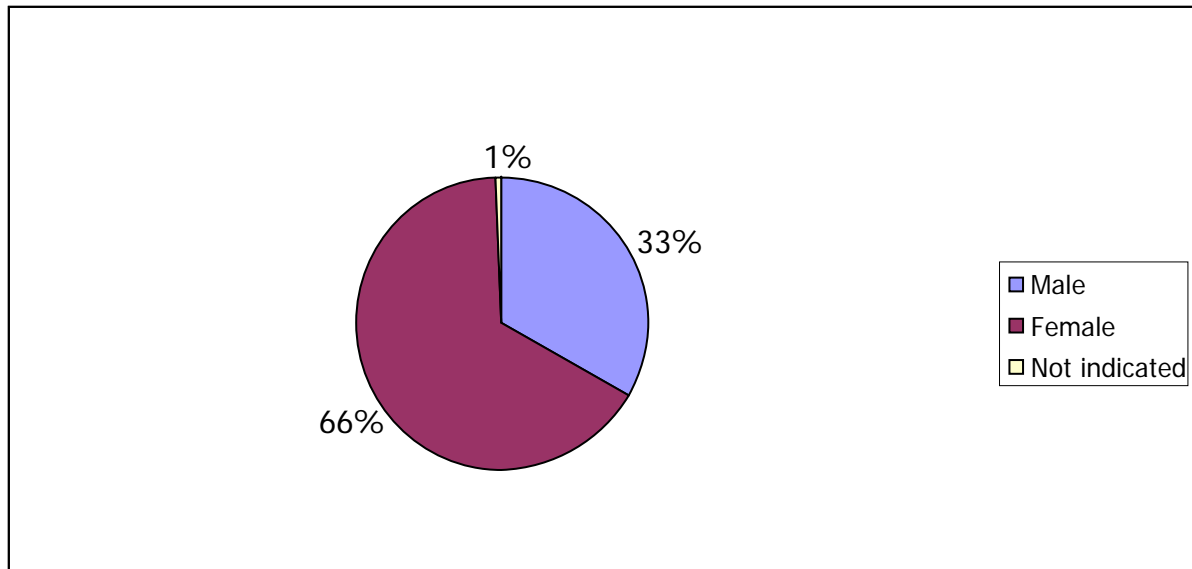


Figure 1: Gender distribution

154 of the respondents indicated their age in the questionnaire.

Their ages ranged from 28 to 60 years, and the mean age was 37.8.

122 of the respondents were between 32 and 45 years of age, and the remaining 32 persons were either younger or older.

Eight questionnaires were returned without an indication of age.

These eight respondents included six men, one woman and one person who did not indicate his/her sex.

160 respondents indicated their degree of education in osteopathy.

Two respondents did not answer this question. Figure 2 provides a graphic illustration of the data described below.

+ 37 out of 43 osteopaths with the title "D.O." responded to the survey, which represents a return rate of 86%.

+ Of the 175 clinical osteopaths, 98 filled out and returned the questionnaire (return rate: 56%).

+ Of the 26 osteopathy students in the 6th year of study, 25 returned the questionnaire, indicating a return rate of 96%. Here it is necessary to note that a fellow student hand-delivered the questionnaires to the sixth-year students along with a self-addressed, stamped envelope; all but six of the students filled out the questionnaire on the very same day.

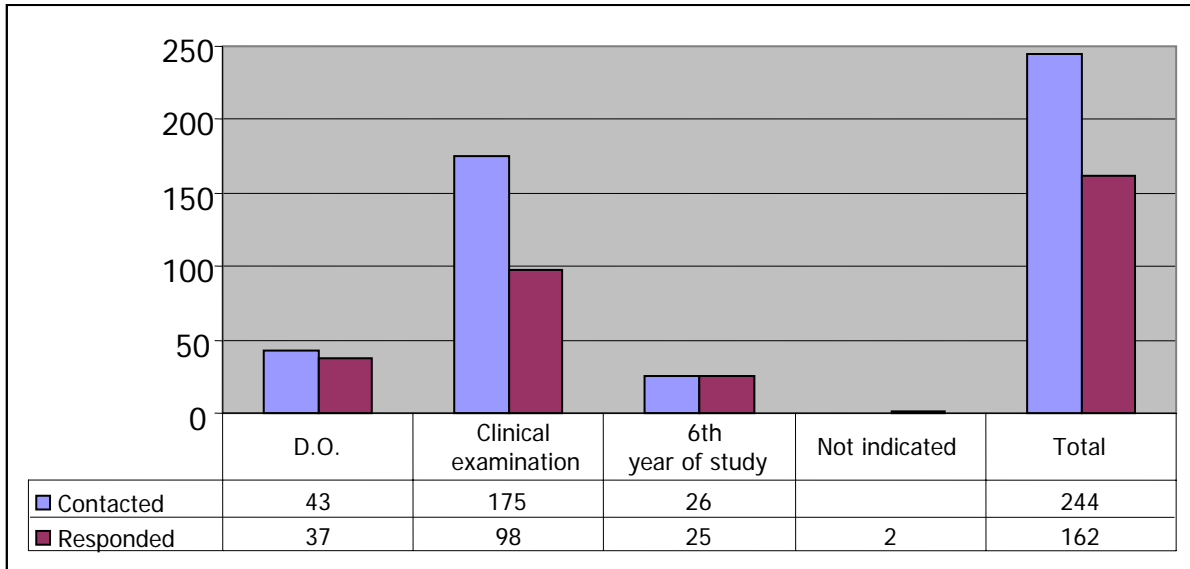


Figure 2: Osteopathy education completed

21 respondents (13%) indicated that their main profession was "physician", 140 persons (86%) answered "physiotherapist", and one person did not indicate his/her profession.

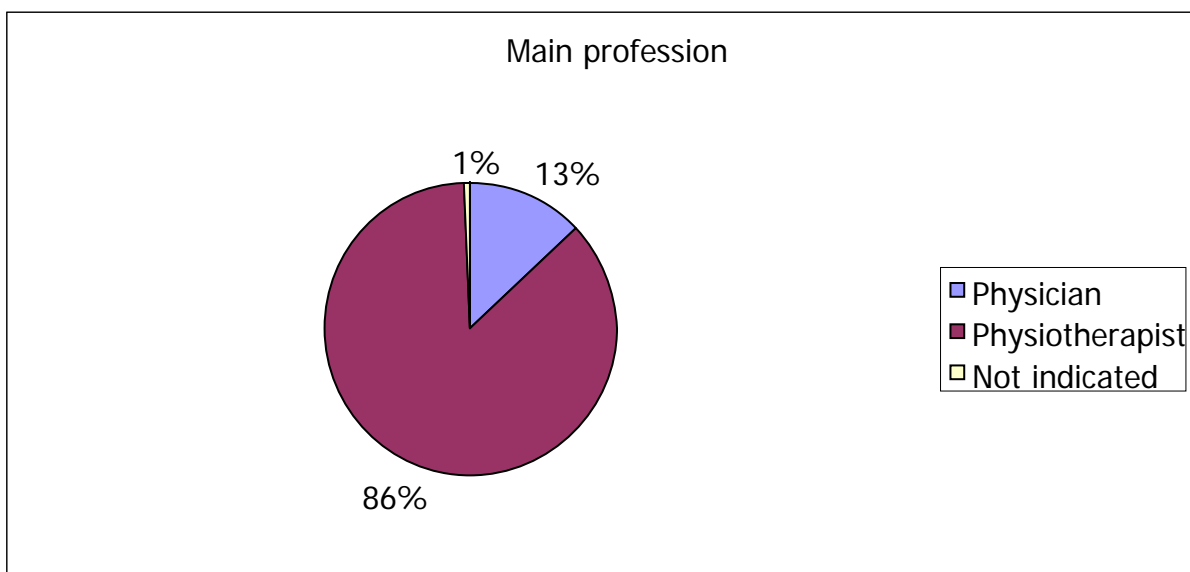


Figure 3: Main profession

4.2 Analysis of responses to Question 1

This question asks whether the respondents have read any works by Dr. Still.

Of the 162 respondents, 119 (i.e. 73%) answered "yes" to this question, while 42 persons (26%) answered "no".

One respondent did not answer this question.

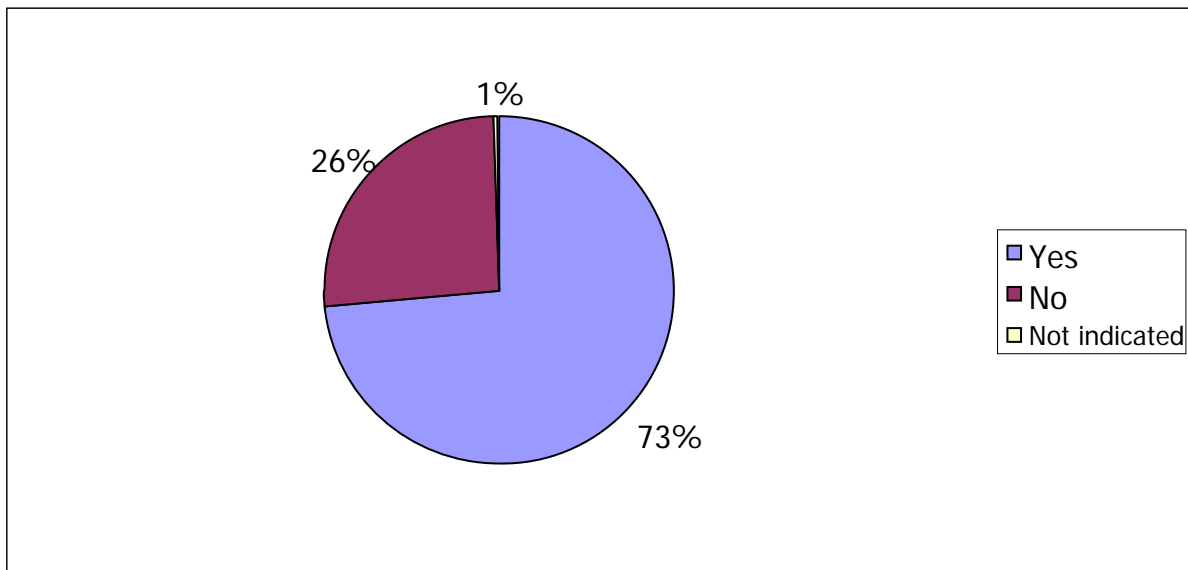


Figure 4: Respondents who have / have not read Still's works

4.3 Analysis of responses to Question 2

The respondents were able to choose one of three possible answers to the question of whether reading Still's works is relevant to their osteopathic work.

122 persons answered "yes", 10 answered "no", and 29 responded "I don't know". One person did not provide an answer.

The "yes" group represents 75% of the sample, the "no" group" accounts for 6%, and "I don't know" comprises 18%.

This data is illustrated in Figure 5.

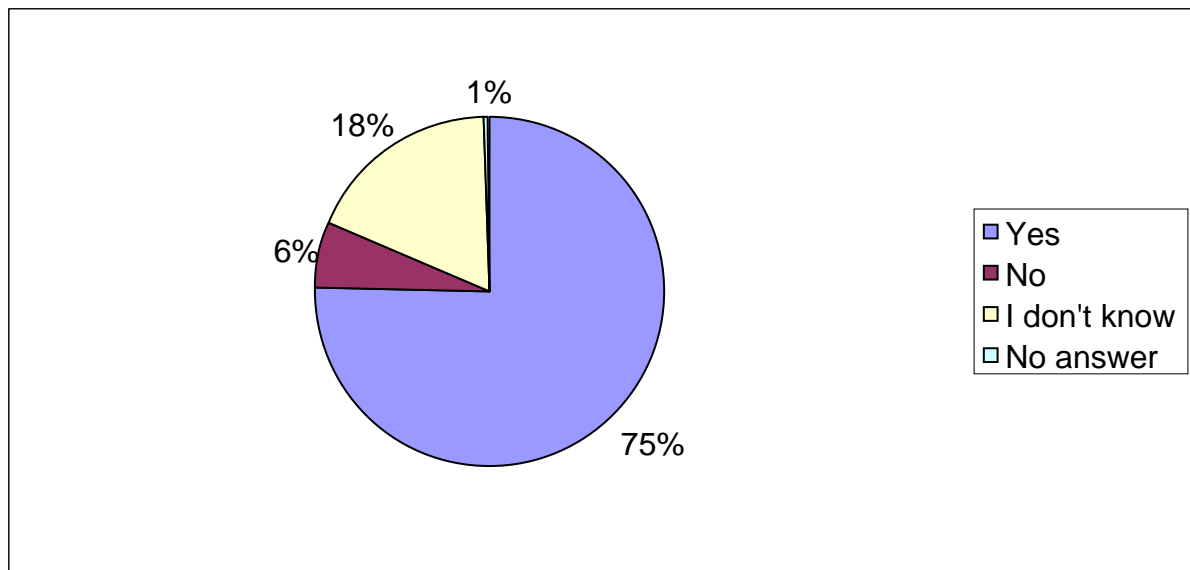


Figure 5: Relevance of reading Still's works in osteopathic work

The respondents were then given space to explain the reasons for their responses in free-text form.

- + 77% (125 respondents) indicated reasons for their answers.
- + 22% (35 respondents) did not provide an explanation.
- + Two of the respondents referred to their explanation for Question 6.

The most important contents of the answers provided are summarized below and supported with anonymous quotes:

In essence, the explanations indicate that reading Still's works *"provides a good basic understanding of osteopathy"* (Anonymous, 2006).

40 respondents described Still's works as a *"basis," "root"* and *"foundation"* in order to be able to understand osteopathy in general.

"One can only understand the fundamentals of osteopathy if one is familiar with Still's works" (Anonymous, 2006).

In addition, Still's fundamental ideas were described as the foundation of modern osteopathy.

"The principles form the philosophical basis for osteopathic ACTIONS" (Anonymous, 2006).

26 respondents indicated that reading Still's works enhances one's basic understanding of osteopathic philosophy and principles, as Still was the founder of osteopathy.

"Osteopathy would not exist without Still" (Anonymous, 2006).

"Necessary in order to understand the philosophy behind osteopathy" (Anonymous, 2006).

Other respondents considered it important to know Still as a person, his thinking, his mental attitude and his historical background in order to be able to form one's own opinion and to integrate Still's approach into osteopathic work.

"Reading Still helps you learn osteopathy in its original form" (Anonymous, 2006).

"It is the attitude/thinking – not the techniques – which distinguishes osteopathy from other forms of therapy. In order to understand that, it is necessary to read Still's books" (Anonymous, 2006).

Some saw Still's works as fundamental knowledge and obligatory reading because he was the founder of the discipline.

The techniques arise from the philosophy and principles.

"Because otherwise one can not understand the philosophy behind osteopathic work" (Anonymous, 2006).

Still encourages research and reflection, expands the horizon and enhances trust/confidence in the body and its healing power.

The 10 respondents who did not consider it relevant to read Still's works indicated the following reasons:

"The principles are conveyed during the course of study" (Anonymous, 2006).

"The key points are cited" and "The principles are conveyed during the course of study" (Anonymous, 2006).

Today this is no longer clinically relevant, as Still developed the field of osteopathy more than 100 years ago.

Other authors are more important or more up to date, for example, *"Sutherland, Rollin Becker, Jim Jealous."*

"Still's views are heavily influenced by the historical and sociocultural situation. He pursues highly ideological arguments which prove to be problematic after the events of the 20th century" (Anonymous, 2006).

Time constraints and the high cost of the books were also indicated as reasons.

Question 6 asks again whether coming to terms with Still's principles and philosophy is generally relevant.

The 29 respondents who answered "I don't know" to Question 2 then responded to Question 6 as follows:

Four respondents indicated that it was "important" to study Still's philosophy and principles, 23 considered it "less important", one person deemed it "unimportant" and one did not provide an answer.

This means that 80% of these respondents considered this aspect less important in Question 6, where they were asked to rate the relevance of Still's works without reference to their professional activities.

4.4 Analysis of responses to Question 3

The question examined how many respondents were familiar with Dr. Still's principles and philosophy.

152 respondents answered "yes", eight answered "no", one answered "yes and no", and one respondent did not provide an answer.

Those who answered "no" were instructed to proceed to Question 6, which five respondents did correctly. Three respondents gave an answer to Question 5 anyway.

Therefore, 93% of the respondents indicated that they know Still's principles and philosophy, while 5% did not.

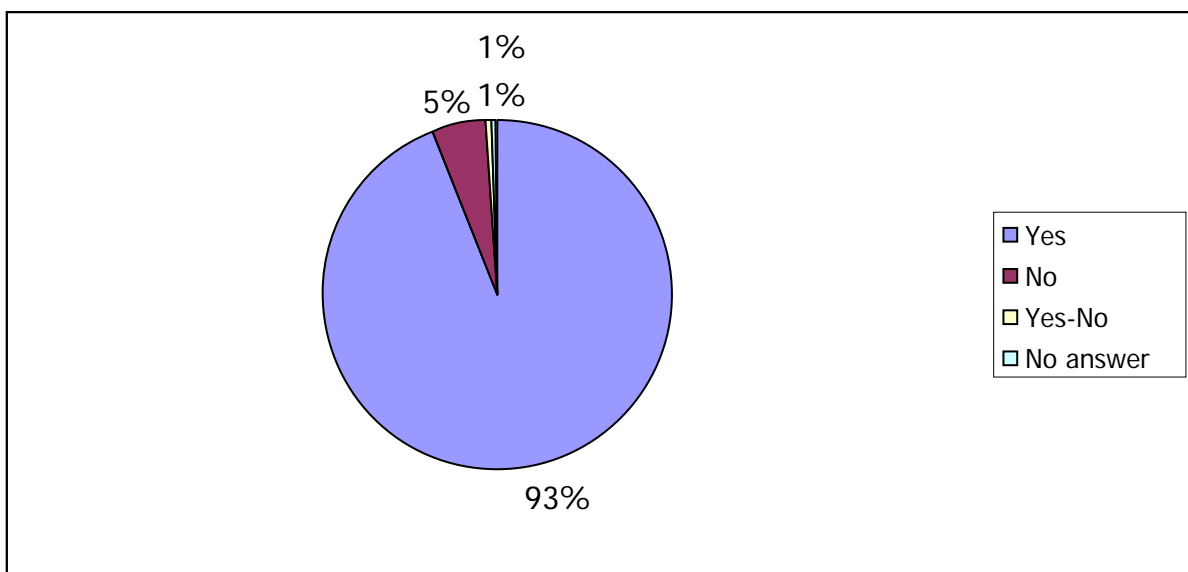


Figure 6: Percentage of respondents who are familiar with Still's principles and philosophy

4.5 Analysis of responses to Question 4

The question was: *Where did you learn about Still's principles and philosophy?*

Three percent (i.e. eight respondents) did not provide an answer. Of those respondents, seven answered "no" to the previous question on whether they know Still's principles and philosophy, while one person gave no response to any of the three questions.

One person who indicated that s/he was familiar with Still's principles and philosophy in Question 3 nevertheless indicated a source for this knowledge, that is, from lectures.

A total of 134 respondents (49%) derived their knowledge from lectures during their education, while 108 relied on independent study (40%) and 22 (8%) on other continuing education courses.

One person provided an additional remark on "lectures and independent study": *"unfortunately, still too infrequent"*.

Two respondents who selected both "lectures" and "independent study" added a comment: *"more independent study"*.

Under "Other continuing education" the following sources were mentioned:

"Conferences, philosophy studies, biodyn. CSO, CD, biodyn. cranialosteop., biodyn. cranial osteopathy with Dr. T. Shaver, biodyn. osteo Jealous James, biodynamic osteopathy, physioenergetics, postgraduates, biodynamic osteopathy, pediatric osteopathy, VOD conference, conversations with colleagues".

This data is illustrated in Figure 7.

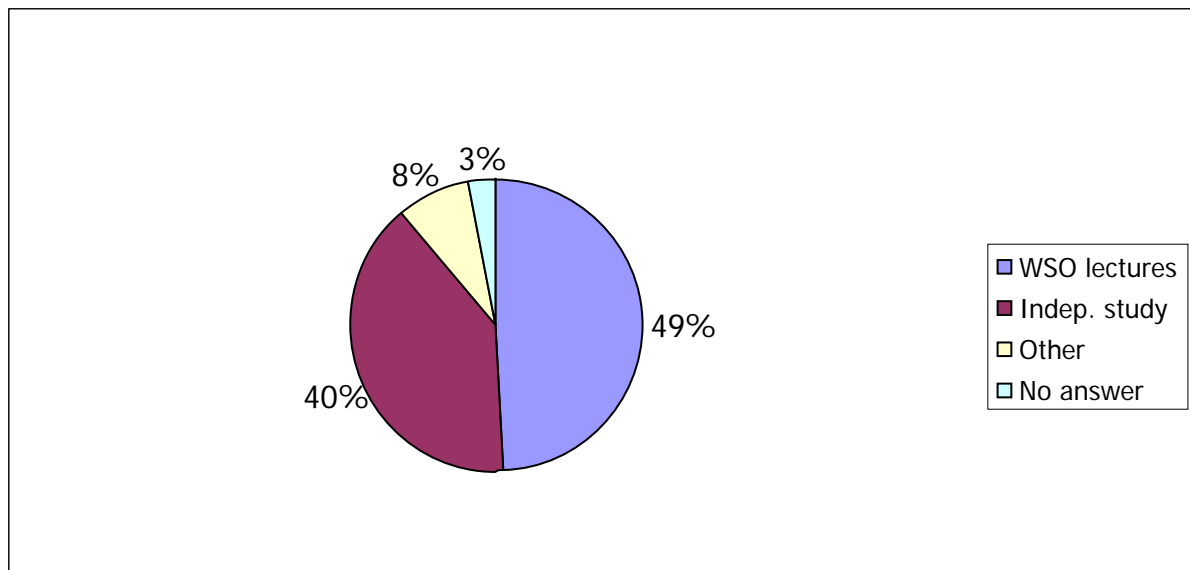


Figure 7: Sources of knowledge

As the respondents were free to choose multiple responses, six selected groups of answers resulted; these are described below and depicted graphically in Figure 8.

- + The item "Other continuing education" was not selected on its own, but only in combination with other possible responses.
- + 2% (four respondents) selected "Course of study" and "Other."
- + 4% (six respondents) selected the combination "Independent study" and "Other."
- + 7% (12 respondents) selected all three responses.
- + 9% (14 respondents) indicated that they had acquired the knowledge exclusively through "Independent study."
- + 26% (42 respondents) derived their knowledge purely from their "Course of study," which was the second most common response.
- + The most common response (47%) was the combination "Lectures at the WSO" and "Independent study / reading." A total of 76 respondents selected this combination of responses.

The figure 8 below provides illustrates the combinations of responses chosen by the respondents.

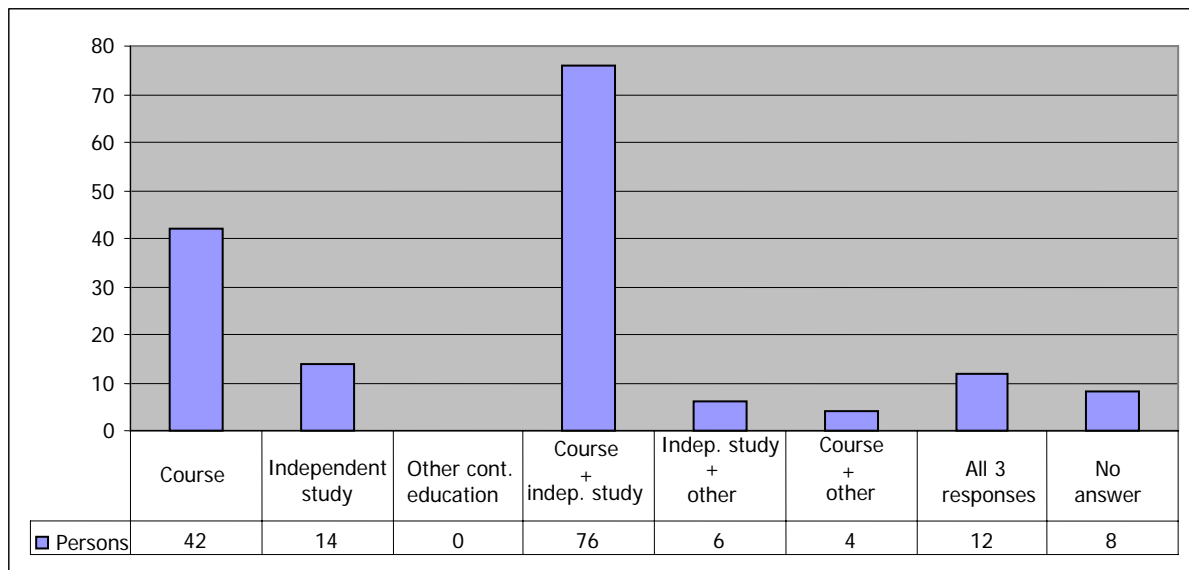


Figure 8: Combinations of selected answers to Question 4

4.6 Analysis of responses to Question 5

In your osteopathy course, did your instructors integrate Still's philosophy and principles into lessons?

123 respondents indicated that Still's philosophy and principles were "sometimes" integrated into instruction; this corresponds to 76% of the overall sample.

28 respondents indicated that Still's philosophy and principles were "often" integrated into instruction; this accounts for 17.3% of the overall sample.

Only three respondents indicated that the material was included in instruction "very often".

One person answered "not at all"; this respondent had indicated no knowledge of Still's principles and philosophy in Question 3.

Seven respondents did not provide an answer.

The results described above are summarized in graphic form in Figure 9.

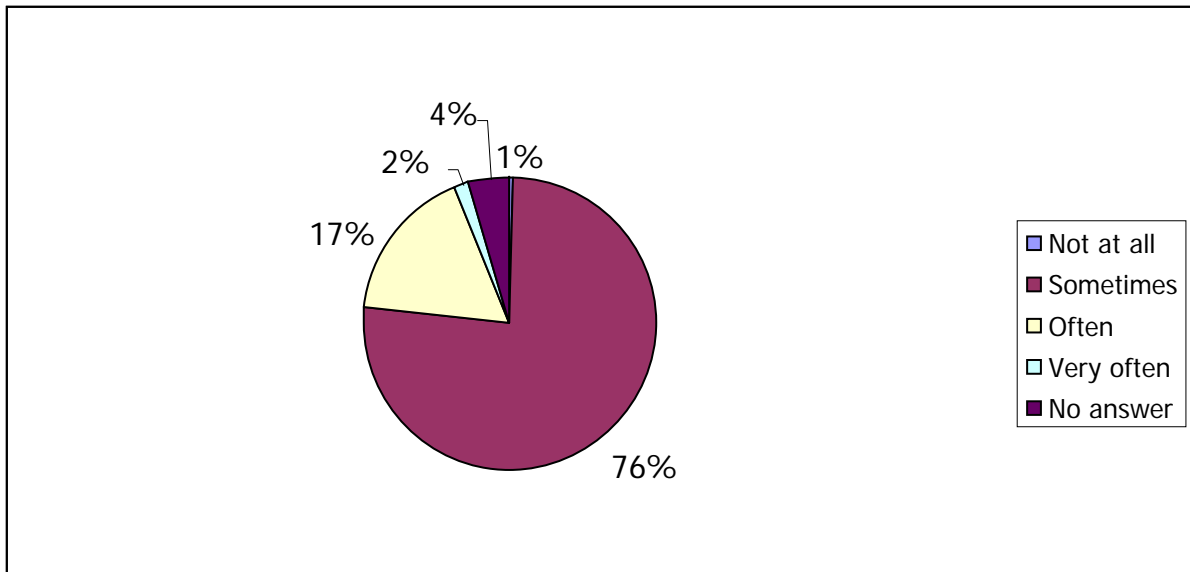


Figure 9: Conveyance of principles & philosophy in instruction

If the respondents answered "not at all", they were instructed to move on to Question 6.

For other answers, the respondents were asked to specify how they were taught Still's philosophy and principles by checking off one or more of nine possible responses.

Multiple responses were possible here:

- A: The instructors required us to read texts by Dr. Still
- B: Text passages were cited in class
- C: The content was taught in a separate course block
- D: The content was included in lectures on anatomy and physiology
- E: The content was included in the practical part of course blocks
- F: The content was conveyed through the instructor's "role model" effect
- G: The content was conveyed in supervised treatments
- H: In exchanges with fellow students/study groups
- I: Other:

+ 4% (17 respondents) indicated that they were required to read Still's works by their instructors.

+ 28% (113 respondents) said that passages from Still's works were cited by their instructors.

This was by far the most common response.

- + 4% (15 respondents) indicated that Still's philosophy and principles were taught in a separate course block.
- + 16% (68 respondents) indicated that their instructors had integrated Still's philosophy and principles into their lessons.
- + 17% (70 respondents) said the material was included in the practical parts of their training.
- + 15% (60 respondents) were taught Still's philosophy through their instructors' "role model" effect. In this context, one person mentioned names: Sue Turner, Haneke Husselein and Tom Shaver.
- + 2% (ten respondents) selected "in supervised treatments".
- + 11% (47 respondents) learned about Still's principles and philosophy among colleagues / in study groups.
- + One percent (five respondents) indicated other sources: often as an introduction to a subject, conferences, lectures, biodynamics courses, pediatric osteopathy.
- + Two percent (eight respondents) did not provide an answer.

Figure 10 shows how often each response was selected:

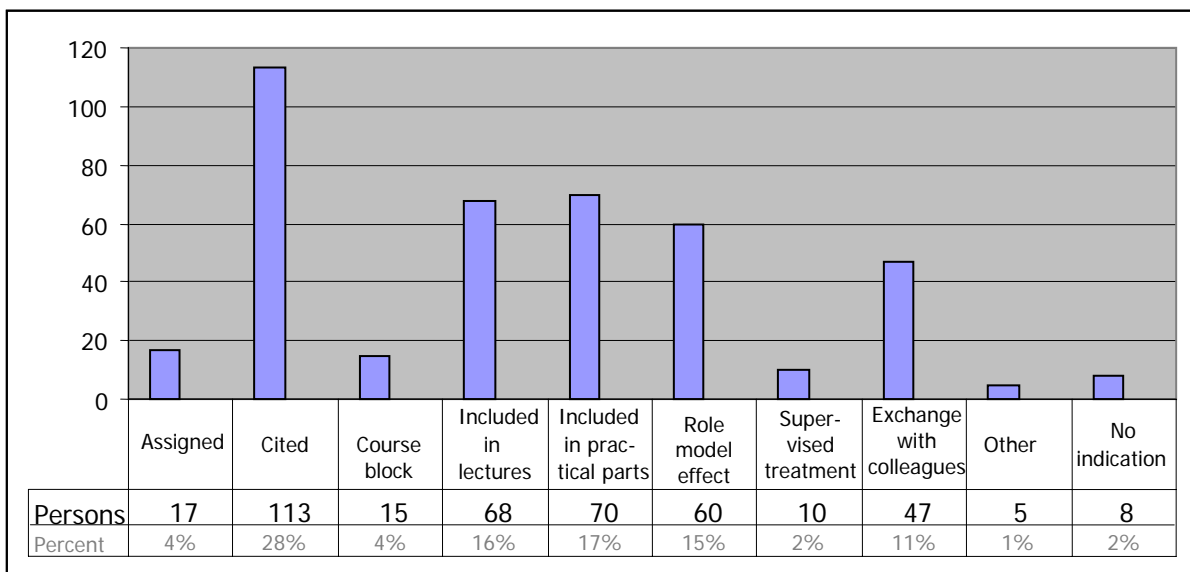


Figure 10: How respondents learned Still's principles and philosophy

The combinations in which the nine possible responses were selected are described below:

- + "Independent reading" of Still's texts was only indicated in combination with other sources.

- + The "Citation of passages" response was indicated as the only source by 11 respondents, while another 102 also indicated additional sources.
- + One person answered "Taught in a separate course block" as the only source.
- + "Integrated into instruction" was indicated by three respondents as the only means by which they were taught this content. 63 combined this response with other answers.
- + Three respondents named the "practical part" of their training as the only source, while 67 selected this response along with other sources.
- + Two respondents indicated the "role model" effect as the only source, and 58 combined this answer with other sources.
- + "Supervised treatments" was only selected in combination with other responses.
- + Three respondents named the "exchanges with colleagues / study groups" as the only source.
- + 44 respondents indicated "other" sources.

The following combinations of responses were most common:

- + "Citation of passages in class" indicated in 11 instances.
- + Combination of "Citation of passages in class" and "Included in practical parts" (11 indications).
- + Combination of "Citation of passages in class" and "Included in lectures" (10 indications).
- + Combination of "Included in lectures" and "Included in practical parts" (7 indications).
- + Combination of "Citation of passages in class" / "Included in lectures" / "Included in practical parts" (7 indications).

4.7 Analysis of responses to Question 6

How important do you consider reading and understanding Still's philosophy and principles?

In this question, respondents were asked about the value of Still's philosophy and principles without reference to their work.

Four possible responses were provided: very important, important, less important, unimportant.

25% (40 respondents) indicated that learning about Still's philosophy and principles was "very important".

44% (72 respondents) considered it "important".

28% (45 respondents) indicated that it was "less important", and two persons described it as "unimportant".

Three respondents did not provide an answer.

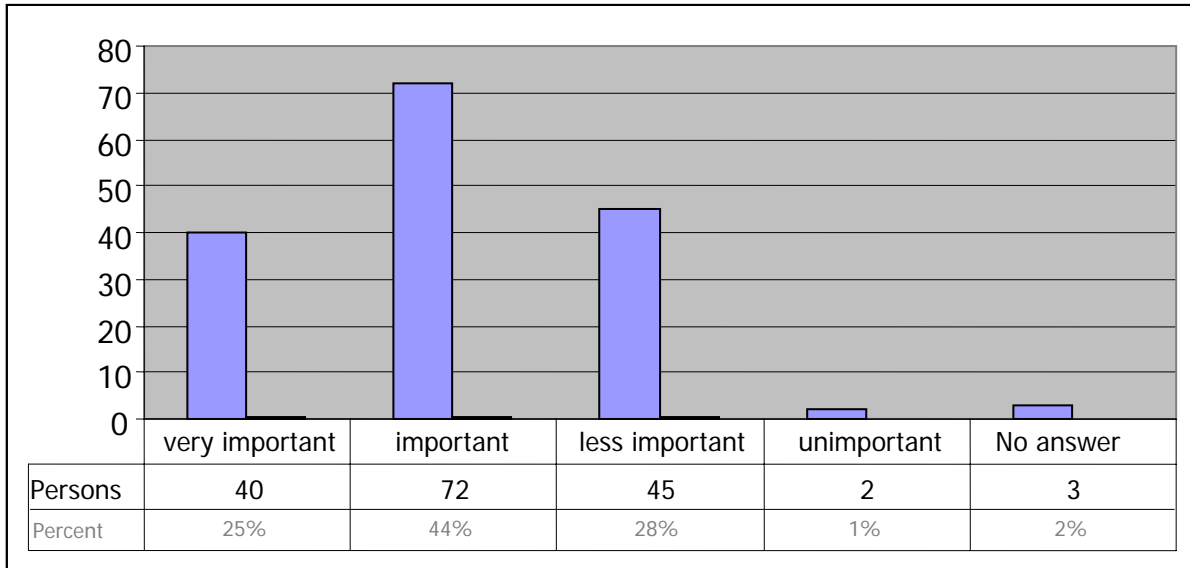


Figure 11: The value of Still's philosophy and principles without reference to their work

The respondents were then given space to explain the reasons for their responses in free-text form.

55% (89 respondents) indicated reasons for their answers.

Of those respondents, 18 (34%) referred back to the response given in Question 2.

11% (55 respondents) did not provide an explanation.

The main focuses of explanations are summarized below:

The groups which indicated that it was "important" or "very important" to read Still's works account for a total of 69% (112 respondents).

Of those respondents, 38 clearly indicated that learning Still's principles and philosophy serve as a foundation for grasping the fundamental idea of osteopathy from its origin and root.

*"It helps you develop a deeper knowledge of osteopathy and learn the essence of osteopathy."
(Anonymous, 2006).*

Another 18 respondents indicated that reading Still's works improved their understanding of philosophy and principles, as well as what osteopathy is and how healing and the human body work.

"It is difficult to apply a treatment method effectively without knowing and coming to terms with the underlying philosophy and principles of the [discipline's] founder." (Anonymous, 2006).

Additional explanations indicated that reading Still adds depth to the respondents' own work, encourages and integrates spirituality in their work, and enhances their holistic thinking.

Their trust in the human body and in self-healing is reinforced, and personal responsibility and self-criticism is encouraged.

It also trains them to recognize relationships and clarifies the laws of osteopathy.

This is supported by the following (anonymous) quotes from the questionnaire (2006):

"The philosophy and principles form the basis of osteopathy; the osteopathic approach gains depth if one is aware of the philosophy and principles in the course of osteopathic work."

"As conceived by its founder, osteopathy is far more than a mere manual treatment method. Still's philosophy helps you discover the courage for spirituality, personal responsibility and self-criticism."

"Osteopathy is mainly based on philosophy (and not on techniques)."

The groups which considered it "less important" or "unimportant" to read Still account for 29% of the sample; these respondents justified their attitudes with the following statements:

- + *"Osteopathy has developed further since Still's time; new aspects have been added."*
- + *"Osteopathy and medicine have developed further since Still's time."*
- + *"The most important points were covered in lessons."*
- + *"Not a basis for being able to work in osteopathy."*
- + *"I do not wish to adhere stubbornly to Still's principles."*
- + *"Find your own way and include all sources, not just Still."*
- + *"I wish to follow my own path – on the basis of that which I have derived from Dr. Still's principles."*
- + *"Other literature is more important, for example Jim Jealous."*
- + *"I did not have time to read Still's works during the course of study, I hope to have time once I complete the clinical exam."*
- + *"Time constraints" and other interests were also noted.*

If we combine the respondents who answered "very important" and "important" in Question 6 (based on the consideration that both groups regard reading and coming to terms with Still's ideas to be at least important), the total number of respondents is 112, thus accounting for 69% of the sample.

Question 2 addressed the importance of reading Still's works; 122 respondents (75%) answered "yes" to that question.

If we compare the groups in Questions 2 and 6 who consider it relevant to read Still, these values deviate by only 6%. Therefore, over two thirds of the practicing osteopaths in the sample consider it important to read Still's literature.

The figure below provides an overview of answers to Questions 2 and 6:

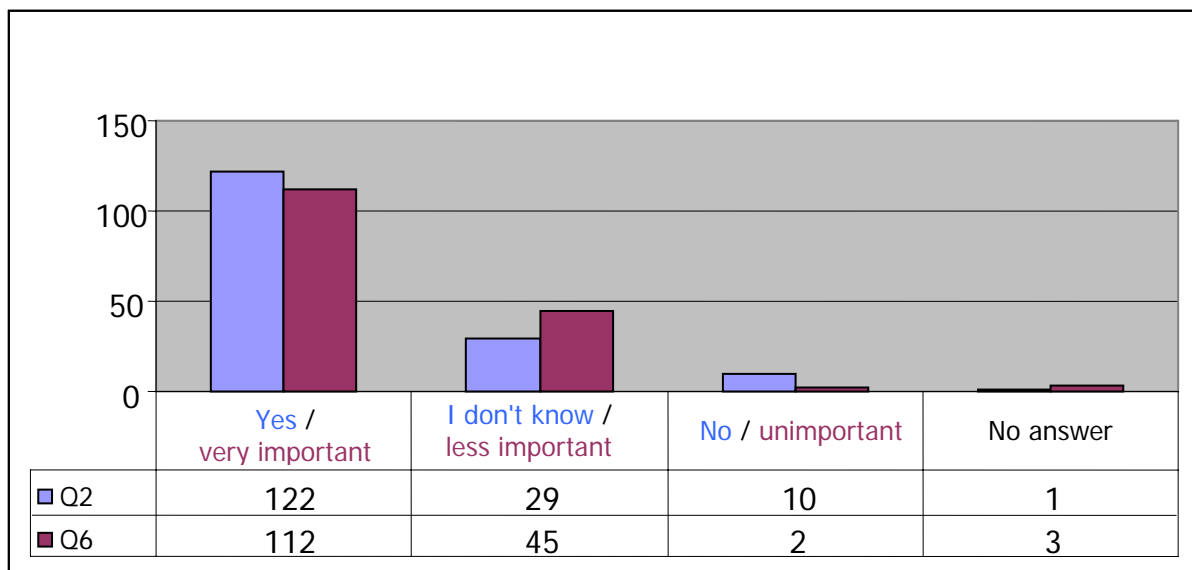


Figure 12: Overview of answers to Questions 2 and 6

Of the 29 respondents who answered "I don't know" in Question 2, four answered "important", 23 answered "less important", one person responded "unimportant" and one did not provide an answer to Question 6.

In Question 2, more than one third (77%) provided a reason for their attitude. To summarize once again, the basic answer provided by the respondents was that Still's works serve as a foundation and basic knowledge in order to understand his principles, his philosophy and osteopathy.

4.8 Analysis of responses to Question 7

Still was convinced that healing is possible through the optimization of nerve pathways and fluid vessels. Can you place trust in these principles in your work?

Three possible answers were provided: "yes", "sometimes" and "no".

104 respondents answered "yes", which accounts for 64.2% of the sample, while 57 persons (35.2%) answered "no".

One person did not provide an answer.

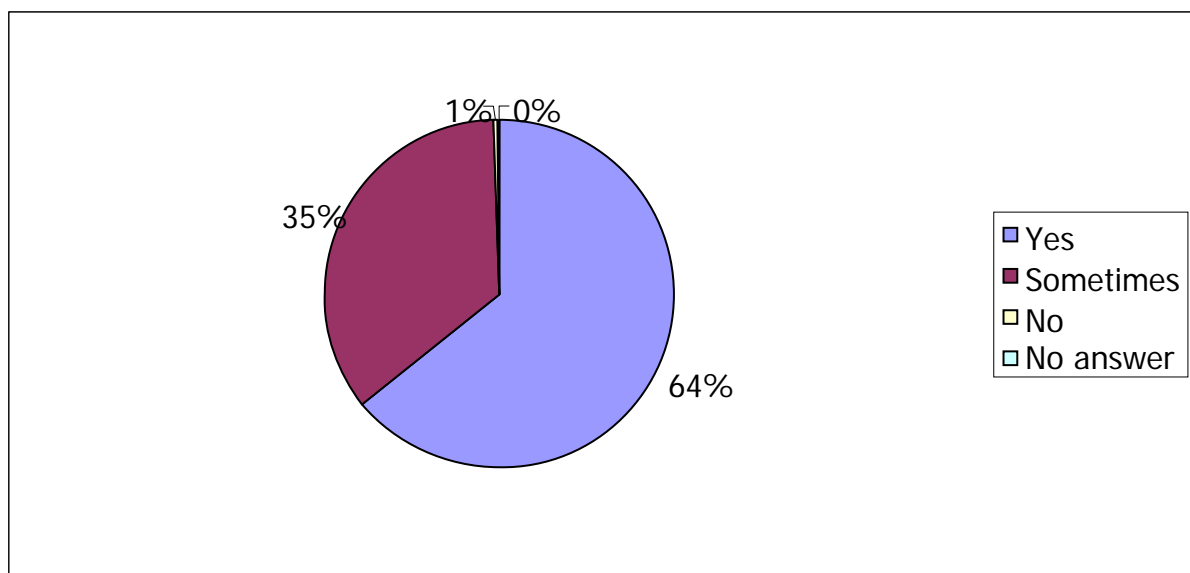


Figure 13: Trust in Still's principle regarding nerves and vessels

4.9 Analysis of responses to Question 8

How confident are you in the healing process in general?

Respondents were able to rate their confidence on a scale of 0 to 10, where "0" meant no confidence and "10" meant maximum confidence.

47% (78 respondents) indicated that they have maximum confidence in the healing process.

14% (23 respondents) assigned a rating of 9.

19% (30 respondents) chose a rating of 8.

12% (19 respondents) gave a rating of 7.

The responses provided by the remaining 16 respondents ranged from 3 to 6.

None of the respondents chose the values 0, 1 or 2.

Figure 14 illustrates the results described here:

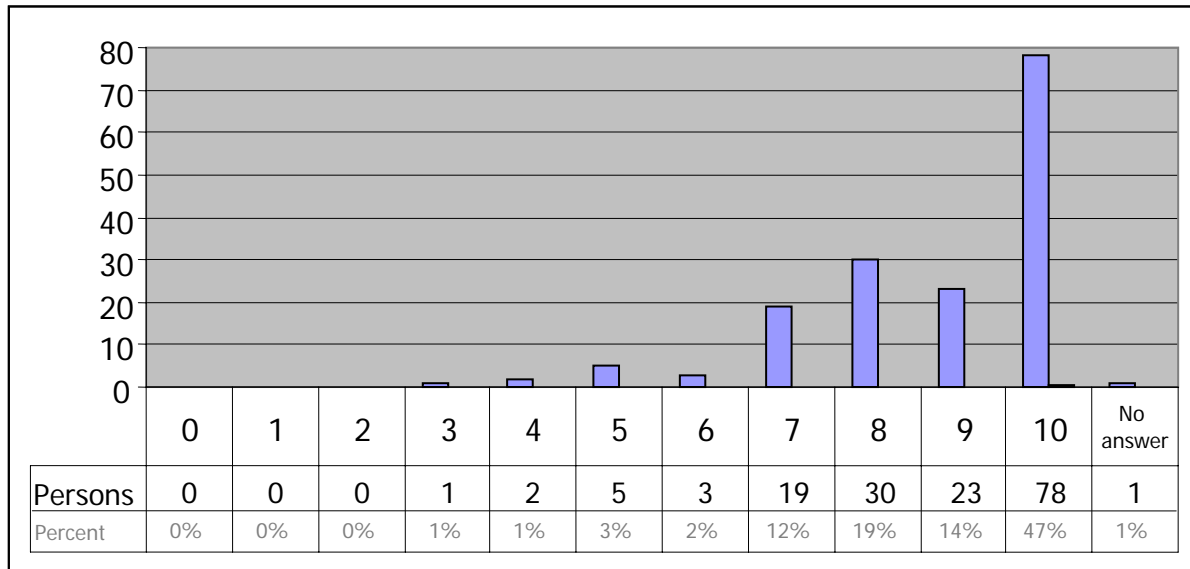


Figure 14: Confidence in the healing process in general

Figure 15 classifies these results in five categories:

- + No confidence (rating: 0)
- + Group which assigned ratings from 1 to 4
- + Group which assigned a rating of 5 ("middle group")
- + Group which assigned ratings from 6 to 9
- + Group which assigned the maximum rating (10)

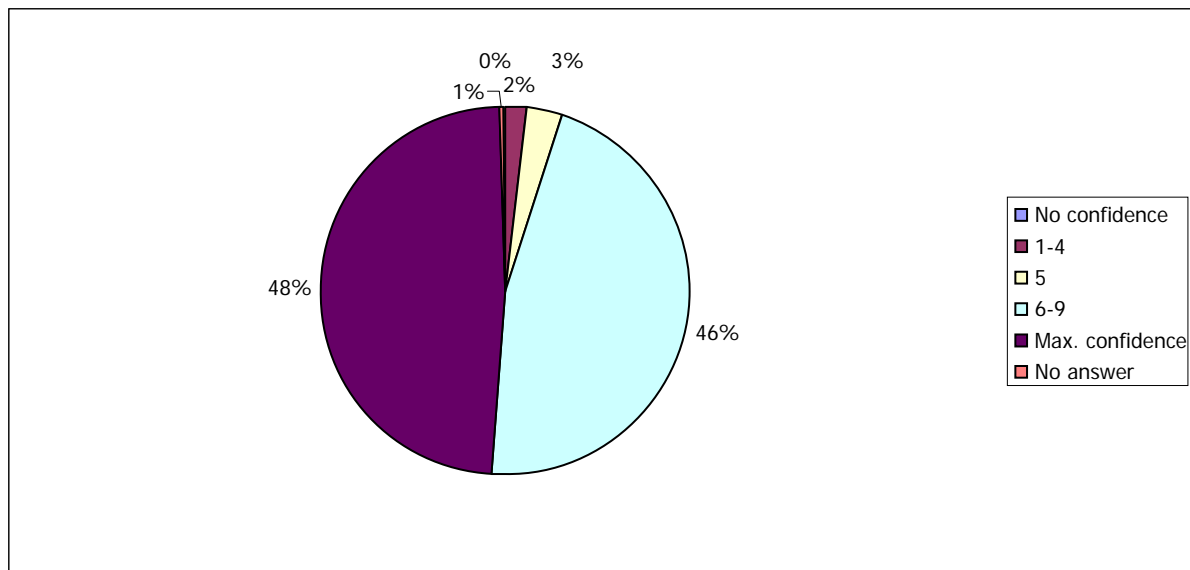


Figure 15: Overview of responses to Question 8

This chart clearly shows that almost half (48%) of respondents indicated maximum confidence, followed closely by the group which assigned a rating of 6 to 9 (46%), while only 3% assigned a value of 5. Only 2% assigned a rating of 1 to 4, and none of the respondents indicated "zero confidence".

4.10 Analysis of responses to Question 9

Still completely rejected the use of medications. Given our knowledge of medications today, do you, as an osteopath, reject medications?

One respondent indicated a complete rejection of medications.

116 respondents indicated a partial rejection of medications; this was the largest group by far (71%).

44 respondents (27%) indicated that they do not reject medications.

One person did not provide an answer.

Figure 16 illustrates the results described here:

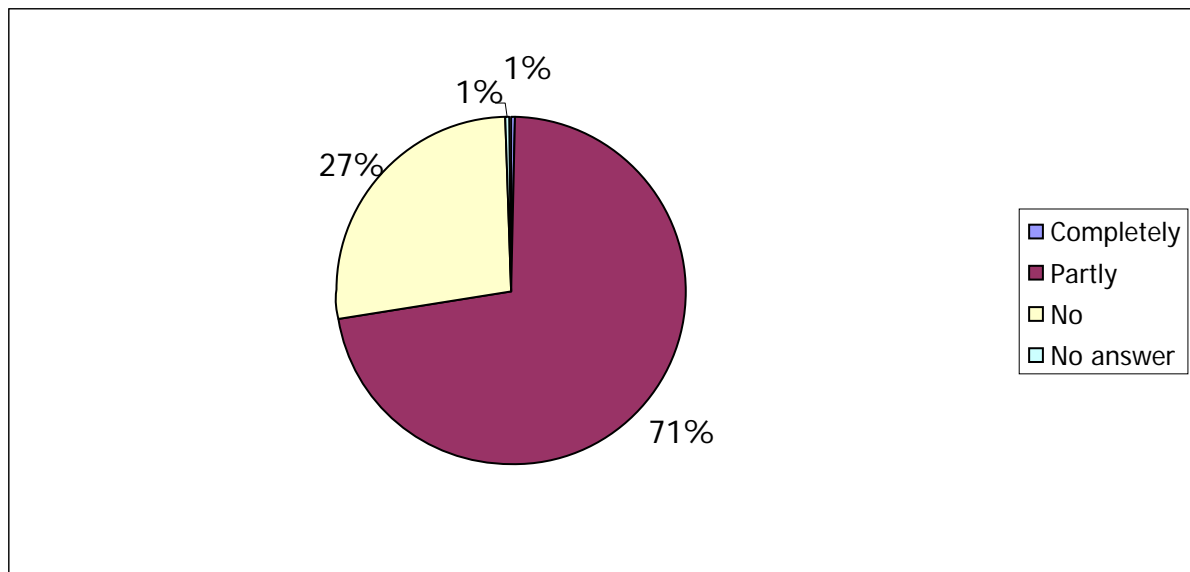


Figure 16: Respondents who reject medications

The respondents were then given space to explain the reasons for their responses in free-text form; this was done by 131 respondents (81%).

An overview of how respondents justified their attitudes toward this question is provided below. Actual quotations from the responses received are shown in italics.

The largest group (48 respondents) believed that *medications can be replaced with other remedies*, but not *in cases where they are absolutely necessary*, where *vital functions* are in danger, where *acute symptoms* can be halted by medications, or where the duration of an illness can be shortened and the patient's life can be extended.

Another two respondents added that it was a *severe assault* and *ethically and morally unjustifiable* not to give patients medications today. Three respondents indicated that it was improper from a *legal* standpoint.

22 respondents mentioned specific illnesses where medications are absolutely necessary:

diabetes, cancer, acute psychological crises, high blood pressure, rheumatism, acute inflammatory infections such as angina, pneumonia. Likewise for neurological illnesses such as multiple sclerosis, Lyme disease, meningitis, herpes zoster, epilepsy and Parkinson's disease.

The next group (17 indications) stated that temporary medication is *entirely useful* in order to relieve the body and to *accelerate the patient's return to health*. Two persons expanded on this view by arguing that enabling patients to *rest at night* is a very important factor. Improving the patient's quality of life was also considered important.

Twelve respondents commented that medications are useful in the case of *pain*.

Another argument related to dispensing medications was the *responsible use* of medications, also in combination with osteopathic treatment possibilities. *Osteopaths should not rule out anything. Reasonable prescription practices* can even support osteopathic treatments.

Given what we know today, medications are a viable means of healing patients and they should not be denied. The patient should feel better and healthier, regardless of the method used to this end.

Osteopaths should think in holistic terms and should therefore include anything which serves the purpose of healing. *Not everything can be treated with osteopathy.*

One argument presented against medications was that they are often prescribed *too quickly*. This was mentioned by the largest sub-group in this context (10 indications).

Five respondents indicated that alternative remedies such as *homeopathic and herbal remedies* are good *for the purpose of supporting health*.

Another five respondents supported *causal therapy instead of symptom therapy*.

Another four respondents did not feel *competent to decide* and, as *physiotherapists*, they would prefer to leave it up to a doctor.

Respondents who advocated the use of medications in acute cases considered alternative therapies to be more useful for *chronic illnesses*. *Long-term medication* can suppress conditions, make them turn chronic and thus hinder the healing process.

The patient's attitude toward medication should be respected, and the patient should be informed about alternative possibilities.

4.11 Analysis of responses to Question 10

Still emphasized the body as a perfectly functioning creation by the "grand architect".

Does belief in God – a higher, benevolent power – play a role in your osteopathic treatments?

The respondents were allowed to give ratings on a scale of 0 to 10, with meaning "no role" and 10 meaning a "major role".

- + 32% assigned a rating of 10, indicating a major role in treatments.
- + 8% assigned a rating of 9.
- + 12% assigned a rating of 8.
- + 7% assigned a rating of 7.
- + 14% indicated a medium role (rating: 5).
- + 9% indicated that faith does not play a role in treatments.

+ Two respondents did not provide an answer.

Figure 17 illustrates the results described here:

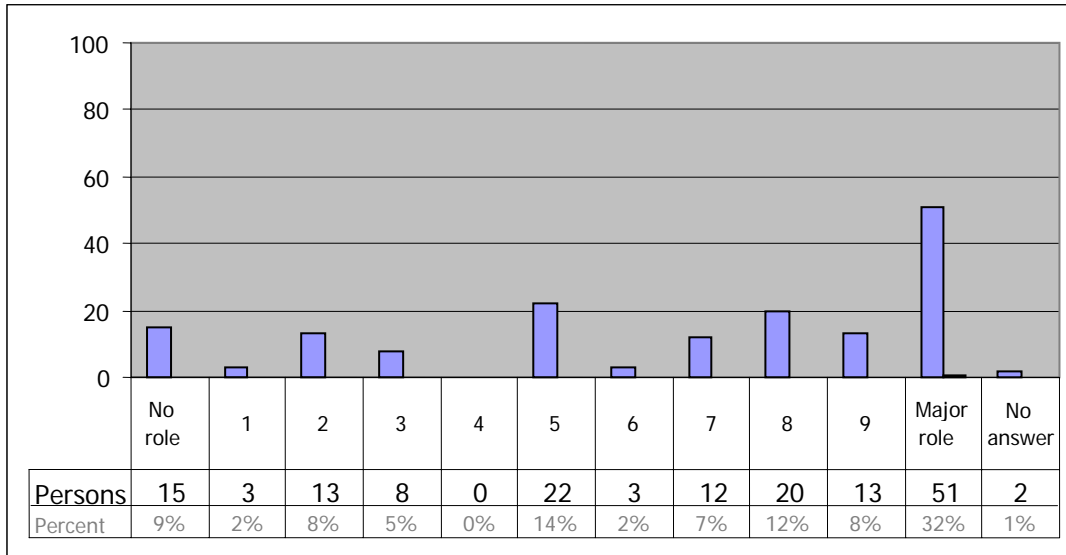


Figure 17: The Relevance of believe in God in osteopathic treatment

The chart below provides a clearer overview of the ratings, which are classified in six categories: no role, rating 1 – 4, rating 5, rating 6 – 9, major role and no answer.

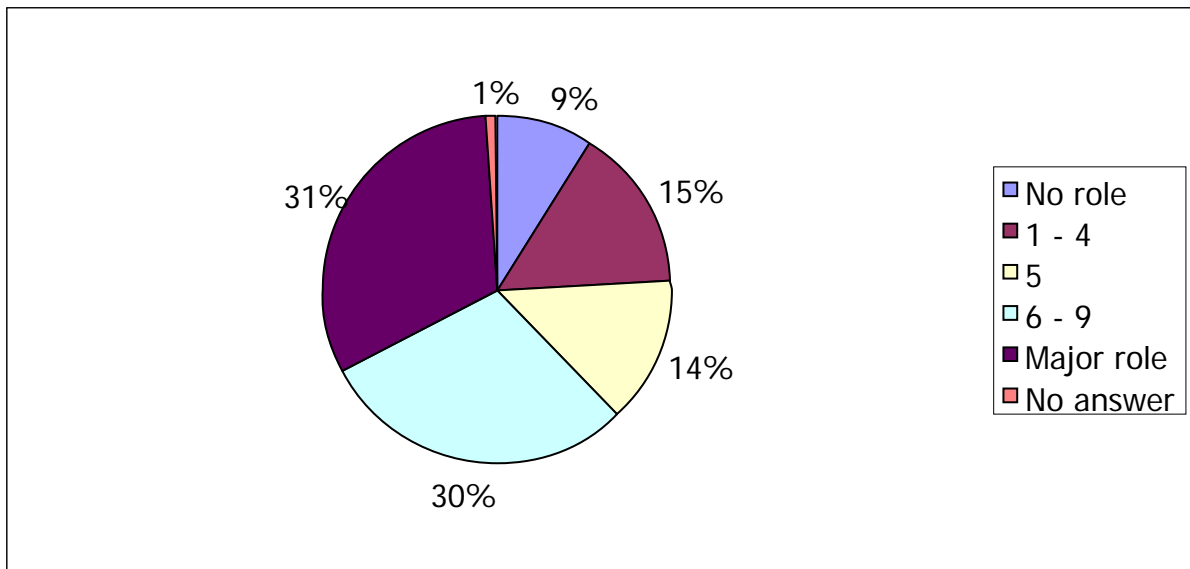


Figure 18: Overview of responses to Question 10

For 9% of respondents, faith in God does not play a role in treatments.

15% assigned a rating between 1 and 4 to the relevance of faith.

14% assigned the middle rating (5).

A rating of 6 to 9 was chosen by 30% of respondents, and 31% indicated that faith in God is highly relevant to treatment.

This means that nearly one third of osteopaths believe that "faith in a higher power – God" is very important in treatments, and almost one third consider it relevant.

If we combine the groups which assigned a rating higher than 5, a total of 61% of respondents attribute importance to this aspect.

24% rated it as less important or unimportant to treatment.

Nine respondents added a comment to their ratings:

Three respondents crossed out God and emphasized a benevolent higher power, assigning the ratings 5, 9 and 10.

One person indicated a value of 0 for God and 10 for a benevolent higher power.

One person assigned a rating of 10 with the comment *biodynamics*.

One person assigned a rating of 0, commenting *Not by this definition*.

One person assigned a rating of 10 and added *the energy which represents "life, the living."*

One respondent – who assigned a rating of 5 – added *Faith*.

One respondent – who assigned a rating of 10 – added *God = universe, rather not a God*.

4.12 Analysis of responses to Question 11

In your view, what role does confidence in the healing process play in the success of a treatment?

All 162 respondents provided an answer to this question.

50% indicated that confidence in the healing process plays a "very important" role in the success of a treatment.

42% consider it "important".

5% considered confidence in the healing process "less important", and 3% considered it "not at all" important to the success of a treatment.

92% were convinced that confidence in the healing process is to some degree important to the success of a treatment.

Figure 19 illustrates the results described here:

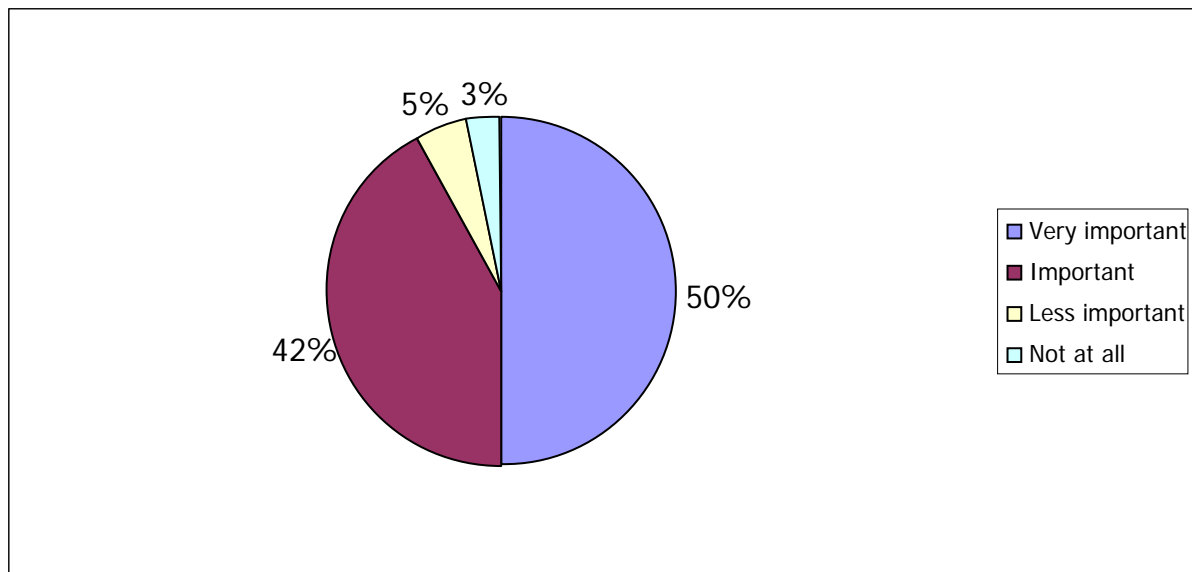


Figure 19: Relevance of confidence in the healing process in osteopathic treatment

One person responded "not at all" and added the following comment: *"Not from my standpoint, but very important on the patient's side"*.

One person answered "important" to "less important", commenting: *"From the patient's standpoint"*. For the purposes of this evaluation, the response was classified as "less important".

One person responded "not at all" and added the following comment: *"probably"*.

One person responded "very important," adding the following comment: *"From the patient's standpoint"*.

4.13 Question 12:

Do you classify osteopathy as alternative medicine, complementary medicine and/or "other"?

15% classified osteopathy as alternative medicine.

61% consider osteopathy to be part of complementary medicine; this was the largest sub-group.

3% considered it to be both alternative and complementary medicine.

18% made alternative suggestions using different terms; the specific suggestions are listed further below.

1% indicated that they did not know.

Three respondents (2%) did not provide an answer.

Figure 20 illustrates the results described here:

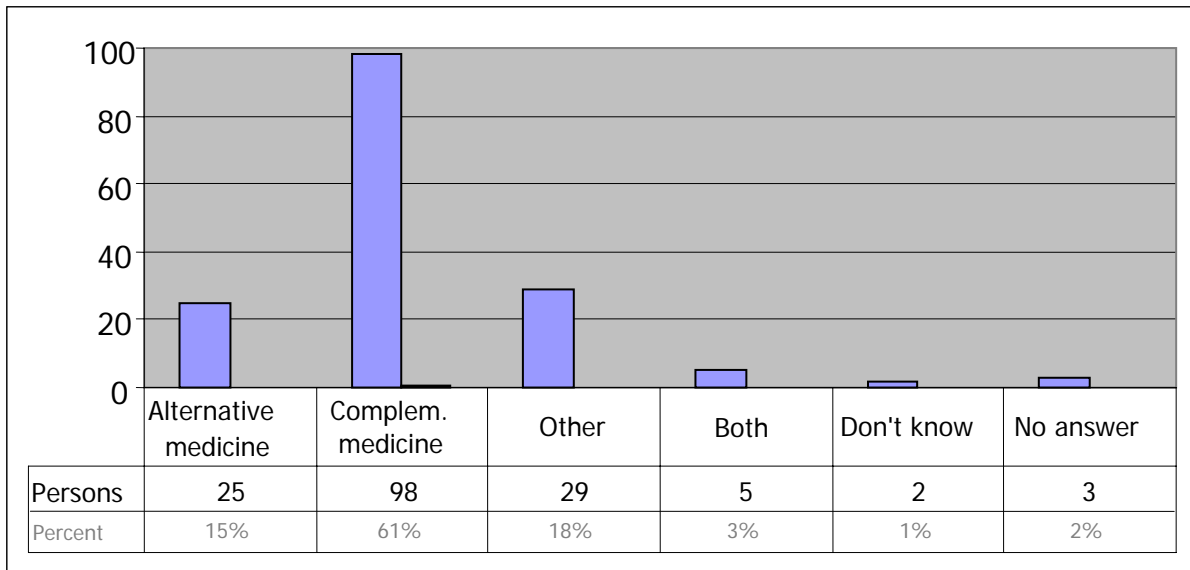


Figure 20: Classification of osteopathy

The group which chose "other" indicated the following definitions:

"Osteopathy, a separate treatment philosophy, holistic medicine, complementary medicine and biological regulatory medicine, a separate entity, intelligent medicine, essential part of holistic medicine, complementary medicine and a separate philosophical concept, an act of love, more evidence-based medicine, basis for my activities as a physician, one of my fundamentals for healing and living, philosophical medicine, holistic medicine, integrative medicine, one possibility, medicine, from complementary medicine to conventional medicine, holistic treatment of the human unity of body, mind and spirit; natural art, a separate professional group, a very important aid or method within a complex natural therapeutic approach, other medicine, a separate profession, complementary medicine and a separate profession / link between conventional medicine and natural healing, a means of improving the patient's health, medicine of first choice."

5. Summary and discussion of results

The main question addressed in this thesis is as follows:

What is the significance of Dr. A.T. Still's principles and philosophy in the work of Austrian osteopaths today?

The underlying questions include the following:

Is Still's philosophy still present in osteopathy as it is practiced today?

Do osteopaths understand his original idea and work, and is this understanding still relevant now, 132 years later?

Do Still's views play a role in Europe today, and are they passed on and included in work with patients?

Or do only measurable facts count as they are accepted in science?

The research method used was a questionnaire-based survey distributed to osteopaths who have undergone training at the Vienna School of Osteopathy.

The thesis represents an attempt to investigate a very broad field, thus I was forced to limit it to certain aspects. The questions arose on the basis of an initial examination of how Still describes the osteopathic approach in his works. The next step was to find concise passages which describe the principles and attitudes of an osteopath. The questions themselves were worded on that basis.

The decision to design the questions according to the procedure described resulted from the need to capture and retain the originality of Still's statements. My interest in Still as a person was also a motivating factor.

Two thirds of the osteopaths to whom the survey was sent responded to the questionnaire on Still's philosophy and principles.

Nearly all of the respondents know Still's principles and philosophy, and two thirds of them have read his works. This justifies the conclusion that Still's principles and philosophy still have an important status in osteopathy.

Two thirds of the osteopaths indicated that reading and coming to terms with Still's philosophy and principles is "generally" important to them. Likewise, two thirds of the osteopaths stated that it is just as important to concern oneself with Still's fundamental ideas "for the purpose of osteopathic work."

In summary, it is safe to say that these osteopaths integrate Still's philosophy and fundamental principles into their work.

Nearly half of the respondents pointed to their *studies at the WSO* as their source of knowledge on these philosophy and principles. As indicated by more than one third of respondents, *independent study* is also an important aspect in learning Still's philosophy and principles. *Other continuing education* only contributes to a minor extent to their learning about Still's principles and philosophy.

The results regarding the form in which the knowledge source "Education and lectures" conveyed the philosophy and principles showed two main groups:

- + The first group mainly focused on *independent learning*.
This includes exchanges among colleagues and assignments from instructors to read Still's literature independently.
This group accounted for 15% of the sources indicated.
- + The second group referred to activities performed *by instructors*:
Citations, inclusion in lectures and practical lessons, the instructors' "role model" effect, supervised treatment and separate course blocks.
In total, this group accounts for 81% of the knowledge sources indicated.

Here it is necessary to emphasize the fact that in the evaluation of how often Still's fundamental principles were included in lessons, two thirds of the respondents answered "sometimes".

Among the learning forms mentioned above, however, 81% of respondents indicated that their knowledge was derived from the activities of instructors.

In another question, nearly half of the respondents stated that their course of study and lectures were the source of this knowledge.

Here we can see a difference in ratings for different wordings of the questions on this topic. The ratings regarding how much instructors taught the philosophy and fundamental osteopathic principles rose from "sometimes" (in response to a general question) to "very often" when specific activities could be chosen.

Still's demand that capable instructors should teach osteopathy has indeed been fulfilled by the school and its instructors.

On this note, a related quote from Dr. Still (2005):

"I had never taught nor had I intended to teach the science, but I wanted my sons and daughter to study anatomy and receive a drill from a competent instructor ..."

Still (2005, 1-61)

Two thirds of the respondents agreed with Still's fundamental principle *"The rule of the artery must be absolute, universal, and unobstructed, or disease will be the result"* (2005, 1-83), while one third only sometimes place their trust in this principle.

As regards the respondents' *confidence in the healing process*, nearly half of the respondents indicated maximum confidence, and the other half also indicated confidence at or above the middle rating.

Therefore, we can conclude that basically all of the osteopaths surveyed exhibit fundamental confidence in the healing process.

In my opinion, *faith in the healing process* during a treatment arises automatically from a deep-rooted faith in God or an otherwise defined higher power.

Half of the osteopaths surveyed indicated that confidence in the healing process plays a "very important" role in the success of a treatment, while more than one third consider it "important." All 162 respondents provided an answer to this question, and nearly all of them indicated confidence in this principle.

Section 3.10 referred to Still's strict rejection of medications, which can be seen in the following quote:

"God has no use for drugs in disease, and I can prove it by his works." Still (2005, 1-43)

Nearly one third of the osteopaths surveyed indicated that they do not reject medications.

Two thirds indicated a partial rejection of medications.

As described in greater detail in Section 3.10, the following statements were provided in the "free text" explanations:

In acute and life-threatening cases, medications are now absolutely necessary.

A responsible osteopath should not rule out anything. The patient must not be denied anything that serves the purpose of healing.

Reasonable prescription practices are also considered important.

For chronic illnesses, holistic methods and remedies were the preferred alternative.

In summary, we can conclude that osteopaths no longer completely agree with Dr. Still on this point, and that today's practicing osteopaths recognize and integrate the methods of conventional medicine.

This result may be important in terms of policy decisions regarding the profession: If osteopaths wish to be recognized by conventional medicine in Austria someday, this attitude may very well be advantageous.

One third of osteopaths believe that "faith in a higher power – God" is very important in treatments.

If we combine the groups which assigned a rating higher than 5, a total of 61% of respondents attribute importance to this aspect.

This was a highly personal question and I am therefore very grateful to my colleagues for providing responses.

I considered it important to include this aspect in the questionnaire because osteopathy is far more than mere manual work.

Still repeatedly emphasized the significance of anatomy and physiology, as well as his belief that the human machine was created by the grand architect.

This great trust in the perfect creation with self-healing potential goes beyond the idea that healing is possible through manual techniques.

Still was humble in this respect, and he remained that way.

In my opinion, such an attitude is key in making an osteopathic treatment holistic.

These days, a great deal of high-quality research is being conducted in order to understand the body and its healing mechanisms.

However, the aspect of faith and trust in a higher creator in the success of a treatment is difficult to integrate into measurements. Something will always be lacking in examinations and measurements.

To conclude this topic, I will quote James and Rene McGovern's book *Your Healer Within* (2003):

"Osteopathy begins with philosophy! If you remove philosophy from the overall structure, then only a purely technically oriented form of diagnosis and treatment remains. The fact-believing world of allopathic medicine can live with this removal of the core – and indeed it does – but the enlightened patient instinctively feels that something essential is missing – something philosophical, or to put it even more clearly: something spiritual." Mc Govern (2003, 6)

One sixth of the respondents classified osteopathy as *alternative medicine*.

When reading Still's works, it becomes clear that today he would classify osteopathy as alternative medicine or even as a separate system.

Two thirds of the respondents consider osteopathy to be part of complementary medicine; this was the largest sub-group.

If we consider the term "complementary medicine" and thus the basic idea that this method forms a complement to conventional medicine, then we can say that osteopaths now respect conventional medicine.

This result may be important for policy decisions regarding the profession.

If osteopaths wish to be recognized as part of conventional medicine or in the overall health system, this attitude will be advantageous.

I am aware that the questions raised in this thesis address a very broad and complex subject area. The time frame in which this thesis had to be completed certainly imposed limitations on the possible methods of addressing the topic.

The questionnaire and the data collected can thus be regarded as a point of departure for further research. The questions and results should be again subjected to critical scrutiny, from which new issues can be raised.

- + How important is Still's literature among students and instructors?
- + How can the osteopathic philosophy and principles be conveyed, and what experience has been gained in this area?
- + What does the term "philosophy" mean in Still's works, and what does it mean to osteopaths today? Should the old philosophy be sustained, or should a new osteopathic philosophy be defined on the basis of today's science and medicine?
- + How do osteopaths interpret Still's principles, and how do they apply these principles in their practical work? What clinical experience exists with regard to the application of those principles compared to other forms of treatment?
- + What distinguishes osteopathic treatment from other forms, and how does it differ from other manual methods?
- + How do osteopaths view people who come to them for treatment?

It is also important to mention that some questions could have been worded more precisely or clearly.

Example:

"In your view, what role does confidence in the healing process play in the success of a treatment?"

In retrospect, the question did not clearly indicate whether it refers to the patient's or the osteopath's confidence in the healing process.

Four of the respondents also pointed this out in their responses.

From my perspective, the osteopath's confidence was the key factor in this context.

Therefore, the question could have been worded as follows: "In your view, does your confidence in the healing process play a role in the success of a treatment?"

Another weakness is the extent of the literature used for the thesis. Due to time constraints, I was forced to confine myself to the "Still compendium" (2005) and the biography *Andrew Taylor Still* (2003) written by Trowbridge. It would certainly have been interesting and effective to conduct more research in the relevant English literature and to search for unpublished works at the Still National Museum. In this context, financial limitations also played a role in addition to time constraints.

One work which I can recommend highly is Jane Stark's thesis *Still's Concepts of Fascia* (2006). This work provides a comprehensive biography on the founder of osteopathy and reveals deeper insights into Still's intellectual world. Unfortunately, I received the book only in October 2006, once my work was already completed. I hope that future works on Dr. Still will include this highly professional book in their research.

Osteopathy is more than a mere treatment technique. Its treatment methods are broadened by its philosophy and principles. For this purpose, it requires more than just a precise knowledge of anatomy and physiology, but also the courage on the part of the osteopaths to open their minds to other levels of thinking and to include them in treatment.

"Man is triune," wrote Still, indicating that the osteopathic approach represents a complex task. If it were a mere technique in which the osteopath need only press a button and could then be sure that a predictable result would arise, then Still would certainly have left us a manual to that end. Instead, he left four main works, all of which are included in the Still compendium (2005). His method was to point repeatedly to the importance of anatomy, mechanical relationships, comparisons with nature and its wondrous processes, and the miracle of human life, created by the grand architect.

Together, these aspects make osteopathy a truly unique discipline.

In her book *Andrew Taylor Still*, Carol Trowbridge (2003) puts it in the following words:

"The 'art' of osteopathy can be found in Still's individualized, patient-specific approach. As he used techniques which were nearly impossible to copy, Still was never able to put out a 'manual' of osteopathic techniques. He insisted that every case was different. This individualized approach meant that an overriding, guiding philosophy was very important, which is why Still meant to make the osteopath into a self-created philosopher. (Trowbridge, 2003, p. 166).

6. Conclusion

The question of whether Still's philosophy and principles play a role in the work of osteopaths in Austria today can be answered with a "yes." What remains unanswered is whether it is necessary, given our level of knowledge today, to come to terms with Still's opinions.

Other questions include the following: Was Dr. Still right in his principles and his philosophy, and does his recommended approach effectively bring about results for patients in treatment? The research conducted in this thesis can not answer the question of whether today's practicing osteopaths work according to Still's ideas. In order to do so, one would first have to define how Dr. Still originally performed treatments. It may never be possible to answer this question, but only to address it with additional questions.

Another point which remains unresolved is whether and what has changed in the thinking of osteopaths and how osteopathic philosophy has changed.

This survey was restricted to 162 osteopaths (WSO graduates) in Austria; but how do their colleagues in other countries – who may be trained and educated with different focuses and curricula – regard the situation?

These are indeed interesting questions which could be answered by carrying out comprehensive literature studies, interviews with highly experienced osteopaths, and questionnaires.

These new questions remain open as an invitation to my colleagues to continue the process of reflecting on our profession. I believe that osteopathy has changed since Still's time and should be redefined from a critical perspective. The current negotiations with the WHO will certainly provide a good occasion for these activities now. However, every osteopath should feel compelled to do so, not just the few osteopaths who are active in professional associations. If we wish to carry out well-grounded work, we will have to question our work and views methodically and review fundamental principles by clearly defining our insights, objectives and rules for action. I hope that osteopathy continues to move in the direction of health.

I would like to conclude with a quote from Still's *Osteopathy, Research and Practice* (1992):

"With this short introduction I leave you to study and practice the philosophy of osteopathy as here set forth, governing yourselves accordingly and forming conclusions of your own, based upon the day-by-days unfolding of the science. " Still (IV, 10)

7. References

Bachand, P. (2005): Andrew Taylor Still-Techniken. Osteopathische Medizin 4/05, 14-16

Becker, R.E. (1997): Life in Motion, Portland: Rudra Press

Carreiro, J. (2006): Interview, Osteopathische Medizin 1/06, 24

Cathie, A.G. (1983): 1974 Year Book, Colorado: American Academy of Osteopathy

Hartmann C. & Pöttner M. (2005): Triune osteopathy. Osteopathische Medizin 2/05, 19-23

Meyers großes Taschenlexikon (1992), 4th edition, Mannheim: B.I.-Taschenbuchverlag

Mc Govern, J. & Mc Govern, R. (2003): Dein innerer Heiler, Pähl: JOLANDOS

ÖGO, Österreichische Gesellschaft für Osteopathie (2005): www.oego.at, downloaded on the 1st December 2005

Stark, J. (2006): Stills Faszienkonzepte, 1st edition, Pähl: JOLANDOS

Still, A.T. (1902): The Philosophy and Mechanical Principles of Osteopathy, Kansas: Hudson-Kimberly Pub. Co.

Still, A.T. (1992): Osteopathy, Research and Practice, Seattle: Eastland Press

Still, A.T. (2005): Das große Still-Kompodium, 2nd edition, Tübingen: JOLANDOS

Trowbridge, C. (2003): Andrew Taylor Still, 2nd edition, Pähl: JOLANDOS

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März 2006

Liebe Kolleginnen und Kollegen,

ich möchte dieses Jahr meine Masterarbeit an der Donauuniversität schreiben und ersuche Euch um Eure Mitarbeit.

Der beigelegte Fragebogen ist in etwa 10 Minuten leicht auszufüllen.
Ein Antwortkuvert liegt bei und die Gebühr wird von mir übernommen.

Die Daten der zurückgesendeten Fragebögen werden von mir streng vertraulich behandelt und nicht an Dritte weitergegeben.

Da ich keine Nummerierung der Fragebögen vor der Aussendung durchgenommen habe, kann ich nicht zurückverfolgen von wem der ausgefüllte Fragebogen stammt, wodurch die Anonymität gewährt bleibt.

Ich freue mich über zahlreiche Rücksendungen und wünsche Euch einen sonnigen



Frühling.

Mit herzlichen Grüßen

Natascha Holzheu

Der Fragebogen beginnt gleich hier auf der Rückseite dieses Schreibens und hat insgesamt 3 Seiten.

Rücksendung erbeten bis: 30. Mai 2006

Sie sind männlich weiblich Alter: ____

OsteopathIn im 6. Ausbildungsjahr
 mit klinischer Abschlussprüfung
 D.O.

Grundberuf MedizinerIn
 PhysiotherapeutIn
 Anderer (bitte angeben): _____

1) Haben Sie schon einmal etwas von Stills Literatur gelesen?

Ja Nein

2) Hat es Ihrer Meinung nach Relevanz in Ihrer osteopathischen Arbeit Stills Schriften zu lesen?

Ja Nein Ich weiß es nicht

Beschreiben Sie bitte den Grund Ihrer Haltung:

3) Kennen Sie die Prinzipien und Philosophie von Dr. Still?

Ja Nein -> bitte weiter zu **Frage 6**

4) Woher kommt Ihr Wissen in Bezug auf die Prinzipien und Philosophie Stills? Mehrere Antworten sind möglich:

Aus Vorträgen während der Ausbildung
 Eigenstudium/Lesen
 Andere Fortbildungen (bitte benennen Sie diese): _____

- 5) Wurden die Philosophie und Prinzipien Stills in Ihrer Osteopathieausbildung von den Vortragenden im Unterricht eingebunden?

Gar nicht ->bitte weiter zu **Frage 6** teilweise viel sehr viel

Wenn sehr viel, viel, teilweise:

Wie wurde sie Ihnen näher gebracht? Mehrere Antworten sind möglich:

- Das Lesen der Texte Stills wurde von Vortragenden vorausgesetzt
- Textstellen wurden zitiert
- In einem eigenen Kursblock gelehrt
- Im Vortrag zur Anatomie und Physiologie eingebunden
- Im Praxisteil der Kursblöcke eingebunden
- Durch Vorbildwirkung der Vortragenden
- In Supervisionsbehandlungen
- Im Austausch mit KollegInnen/Lernkreis
- Andere, bitte benennen: _____

- 6) Wie wichtig ist Ihnen das Lesen und Auseinandersetzen mit Stills Philosophie und seinen Prinzipien?

sehr wichtig wichtig weniger wichtig unwichtig

Begründen Sie bitte Ihre Haltung:

- 7) Still war überzeugt, dass durch Optimierung der Nervenbahnen und Gefäße Heilung erfolgen kann. Können Sie diesen Prinzipien in Ihrer Arbeit vertrauen?

Ja teilweise Nein

- 8) Wie groß ist Ihr Vertrauen, dass Heilung grundsätzlich möglich ist?

0 1 2 3 4 5 6 7 8 9 10

0 entspricht kein Vertrauen – 10 entspricht maximalem Vertrauen

- 9) Still lehnte Medikamente völlig ab. Mit dem heutigen Wissenstand über Medikamente, lehnen Sie als OsteopathIn Medikamente ab?

Völlig teilweise nicht

Können Sie kurz Ihre Haltung erklären:

- 10) Still betont den Körper als perfekt funktionierend geschaffen vom großen Architekten.
Spielt der Glaube an Gott - eine höhere wohlwollende Instanz - eine Rolle in Ihren osteopathischen Behandlungen?

0 1 2 3 4 5 6 7 8 9 10

0 entspricht keine Rolle – 10 eine große Rolle

- 11) Spielt das Vertrauen zum Heilungsprozess für Sie eine Rolle im Erfolg einer Behandlung?

sehr stark stark weniger stark gar nicht

- 12) Ordnen Sie Osteopathie ein als:

Alternativmedizin Komplementärmedizin andere: _____

Danke für Ihre kostbare Zeit und Mitarbeit bei diesem Projekt!