

CANADIAN COLLEGE OF OSTEOPATHY

**TOM DUMMER:
HIS CONTRIBUTION TO OSTEOPATHY THROUGH
BODY, SPEECH, AND MIND**

ANGELA HAINES-WANGDA

REVISED DECEMBER 8, 2009

VOLUME 1

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Thesis Advisor

Rosemary Anderson, P.T., B.Sc.P.T., D.O. (M.P.), M.T.S.

Research Questions

1. Who was Tom Dummer and what were the major influences in his life that influenced his practice of osteopathy?
2. How did he view spirituality and how did that influence his practice?
3. How did he view the concepts of body, spirit, and mind?
4. What was Tom Dummer's contribution to osteopathy?

Abstract

This study is an historical review of Tom Dummer's life and contribution to osteopathy. Tom Dummer left us his legacy by his actions (body), his words (speech), and his concepts (mind). This study delves into Tom Dummer's many influences and interests including his Tibetan Buddhist perspective and spiritual path to determine how these influences had an impact on his practice of osteopathy. The concepts of body, speech, and mind are also used in Tibetan Buddhism as a way of approaching life. It is desirable to have purity in all three concepts, to have right action, right speech, and right intention. Right intention is the most important as it is the forerunner of words and action. Through the writings of Tom Dummer it appears he was calling for a broader view of spiritual practice in osteopathy. This thesis attempts to frame the practice of Tom Dummer and the concepts of A.T. Still in a broader conceptual view.

Body, spirit, and mind are explored to see if these concepts were used in Tom Dummer's practice and if they directed the way he provided care to his patients. The concept of *Mind* is not often talked about in osteopathic literature and is explored in relation to osteopathic treatment process. Specific Adjusting Technique (SAT) was developed by Tom Dummer and based on the groundwork of Parnell Bradbury. This study examines the concepts within SAT to determine how it was applied in the clinic and the effects of this style of practice. Aspects of *Mind* and *Mind* training are discussed in relation to Tom Dummer's therapeutic process and osteopathy in general. Tom Dummer spoke of the *mind of the operator*, and referred to it as being the key ingredient of a successful SAT treatment. This concept was explored as well as the effect of the mind of the patient on the outcome of the therapeutic process. The use of the *energetic impulse* in SAT was described and examined and seen as being a valuable component of

the SAT. Tom Dummer's contribution to the status of the osteopathic profession was summarized by his political push for recognition of osteopathy, as well as his involvement in the development of the European School of Osteopathy, where all branches of osteopathy were promoted. Mr. Dummer's mentoring and his contribution to the osteopathic literature through his books was highlighted. The importance of *Mind* in the body, mind, and spirit triad was described. The application of SAT through the application of the energetic impulse was credited to Tom Dummer.

The literature, available lectures, and videotapes of Tom Dummer were reviewed. Interviews with osteopaths who knew Tom Dummer and his work were conducted via snowball sampling. As well, key informants who are not osteopaths but knew Tom Dummer, or were his patients, were interviewed using the same sampling method. Several experts on the European School of Osteopathy and Tibetan Buddhism were also consulted. All this information has been triangulated and analyzed for relevant themes and concepts using an immersion crystallization method/style/approach.

Tom Dummer was a mentor of Philippe Druelle, founder of the Canadian College of Osteopathy. This study is necessary at this time, to capture the living memories of osteopaths, patients, and acquaintances of Tom Dummer, so we may retain this knowledge in its original form for future generations of osteopaths at the Canadian College of Osteopathy, the European School of Osteopathy (ESO), and the osteopathic community as a whole.

ABSTRACT - FRENCH – RÉSUMÉ

Cette étude est une revue chronologique de la vie de Tom Dummer et de sa contribution à l'ostéopathie. Tom Dummer nous a transmis un legs de par ses actions (corps), ses mots (parole) et ses principes (esprit). Cette étude a examiné le rôle que la pratique du bouddhisme tibétain et le cheminement spirituel de Tom Dummer a pu jouer dans son approche ostéopathique. Le bouddhisme tibétain prône les concepts de pensée, parole et action comme moyens d'existence. Il est important d'avoir la pureté dans les trois concepts pour réaliser la pensée ou l'intention juste, la parole juste et l'action juste. La pensée ou l'intention juste est la plus importante car elle précède la parole et l'action. À travers ses écrits, il semble que Tom Dummer appelait à une vision plus large de la pratique spirituelle en ostéopathie. Cette thèse a tenté d'encadrer la pratique de Tom Dummer et les concepts de A.T. Still dans une perspective conceptuelle plus large.

Le concept de pensée-parole-action a été exploré pour déterminer l'influence de ce dernier sur la façon dont Tom Dummer l'a mis en pratique dans le traitement de ses patients. Le concept d'esprit, qui est moins proéminent dans la littérature ostéopathique, a été étudié par rapport au processus de traitement ostéopathique. Tom Dummer a créé la Technique d'Ajustement Spécifique (TAS) d'après les recherches de Parnell Bradbury. Cette étude examine les concepts qui sous-tendent cette technique pour déterminer la façon dont elle a été appliquée en milieu clinique et quels ont été les effets de ce type de traitement. Les divers aspects de l'esprit et de l'entraînement de l'esprit ont été abordés par rapport au processus thérapeutique de Tom Dummer et de l'ostéopathie en général. Selon Tom Dummer, l'état d'esprit du praticien est l'élément clé du succès des traitements avec la TAS. Ce concept a été exploré ainsi que le rôle de l'état d'esprit du patient sur le succès du processus thérapeutique. L'utilisation de l'impulsion

énergétique dans la TAS a été décrite et examinée pour conclure qu'il s'agit là d'un élément important de la TAS.

La contribution de Tom Dummer à la profession a été résumée en ce qui a trait à l'impulsion qu'il a donnée au niveau politique pour la reconnaissance de l'ostéopathie et le développement de l'École Européenne d'Ostéopathie, où toutes les branches de l'ostéopathie étaient mises en pratique. Le rôle de mentor de Tom Dummer a été développé ainsi que sa contribution aux écrits en ostéopathie. L'importance du rôle de l'esprit dans le corps, de l'esprit et du triangle pensée-parole-action a été souligné, ainsi que l'attribution à Tom Dummer de la mise en pratique de la TAS au moyen de l'impulsion énergétique.

Les écrits, les conférences disponibles et les enregistrements de Tom Dummer ont été examinés, et recueillis par sondage cumulatif en une série d'entrevues avec des ostéopathes qui ont connu Tom Dummer et son œuvre. Des entrevues auprès d'informateurs clés, qui ne sont pas ostéopathes mais qui ont connu Tom Dummer, ont été rassemblées selon la même technique de sondage. Plusieurs experts sur l'École Européenne d'Ostéopathie et sur le bouddhisme tibétain ont aussi été consultés. Toutes ces informations ont été triangulées et analysées pour faire ressortir les thèmes et les concepts pertinents utilisant la cristallisation d'immersion.

Tom Dummer est associé au Collège d'Études Ostéopathiques (CEO) en tant qu'enseignant et mentor de Philippe Druelle, le directeur actuel du CEO. Cette étude qui est proposée est importante pour capturer et préserver les témoignages des relations de Tom Dummer afin de préserver son savoir pour les futures générations d'ostéopathes, tant au Collège d'Études Ostéopathiques (CEO) qu'à l'École Européenne d'Ostéopathie (EEO), et à l'ensemble des praticiens en ostéopathie.

TABLE OF CONTENTS

VOLUME 1

ACKNOWLEDGEMENTS.....	i
THESIS ADVISOR.....	iii
RESEARCH QUESTIONS.....	iv
ABSTRACT.....	v
ABSTRACT - FRENCH – RÉSUMÉ.....	vii
TABLE OF TABLES.....	xv
TABLE OF FIGURES.....	xvi
CHAPTER ONE: INTRODUCTION.....	1
Chapter One: Introduction.....	2
1.1 Overview.....	2
1.2 Background.....	2
1.3 Purpose of the Study.....	3
1.4 Justification and Osteopathic Relevance.....	4
1.5 Research Questions.....	10
1.6 Literature Review.....	12
1.6.1 Literature Review of the Topic.....	12
1.6.2 Literature Review for the Topic: Tom Dummer, His Time and Life.....	13
1.6.2.1 History of Osteopathy in the U.K.....	13
1.6.2.2 The start of the European School of Osteopathy.....	14
1.6.2.3 Philosophy of Osteopathy at the ESO.....	16
1.6.3 Tom Dummer: His Life and Major Influences.....	20
1.6.3.1 Osteopathy According to Tom Dummer.....	22
1.6.3.2 Unity Diagnosis.....	26
1.6.3.3 Biotypology.....	27
1.6.3.4 Nutrition.....	28
1.6.3.5 Homeopathy.....	29
1.6.3.6 Radiesthesia.....	29
1.6.3.7 Radionics.....	30
1.6.3.8 Tibetan Medicine.....	30
1.6.3.9 The Nature of Tibetan <i>Mind</i>	37
1.6.3.10 Tibetan Meditation: <i>sGoms</i>	39
1.6.3.11 Psychology.....	40
1.6.3.12 Role of the Practitioner; Role of the Operator.....	41
1.6.4 Spiritual Review.....	43
1.6.4.1 Buddha Dharma.....	45
1.6.4.2 Tom Dummer’s Tibetan Buddhist Influences.....	48
1.6.5 Osteopathic Principles.....	52

1.6.5.1 Other Ideas Valued by Tom Dummer	53
1.6.5.1.1 A.T. Still.....	53
1.6.6 Specific Adjusting Technique (SAT)	60
1.6.6.1 History of Spinology and SAT	61
1.6.6.2 Further Development of SAT	63
1.6.6.3 Principles in the Clinical Application of SAT	67
1.7 Assumptions	69
1.8 Limitations.....	71
1.9 Summary	73
CHAPTER TWO: RESEARCH METHODOLOGY	74
2.1 Overview	75
2.2 Research Design	75
2.3 Research Questions	79
2.3.1. Research Question One	80
2.3.2 Research Question Two.....	81
2.3.3 Research Question Three.....	81
2.3.4. Research Question Four	82
2.4 Qualitative Terminology.....	83
2.4.1 Saturation of Data.....	83
2.4.2 Validation	83
2.4.3 Transparency and Auditability	84
2.4.4 Subjectivity Management/Conformability	85
2.4.5 Reliability—External and Internal.....	85
2.4.6 Credibility (Internal validity)	86
2.4.7 Summary	87
2.5 Sampling.....	87
2.5.1 Subject Selection	88
2.5.2 Literature Sampling	90
2.6 Data Collection.....	90
2.6.1 Measurement Instrument.....	94
2.6.2 Interviewing Osteopaths in Person.....	94
2.6.3 Interviewing Key Informants in Person.....	96
2.6.4 Interviewing Osteopaths and Key Informants by Telephone	97
2.6.5 Transcribing and Verifying the Interviews.....	98
2.6.6 Demonstration of SAT	100
2.6.7 Experts in the Field.....	101
2.7 Data Analysis	101
2.7.1 Initial Engagement	104
2.7.2 Crystallization in Data Collection Phase.....	105
2.7.3 Reviewing Data and Texts: Immersion and Crystallization	105
2.8 Summary	109
CHAPTER THREE: WHO IS TOM DUMMER AND HIS MAJOR INFLUENCES.....	110
3.1 Overview	111
3.1.1 The Osteopaths Overview	112

3.1.2 Key Informant Interviews Overview.....	113
3.2 Tom Dummer: Introduction/Overview.....	114
3.2.1 Tom Dummer.....	115
3.2.1.1 Youth and Family.....	115
3.2.1.1.1 The Beginnings.....	115
3.2.1.2 Adulthood: Marriages and Children.....	118
3.2.1.3 Life Together with Jo.....	120
3.2.1.4 Qualities of Tom Dummer.....	123
3.2.1.4.1 Generous and Kind.....	123
3.2.1.4.2 Multi-Faceted.....	125
3.2.1.4.3 Impressive.....	126
3.2.1.4.4 Inner Sight/Occult/Intuition.....	127
3.2.1.4.5 Humble.....	129
3.2.1.4.6 Could Get Hurt.....	129
3.2.1.4.7 Wrathful.....	130
3.2.1.4.8 Humour.....	132
3.2.2 Tom Dummer: What Were the Influences and Interests in His Life?.....	134
3.2.2.1 His Interests and Influences.....	134
3.2.2.1.1 Music.....	135
3.2.2.1.2 Love of Life: Food, Wine, and Good Company, Beautiful and Fine Things in Life, Cats, and his Garden.....	136
3.2.2.1.3 Buddhism.....	139
3.2.2.1.4 Counseling/Mentor/Philosophical Discussion.....	139
3.2.2.1.5 Radiesthesia.....	142
3.2.2.1.6 Naturopathy.....	143
3.2.2.1.7 Tibetan Medicine.....	145
3.2.2.1.8 European School of Osteopathy (ESO).....	145
3.2.2.1.9 Parnell Bradbury and SAT.....	151
3.2.2.1.10 Summary: Who is Tom Dummer?.....	153
3.2.3 How Did the Influences and Interest in His Life Reflect in the Assessments and Treatments Tom Dummer Gave?.....	154
3.2.3.1 Observations of Tom Dummer’s Treatments.....	154
3.2.3.2 The Whole Treatment Experience.....	157
3.2.3.3 Tom Dummer was a Skilled Osteopath: Whole Treatment Experience.....	158
3.2.3.4 The Assessment by Tom Dummer.....	160
3.2.3.5 Treatment.....	163
3.2.3.6 Treatment Effects.....	166
3.2.3.7 Other Than Physical Effect of Treatment.....	168
3.2.3.8 Length of Treatment Session.....	170
3.2.3.9 Frequency.....	171
3.2.4 Tom Dummer as an Osteopath: Some of his Other Skills.....	172
3.2.4.1 SAT.....	172
3.2.4.2 SAT Unities.....	174
3.2.4.3 How SAT Works.....	174
3.2.4.4 Other Ways Tom Dummer Treated.....	180

3.2.4.5 Body Types	182
3.2.4.6 Healer	183
3.2.4.7 Counselor in Treatments	185
3.2.4.8 Treat the Whole Person	185
3.2.4.9 Dummer’s Involvement in Tibetan Buddhism	186
3.2.4.10 Tibetan Medicine, Homeopathy, Herbology, and Nutrition and other health care models	189
3.2.4.12 Mr. Dummer As a Lecturer	192
3.2.4.14 Tom Dummer’s Philosophy of Osteopathy: <i>Did he follow Still’s Four Precepts?</i>	194
3.2.5 Summary	198
CHAPTER FOUR: TOM DUMMER’S SPIRITUAL PATH	201
4.1 Overview	202
4.2 Tom Dummer’s Spiritual Path.....	202
4.3 Did Tom Dummer Do Anything in his Osteopathy Practice that Reflected his Spiritual Beliefs?.....	210
4.4 Do You Follow a Spiritual Path? Is it Similar to Tom Dummer’s?.....	219
4.5 Summary	219
CHAPTER FIVE: BODY, MIND, AND SPIRIT: TOM DUMMER’S VIEWS.....	221
5.1 Overview	222
5.2 Definition of Tibetan Mind.....	222
5.3 How did Tom Dummer Define Mind	225
5.4 How Did Tom Dummer Define Body?	230
5.5 How Did Tom Dummer Define Spirit?	232
5.6 Summary	237
CHAPTER SIX: TOM DUMMER’S CONTRIBUTION TO OSTEOPATHY	238
6.1 Overview	239
6.2 SAT Data.....	239
6.2.1 Overview	239
6.2.2 Specific Adjusting Technique	239
6.2.3 Do You Use SAT?.....	240
6.2.4 What Do You Use SAT For?.....	240
6.2.5 Is SAT Effective?	242
6.2.6 Effects of SAT Other Than Physical Normalization	242
6.2.7 Energy Phenomenon: Have You Seen It?	248
6.2.8 What is the Phenomenon All About?	248
6.2.9 Is This Phenomenon Important?.....	251
6.2.10 Anything Else about SAT or Tom’s Treatment Methods?.....	254
6.2.11 Treating Mind with SAT	254
6.2.12 Have You Seen Tom Dummer Treat?	258
6.2.13 Did Tom Have Any Specific Assessment Techniques that were Very Important to His Assessment?	259
6.2.14 How Did Tom Dummer Approach Treatment? Was there anything special?	261
6.2.15 What Were The Effects of the Treatment By Tom Dummer?.....	264
6.3 <i>Mind of the Operator</i>	265
6.4 <i>Energetic Impulse</i>	269

6.5 ESO	270
6.6 Political Development of osteopathy.....	270
6.7 Summary	271
CHAPTER SEVEN: SELF CRITIQUE	273
7.1 Overview	274
7.2 Main Discussion	274
7.2.1 The Research Proposal Process	274
7.2.2 Literature Review	276
7.2.3 The Research Design.....	277
7.2.4 Recruiting Osteopaths and Conducting Interview	277
7.2.5 Interview Questions.....	278
7.2.6 Treatment Experience.....	282
7.2.7 Interview Transcription	282
7.2.8 Coding process	284
7.2.9 Thesis Log.....	284
7.2.10 Thesis Presentation.....	285
7.2.11 Subjectivity Management.....	286
7.3 Recommendations for Future Research.....	289
7.4 Summary	291
CHAPTER EIGHT: CONCLUSION	294
8. 1 Overview	295
8.2 Main Discussion	295
8.2.1 Purpose of the Study.....	295
8.2.2 Research Methodology	295
8.2.3 The Research Questions	296
8.2.3.1 Question One: Who was Tom Dummer and what were the major influences in his life that influenced his practice of osteopathy?	297
8.2.3.1.1 Overview	297
8.2.3.1.2 Mr. Dummer: His Influences and Professional Career.....	297
8.1.3.1.3 Conclusion	301
8.2.3.2 Question Two: How did he view spirituality and how did that influence his practice?	301
8.2.3.2.1 Overview	301
8.2.3.2.2 Tibetan Buddhism and Tom Dummer.....	302
8.2.3.2.3 Conclusion	305
8.2.3.3 Question Three: How did he view the concepts of body, spirit, and mind?	306
8.2.3.3.1 Overview.....	306
8.2.3.3.2 Body.....	306
8.2.3.3.3 Mind.....	309
8.2.3.3.4 Spirit.....	311
8.2.3.3.5 Conclusion	312
8.2.3.4 Question Four: What was Tom Dummer’s contribution to osteopathy?	314
8.2.3.4.1 Overview	314
8.2.3.4.2 SAT	315
8.2.3.4.3 Effects on Body, Mind, and Spirit.....	316

8.2.3.4.4 <i>Mind of the Operator</i>	318
8.2.3.4.5 <i>The Energetic Impulse</i>	321
8.2.3.4.6 Broadening Our Horizon in Osteopathy.....	323
8.2.3.4.7 Conclusion	325
8.3 Conclusions	325
8.4 Summary	328
BIBLIOGRAPHY.....	333
VOLUME 2	
APPENDICES.....	345
APPENDIX A: BUDDHISM IN EVERY DAY LIFE.....	346
APPENDIX B: LETTER OF INTRODUCTION.....	347
APPENDIX C: CONSENT FORMS.....	348
APPENDIX D: IDENTIFICATION QUESTIONNAIRE FOR OSTEOPATHS.....	350
APPENDIX E: IDENTIFICATION QUESTIONNAIRE FOR KEY INFORMANTS	353
APPENDIX F: OPEN ENDED INTERVIEW QUESTIONS FOR INTERVIEWEES	355
APPENDIX G: OPEN ENDED INTERVIEW QUESTIONS FOR KEY INFORMANTS.....	357
APPENDIX H: OPEN-ENDED INTERVIEW QUESTIONS FOR PATIENTS OF TOM DUMMER.....	358
APPENDIX I: TRANSCRIPT VERIFICATION CONSENT.....	359
APPENDIX J: POTENTIAL INTERVIEWEES AND KEY INFORMANTS	360
APPENDIX K: LIST OF INTERVIEWEES, KEY INFORMANTS, EXPERTS, AND DATES INTERVIEWED.....	363
APPENDIX L: TRANSCRIBING TIMES.....	364
APPENDIX M: QUESTIONS FOR CHAPTER THREE	365
APPENDIX N: DEMOGRAPHIC INFORMATION ABOUT THE DO INTERVIEWEES	366
APPENDIX O: ACQUAINTANCE WITH TOM DUMMER.....	367
APPENDIX P: WHEN DID YOU FIRST MEET TOM DUMMER?	368
APPENDIX Q: DO’S KNOWLEDGE OF TOM’S SPIRITUAL PATH.....	369
APPENDIX R: KEY INFORMANTS AWARENESS OF TOM DUMMER’S SPIRITUAL PATH.....	370
APPENDIX S: UNDERSTANDING OF A.T. STILL’S CONCEPT OF BODY, MIND AND SPIRIT.....	371
APPENDIX T: HAVE YOU WORKED WITH TOM DUMMER?	372
APPENDIX U: DO YOU USE SAT?	373
APPENDIX V: ARE YOU AWARE OF TOM DUMMER’S WORK AS AN OSTEOPATH?	374
APPENDIX W: TOM DUMMER’S FUNERAL PROGRAM	375
APPENDIX X: ESO LOGOS.....	376
APPENDIX Y: ANGELA’S RAMBLINGS	377
APPENDIX Z: DATA FROM INTERVIEW QUESTIONS	387
APPENDIX AA: THESIS PROPOSAL.....	626

TABLE OF TABLES

TABLE 1: COMPARISON OF ANATOMY AND PHYSIOLOGY WITH THE THREE HUMOURS	31
TABLE 2: A CLINICAL APPLICATION OF STILL'S PRINCIPLES AND PRECEPTS	52
TABLE 3: MATTER, MOTION, AND FORCE.....	55
TABLE 4: HAVE THE THREE LEVELS OF HOMO SAPIENS.....	59
TABLE 5: HOW THE DO'S AND KEY INFORMANTS MET TOM DUMMER	113
TABLE 6: DO YOU USE SAT?	239
TABLE 7: ENERGY PHENOMENON	247
TABLE 8: HAVE YOU SEEN TOM TREAT?	257

TABLE OF FIGURES

FIGURE 1: TOM DUMMER AS A YOUNG MUSICIAN	117
FIGURE 2: TOM DUMMER AT ESO	134
FIGURE 3: TOM DUMMER'S HANDS.....	157

CHAPTER ONE: INTRODUCTION

CHAPTER ONE: INTRODUCTION

1.1 OVERVIEW

The purpose of this study is to define Tom G. Dummer's role in the osteopathic community: what he did, said, and thought. In this chapter four related research questions are asked: *Who was Tom Dummer? What were his views on spirituality and how did this play out in his practice? How did he view body, mind, and spirit? What were his contributions to the osteopathic profession?* Justification for addressing the topic of Tom Dummer D.O. and his impact on osteopathy has been provided. The need for timely documentation about this founder of the European School of Osteopathy (ESO) was demonstrated after a literature review identified a lack of documentation on Tom Dummer. A literature review of the history of osteopathy in the United Kingdom (U.K.) gives context to the limited amount of published material available about Tom Dummer's work. This study includes an introduction to Tom Dummer the man, his Tibetan Buddhist influences and writings, and his osteopathic philosophy. A brief review of some key spiritual concepts is also included. Assumptions and limitations of the study and biases of principle investigator are identified and addressed.

1.2 BACKGROUND

There are so many great influences that affected both the history of osteopathy and also the Canadian College of Osteopathy. How we view our world is based on our own lens of exposure, influence, and experience. Tom Dummer was an important influence to Philippe Druelle D.O., the founder of the Canadian College of Osteopathy in Toronto, Canada. Mr. Druelle describes a masterful, *energetic impulse* delivered by Tom Dummer that treated the biomechanical, biodynamic, and bioenergetic elements of a patient. How was that done? What or where was his intent? What made his treatments so special?

Tom Dummer was a British osteopath who came from a musical, naturopathic, Tibetan Buddhist, and Tibetan medicine background. He taught in France as well as the U.K. Through the many influences of Tom Dummer's life, a great osteopath developed, and from his diverse influences evolved a technique called Specific Adjusting Technique.

It is important to have knowledge of our teachers' lineage—the influences, background, and the ideas that shaped their practices—and record this knowledge as it shows the progression of ideas and concepts and how they influence the profession over time. It helps us understand the course we have taken as osteopaths and allows us to investigate those ideas and concepts for ourselves, and not to take them as the truth until they are proven and absorbed into our own beings and practice.

1.3 PURPOSE OF THE STUDY

The aim of this research investigation is to record who Tom Dummer was and to explore, identify, and describe the influences in Tom Dummer's life that shaped his osteopathy practice. His spiritual practice and the concept of *Mind* are of particular interest to the investigator. Currently, osteopathy continues to spread out of the geographical areas of its birth and the influences of its Christian roots. According to Tom Dummer's belief, osteopathy has started to incorporate other spiritual realities (Dummer, Vol. 1, 1999). Influenced by his diverse background, Tom Dummer evolved into a gifted osteopath. He contributed to osteopathy through his actions (body), his words (speech), and his concepts, ideas, and intent (mind/*Mind*). This study will demonstrate his contribution and his ideas by the four research questions and preserve Tom Dummer's living memory.

1.4 JUSTIFICATION AND OSTEOPATHIC RELEVANCE

Osteopathy has a philosophy that sets it apart from allopathic medicine (Patterson, 2006). George Northup describes osteopathy “as a clinical art and science augmented by special methods and skills directed to the regulation and correction of musculoskeletal function” (Northup, 1969). George V. Webster called it a healing art (Webster, 1935). Still in *Autobiography* says osteopathy is a science (Still, 1908 p. 277 (p. 225 in ebook)). Webster in *Sage Sayings of Still*, states the original concepts of osteopathy embraced “the physical, the chemical and the psychic or vital factors involved in any given condition” (G. Webster, 1935, p. 25). Booth in *History of Osteopathy*, 1905, talked about Dr. Still’s osteopathy this way:

Dr. Still had a grasp of intellect, the accuracy of knowledge, the persistency of purpose, the thrust of truth, the desire to relieve suffering, the love for man, and the confidence in God to enable him to formulate those facts, and through them establish a complete system of therapeutics (Booth, 1905, p.400).

Still in *Autobiography*, 1908 stated, “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, 1908, p.184). Tasker, in *Principles of Osteopathy*, stated, “osteopathy includes all those qualities which make it a successful system; its diagnosis is accurate and its treatment comprehensive; including scientific manipulation, scientific dietetics, hygiene and surgery” (Tasker, 1913, p. 24). M.A. Lane, in *A.T. Still Founder of Osteopathy*, stated: “A.T. Still was not a ‘materialistic’ thinker. He believed, as was natural in his day, in a kind of “divine” supervision of nature, or perhaps in the divinity of nature itself” (Lane, 1925, p. 16). Leon Page in 1952 in *The Principles of Osteopathy*

stated, “osteopathy, as a philosophy of disease, was intuitively conceived in the mind of Andrew Taylor Still before it was put to the test of extensive experimental evidence” (Page, 1952, p. 22).

Osteopathy (in modern terms) claims to treat body, mind, and spirit. This is expounded in the 2002 AOA tenets which state that a person is described as a product of body, mind, and spirit and the interaction of these components (Lee, 2005, Rogers, 2002). Much has been written in osteopathic literature on the body. The role in osteopathy of the mind and spirit components, as well as spiritual beliefs, has only recently re-entered osteopathic discussion (Lee, 2005, Reeves, 2008). At conferences like *Spirituality in Osteopathy* (held in Toronto, August 2006) where osteopaths (DOs) from all over the world met, Peter Wühl expanded on concepts such as attention to and holding of spirituality. James McGovern discussed the difference between religion and spirit. Reuben Bell talked about three levels of mind and then spirit. Jane Stark spoke of the tri-unity within man. Philippe Druelle spoke about the need to be in contact with that spiritual self during treatment. Others spoke eloquently to aspects of spirituality in osteopathy (Spirituality Conference notes, 2006). Spaeth, in *Spirituality in History Taking*, encourages osteopaths to remember Still and felt it was important for the DO to know the spirit of the person (Spaeth, 2000). Still encouraged investigation into philosophy as well as the mechanics of the body (Still, 1902).

Lee states in his book, *Interface*, the western world is again ready to look at the connection to spirit in the healing practices that have only been addressed through science and mechanistic approaches for the last few centuries (Lee, 2005). Although this author understands he was speaking of more western allopathic medicine, Dummer claimed there was also a mechanicalistic period in our osteopathic traditions (Dummer, Vol.1, 1999). Physics is now showing there is power in prayer and precognition through the concept of non-locality (Lee,

2005). David Hawkins sees there is an upward shift in the consciousness level of the earth, as does His Holiness the Dalai Lama. (Hawkins D, *Consciousness and Addiction* (CD), HH Dalai Lama, 2001). In his *Textbook of Osteopathy*, Tom Dummer discusses how A.T. Still (the founder of osteopathy) felt that spirituality was an important part of osteopathy, and explains how Still's own beliefs and religious framework molded his practice. Tom Dummer describes A.T. Still as a very spiritual being who was raised as a devout Christian. Dummer also states that A.T. Still saw the human body as a divine creation of God, as Still describes in *Autobiography* and the highest element of this body was an invisible but perceivable essence of Liquid Light (Dummer, *Textbook of Osteopathy*, Vol. 1, 1999, Still, 1908, Still, 1910).

Lee (2005) describes osteopathy as “spirit in action” where healing happens because of the power of spirit, but also poses the question: Whose spirit? Is it the patient, the practitioner, or both? Are there other components to that innate healing potential? Lee also defines osteopathy as a spiritual reality (Lee, 2005 p. xvi). The element of spirit has been embraced by many of the pioneers of osteopathy. Are there other realities in osteopathy? Comeaux sees one of the challenges of osteopathic education and treatment as the integration of body, mind, and spirit of the patient and osteopath alike (Comeaux, 2005).

Lee (2005) describes A.T. Still's concepts of Matter, Mind, and Motion (MMM): Mind is Celestial and interfaces with Matter. Matter is Terrestrial, and Motion is the outcome and relates to Life itself (Lee, 2005, Still, 1899, Still, 1908). Lee feels that the interface of Mind and Matter allows us to be in touch with not only the life force of the individual but also the “fundamental force of the universe” (Lee, 2005 p. 256). Lee sees MMM as all aspects of spirit, but Motion is the mechanism for producing the tide of the life force that feeds the body at a cellular level. It is how spirit is manifested in matter, or physical reality (Lee, 2005, Still, 1899).

Function and structure are interrelated, and if the structure is faulty the function at a cellular level is affected (Webster, 1935) Therefore as all three in the mind, matter, and motion are interconnected, the spirit is also compromised when structure and function are faulty (Lee, 2005). The purpose of osteopathic care is to regain balance in the mind/body/spirit mechanism. It does not matter which techniques are used, only that the physiology is corrected to allow the tide and potency to express itself and therefore the spirit to return to its perfection. “Peace, harmony, happiness, and balance are the outward signs of health in the behavior and demeanor of the individual” (Lee, 2005, p. 258). “Harmony only dwells where obstructions do not exist” (Still, 1899, p. 197). Still states: “There is one addition that is indispensable to control this active body or machine and that is mind... The three (body, mind, and spirit) when united in full action are able to exhibit the thing desired-complete” (Still, 1899, p. 27).

There are energetic fields in the body and surrounding the body (Comeaux, 2002). Energetic distortions of these fields are seen with thought, emotion, and behavior. These will affect health (Lee, 2005). Buddhist doctrine also states that *Mind* is the forerunner of all things, or all thoughts have the potential to manifest physically (Kyokai, 1970). By directing osteopathic care to treat the outward physical representation of this inward process, we are indirectly able to treat spirit. Due to the interconnections of the body, when we apply a stimulus to the surface of the body we affect the whole system. Thus the intention of the operator, the electrical impulse, and magnetic engaging of that intent is transferred to the client and affects the system as a whole (Lee, 2005).

Isaac Eliaz in *Tibetan Wisdom* states:

Knowledge is the information we gather as health providers as well as patients. It is a linear and conceptual process. ...The wisdom of integrative medicine is non

linear and non conceptual, it requires both the practitioner and the patient to relax and to let go of preconceived concepts. (Eliaz, 2005, p. 197)

“Consciousness underlies everything.” “It [consciousness] is the backdrop for patterns of energy that serve as a template for physical form” (Lee, 2005, p. 265). Physical form needs the energetic imprint during development to create a complete form (Lee, 2005). These statements speak to the importance of MMM and the energetic connection between them. It shows the need for MMM to be balanced to maintain health. Sutherland felt that the best way to create the change that defines healing is to go through the primary respiratory mechanism (PRM) and create a transmutation or a change in the fluids (Sutherland, 1939, 2005). Tom Dummer felt that was done by treating *Mind* (Dummer, 1995).

Tom Dummer felt that there was room in osteopathy for beliefs other than the founder’s strict western Christian beliefs (Dummer, Vol. 1, 1999). One of these other beliefs is Buddhism. Tom Dummer was a devout Tibetan Buddhist. The concept of developing pure body, speech, and mind is a goal of all Buddhist practitioners. Buddhism has been described as more a *Mind* science than a religion (HH Dalai Lama, 2001). Some have stated it is the best exploration of *Mind* in the literature (Goleman, 2004). Buddhism is the precious jewel Tibet has to offer to the world. The concepts of body and *Mind* and their relationship are a repetitive theme in Buddha dharma teachings and would surely have had an influence on Tom Dummer’s view of the world. The author has explored the relationship between Tom Dummer’s belief systems and the concepts of osteopathy to show the interplay of these two systems in Dummer’s work, while he continued to follow the principles of A.T. Still that he held so dear. Still speaks of the law of mind, matter, and motion in osteopathy (Still, 1908, p. 29). Dummer put forward some similar concepts in the *Textbook of Osteopathy* (Dummer, Vol. 1, 1999), fitting his view of the world into that of Still’s. How does Dummer do that? And does it make sense? Was Dummer

influenced by others practicing at that time? Does Tom Dummer view the body in the same way as Still? Does his spiritual reality change the emphasis on the body during treatment?

It is the author's contention that our individual beliefs and attitudes play a part in the way we practice osteopathy. How we individually approach our patients is based on our beliefs and attitudes. We may build practices with like-minded people based on similar patterns of thought. There are many other influences in our lives, and the purpose of this paper is to explore and document the influences in Tom Dummer's life.

Several people who knew Tom Dummer describe a wonderful presence about him. He was said to emit light from his hands when he treated. Some describe it as a blue light while others describe it as a mushroom-like cloud emanating from the site where treatment was applied. What was the mind state of the practitioner during these events? How important is *Mind* in the execution of these SAT techniques? How do the spiritual beliefs of the practitioner play into the treatment application and effect? These are important questions not yet addressed in existing SAT or Tom Dummer literature.

So far as the author has been able to discern, there are no studies written about Tom Dummer and his contribution to osteopathy and SAT, nor has anything been written about him as an individual other than in the Acknowledgements of his *Textbook of Osteopathy Volume I*. It is timely to document the history of this great osteopath while there are people alive who lived, worked, and studied with him, and can provide in-depth knowledge about the impact on our profession and our own lineage in the Canadian College of Osteopathy. The Collège des Études Osteopathiques in Montreal [le Collège d'Études Osteopathiques] was mentioned in the forward to *The Textbook of Osteopathy, Volume I* (Dummer, Vol. 1, 1999).

Tom Dummer was a pioneer of osteopathy as a profession in both the U.K. and France. What were his roles in the U.K. and France? Dummer started the European School of Osteopathy and also taught in France. What else did he do for the profession? Was he involved in the legislation and formation of the regulatory bodies? Understanding those who have come before us will give us an increased depth of understanding of the concepts of osteopathy, of the tangents and the diverse paths that have been taken within our profession, and the common underlying concepts that hold them all together. Like different spokes of a wheel they all go to the hub. The hub is central and the most important concept holding it all together as the wheel is allowed to roll effortlessly along the osteopathic path.

1.5 RESEARCH QUESTIONS

The four research questions were formulated to focus the questions asked during interviews of the interviewees, key informants, and some experts. The data was continually rechecked to ensure it fit within the context of the four questions. The analysis and discussion of the interconnectedness of the data under the four questions provides an overview of Tom Dummer, his life, and work. Each of the first three questions supply evidence and context for the fourth question and offers a rounded view of Tom Dummer and his life work in osteopathy.

1. Who was Tom Dummer and what were the major influences in his life that influenced his practice of osteopathy?

The researcher used a series of questions including “*Who was Tom Dummer?*” and “*What do you know about Tom Dummer?*” in the interviews to break the ice and to leave it open to receive any piece of information about Tom Dummer. The interviewees and key informants came from different phases of Mr. Dummer’s life and offered different impressions and insights about him and his path through life and osteopathy. The author knew that Mr. Dummer had an

interesting background prior to osteopathy: he was a musician, gourmet cook, naturopath, as well as a devout Tibetan Buddhist with a strong interest in traditional Tibetan medicine and acupuncture. As there is very little written about Tom Dummer—only what was in the books he'd written—Question One was designed to verify existing information as well as identify and explore events or influences in relation to his life. These insights and impressions were used to paint a picture of Dummer both as a man and an osteopath.

2. How did Tom Dummer view spirituality and how did that influence his practice?

Spirituality and osteopathy in the mind of this researcher go hand in hand. From several readings of Tom Dummer's work, and viewing the videotape of Dummer speaking about his work, there is a recurring theme of spiritual belief. Did his views and spiritual beliefs come through in his osteopathic practice? How was it perceived? Some people talk openly about their spiritual beliefs, some are quiet and do not discuss their beliefs unless asked, and some find it hard to articulate. How did others view the influence of his spiritual views on Tom Dummer's life and practice?

3. How did Tom Dummer view the concepts of body, mind, and spirit?

In his writings Tom Dummer outlined the body, mind, and spirit components of man and how they are treated in osteopathy. How were these utilized in practice? In *Specific Adjusting Technique*, Tom Dummer compared A.T. Still's concepts and his own as they related to technique, Asian/Tibetan medicine, naturopathic morphology, and lesion patterns (Dummer, 1995). Were Dummer's body, mind, and spirit views understood by others? Were these the same concepts as the traditional Buddhist views of body, mind, and speech? *Mind* has a different meaning in the Tibetan tradition. *Mind* is often described as physically being at the heart centre. When trying to understand the body/mind/spirit concept the researcher was often confused by the

definitions of spirit and *Mind*. This question was developed to help clarify these definitions.

Questions around this theme were developed to see how others understand these concepts, they and if were the same as Tom Dummer's understanding.

4. What was Tom Dummer's contribution to osteopathy?

What do people remember most about Tom Dummer? What did they learn? Is SAT still a treatment option for people? How do they apply it? At an SAT course in Toronto on November 24, 2006, Gerald (Gez) Lamb described a mushroom-like cloud of energy that was often seen by people observing Tom Dummer's treatments. During that same class people stated they felt benefits within themselves while watching Gerald Lamb treat someone else. Philippe Druelle, in a Canadian College of Osteopathy (CCO) class in Toronto on September 24, 2006, described a blue light that emanated from Tom Dummer's hands while treating. What were these events and could they be described in terms of body, mind, and spirit? Do the influences of the first three questions play an important part in Tom Dummer's contribution to osteopathy?

The four research questions give a rounded picture of Tom Dummer and his contributions to osteopathy.

1.6 LITERATURE REVIEW

1.6.1 LITERATURE REVIEW OF THE TOPIC

There was no complete history or documentation of Tom Dummer and his contribution to osteopathy in the literature. There were some articles, personal notes, and books written by Tom Dummer on osteopathy techniques, Tibetan medicine, and Buddha dharma. These are reviewed in the next section of the literature review.

1.6.2 LITERATURE REVIEW FOR THE TOPIC: TOM DUMMER, HIS TIME AND LIFE

1.6.2.1 HISTORY OF OSTEOPATHY IN THE U.K.

The history of osteopathy in the U.K. is presented in this section. The philosophy of the European School of Osteopathy (ESO) is also presented. This is an important link from the past to the present and to our school (CCO).

Three graduates of the osteopathic school in Kirksville, U.S.A. first brought osteopathy to Britain. They were J. Dunham, L. Willard-Walker, and F.J. Horn. The British Osteopathic Association was formed in 1911 by graduates from osteopathic schools in America. John Martin Littlejohn, a student of Still's, founded the British School of Osteopathy (BSO) in 1917 (Altenberg, 1992, Dummer, 1999, Vol. 1).

There were differences of opinion between the BSO group and the other American graduate group that resulted in two distinct roots of osteopathy in the U.K. Littlejohn taught (not waiting for legislation to govern osteopathy) while the other group waited for regulations prior to starting a school. This led to many Americans with varying degrees of education coming to the U.K. and teaching. One such American, Dr. William Looker, started the Manchester School of Osteopathy. The British College of Naturopathy and Osteopathy (BCNO) opened in 1949 and has included osteopathy in its curriculum since 1951. In 1961 the British College of Naturopathy and the British Naturopathic Association modified their titles to include osteopathy (Dummer, 1999, Vol. 1). By 1979 there were 354 Registered Osteopaths in the U.K. (Altenberg, 1992). The Institute of Applied Osteopathic Technique in Maidstone formed in the mid 1950s for research that followed the principles of Still and Littlejohn. There was a clinic in conjunction with the institute where practitioners could come for help (Dummer, Vol. 1, 1999).

1.6.2.2 THE START OF THE EUROPEAN SCHOOL OF OSTEOPATHY.

The European School of Osteopathy was a combination of the two schools that preceded it: the Osteopathic Institute of Applied Technique and Maidstone clinic, with the École Française d'Ostéopathié.

Paul Geny, D.O. founded the École Française d'Ostéopathié in Paris in 1951. In 1957 Thomas G. Dummer, Parnell Bradbury, Denis Brooks, and Colin Winer joined the French school and Tom Dummer rewrote the curriculum. Osteopathy was experiencing difficulties in France at that time and the school was moved in 1965, for legal reasons, to the U.K. (Dummer & Fletcher, 1991) (www.eso.ac.uk/history.html). Tom Dummer took over as the principal, with Margery Bloomfield as the administrator.

The school was originally set up to complete the education of the French students who were already enrolled in the program. There were 16 students, all French physiotherapists, who because they were physiotherapists could practice under the physiotherapy title without persecution of practicing medicine without a license. After the first group of students graduated there continued to be a demand for this training (personal communication with M. Bloomfield, Nov. 4th, 2006). The school started as an independent program at Fraser House (of BCNO) in London but outgrew its space. In 1968 the school moved to 30 Tonbridge Road, in Maidstone (Dummer & Fletcher, 1991). Tom Dummer as principal had great influence on the direction of teaching there, bringing his learning from the BCNO and his own flavour of osteopathy, along with the traditional teachings of Still and Littlejohn (Dummer & Fletcher, 1991). In 1974, the full-time English-language course opened. (www.eso.ac.uk/history.html).

The instructors who were brought to the school—Harold Klug and Robert Lever, as well as guest lecturers such as Fred Mitchell Jr.—broadened the scope of the school to include cranial

techniques, specific adjusting techniques, functional techniques, and muscle energy techniques (Dummer & Fletcher, 1991). This eclectic approach caused a little discomfort with some existing philosophies of the school. These new teachings were perceived as drifting away from the classic Littlejohn approach. They were understood as more global, taking into consideration the osteopathic techniques being developed by other osteopathy pioneers not of U.K. origin. This philosophic disagreement caused a separation of the ESO from the Maidstone Osteopathic Clinic in 1981 (Dummer & Fletcher, 1991).

In 1981 ESO moved to a new location. These premises were opened by John E. Upledger D.O. from the U.S.A. The curriculum was accredited in 1982 by the General Council and Registrar of Osteopaths (GCRO) (Dummer & Fletcher, 1991). It was the second school to be accredited in the U.K., the first being the British School of Osteopathy (www.eso.ac.uk/history.html).

By 1991 there were 130 students in the full-time ESO program taught primarily by part-time teaching staff. The program's teachers also worked in their own private practices as well teaching at the school (Dummer & Fletcher, 1991).

The French part of the school moved back to France in 1986 and settled in St. Etienne. It was open by Tom Dummer and Jean Pierre Barral as the College International d'Ostéopathié (www.eso.ac.uk/history.html).

In 1993 the European School of Osteopathy had a BSc program validated through the University of Wales and in 1994 the part-time MSc program was also validated through the University of Greenwich. This was changed to a full-time program in 2002 and was validated from the University of Wales. In 2006, both the full-time BSc and the part-time MSc programs were validated by the University of Greenwich (www.eso.ac.uk/history.html).

The General Osteopathic Council's registry opened in 1998 with 2,500 practitioners (Dummer, Vol. 1, 1999). The majority of these practitioners had less than 10 years experience (Dummer, Vol. 1, 1999).

Mark H. Young, a student of Tom Dummer, in the forward of *Textbook of Osteopathy, Volume I*, says there are two challenges for this relatively new profession. One is the professional development of the practitioners. The second is the internalization of the basic principles of osteopathy and its expression through the practitioner. These are based on his/her own development, as well as the expression of ideas and conventions of our society. Our being and our structure are comprised of these two concepts: one, who we are, and two, the context of where and how we practice. Our function is what we do. There is a connection between the two that relates to our success as osteopaths (Dummer, Vol.1, 1999).

1.6.2.3 PHILOSOPHY OF OSTEOPATHY AT THE ESO

The European School of Osteopathy follows the original principles of A.T. Still, the founder of osteopathy, in Kirksville, Missouri, USA. The school is also influenced by two other great osteopaths: Carl P. McConnell (light touch is important in diagnosis of tissue dysfunction) and John Martin Littlejohn (spinal mechanics). (www.eso.ca.uk/history.html) Tom Dummer in the article *ESO Osteopathy* said it best:

Its core-base is succinctly the four precepts of the founder Dr A.T. Still, which he laid down in 1872, not exactly in their original form, but with a continuously relevant updated contemporary interpretation consistently relevant to advancing knowledge about health and disease, and particularly in terms of the rapidly changing times in which we live (Dummer & Fletcher, 1991, pp. 135, 136).

The philosophy of ESO is one of "holism à la Fritz Capra" (Dummer & Fletcher, 1991, p. 136). Dummer goes on to say that although the structural components, in terms of anatomy and

physiology are important, Still also put equal emphasis on the involuntary components of Mind and Function. The ESO philosophy is inclusive of all of these (Dummer & Fletcher, 1991).

These were followed by the total-lesion concepts of Becker and Fryette and similar to the Sutherland and cranial concepts (Parsons, 2006). Later Rollin Becker and I. Korr further agreed with these concepts (Dummer & Fletcher, 1991). Parsons, 2006, states that the total osteopathic lesion “underpins of the entire practice of osteopathy” (Parsons, 2006, p. 165). It is the “sum of their mind, body and spirit” (Parsons, 2006, p. 165).

The osteopathic lesion, a term used at the ESO in 1991, or somatic dysfunction as it was more commonly called, was described as:

...a mechanical and physiological reaction in somatic structures to trauma, sustained or re-current mechanical stress, disturbed visceral function and psycho-emotional stress, all of which can lead to pain, abnormal sensation, organic disease. This is reflected in an interruption of the normal integrated operation of the body, as a structure, as an assembly of physiological systems, and as an organic whole (Dummer & Fletcher, 1991, p. 136).

Psychological medicine is part of the curriculum at the ESO. It includes psychiatric conditions, counseling, and clinical osteopathy in psychological medicine (Dummer, Vol. 2, 1999). Within mind-body languages Dummer used different approaches: the Alexander school (especially Barlow), Eeman’s concept of myognosis and tension release of emotionally charged muscle tension, and the Tibetan medicine system of stress diagnosis that correlates to the spinal facilitation in the osteopathic assessment techniques (Dummer, Vol. 2, 1999). The Tibetan medicine points are all wind energy points and are in particular C7, T4, the sternal point, the vertex of the head, center of palms, and soles of feet. If these points are sensitive the stress is deep and may overflow into another energy path, causing further blockages. This is similar to the “spill over” phenomenon of osteopathy (Dummer, Vol. 2, 1999).

Lesions can be from many original sources. They can be somatic-somatic, somatic-visceral and somatic-psyche, affecting efferent and afferent respectively (Dummer & Fletcher, 1991). The historical context of these (in terms of osteopathic thought) was reviewed by Dummer in a paper *A Historical Perspective for the Physiological and Scientific Basis of Osteopathy* (Dummer, 1986).

The diagnosis of the lesions comes from two mechanisms: the voluntary mechanisms assessed in the traditional ways of evaluations and the involuntary mechanisms that comes from listening in a way that is utilized in cranial and functional techniques (Dummer & Fletcher, 1991). ESO also promotes the evaluation through unities. This concept was developed further by Tom Dummer but is based on Still's original work of viewing the body as a triad of pelvis and lower extremities; cranium, neck and upper extremities; and finally the thorax. The three sections work in conjunction with each other (Dummer & Fletcher, 1991, Still, 1902).

Tom Dummer writes:

According to the ESO concept and understanding of osteopathic diagnosis as taught and practiced in the School Clinic, both manual palpation and inspection involve the development of the sixth sense in addition to those of normal touch and sight. This is nothing new. Sutherland mentions that Dr. Still used to look right through his patients claiming that the 'space' in between the tissue elements is as important as the tissues themselves" (Dummer, 1989, p. 5).

Tom Dummer also writes:

Visualization of the internal structures is encouraged as a deliberate technique leading to the deeper understanding of applied anatomy, on the basis that the deeper the operator's mind can penetrate the structures being palpated, the deeper will be the perception and the more complete will be the clinical information thus obtained (Dummer, 1989, p. 5).

The ESO technique has continued to evolve since 1974, at the start of the full-time program. It began more structural and progressed to include functional techniques (Dummer, Vol. 2, 1999). These included GOT, muscle energy, cranial, general articular technique (GAT), neuromuscular technique, lymphatic pumping, functional technique, reflex techniques, and others (Dummer, Vol. 2, 1999). Dummer saw that the techniques could be classified into two types: imposing and non-imposing techniques. Some techniques like muscle energy and strain-counter-strain are mixed. Both types are holistic but the first tries to get to anatomical perfection, and the other relies on the innate ability of the body's mechanisms to be able to guide the treatment and effects (Dummer, Vol. 2, 1999). Dummer goes on to say that these effects can be from the physical to the most spiritual as well as somatic-awareness that is always present in the tissues (Dummer, Vol. 2, 1999). Both styles should be applied in a minimalistic way to follow Still's concepts (Dummer, Vol. 2, 1999).

The philosophy of the ESO was to incorporate Still's four precepts (Dummer & Fletcher, 1991). These were originally put into simple phrases by Louisa Burns (Rogers, 2002). The four Still precepts are as outlined in *The Textbook of Osteopathy, Vol. 1*:

- The rule of the artery is supreme
- Structure governs function
- 'Find it. fix it. leave it alone'
- The body is a self sufficient and auto-regulating organism (Dummer, Vol. 1, 1999; Still, 1908).

These were to work on the inner and outer forms of the body (Dummer, Vol. 1, 1999).

The history of osteopathy in the U.K. is presented with Tom Dummer's influence highlighted. His influence includes a holistic view of osteopathy with equal importance given to problems of the body, mind, and spirit, as well as staying true to Still's precepts. The similarities between ESO and the CCO are evident through these similar philosophies: all inclusiveness of

the curriculum and the importance of treating body, mind, and spirit in a holistic fashion. The total lesion concept was reviewed as well as the importance of the operator in the process of caring for the osteopathic patient. The emphasis on A.T. Still's principles is also reviewed.

1.6.3 TOM DUMMER: HIS LIFE AND MAJOR INFLUENCES

Tom Dummer combined an amazing mixture of his experiences and influences. He brought to osteopathy an expertise in many other areas that include music, Tibetan Buddhism, naturopathy, as well as a big love of life.

Tom Dummer was born October 23, 1915 (Personal communication with Jo Dummer, Aug. 20, 2006) during the First World War (Dummer, Vol. 2, 1999). After a busy life as an osteopath, Tom Dummer died May 17, 1998 (Gyalpo, in publishers note, Dummer, 1998). This happened prior to publication of *The Textbook of Osteopathy* (Dummer, Vol. 1, 1999). Tom Dummer was known for his contributions to osteopathy as an educator and practitioner (Kirk, 1998). He was a musician, a writer, a great cook, and he knew and loved red wine (Kirk, 1998). He began his musical career in the 1930's as a jazz pianist and accompanist (Dummer, Vol. 2, 1999).

His first contact with osteopathy was in 1942 when his hands were diagnosed with rheumatism, which was interfering with his piano playing. He got well after receiving osteopathy treatments from an American-trained osteopath and naturopath named Harry Clements. This started him on the herbal medicine path (Dummer, Vol. 1, 1999). In 1944, while in his late twenties, Tom Dummer graduated as a member of the Institute of Medical Herbalists (Kirk, 1998).

He would study while playing piano in a nightclub by propping his books up on the piano. Some years later he became further interested in osteopathy after visiting an osteopath for

a bad back. He then studied osteopathy after meeting a BSO graduate, Ronald Leisk, who was a Medical Herbalist and an Osteopath (Dummer, Vol. 2, 1999). In 1952 Dummer first became a Naturopath, graduating from The British College of Naturopathy (BCN) (Kirk, 1998). At the start of the BCNO, Tom was a lecturer in Herbal Medicine and a student of Osteopathy at the same time (Dummer, Vol. 2, 1999). On graduation, in 1953, Dummer became one of the founding members of the BCNO. In *A Textbook of Osteopathy Volume 1*, Tom acknowledged his teachers and mentors: John Wernham, T. Edward Hall, Parnell Bradbury, Albert Rumfit, Colin Winer, Eric Twinberrow, Colin Dove, and Stanley Webster-Jones. As well, Dummer acknowledged Paul Geny who started the path to the creation of the ESO (Dummer, Vol. 1, 1999).

In 1957 Dummer began teaching in France with Paul Geny (Dummer, Vol. 2, 1999). Kirk describes this as one of the very important times for the osteopathic profession and Tom Dummer (Kirk, 1998). Dummer's goals were to unify and have high standards for the osteopathic profession. Along with some colleagues including John Wernham, T. Edward Hall, and Peter Blagrove, the Society of Osteopaths was formed (Kirk, 1998).

Tom Dummer was interested in many forms of medicine and holistic approaches including radiesthesia (described later) on which he wrote a pamphlet (Kirk, 1998). He was interested in the intuitive aspects of osteopathy as he possessed some esoteric dimensions (Kirk, 1998). Tom Dummer wrote *Out on the Fringe* comparing osteopathy, chiropractic, and naturopathy (Dummer & Mahe, 1959). In this book he is clear that the body is self-curing and that all ancient systems of health care have this concept built into their philosophies (Dummer & Mahe, 1959).

Tom Dummer was a Tibetan Buddhist and went to Dharamsala, India to study Tibetan medicine in 1977, where he met his Holiness the 14th Dalai Lama (HHDL). Dummer then wrote a book on Tibetan medicine and other systems of medicine including osteopathy (Dummer, 1988, Dummer, Vol. 2, 1999).

In June 1996, in Montreal, Canada, Tom Dummer along with Irvin Korr and Alan Becker were awarded an Honorary Diploma of Osteopathy from the Collège d'Études Osteopathiques (Kirk, 1998). Sadly Mr. Dummer was too ill to travel to Montreal to receive the award.

Tom Dummer wrote several articles on osteopathic topics including the need to formalize the education of osteopaths and in 1975 he was advocating for statutory recognition of the profession in the U.K. (Dummer, 1975). He wrote an article on *Why Osteopathy is an Independent System of Medicine* (Dummer, 1983). Dummer went on to write a book on Specific Adjusting Technique and two textbooks on osteopathic theory and technique. His *Tibetan Medicine* book was referenced by publications of the Journal of Tibetan Medical & Astrological Institute of HH the Dalai Lama (sMan-rTsis Vol.I, No. 2, 1995, sMan-rTsis Vol. II, No. 1, 1996).

Tom Dummer was introduced to osteopathy from an experiential view as a patient with a musician's injury. He brought with him to osteopathy his accumulated experiences as a musician and a Tibetan Buddhist as well as an avid mind that allowed him to write on many topics and teach with a holistic view.

1.6.3.1 OSTEOPATHY ACCORDING TO TOM DUMMER

Practicing osteopathy, to Tom Dummer, initially involved many other skills that he brought from his other interests and expertise. Osteopathy involved treating the whole body, mind, and spirit complex through various techniques based on the primary problem (Dummer, Vol.1, 1999). The treatment was always based on the four precepts of A.T. Still and on the

philosophies that made osteopathy different from other manual based practices (Dummer, Vol.1, 1999). Osteopathy has developed over time and is constantly evolving. Concepts such as the unity diagnosis, biotypology, nutrition, radiesthesia, radionics, Tibetan medicine, psychology, homeopathy, Tibetan *Mind*, and meditation were reviewed, and some were just mentioned.

Osteopathy is more than the fixing of back problems in a musculoskeletal way (Dummer, 1975). It has a wide scope as described in his book, *A Textbook of Osteopathy Vol. 1* (Dummer, Vol. 1, 1999). Tom Dummer stated that osteopathy stands in the middle of views held by allopathic medicine and naturopathic medicine, but has its own philosophy. It is global in its approach to patients and is based on a sound osteopathic assessment and evaluation of the patient as a whole (Dummer, Vol. 1, 1999). All osteopathic work should follow the principles laid down by A.T. Still and while variations on treatment styles may occur and evolve, these precepts are not negotiable for change (Dummer, Vol. 1, 1999). Dummer stated the difference between osteopathy and other manual therapies is that osteopathy has a philosophy and Still's precepts (Young, 1996). I. Korr feels that auto regulation/homeostasis is the most important precept. Korr believes that "the physician within" is in charge of healing. Mr. Dummer was a great friend of and respected "Kim" Korr, as he called him (Young, 1996). Tom Dummer felt there is some evidence that Still may have been very functional in his approach (Young, 1996). Dummer stated that all forms of osteopathy have a place: functional, cranial, articulation, and manipulation. All these osteopathic forms feel the same things but interpret them differently, while also following the principles of Still (Young, 1996). The operator needs to pick the technique that the patient needs. Any technique can be used structurally or functionally (Young, 1996).

Although J. Martin Littlejohn was Dean of the American School of Osteopathy from 1898-1900, Tom Dummer saw Littlejohn's emphasis on physiology and pathology as drifting

away from the original ideas of A.T. Still (Dummer, Vol. 1, 1999). There were four phases in the evolution of osteopathy, according to Tom Dummer.

The first phase of osteopathy was a “Formative and Primary Developmental” phase. (Dummer, Vol. 2, 1999, p. 171). This was from 1872 to approximately the 1920s (Conway, 1995). This phase contained the holistic views of Still and emphasized structure/function and function/structure relationships expressed in both non-physical and physical terms. The second phase was more mechanistic and ended in the 1950s to 1960s (Conway, 1995; Dummer Vol. 2, 1999). The third phase was a functional revival, where cranial started to be more prevalent (Dummer, Vol. 2, 1999); this was approximately 1960-1975 (Conway, 1995). The fourth phase saw a return to a more holistic-sourced approach to osteopathy; this is the current phase (Dummer, Vol. 1 & 2, 1999) and described as the osteopathic “middle way” (Dummer, 1988, p. 186). At the same time, Parnell Bradbury was rediscovering a minimalist approach to treatment by specific structural adjustment. This was the forerunner of Tom Dummer’s Specific Adjusting Technique (SAT), which was developed at the ESO. SAT utilizes the previous knowledge of various stages of osteopathy to develop a technique that was mechanically based but functionally applied. SAT is, in the words of Tom Dummer, a “clinical practice which offers a light, almost “feather touch,” painless and distinctly non-traumatic treatment” (Dummer, Vol. 1, 1999, p. 42). “SAT treats the whole through the part, rather than the part through the whole” (Dummer in Conway, 1994). Mr. Dummer felt that in this way osteopathy had turned full circle and returned to the original principles of A.T. Still (Dummer, Vol. 1, 1999).

Mr. Dummer also felt that learning osteopathy is best done on a one-to-one or a small group situation because osteopathy is a dynamic process (Dummer, Vol. 2, 1999). This was a

master-pupil kind of relationship. This would have been similar to how A.T. Still would have taught clinical aspects to the first osteopaths.

In *Osteopathic Diagnosis: guidance notes for full-time students*, Tom Dummer talks about the need for the medical and osteopathic diagnosis to be complimentary. The medical diagnosis is related to pathology, or state of the body, while the osteopathic diagnosis is related to function (Dummer, 1989). This is synthesized into a “total lesion” diagnosis (Dummer, 1989, p. 35, Parsons, 2006). A holistic assessment must be done to get to this diagnosis. This involves assessing the whole person: inspection, manual examination of the joints and tissues at the musculoskeletal level, the involuntary mechanism, and the bioenergetic level. This is best done within the three unities (Dummer, 1989). The total lesion also involves the following components: medical, pathological, osteopathic, functional, mechanical, mental, emotional habits, biotyping, personality, character assessment, age, vitality, past history, social history, constitutional factors, heredity, family tendencies, and lifestyle (Dummer, 1989).

Mr. Dummer used other forms of therapy as well as osteopathy. He wrote an article about the effects of hot and cold hydrotherapy on the systems of the body and body types (Dummer, unpublished).

In *Osteopathic Diagnosis: guidance notes for full-time students*, Dummer states that “osteopathy is 75% diagnosis and 25% technique; the whole is an art” (Dummer, 1989, p. 29). Dummer felt that the dosage of treatment was minimum treatment with maximum output, following Still’s axiom of ‘find it, fix it, leave it alone.’ This was client and operator specific (Dummer, 1989). The full set of class notes from Tom Dummer’s first year class at the ESO in 1990/91, as well as second and third year class notes, were reviewed and no new themes were identified. Dummer continued to emphasize Still’s precepts, the unities, and biotypology, which

will be discussed in separate sections. As well he emphasized looking at the patient as a whole and how panoramic vision, by defocusing, is helpful to see the whole lesion. Notes from an ESO Master class of October 1993 were also reviewed. One note says that if the person is exhausted and chronically ill, the ‘find it, fix it, leave it alone’ concept is valuable because the patient has little energy to engage in a long and involved treatment. Notes from Master class in May and June 1994 talk about the visceral and psychosomatic influences on top of the mechanical findings in the unity diagnosis. Dummer again emphasizes how he agrees with John Wernham that osteopathy is 75% diagnosis and 25% treatment and the whole process is an art.

1.6.3.2 UNITY DIAGNOSIS

Unity diagnosis is a way of dividing the body into three parts, finding the primary lesion in each unity, and then using one of these three to start the treatment.

Tom Dummer used Unity diagnosis in his work as part of his evaluation of a client (Dummer, Vol. 1, 1999). Tom used the original work of Parnell Bradbury for the mobility testing of Unities No.1 and 2 and developed the theory further for Unity No.3 on his own (Bradbury, 1967, Dummer & Fletcher, 1991). The three unities are: Unity No.1: the pelvis, L3 and below, and the lower extremities; Unity No. 2: the articulation T3/4 and above, the shoulder girdles, upper extremities, and the cranium; and Unity No. 3 which comprises the thorax, and from T4 down to L3 (Dummer, Vol. 1, 1999). The unity diagnosis starts with a global postural/mechanical view of the client followed by a Unity-by-Unity detailed evaluation of observation, palpation, and mobility testing (Dummer, Vol. 1, 1999). This information is then put back as a whole because its impact on the body (as a whole) is considered in the total lesion sense. The primary lesion of the three separate and then of the three combined unities is established and then a treatment plan is developed. This process may be initially aided by x-rays

(Dummer, Vol. 1, 1999). A considerable part of *A Textbook of Osteopathy Volume 1* is utilized to cover the Unity diagnosis (Dummer, Vol. 1, 1999).

Dummer also noted in *Textbook of Osteopathy Volume 1* that along with physical diagnosis, history taking was very important. He also warned readers not to ignore “clinical intuition.” It is not a cop out or excuse for poor assessment, but when it happens, it should be noted as part of the evaluation and followed up (Dummer, Vol. 1, 1999). Dummer stated that by relaxing one’s vision and allowing the sixth sense to come in, one can appreciate not only the superficial spinal structures but also the electro-magnetic pattern body described by Burr and Northrup (Dummer, 1989). Visualization enhances the sensitivity of the palpation and mobility testing (Dummer, 1989). Dummer also stressed the Alexander principle of where the head goes the body will follow.

Tom Dummer, while using the unity diagnosis as a focus for diagnosis, also considered the body as a whole and used his intuition and perceptions for patient assessment.

1.6.3.3 BIOTYPOLOGY

Body-typing is a way of organizing into groups different bodies based on their predominant characteristics.

Dummer, in *Textbook of Osteopathy, Volume 1*, devotes a chapter to morphological body-typing and how it relates to osteopathy (Dummer, Vol. 1, 1999). He describes typing by different authors and states that biotyping is in many ancient systems including Tibetan medicine, Ayurvedic medicine, Mazdaznan Philosophy, and the ancient Greek system (Dummer, Vol. 1, 1999). Dummer felt that there were four current systems of biotyping that help as an additional assessment and during treatment. These are the systems of Goldthwaith, Kretschmer, Sheldon, and Vannier (Dummer, Vol. 1, 1999). These biotypes help predict the kind of treatment

that would be most beneficial to the specific biotype. For example, in Sheldon's classification a mesomorph would have more success with techniques that were directed to their primarily dominate mesoderm tissue, while an ectomorph with heightened sensitivity to skin, eyes, nervous system, and pituitary gland dominance may do better with treatment directed at these tissues (Dummer, Vol. 1, 1999). Dummer states that most commonly people are a combination of all three in different proportions and may be classified in that way (Dummer, Vol. 1, 1999).

As well as the physical characteristics of this kind of biotyping, Dummer describes a psychosomatic component to the embryological tissue biotyping by Sheldon (Dummer, Vol. 1, 1999). These Dummer defines as further connections to body-mind and helps anticipate the reactivity of the client and the most effective treatment path to follow so as not to over treat (Dummer, Vol. 1, 1999).

Tom Dummer utilized ideas from many different schools of thought to understand his patients in terms of body and biotyping.

1.6.3.4 NUTRITION

Tom Dummer drew from his understanding of nutrition, as well as from naturopathic, Ayurvedic, and Tibetan medicine to serve his patients. Nutrition can affect matter, motion, and mind and conversely MMM dysfunction can affect the nutritional balance (Dummer, Vol. 2, 1999). Dummer felt Littlejohn's concept of the total-lesion that incorporated elements of dietetics and the role of nutrition were ahead of his time (Dummer, 1966 a, b). Dummer states that given the right raw materials the body can perform all its duties to metabolize what it needs to stay well (Dummer, 1966 a, b). These foods should be simple. Disease often comes from the misuses of foods leading to over-stimulation or lack of assimilation of foods (Dummer, 1966 a, b). He felt the diet of the 1960s was deficient of breast milk for infants, as well as protein and

vitamin deficient for children and adults. There were too many sugars and carbohydrates in the modern diet of the 1960s (Dummer 1966 a, b). Diet should be individual and weather dependent as well (Dummer, 1966 a, b).

Tom Dummer shared his knowledge regarding nutrition, which came from many sources.

1.6.3.5 HOMEOPATHY

There are common principles in many of Tom Dummer's knowledge bases. Dummer stated that the Laws of homeopathy apply to osteopathy, especially SAT. Hering's Law states: "healing takes place from above downwards and from within outwards" and Arndt's Law states "small stimuli encourage life-activity, whereas medium to strong stimuli tend to stop or impede it" (Dummer, 1995, p. 42).

These concepts fit easily into the osteopathic thought framework of the small movements affecting the large movements, the subtle forces in the body being the most powerful.

1.6.3.6 RADIESTHESIA

Radiesthesia, or dowsing, is an ancient divining method often done with sticks or a pendulum. It may be used to answer questions asked or find lost items. It is a way for the *mind of the operator* to be in contact with the energy field of the individual.

Tom Dummer wrote an unpublished manuscript on radiesthesia. He discussed the two schools of thought in the field: one that the energy utilized is strictly physical and the other that it is strictly mental. He goes on to say through experimentation neither is totally right or wrong, but it is the operator's intent that directs the level of energy that is used. The instrument used in radiesthesia is the human operator through the divining rod or pendulum, and the operator's sensory and extra sensory perceptions are used. One must be able to exclude the suggestion and mental interference with the unconscious process. This sensitivity is a progressively learned

ability. The new theory proposed is that the “whole energy” is used and encompasses physical, mental, emotional, extra sensory perception (ESP), and spiritual kinds of energy (Dummer, 1980). The components of the energy used in radiesthesia are the standing waves that do not change over time. These are the waves that are picked up with the pendulum. Detection of these waves with a pendulum or rod is adversely affected by electrical, magnetic, and hostile emotional fields. The manuscript discusses the physics involved and the practical application of the technique (Dummer, 1980).

Tom Dummer had a keen interest in radiesthesia and the influence of *mind of the operator*.

1.6.3.7 RADIONICS

Radionics was started by Dr. Albert Abrams (1863-1924) (Bloomfield, 1975). The body is diagnosed by measuring output from a radionics machine and also may be used with a sample of hair or blood. The *mind of the operator* and his/her personal qualities were deemed to be important to a good outcome with the machine. The ratings provided by the machine were used for a diagnosis and a remedy (Bloomfield, 1975).

Again the *mind of the operator* theme is indicated in Tom Dummer’s interests.

1.6.3.8 TIBETAN MEDICINE

It is not within the scope of this thesis to do a complete review of Tibetan medicine, however, it requires mention as a recurring theme in Dummer’s books.

Table 1: COMPARISON OF ANATOMY AND PHYSIOLOGY WITH THE THREE HUMOURS

SYSPATHETIC (S.N.S.)	NERVOUS SYSTEM	
	CENTRAL (C.N.S.)	PARASYMPATHETIC (P.S.N.S.)
Involuntary	Voluntary	Involuntary
FEELING	MIND	FEELING
Adrenal Gland	Pineal Gland	Pituitary Gland (Anterior)
	Cranio Sacral → → Mechanism	
Thorax (Dorsal Spine & Ribs)	Pelvis, Hips & Lower Extremities	Cranium, Neck, Shoulder-girdles & Upper Extremities
Bile is Located here	Wind is seated here, but is all-pervading and activates the other humours (and functions) as does the C.N.S.	PHLEGM is seated here
Energy of Transformation (Carrier function)	Energy of the Mind and of the Cell	Energy of the flesh and Matter
Katabolism	Metabolism	Anabolism
Calcium Cholesterin H Ions – Adrenalin		Potassium Lecithin OH Ions – Cholin
Dehydration	Normal Fluid- Balance	Hydration
Function of Contraction		Function of Expansion
Cardio-vascular System.	Voluntary functions of all systems i.e. Motor, Sensory & Trophhic	Lymphatic System
ECTOMORPH (Sheldon)	MESOMORPH (Sheldon)	ENDOMORPH (Sheldon)
RADIATOR-MAN (McDonagh)	STORER-MAN (McDonagh)	ATTRACTOR-MAN (McDonagh)
Activity and Positive Feeling-tone, but With Anxiety and Extroversion	Will, thinking, perception Aggressive Anxiety expressing itself as Extroversion	Passivity and Negative feeling- one, Hysteria, Introversion
SIVA	BRAHMA	VISHNU
Kapha	Vayu	Pitta
mKris-pa	rLung	Bad-Kan
ROMA (Right Channel)	DBUMA (Central Channel)	RKYANG-MA (Left Channel)

From Tom Dummer, *Tibetan Medicine*, 1988. p. 143-145

Tom Dummer was part of the Study Group for Tibetan Medicine and the editor of *Myrobalan*, a quarterly review for the purposes of educating people about Tibetan medicine (Dummer, 1985). Tom Dummer wrote a book called *Tibetan Medicine and other Holistic Health-Care Systems* in which His Holiness the 14th Dalai Lama wrote the foreword (Dummer, 1988). Dummer states that osteopathy is “the perfect complement to Tibetan medicine” (Dummer, 1988, p. 171). This is summarized in TABLE 1 (page 31) where Dummer states that in discussion with Tibetan physicians there were many similar concepts between the two fields of medicine including the bioenergetic and inherent motility components. He also said that Tibetan medicine does not distinguish between physical and mental dysfunctions. Tibetan medicine is very functional and physio-pathological in the way it approaches the body-mind-spirit complex (Dummer, 1988).

Tibetan medicine is an ancient medical system. How long it has been used is different according to different sources. Some say it is at least 4,000 years old (Wangmo, 2007). Dr. Lobsang Rapgay says it is at least 2,500 years old (Rapgay, 1984). It is however, irrefutably one of the ten sciences in the Tibetan knowledge tradition (Wangmo, 2007). Its roots are in Buddhist philosophy (Cameron, 1999, Liewellyn, 2001). Dr. Rapgay wrote an article in *Myrobalan* and describes Tibetan medical philosophy as it deals with the relationships we have with others as well as “our environment, our sensory, intellectual and conceptual experiences” and how these affect our body and mind (Rapgay, 1985). The concept that change is inevitable and deterioration and death are unavoidable is hard for us to realize (Rapgay, 1985).

Health is a homeostasis of the outer and inner systems and elements (Loizzo, 1998). An illness or disease may occur because of behavioural or dietary factors, seasonal maladjustments, or problems of the spirit. The spirit problems may come from karma of this life or a previous

lifetime (Coulter, 1998). Three primary parts are needed for conception. They are: an egg, a sperm, and a consciousness that desires a birth (Wangmo, 2007). The egg and sperm contain five elements and the consciousness is supported by the same five elements (Wangmo, 2007). The human mind has and combines the qualities of the five elements—earth, water, fire, wind, and space—to form the human body (Coulter, 1998; Liewellyn, 2001; Wangmo, 2007). Earth makes up the bones, skin, nails, and hair, and within mind is the basis for all experiences (Liewellyn, 2000; Rapgay, 1985). Earth represents mass, Hadrons, and quarks (Wangda, 1992). Water is the body's fluid and unity and represents the adaptability of the mind in differing situations (Liewellyn, 2000; Rapgay, 1985). Water represents cohesiveness (gluon) (Wangda, 1992). Fire provides warmth to the body from metabolism, kinetic energy and is representative of the mind's unlimited ability to perceive (Liewellyn, 2000; Rapgay, 1985; Wangda, 1992). Wind is represented in the respiratory system, motor activity, movement, and it is the stimulating agent for voluntary and involuntary functions. Wind is affected by the continuous flux of the contents of the mind (Liewellyn, 2000; Rapgay, 1985; Wangda, 1992). Space is represented by the space between organs and the orifices of the body. Space is all pervasive and represents the unlimited characteristics of the mind (Liewellyn, 2000; Wangda, 1992). These elements can get out of balance as can the three humours or body energies (*Nypeas*): wind (*rlung*), bile (*Tripa*), and Phlegm (*Badkan*) (Liewellyn, 2000). Loizzo describes these three humours as three aspects of physiological self organization, and says they are aspects of activity, vitality, and stability. In psychosomatic terms they are representative of systematic process, functions, and structures (Loizzo, 1998). Activity refers to the central regulation function of the central nervous system. Vitality is related to the function of the digestive system and metabolism while the stability is related to the connective tissue and musculoskeletal system (Loizzo, 1998).

Rapgay also includes a sixth component to the body, called channels (Rapgay, 1985). These are all the pathways in the body used for regenerative nutrient flow. They include blood vessels, ducts, and nerves (Rapgay, 1985).

In materialistic medicine, the Tibetan physician is primarily concerned with the four elements, the gross type of channels and essential structures; whilst in spiritual or Tantric medicine, the physician concentrates upon the subtle types of channels, which are imaginary meridians and the subtle essential structures (Rapgay, 1985, p. 33).

The elements are also known as the three defects or patho-physiological factors of *lung*, *tripa*, and *bad-gan* (Rapgay, 1985). Mind, consciousness, and wind (*lung*) are on a continuum from most gross and physical to subtle and ethereal (Dummer, 1988).

The body-mind complex continually adjusts these elements in an active kinetic state (Liewellyn, 2001). Mental attitudes and actions are the cause of human suffering (Cameron, 1999; Liewellyn, 2001). Ignorance of the true nature of the external world and phenomena cause wrong view or delusional mental states. That results in attachment to impermanent things like our life here, other people, and possessions, which cause us suffering (Liewellyn, 2001). The three poisons in the mind states (anger/ hatred, desire, and ignorance) are the forerunners of illness and disease. Anger/hatred causes bile disorders (fire element), desire causes wind imbalances (air element), and ignorance or wrong view causes phlegm disorders (earth and water elements) (Cameron, 1999; Liewellyn, 2001). Although sickness may not be apparent, it is waiting for an opportunity to present when our energies are disrupted (Liewellyn, 2001; Loizzo, 1998). Diet is also important in Tibetan medicine. Food falls into six tastes and is linked to the elements. Too much of one elemental food or taste will cause imbalance of the three humours. If diet and behaviour modification is not enough to change the illness then medical herbs and other

practices like massage and baths are added (Cameron, 1999; Liewellyn, 2001; Loizzo, 1998). Environment also plays a role in homeostasis in the body (Cameron, 1999). Most important in the mix of things that are needed to change are mental attitudes and lifestyle (Cameron, 1999; Liewellyn, 2001).

Disease has four considerations when it comes to diagnosis. It has a cause, condition, symptoms, and a proper treatment (Wangmo, 2007). There are two types of causes: distant and imminent. The distant are the three poisons of desire, hatred, and ignorance while the imminent causes are imbalance of the three *nyepa* (humours) (Wangmo, 2007). While the three poisons are important, they are secondary factors to illness. They affect the state of health but do not directly produce a somatic dysfunction (Rapgay, 1985a). The four conditions are season or time, diet, behavior, and outer provocations or *gdon* (Wangmo, 2007).

The role of the physician in physical Tibetan medicine is to balance the five elements and the three humours (Cameron, 1999; Liewellyn, 2001). In Tantric or spiritual medicine, the physician is more concerned with the subtle elements, channels, and essential structures (Rapgay, 1985). The psychic channel has three components; right, central, and left, all with 72,000 branches (Rapgay, 1985). The central channel goes from the heart up to the crown of the head and then curves down to a place between the two eyebrows. It goes down from the heart to the vagina or tip of the penis. On either side the other two channels squeeze gently the central channel and encircle it three times at the heart and lesser times at other points on the channels. There are five significant points or centres on the channel at the genitalia, naval, heart, throat, and crown of the head (Rapgay, 1985). In ordinary functioning we do not have *lung* in the central channel because *lung* is impure, as are the states of mind it supports. In Tantric practice the *lung* is brought into the right and left channels and then dissolved into the central channel

thus opening it up and allowing the pure state of consciousness to become more present and separating away the negative mental and physical states (Rapgay, 1985).

In Buddhism the practice of medicine is a high spiritual practice (Coulter, 1998). The Tibetan physician must practice compassion (Coulter, 1998). Each physician takes an oath that compels them to be attentive to the patient, share their wisdom with the patient, maintain medicines in an ethical environment, to have patience when collecting the herbs, and make great effort and concentration while preparing the medicines (Coulter, 1998). The Tibetan physician will provide care based on the individual needs of the person seeking care. They do this through listening, observation, touch, pulse, and urine diagnosis (Cameron, 1999). To do this well, the physician needs to have skill, knowledge, and compassion (Cameron, 1999, Rapgay, 1985).

The Tibetan physician begins with gently suggesting ways to act ethically, and partake in a healthy diet, environment, and lifestyle. This includes meditation and visualization (Cameron, 1999). If this is not effective medical herbs are added as well as any number of the following: acupuncture, massage, heat, cold, moxibustion, and exercise (Cameron, 1999). Tibetan medicine is especially useful for treating chronic diseases that are not so well treated by Western medicine (Cameron, 1999). Tibetan medicine treats people with the same symptoms differently because of the different root causes, treating cause, not effect, and treating body, mind, and spirit (Loizzo, 1998). The treatment always involves an explanation to the patient of the interconnection of emotions, behavior, and the autonomic neuro-physiological reactions in the body (Rapgay, 1985). There is now a globalization of Tibetan medicine due to the desire for holistic care in the world (Janes, 2002)

The Buddha taught that everyone wants happiness. We are all the same whether we are an animal or human and this mental attitude is most important for health (Cameron, 1999). To be happy we need to have a healthy mind, body, and spirit (Cameron, 1999).

Tom Dummer introduced elements of Tibetan medicine as a way to better serve patients. His work showed linkages between western and eastern healing systems.

1.6.3.9 THE NATURE OF TIBETAN *MIND*

Tibetan *Mind* is understood by experts of this science as slightly different than Western mind. These subtle differences are helpful when understanding Tom Dummer's concept of *Mind*.

According to Tom Dummer the true nature of mind is studied in Buddhism by different approaches: the High Yoga Tantra and the Abhidharma (Dummer, 1988). The Abhidharma is a comprehensive review of the psychology of the mind and is now found to be similar to modern-day psychology despite the fact that it is over 2,500 years old (Dummer, 1988). Rapgay states that mind is multi-dimensional (Rapgay, 1985). Mind or consciousness is "that which cognizes objects and itself, by nature, clarity and does not have form" (Rapgay, 1985, p. 31). It is described as luminous because without it the world cannot be experienced (Rapgay, 1985). Mind also has two components. One is primary mind, the general "apprehender" of the object. The primary mind is pure and natural and unpolluted. The secondary mind, or secondary mental factors, is not pure and suggests negativities to the primary mind. These negative thoughts are attached to our conceptions and will be there as long as we have conceptual thought based on our sensory experiences (Rapgay, 1985, p. 31).

These thoughts are described as devoid of perception, or pure view, or right view. If our thoughts are based on conceptual thoughts, not perceptions, then we become attached to them: e.g. I like this dress, I do not like that one. As soon as there is attachment then it is difficult to

perceive the object for what it really is (Rapgay, 1985). It is important to note that Tibetan *Mind* is not something that arises spontaneously out of the brain structure. If that was so, then matter should be able to become conscious and have a shape and other physical qualities (Rapgay, 1985). Allan Wallace also describes *Mind* and brain as separate and agrees that the *Mind* cannot be reduced down to brain. *Mind* not brain is the final decider of what is real or not real (Wallace, 2008). These two, primary and secondary mind, can be described as the Absolute *Mind* and Relative mind (Dummer, 1998). Dummer describes Absolute *Mind*, or Primary *Mind* as a mind that is pure and has right view. This means that the *Mind* views everything through a compassionate lens and treats everything with equanimity. Relative mind or Secondary mind is a deluded mind. It has eons of patterns of negativity or wrong view. It obscures the Absolute *Mind*. Tibetan Buddhist practice is used to remove these negative or wrong views to allow the natural Absolute *Mind* to shine through (Dummer, 1998).

Tibetan Buddhists believe that mind must have a connection to something similar to itself, and have a continuous nature so no external phenomena can become mind, and mind cannot become an external phenomenon (Rapgay, 1985). In the human form, body and mind work as a unit with the environment and as a result of previous virtuous and non-virtuous actions (Rapgay, 1985). If body and mind are in harmony there is health. If there is disharmony there is illness (Rapgay, 1985). Position of the spine is important so the energy channels for the air element can move through the channels. This is vital for *Mind*, especially in meditation practice (Dummer, 1998).

The Tantric teachings in Buddhism state that the emotional and spiritual characteristics of the mind are correlated to the psychic energies in the body (Rapgay, 1985). Tibetans believe that the nature of the mind is a combination of positive-wholesome, negative-unwholesome, and

neutral thoughts. As well moment-to-moment functioning or awareness is dependent on the object, the five senses that give rise to an object or mental object, and a true perception of what really is. Said differently, vision of an object is dependent on the object to be seen, the eye's ability to see, and the consciousness of the sensation (Rapgay, 1985). Consciousness needs a physical home in the body, and that is with one of the physiological factors or humours of the body, *Lung*. So *Lung* and consciousness are seen as inseparable because without *Lung*, the awareness of the moment-by-moment changing of objects could not occur (Rapgay, 1985). Although *Lung* and mind are inseparable *Lung* is more than just mind. Mind is inseparable from the body through *Lung* (Rapgay, 1985).

The nature of Tibetan *Mind* has two components: relative and absolute mind. These are intimately connected to the physiology of the body through *Lung*.

1.6.3.10 TIBETAN MEDITATION: *sGOMS*

Meditation was a part of Tom Dummer's daily practice and a way of taming the mind. *sGoms* [sounded *gom*] is the Tibetan word for meditation (Jinpa, 2006). It denotes that with which one has the need to become familiar. In other words, one must use meditation to become familiar with the *Mind* in a disciplined, repetitive way. Meditation also requires the English terms cultivation, visualization, reflection, and aspiration to be more complete in their actual aspects (Jinpa, 2006). It also corresponds to the disciplined result of such a practice. There are in fact different types of meditation (Jinpa, 2006):

- Mindfulness meditation concentrates on the flow of breath or mental processes and thoughts.
- Meditation on form where one takes something like one's ultimate death, or transient nature of oneself, and contemplates on the truth of that thought.
- Meditation on positive qualities like loving kindness.

- Meditation as a visualization or simulation; actually visualizing and becoming familiar with the stages of death and the intermediate *Bardo* state.
- Meditation used as a form of prayer (Jinpa, 2006/07).

A chapter was devoted to Tibetan meditation at the end of *The Textbook of Osteopathy Volume 2*. It was written by a Tibetan, Tsetan Dolkar, as an overview to help with stress. The section suggests that the process is simple and can be done by anyone, starting with concentrating on the breath or walking, and then as the mind settles, one concentrates on more complicated issues like emotions and thought processes (Dolkar, 1985). The goal of meditation is to get a more clear understanding of how one's mind works and then one is able to get more control over the mind and stop or ignore the disruptive thoughts. This stops the overdrive of the sympathetic system and actually trains the individual to be in greater control of the physiology. This has been backed up by research (Dolkar, 1985; Servan-Schreiber, 2008). Jinpa goes on to state:

While the Greek philosophers diagnosed the weakness of will to be the problem of why knowledge does not immediately translate into action, Buddhism would argue that the problem is the failure to integrate such knowledge into the person's being. In other words, it is meditation that is seen as serving the link between an intellectual knowledge and the desired change in attitude and behavior (Jinpa, 2006, p. 44).

Meditation brings many benefits to the mind and physiology and a few of these benefits were described above.

1.6.3.11 PSYCHOLOGY

The joining of mind and body is seen in some of the outward behaviour of the body and mind state. Tom Dummer was aware of these effects. However very often they are treated as separate entities in allopathic medicine and this limits the healing process (Perez, 2004).

Psychogenic effects can affect the three levels of Matter, Motion, and Mind as well. Positional lesions from macro trauma can be found, but pseudo-positional lesions can be found from emotional shock, though Dummer feels they are rare (Dummer, Vol. 2, 1999). Stress is often seen in clients and affects their being on all three levels. There is a place for counseling but deeper problems must be referred out to proper psychiatric care (Dummer, Vol. 2, 1999). Osteopathy accepts that psychosomatic principle is at play in clients (Dummer, Vol. 2, 1999).

In *Tibetan Medicine and Other Holistic Health-Care Systems*, Tom Dummer includes chapters on “Psychological counseling with Buddha dharma and Tibetan medical philosophy as a basis” and “Self help through Tibetan Buddhist philosophy and medicine” (Dummer, 1988, p. 213, p. 226). In these chapters he outlines how he uses the concepts of these elements to help his stressed patients through explanation, counseling, and instruction (Dummer, 1988).

Found within Dummer’s private notes was a manuscript on *Health and Happiness*. Retitled *Buddhism in Everyday Life* (See APPENDIX A: BUDDHISM IN EVERY DAY LIFE) this provides evidence of the advice given by Dummer.

Tom Dummer was clear in his understanding of the complex nature of man and saw the benefit of many different approaches to regain health.

1.6.3.12 ROLE OF THE PRACTITIONER; ROLE OF THE OPERATOR

Tom Dummer felt that the osteopath as a person played a vital role in the osteopathic process. In Tom Dummer’s ESO third year class teacher notes, he suggests that the practitioner stay impartial and not “lay his/her trip” on the patient. He suggests empathy is the right response to the patient, not sympathy. Also every patient is unique as is every practitioner so there is a complex interaction between two beings that is unique. He warns students not to take on the role

of a “Guru/Lover” as it is an unethical power position. He also suggested that practitioners needed to be aware of negative energy from patients (Dummer, Conway class notes, 1994).

What the clinician finds in the levels of MMM will be limited by the belief system of the practitioner. We end up treating in an area and way that fits us. According to Dummer, your personal exposure to different ways of thinking, geographically where you are, and who your clients are, change how you treat (Dummer, Vol. 2, 1999). Robert Lever states that the role of the osteopath is to create an interpretation from gathering ideas and impressions. It is a mental exercise that involves three aspects: our knowledge base, our model of interpretation, and our empathetic ability to identify with the human being regarding values and qualities that make up the patient. This empathetic view is partly a product of ourselves, who we are, and how we engage the world. It allows infinite possibilities that are unique to the patient and could be an expression of Fryette’s total-lesion (Lever, 2006). The practitioner brings to the dialogue between the practitioner and patient a product that includes the intellect, the empathetic, and human qualities. As well, two other qualities are present. One is the synthesis of everything the practitioner picks up and integrates to find the problem in structure, and the second is the use of a fulcrum or focus that aids the ability to visualize the structures as if we were inside the body. This, Lever suggests, is the melding of practitioner’s *Mind* and the client’s Matter via an energetic Field (Lever, 2006). The fulcrum then becomes a powerful tool that is mentally loaded and plays an important part in the interplay between patient and practitioner (Lever, 2006). Lever describes this fulcrum as “informed stillness on the move” (Lever, 2006, p. 7). Lever feels that this is what Still envisaged with the *Mind* as the Spirit empowered the process. The *Mind* has to be “the place where the whole is greater than the sum of the parts” (Lever, 2006, p. 8).

Tom Dummer was asked how SAT works. He said it was all in the *mind of the operator* (Young, 1996). Jeremy Gilbey stated that the actual technique used was not important but it depended on the *mind of the operator* (Dummer, 1995). Stephen Paulus felt that it was not only the *mind of the operator* but also the field of the client, the whole potential that must be held between the operators hands to allow the technique to work (personal communication, Montreal, June 6, 2008).

There are many osteopaths who feel the osteopath's mind state and the interplay of the osteopath and patient are vital for effective treatment.

1.6.4 SPIRITUAL REVIEW

Spirit is one of the three mainstays of osteopathic care in the trilogy of body, mind, and spirit. There are many views of spirit and spiritual in the literature. Many medical clinicians believe that religion and spirituality benefit the health of the patients both in coping with the effects of illness (76%) and in promoting health (56%). Only a few felt it could change the course of the disease (6%) (Barclay, 2007; Reeves, 2008).

Lemley provides a good overview. Spirit is described as the breath of life, the force, essence of a person, the soul (Lemley, 2002). Spirit in Webster's dictionary is defined as "the animating principle of life" (Steinmetz, 1993, p. 436). Spirituality is a component of many types of healing. Spirituality is defined as an internal belief and view of a higher power. This higher power may be a God (or Gods). Spirituality may be defined as finding peace in the world as it is, a component of health in the body and mind, and related to the inner core of people and how they define themselves (Lemley, 2002). Elements of spirituality include a feeling of connectedness, being a part of a bigger picture, and a concept of spiritual energy. This has many forms and is culturally defined. Examples are prana, ch'i, breath of life, life force, and ruach (Lemley, 2002).

Spirituality and religion are often interchanged in the literature (Lemley, 2002). There are, however, different meanings to these two terms that are best expressed in this quote by Remen: “Religion is the bridge to the spiritual, but the spiritual lies beyond religion.” (Remen R. “*On defining spirit*” Noetic Sciences Review, Autumn 1988, p. 65). Religion has a set of beliefs about a higher power with its own language, teachings, community shared beliefs, and rituals (Remen R. “*On defining spirit*” Noetic Sciences Review, Autumn 1988).

Tom Dummer makes the point that, in keeping with the original principles and precepts of Still, we must be able to look at other points of view that may not be occidental in origin when it comes to spiritual and religious beliefs (Dummer, Vol. 1, 1999). Dummer describes Still as a “devout Christian and a very spiritual man, he saw the perfection of the human body as a divine manifestation,” (Dummer, Vol. 1 and 2, 1999, p. 50, Still 1899). Fashioned by, to use his [Still’s] own words, ‘The Great Architect of the Universe.’ Dummer felt that Still often referred to something invisible and ‘the highest known element in the human body’ (Dummer, Vol. 1, 1999, p. 50). Dummer states that this “intuitive spiritual assumption” is still true today and experienced by today’s osteopaths in a way that incorporates a broadening of scope of the many other spiritual philosophies that are practiced today (Dummer, Vol. 1, 1991, p. 50). Dummer stated in 1996 during his address to the first international meeting of the North American and European practitioners, that osteopathy is first a science, and all other interpretations and concepts are a matter of personal belief (Dummer, Vol. 2, 1999).

It would be a separate paper to go into Still’s spiritual beliefs, and others have done so well (Gregorio, 2008; Lee, 2005; Stark, 2003). It is enough to say for now that A.T. Still felt God was the ‘father of osteopathy’ (Still, 1908). A.T. Still found what he felt was the universal truth in the law of matter, mind, and motion, also described as the physical body, a mental body, and a

spiritual body. He felt a life force animated the material or terrestrial body with spiritual energy to create a human being (Lee, 2005; Lemley, 2002). This created a human body that moved, a celestial body that receives knowledge (mind) and wisdom (spirit), and it is all connected into a functional unit by the life force (Lee, 2005; Lemley, 2002). Lee states that A.T. Still felt that the human form came first from the Celestial world (Mind), and that it affected the Terrestrial world (Matter) (Lee, 2005). This is saying that the *Mind* realm is a forerunner to the material form, the same as Tibetan Buddhist thought.

Life is the essence of the nature of man. It is the smallest form of matter and the force sent by Deity (Lee, 2005).

There is much to say on spirit and the interplay of body, mind, and spirit. This will be addressed in section 1.6.5.1.2 MIND, MATTER, AND MOTION.

1.6.4.1 BUDDHA DHARMA

Tom Dummer was a Tibetan Buddhist practitioner who practiced the dharma. Dharma is a way to train the mind as well as a name given to the teachings of the Buddha. Dharma practice is the life one follows having taken the dharma as one's teachings (Batchelor, 1998). In the 6th century BC a prince Siddhartha Gautama from northern India left his home and comforts and embarked on a spiritual path to find a way to stop universal suffering. Upon attaining a realization of suffering after many years of meditation, he was recognized as enlightened and called Sakyamuni Buddha, or the Enlightened One (Cameron 1999). Buddhist thought and beliefs were not set out as a religion but as a series of thoughts to be considered and contemplated. The primary teachings, the Four Noble Truths, are about suffering, the cause of suffering, how to stop suffering, and the path to follow to stop suffering. Over time it has been institutionalized and when it was brought to the West, the term "Buddhism" became common

(Batchelor, 1998, Cameron, 1999). When the Buddha was asked if he was a god, saint, or an angel, he said, “No, I am awake” (Dalai Lama & Carrierre, 1994). Awakening was described by Buddha as the freedom from suffering, by liberation of the heart and mind (Batchelor, 1998). In an unawakened state we are deluded by our habitual way of looking at the world, often blocked by the three poisons of ignorance, desire, and aversion. These three lead to wrong view and suffering (Dummer, 1998).

Buddhist dharma practice is about training the mind (Chokyi Nyima Rinpoche, 2006). We need to tame our mind to be able to control the 84,000 negative emotions (e.g. pride, greed, jealousy, anger, selfishness, and attachment) (personal correspondence Jurme Wangda, former “life-guard” (Tibetan way of saying bodyguard) of H.H. Dalai Lama, Ottawa, Jan. 14, 2007). By controlling the negative emotions our compassion and caring grow and we are able to have true wisdom and insight (Chokyi Nyima Rinpoche, 2006).

In Tibetan Buddhist culture the ultimate power of the awakened or realized *Mind* is the result of the inner science of the mind. It is the power of spiritualism (Wangda, 1992). The science of *Mind* can be misunderstood by non-Tibetans as it is a topic only understood after lifetimes of studying under a qualified master. It is often explained in the west from a limited scope (Wangda, 1992). It is very important to understand this in relation to health. For Tibetan Buddhists, *Mind* is as important as the body. The *Mind* is the condensation of all streams of intellect, emotions, preconceptions, and consciousness. Without these the body would be inert. Therefore the *Mind* is the forerunner of all things (Wangda, 1992).

Tibetan Buddhism has many practices or paths to train the mind. Meditation is used to create a state of heightened awareness of the present, called Mindfulness. Mindfulness allows a heightened awareness not only of this realm or the relative mind, but also a spiritual realm, or the

higher self or absolute *Mind* (Dummer, 1998). The relative mind is our mind in the unawakened state. It is programmed over many lifetimes by negativity presented because of the three poisons. These patterns create our karma, or the cause and effect of our body, speech, and mind. Unskillful use of our body, speech, or intent (mind) affects our life now and the karma of our future lives. The wrong use of mind, or wrong view or thought pattern, is the most unskillful karma as it is the forerunner of speech or action (Dummer, 1998). The relative mind obscures the absolute *Mind* (or awakened mind) that is always present but often hidden (Dummer, 1998). It is likened to the blue sky hidden behind the clouds. It exists but we cannot see it (Chogyi Nyima Rinpoche, 2004). The absolute *Mind* is unobscured and sees everything compassionately and with equanimity (Dummer, 1998). The practice of meditation allows one to clear the clouds of obscuration away and remain in the enlightened mind of universal compassion called Bodhicitta (Dummer, 1998). The key is to stay in that mindful presence while living your everyday life, so that every moment is meaningful.

Quantum physics describes the world as not being solid. The human perception however, is that the world *is* solid. This comes from our mental grasping and it prevents us from seeing the world as it is. The best place for healing occurs when we are open and relaxed and able to get to the state where our mind and relative reality moves out of the way. We are then able to get to the essence and spaciousness or emptiness, past the grasping and clinging to our ideas (Eliaz, 2005). When one is enlightened, he or she is happy, wise, compassionate, and completely conscious of the interconnections between all sentient beings (Cameron, 1999).

In the Tibetan Buddhist sense, body is linked to mind. It is called the “five aggregates” which represent earth, water, fire, wind, and air (space) (Wangda, 1992). Body is more fragile than mind and will ultimately fail and be gone. This is considered the true nature of body

(Wangda, 1992). Speech in Tibetan Buddhism is a bridge between body and mind. It allows the true nature of the person to be shown (Wangda, 1992). It is a powerful tool for good and can also harm by its tone as well as the string of words.

Buddhists do not believe in an external creator god. They believe that mind creates itself and is connected to all other life forces and beings (Cameron, 1999). As a Buddhist you are not expected to take all the teachings on faith but to examine them to make sure they are true to you. Buddhism is described as an ethical/spiritual discipline, philosophy, and psychology (Cameron, 1999).

Tibetan Buddhism is the science of the mind from an old tradition. Within that framework of thought the practitioner has great control over the path of his/her life and the suffering he/she experiences by applying the concepts of right thought/intent. The elements of right body, speech, and mind were discussed as a path to right view.

1.6.4.2 TOM DUMMER'S TIBETAN BUDDHIST INFLUENCES

Tom Dummer explains how he got to Buddhism and how it helped him as a person and as an osteopath.

In an interview with Mark Young, Mr. Dummer described the path of his spiritual development that led to Tibetan Buddhism. He states that he started as an agnostic because he could not relate to his upbringing. Then he became an atheist. When he was exposed to Eastern philosophy he had to change his views back again to those of an agnostic. He then explored many different religions and philosophies, and from there he became increasingly interested in Buddhism. Tom Dummer stated that Buddhism gave him a direction that helped him develop and address his own negativities and obscurities on his personal journey (Young, 1996). Tom Dummer sees Buddhism as a philosophy not a religion (Young, 1996). A friend of his, Christmas

Humphreys, told him that Buddhism is the most advanced form of psychotherapy. Tom Dummer felt that others may not need to have a named path but they have a path (Young, 1996).

His interest in Buddhism started about 40 years ago when he visited India (personal communication, Margery Bloomfield, November 4th, 2006). He went on pilgrimages to the birthplace of Buddha Sakyamuni and to the place where Buddha became enlightened (Dummer, 1998). Tom Dummer took refuge with Venerable Lama Chime Rinpoche and became a Buddhist in 1974 (Dummer, 1998). Tom Dummer acknowledged his spiritual teachers: Lama Chime Rinpoche, Geshe Rabten, Alf Vial, and Michael Hookham (ordained name: Lama Rigdzin Shikpo) (Dummer, 1998). Tom Dummer also received teachings from H.H. the 14th Dalai Lama, The 16th Karmapa, Dudjom Rinpoche, Dilgo Khyentse Rinpoche, Sakya Trinzin, Trungpa Rinpoche, and Bokar Rinpoche (Dummer, 1998).

Tom Dummer wrote a book on Tibetan Buddhism where he described the basic principles of Tibetan Buddhism as well some of the pitfalls on the dharma road to enlightenment (Dummer, 1998). This book was a collection of his notes from Tibetan Buddhist lectures and teachings accumulated over his life. It is a well-known book for people studying in the field (personal communication Angela Sumegi, Ph.D., Department of Religious Studies, Carlton University, Ottawa. June 4, 2006).

In *The Buddhist Way to Health and Happiness* retitled *Buddhism in Everyday Life*, an undated, unpublished paper, Tom Dummer's views are clear. Here he outlines his views on how Buddhism can be used to maintain health. He describes Buddhism as a life science that explains the cycle of existence: birth, living, and death as a continuous and reoccurring process from beginningless time rather than existence being a single event. He also covers the role of *Mind*, and how all is *Mind*, but the *Mind* needs the body to express itself. In *Vajrayana Student's*

Notebook, Tom talks about *Mind* or consciousness on a more spiritual level as continually arising and ceasing from moment to moment (Dummer, 1998). Each thought is a result of a cause or condition that starts to disappear the moment it comes into relative reality (being) (Dummer, 1998).

In *The Buddhist Way to Health and Happiness* retitled *Buddhism in Everyday Life*, and *Vajrayana Student's Notebook*, Tom describes (as Tibetan Buddhists do) the "Precious Human Body." He mentions the five elements and 15 energies that are needed to maintain a healthy body. Tom also acknowledges that heredity, food, posture, as well as environmental and behavioural patterns are important in the maintenance of health. He describes Speech as a tool to connect mind with body and it is to be used sparingly and wisely. Dummer also speaks of the transference of consciousness at death and the rituals to help that passing. He ends with a view that health is a personal responsibility (Dummer, 1998).

Tom Dummer stated that before you can be helpful to patients you must be aware of your own obstacles. This takes an awareness that is hard to accomplish. To see the negativities in one's self, one needs to clear one's self and let things flow. Because of the influence of Buddhism, Dummer felt he was able to help himself and others. The healing process (at a conscious level) is different in different cultures and religions and it does not make any difference which way it happens, but it should happen. Tom Dummer agreed with what I. Korr had told him, that there was a contract between the patient and the operator at a mind level (Young, 1996).

In his interview with Mark Young, Dummer stated that he did not want to be seen as sectarian, or biased, to one religion or another. Osteopathy should be holistic in its approach but there are some times when it is appropriate to apply a reductionist view. Dummer explained that

Still first explored many different types of spiritual philosophies to get to where he settled. In general Dummer stated he believed in the power of the mind (Young, 1996).

1.6.5 OSTEOPATHIC PRINCIPLES

TABLE 2: A CLINICAL APPLICATION OF STILL'S PRINCIPLES AND PRECEPTS

Chapter 10

37

Table 1

A CLINICAL APPLICATION OF STILL'S PRINCIPLES AND PRECEPTS

STRUCTURE GOVERNS FUNCTION & VICE VERSA	THE RULE OF THE ARTERY IS SUPREME	"THE BODY MAKES ITS OWN MEDICINES" i.e. is a self-regulating organism	FIND IT, FIX IT AND LEAVE IT ALONE
<p>Diagnostic information elicited on:</p> <p>Inspection, palpation and mobility-testing <i>plus</i> neurological and orthopaedic testing (also radiological evidence)</p> <p>Look for:</p> <p>a) overall postural imbalance, weight bearing and mechanical disturbance in terms of biomechanics and dynamics and failing or inadequate compensation and adaptation.</p> <p>b) relevant somatic dysfunctions (osteopathic-lesions), primary and secondary: somatic-somatic, somatic-visceral and viscerosomatic etc.</p> <p>c) occupational distortion patterns</p> <p>d) psychosomatic "stress" distortion patterns.</p> <p>COMBINATIONS OF THE ABOVE FACTORS IN TERMS OF THE INDIVIDUAL PATIENT AND THE CLINICAL SYMPTOMATOLOGY</p>	<p>Diagnostic information elicited on:</p> <p>Inspection and palpation generally <i>plus</i> the physical examination of the cardiorenal-vascular system.</p> <p>Look for:</p> <p>a) signs of both normal and abnormal vascularisation, also departures therefrom: cyanosis, rubor, capillary fragility, stasis and oedema etc.</p> <p>b) vasomotor, thermic and trophic changes</p> <p>c) relevant somatic dysfunctions (osteopathic lesions) i.e. those primarily affecting (or potentially so) normal circulation (arterial, venous and lymphatic), arterial tension (blood pressure) and vasomotion.</p> <p>COMBINATIONS OF THE ABOVE FACTORS IN TERMS OF THE INDIVIDUAL PATIENT AND THE CLINICAL SYMPTOMATOLOGY</p>	<p>Evidence of:</p> <p>a) over-nutrition</p> <p>b) nutritional deficiency</p> <p>c) poor and inadequate soft-tissue tonus</p> <p>d) poor skin tone</p> <p>e) premature ageing</p> <p>f) any signs of constitutional deficiency (organ - inferiority - ADLER)</p> <p>g) genetic disease</p> <p>h) relevant somatic-dysfunctions (osteopathic lesions) i.e. those primarily affecting the digestive/eliminative functions and levels.</p> <p>COMBINATIONS OF THE ABOVE FACTORS IN TERMS OF THE INDIVIDUAL PATIENT AND THE CLINICAL SYMPTOMATOLOGY</p>	<p>This precept is concerned solely with treatment. IT REFERS TO: the principle that <i>all</i> treatment should be minimal, <i>not just</i> SAT</p>

From: Tom Dummer *Specific Adjusting Technique*, 1995, p. 37

Tom Dummer articulated these principles of osteopathy: the artery is primary, structure governs function, the body is a functional unit that can auto-regulate, and ‘find it, fix it and leave it alone.’ These are summarized in TABLE 2, from *SAT* p. 37. Jackson, in *Andrew Taylor Still, M.D. D.O.*, 2000, describes Still’s technique and states that he could affect blood flow to heal any part of the body. He used the osteopathic principles not to correct bone position but to treat dysfunction or disease that affected the total body (Jackson, 2000).

The Buddhist influences are seen in Tom Dummer writings, both in the writings about health and also the tables Mr. Dummer produced in the *SAT* book. TABLE 2 pulled information from many schools of thought and presented it in a unified form.

1.6.5.1 OTHER IDEAS VALUED BY TOM DUMMER

1.6.5.1.1 A.T. STILL

Tom Dummer was very aware of the writings of A.T. Still and quoted them often in his books. A.T. Still wrote about the smallest form of matter, (at the time, the atom) being alive and indivisible and when that particle is indivisible it then becomes “a fluid of life,” and is therefore able to join to any other atom (Still, A.T. 1892, p. 225). A.T. Still questioned also, “How long have these components been alive and when and how did they become living atoms, or is life eternally the same in the atoms?” (Still, A.T. 1892, p. 255). Still went on to say that “life is the matter at labour; death is the matter *minus* the explosive ability and at rest” (Still A.T., 1892, p. 256). A.T. Still suggested that to promote healing, you can visualize these inner structures (Lee, 2005). Lee believed that A.T. Still got his ideas from contemplation and communicating with spirit. Lee understood that A.T. Still was gifted in perception, rationality, and insightful intuition (Lee, 2005).

Life is that force sent forth by the Mind of the universe to move all nature, and apply all our energies to keep that living force at peace, by retaining the house of life in good form from foundation to dome (Still, 1892, p. 101).

Still, in *Osteopathy, Research and Practice*, stated that man's body follows God's design and said:

I want to impress on the *mind of the operator* that when he is competent and works after Nature's plan and specification he can so repair the human engine... Nature has no apology to offer. It does the work if you know how to line up the parts... (Still, 1910).

Still also said:

My object is to make the osteopath a philosopher, and place him on a rock of reason. Then I will not have the worry of writing details of how to treat any organ of the human body, because he is qualified to the degree of knowing what has produced variations of all kinds in form and motion. I want to establish in his mind the compass and searchlight by which to travel from the effect to the cause of all abnormalities of the body (Still, 1910, p. 20).

Still reminds us that we need to see the whole body in the mind's eye to be effective (Still, 1910).

The classic structural-mechanical approach works primarily with the outer form, while the more functional approaches (including cranial, bioenergetics, and fluidic) work more directly on the inner form. In a holistic way the inner form approach works with the voluntary system as well. A.T. Still's original four precepts work on both levels of form. As in all opposites in life there is a tendency to find a centre and move around that centre (Dummer, Volume I, 1999).

The section above is but a small piece of the information A.T. Still provided that was of interest to Dummer. The general precepts of Still and many of his thoughts permeate Tom Dummer's writing.

Table 3: MATTER, MOTION AND FORCE

MATTER (Structure)	MOVEMENT (Function)	FORCE (Mind, Consciousness Spirit etc.)
Mesomorphy	Ectomorphy/Endomorphy	Endomorphy/Ectomorphy
Earth & Fire Elements	Air and Water Elements	Space Element
Solidity-stability	Fluidity reflex actions	Will and spontaneous actions
Stasis	Mobility	Motility
Level - anatomical, physiological, biochemical etc. i.e. of physical energy	Level - of Vital Energy - energy matrix	Level - at the deepest levels of consciousness
Etiology: traumatic, often microtraumatic	Etiology: Stress of all kinds	Etiology: always macrotraumatic
Depth - superficial, involving structure more than function and very much on the musculo-skeletal tissue level, but also the structure of organs and vessels etc.	Depth - profound on the bioenergy level; involving the dysfunction of all tissues with emphasis on the viscera, and also the psyche and particularly the emotional level and subconscious mind	Depth - even more profound, involving the very core of being both on the physical and mental emotional levels and also in the deeper recesses of the unconscious mind.
Structural Lesion Pattern: i.e. structural and generally non-positional - as per the pivotal-system in the Littlejohn Mechanics: Occiput atlas axis C5 T4 T9 T11/12 L3 Sacro-Iliacs	Functional Lesion Pattern No 1 Functional as per the pivotal-system in the Littlejohn Dynamics: Cranium atlas axis C3 C5 T4 T9 L3 L5 SACRUM	Functional Lesion Pattern No 2 Positional; but very functional; Axis C3 C6 T3 SACRUM
Basis & Level - primarily Neuro-circulatory <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">9 Basic Lesions</div>	Basis & Level - primarily Neuro-endocrine <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">10 Basic Lesions</div>	Basis & Level - Neuro-endocrine often with profound involvement of the Higher Centres, Psyche and Consciousness <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">4 Basic Lesions</div> * <small>* Note: with occasionally CIV, DI/II and TIX as the positional, plus a unilateral ilio-sacral lesion.</small>
Relevant Technique Approach: Structural-Mechanical: GOT/G.A.T.	Relevant Technique Approach: Cranial and Functional	Relevant Technique Approach: Exclusively SAT

Re: final choice of technique in the given case: Jeremy Gilbey believes that lesions can be addressed with any approach - it depends in the final analysis on the mind of the operator.

From: Tom Dummer *Specific Adjusting Technique*, 1995, p. 39

1.6.5.1.2 Mind, Matter and Motion (MMM)

Tom Dummer was especially interested in A.T. Still's concepts of MMM. In *Textbook of Osteopathy, Vol. 1*, Dummer agrees with Still's concept of the human body in three aspects: Mind, Function, and Structure (see TABLE 3, page 55). Stark in *Still's Fascia* says Still saw the body as a complex system of "connected oneness" that worked under the three concepts of mechanistic, vitalistic, and spiritual (Stark, J., 2003, p. 407). Stark goes on to say this is presented in modern literature as mechanical or structural, physiological or functional, and spiritual. (Stark 2003, p. 408). As well, Stark describes Still's work as a tri-unity of Matter, Motion, and Mind: Matter being the physical portion of the body; Motion being the action of the combined spirit and mind; and Mind being the spirit or soul of God. These are represented in the modern literature as Body, Body-Mind, and Spirit (Stark, 2003). Webster in *Sage sayings of Still* stated that Still's concept "embraced the physical, the chemical and the psychic or vital factors" (Webster, 1935). Still stated:

We must blend ourselves with, and travel in harmony with Nature's truths. When this great machine, man, which we call death, the explorer's knife discovers no mind, no motion. He simply finds formulated matter with no motor to move it, with no mind to direct it.....suppose the explorer was able to add the one principle, motion, at once we would see action but it would be a confused action. There is one addition that is indispensable to control this active body, or machine and that is mind. With that added the whole machinery then works as man. The three when united in full action are able to exhibit the thing desired complete (Still, 1899, p. 27).

Still's concepts of Matter, Mind, and Motion are described in *Interface* by Lee as the following: Mind (being Celestial) interfacing with Matter (being Terrestrial), and Motion is the outcome and relates to Life itself. Lee feels that the interface of Mind and Matter allows us to be

in touch with not only the life force of the individual but also the “fundamental force of the universe” (Lee, 2005, p. 256). Robert Lever describes Still’s concept of Mind as consciousness invested by Spirit. Lever also believes that Still meant us to transcend the analytical process with consciousness (Lever, 2006). This can be seen in the creativity of a painter, or a dancer that allows the mind and body to fuse and produce an inspired piece of work (Lever, 2006). Lee sees MMM as all aspects of Spirit but Motion is the mechanism for producing the tide of the life force that feeds the body at a cellular level. It is how Spirit is manifested in matter, or physical reality (Lee, 2005). Therefore if there are distortions of the energetic field with thought, emotion, and behaviours, these will affect health. Lee states osteopathy is able to treat Spirit by applying surface treatment; we affect the whole system at a cellular and energetic level (Lee, 2005). Gerald Lamb in SAT classes also teaches the targeting of different levels in the Body-Mind continuum (Gerald Lamb, SAT II, Toronto, October, 2007). Lee, 2005, states in *Interface* that Sutherland feels that the best way to create the change that healing is, is to go through the PRM and creating a transmutation or a change in the fluids (Sutherland, 1998).

Robert Fulford talks about the life field, and how it provides vitality for the body and a house for the spirit, where humans are not only part of this world but of the universe. It is through this understanding that we can understand our health (Fulford, 1966).

Lee in *Interface* states, “Consciousness underlies everything. It is the backdrop for patterns of energy that serve as a template for physical form” (Lee, 2005, p. 265). Frymann in her paper *Motion* describes the physical body and then the etheric body; emotional mental bodies that extend outside the physical bodies (Frymann, 1998). Also, Lee feels that the intent of the operator plays a big part in the therapeutic process through the interaction of the electric and magnetic interplay between operator and client (Lee, 2005). Tom Dummer said a similar

statement when asked how SAT really works. He said, “Well it’s all in the *mind of the operator*, isn’t it” (Dummer in Mark Young video, 1996).

Table 4: THE THREE LEVELS OF HOMO SAPIENS

TEXTBOOK OF OSTEOPATHY

1. THE THREE LEVELS OF HOMO SAPIENS

With reference to the three aspects in terms of: osteopathic-lesions, etiological factors, spinal-lesion-patterns, diverse osteopathic-techniques and clinical approaches.

According to Still, Homo Sapiens presents three aspects; Mind, Function and Structure viz:

<p>Structure - objective and superficial level.</p> <p>Anatomy, Mechanics- <i>Physical Body</i> Neuro-Circulatory level: Elements of <i>Earth and Fire</i></p>	<p>Function - subjective and intermediate level, neither purely physical or solely non-physical.</p> <p>Physiology, Energy both physical and emotional. Dynamics. Mixed Neuro- circulatory and neuro- endocrine level. <i>Air Element.</i></p>	<p>Mind* - profound mental and spiritual level. Still originally mentioned this aspect as 'Force'</p> <p>Awareness and Intuition - ESP level. Neuro-endocrine level predominately. Space Element.</p>
Spinal-lesion pattern		
<p>- structural-mechanical, i.e. Macrostructure involving the 'Voluntary-Mechanisms'</p> <p>Structural-mechanical <i>lesions</i> The <i>pattern</i> itself:</p> <pre> Occiput Atlas Axis C5 T4 T9 11/12 L3 / \ Sacro Iliac Sacro Iliac </pre> <p>(Lesion-Pattern [pivots] found in the Littlejohn Mechanics)</p> <p>NB: the <i>primary</i> structural-mechanical is always in the pelvis</p>	<p>- functional, bio-energy, reflex level, i.e. involving microstructure and the 'Involuntary-Mechanisms'</p> <p>Functional <i>lesions</i> - both cranial and spinal</p> <p>The <i>pattern</i> itself:</p> <pre> Cranial Atlas Axis C3 C6 T3/4 Cranio Sacral T9 L3 Sacrum } Mechanisms </pre> <p>NB: The <i>primary</i> functional lesion is always found in the cranial complex, but can also involve the whole cranio-sacral mechanism</p>	<p>- functional and spontaneous bio-energy level, i.e. Involving macro and micro-structure and both the 'voluntary' and 'involuntary' mechanisms'</p> <p>Positional <i>lesions</i>, which have mixed qualities, sometimes very <i>structural</i> other times very functional</p> <p>The <i>pattern</i> itself:</p> <pre> Axis/C3 C6 T3 (T9) L5/Sacrum </pre> <p>NB: the <i>primary</i> positional lesion is always found either in the AXIS/C3 articulation, or the lumbo-sacral (most frequently involving the Sacrum). Sometimes positional lesions are found in other areas.</p>
<p>Etiology</p> <p>Trauma (macro and micro) - sports injuries, physical stress, minor accidents, repetitive movements (work and otherwise), sedentary life and workstyle.</p> <p>Technique</p> <p>- Structural-Mechanical</p>	<p>Etiology</p> <p>Stress - psychosomatic, trauma involving the cranium or sacrum especially in the new-born birth trauma from bad confinements or gynaecological problems.</p> <p>Technique</p> <p>Cranial/Functional</p>	<p>Etiology</p> <p>Major and to some degree even minor accidents (macro-trauma) 'Whiplash' episodes, boxing injury, bad falls involving more directly the pelvis, direct blows to head</p> <p>S.A.T. (Specific Adjusting Technique)</p>

*Still originally mentioned this aspect as Force

Tom Dummer in the *SAT* book uses Matter, Movement, and Force (or Mind) to define how these are used in treatment and how SAT is the choice of treatment for Mind at the unconscious level (See TABLE 3). Tom Dummer shows in *Textbook of Osteopathy Volume 1* (See TABLE 4, THE LEVELS OF HOMO SAPIENS) the framework that he uses for spinal lesion patterns. Dummer sees these three components as Structure (Matter), Function (Motion), and Mind. The two tables are perhaps the most complete view of his philosophy as they incorporate elements of body types and Tibetan medicine, as well as Buddhist terms of the elements (Dummer, 1995). Tom Dummer describes osteopathy as the perfect complement to Tibetan medicine (Dummer, 1988).

MMM relates to the interfacing of the inner and outer forms of the body and it is because of the interrelation between the structure (outer), and the function (inner), that osteopathy works. Put another way, the outer form is under voluntary control while the inner forms are more subjective and subject to involuntary systems of response (Dummer, Vol. 1 1999). Robert Lever describes Celestial or spirit as “the field of consciousness that we sometimes touch in creative, healing moments; moments of mysterious stillness” (Lever, 2006, p. 8).

These were Still’s ideas that Tom Dummer valued and used in his treatments. Although there are many different ways to describe the tri-unity of man, all the ideas above share similar thoughts about the inter-connectedness of the body-mind and mind-spirit complex.

1.6.6 SPECIFIC ADJUSTING TECHNIQUE (SAT)

Tom Dummer was best known in the U.K. for the SAT technique and the thought process that went with SAT. SAT is a structural technique that is applied to overcome areas of inertia in the body by reversing the lesion pathway (Dummer 1995). The emphasis is on first correcting the positional element; the mobility is only a secondary consideration (Dummer 1995). The

emphasis is also on functional and physiological changes (Dummer 1995). The position of correction is not an anatomical lock but the patient is positioned in a neutral floating field position (Dummer 1995). The technique is functional in its approach and uses recoil and ultra high velocity. It is also very dependent on mentally loading the lesion and the therapeutic intent of the operator (Dummer, 1995).

SAT was described by James Sumerfield in the foreword of Dummer's *SAT* book as offering two clinical gifts. First it is invaluable in treating trauma such as whiplash, and secondly it offers a way to use a structural technique in a minimally invasive way by using subtle functional listening techniques and the involuntary mechanism (Dummer, 1995).

1.6.6.1 HISTORY OF SPINOLOGY AND SAT

The theory of the SAT technique was first developed by Parnell Bradbury who was a DO, dental mechanic, and chiropractor. Parnell Bradbury graduated from the BSO at the end of the Littlejohn-mechanicalistic era (Conway, 1995). He called it Spinology. Parnell Bradbury described the lesions of atypical morphology of the vertebrae.

Bradbury noted that there was a difference in the typical and atypical vertebrae. The atypical vertebrae C1-3, L5, and sacrum, as well as T9 were more involved with structural trauma and have a neuro-endocrine involvement. The typical vertebrae displayed more functional impairment, as in reduced mobility and a neuro-circulatory disturbance (Bradbury, 1967, Dummer 1995).

Bradbury also pointed out the chemical mediator's actions as described by Bradbury-Tee Hypothesis. As well he identified the specific mechanical displacement of the vertebrae. This triad was how Bradbury distinguished Spinology from Chiropractic or osteopathic treatment (Bradley, 1966, Bradbury, 1967). Bradbury believed also that the body was self-curing

(Bradbury, 1957). Richard Baldwin, in the introduction of *Adventures in Healing*, 1969, describes Parnell Bradbury as suggesting a kind of psychiatry of the body, and saying the cause of the illness must be located and it may be far from the spine (Bradbury, 1969). The nature of disease according to Bradbury was tension, disturbed circulation, hyper-irritability of nerve tissue, and chemical imbalance (Bradbury, 1969). He believed that emotion and cosmic energy played a role in health, and attitude was the most important to the success or failure of the treatment (Bradbury, 1969). Bradbury also wrote articles on leg deficiency syndrome, low back lesions, and respiratory disorders (Bradbury, 1958, Bradbury 1958a, Bradbury, 1962).

Bradbury states in *The Mechanics of Healing* the role of the spinologist:

The spinologist is most useful as a bio-mechanic who discovers in the human spine joint disharmonies which are the result of falls, jars, and mechanical as well as mental stress and strain, and which set up aberrant and maleficent influences over the body as a whole (Bradbury, 1967, p.125).

Bradbury also stated in *The Fallacy of the Osteopathic Lesion* that true healing was adjusting the person to his environment (Bradbury, 1946).

Parnell Bradbury from his experience felt that the least you did to the patient the better, so applied a minimalist approach in treatment. This was in keeping with the ‘find it, fix it and leave it alone’ osteopathic philosophy.

Tom Dummer met Parnell Bradbury in 1958. They worked together for three years. Parnell retired due to poor health (Conway, 1995). Tom Dummer said that Parnell Bradbury died very frustrated and unhappy because the technique was not well accepted. Tom Dummer felt very fortunate to have trained with Parnell Bradbury. He felt that Parnell Bradbury was “a man before his time” (Young, 1996).

1.6.6.2 FURTHER DEVELOPMENT OF SAT

Dummer stated that he developed SAT and taught it at the ESO based on the original basis of Spinology (Dummer, 1995). Dummer credits Bradbury with the mechanicalistic, minimalist technique that preceded SAT, but stated that the SAT model that incorporates a functional listening approach was from Dummer's own work and development of the system (Dummer, 1995).

SAT assesses using the three unities approach and looks for the positional lesions within the three unities. The total body lesion is identified and diagnosed with the help of x-rays, clinical history taking, palpation, mobility testing, and clinical intuition (Dummer, 1995, Dummer, Vol.1, 1999). X-rays were important to Dummer as they represented a blueprint of the positional lesion and therefore the corrective direction becomes evident (Dummer, 1987). Dummer had a specific way of charting his findings in his SAT assessment, using a set of symbols and different coloured pencils. This was presented in the *SAT* book (Dummer, 1995).

Dummer describes the etiology of injury and classifies it into micro or macro trauma, leading to a spinal lesion of somatic dysfunction. This includes somatic-somatic, somatic-visceral, and somatic-psychic. A second group of etiologies include visceral pathology, infections, intoxication, emotional stresses and strains, and especially conflict. This gives rise to viscera-somatic and psychosomatic- like spinal lesions (Dummer, 1995). Dummer has identified specific spinal lesion patterns for this kind of etiology and how that treatment is directed (Dummer, 1995). The spinal lesion patterns are either structural or functional. Having said this Dummer goes on to say that it is a misnomer to have that artificial division (Dummer 1995). The structural spinal lesion is commonly seen in the mesomorph and is structuro-mechanical. It involves a certain series of joints (See TABLE 3, first column) (Dummer 1995, p. 39).

Two functional patterns also evolve. One functional lesion pattern lends itself to functional approaches and the other does well with SAT. (See TABLE 3, second and third column) (Dummer, 1995, p. 39). The first functional spinal lesions groups are seen more with ectomorph and endomorph populations while the SAT functional group has all biotypes present. (Dummer, 1995). Dummer goes on to say, “Osteopathy is not a push-button system” (Dummer, 1995, p. 9). These rules must be kept in context. Dummer also says this about positional lesions: “...even the most exaggerated positional lesion within the holistic and homeostatic scheme of things is not solely mechanical in the true sense of the word. Rather, it is still basically a functional lesion but in extremis” (Dummer, 1995, p. 10). That being said, Dummer goes on to say that the current (1995) thinking was that the majority of “positional” somatic dysfunctions were actually impactions of the articulations at their physiological end range rather than past the end range as previously thought. There are still a minority of joints that go outside that physiological limit with macro-trauma (Dummer, 1987, Dummer, 1995). In both cases there is a lack of flow in the joint, a stasis that presents with a “totally unyielding inertia bound and “structural” quality, which is quite distinctive” (Dummer, 1995, p. 11). This allows all the physiological and functional adverse changes to happen to the tissue because of decreased blood flow. This brings us back to Frymann’s concept of structure being solidified function (motion) and the reverse, Dummer’s concept of function being desolidified structure (Dummer, 1987, 1995, Frymann, 1998). Dummer, in his class notes in 1994, also suggests that the positional lesion has effects at many levels, physical, mental, emotional, and at the unconscious level of mind (Conway, 1995). This again is a functional lesion in part because of the neuro-endocrine responses (Conway, 1995).

The SAT treatment differs from a High Velocity Technique (HVT). The goal of HVT is to regain mobility while the positional component is of primary importance to SAT (Dummer, 1995). It is also different from a chiropractic thrust technique, but there are some similarities. The velocity and use of the toggle and recoil are similar but the concept of subluxation used by chiropractors is different. The focus is more structural correction in the chiropractor's sense and more functional in osteopathy (Dummer, 1995). In classical osteopathy correction, the positioning of the lesion is physiologically locked, while in SAT the whole area around the positional lesion is put into a floating field or neutral positioning around the spinal segment that will be adjusted (Dummer, 1995). Gerald Lamb described in *The Palpation of Space, An Exploration of Tissue Fields and Levels of Function* (a handout from the SAT II course in Toronto in 2007) that an SAT adjustment is "a communication with the intelligence stored in the key lesion in order to free the body to find its own balance once again" (Lamb, 2007). Lamb talks about the importance of the floating field and not locked position of the adjustment (Lamb, 2007).

There are four specific components to the fluidic and functional part of SAT that Dummer considers important; recoil, ultra-high velocity, mentally loading the joint, and therapeutic intent (Dummer, 1990, Dummer 1995). These are all done in the floating field. Recoil protects the joint from over stretching by using the inherent elasticity of the joint structures to guide the correction. Ultra-high velocity allows minimal force to be applied to a positional lesion and at the same time overcome the inertia of that joint (Dummer, 1995). Mentally "loading the joint" is the method by which the operator takes all the information available from the palpation, x-rays, and history of trauma and combines that in his/her mind to visualize exactly how that positional lesion looks in space and the corrective path needed to

reverse the lesion (Dummer, 1995, p. 32). In all the SAT techniques visualization is extremely important and the operator should be able to visualize normal and abnormal structures (Dummer, 1990, Dummer, 1995).

As described by Dummer:

“The therapeutic intent” on the subconscious level enables the operator to spontaneously apply the corrective maneuver with specific intent and also with empathy. This is achieved by the “programming” described above, [mental loading of the joint] and by the operator’s switching off all the ratiocinative activity at the moment of correction, if only for the required split second. This allows his or her mind to become totally empty as in certain forms of meditation. The effect of the adjustment is not solely reflex but in a behaviourist sense has an additional spontaneous quality which is a profound means of meeting the ultimate criterion of simply removing obstructions to the body’s own self-healing mechanisms (Dummer, 1995, p. 32).

SAT is a skill like cranial that does not suit everyone. Dummer admitted that only a small number of the students were able to handle SAT at a pre-graduate level and it is better suited as a post-graduate course (Dummer, 1995). He also stated that SAT and other osteopathic techniques are best taught as Master/Student model of one-to-one or two, or a small group, so that the minds of the operators can truly meet (Young, 1996). Dummer stated that he felt that SAT follows the principles of Still and in fact specific structural adjustment was practiced by Still as well the concept of ‘find it, fix it, leave it alone’ (Dummer, 1995).

The SAT is an osteopathic technique that takes into consideration many mechanical situations and the physiology of the body. It is a structural technique applied in a functional, fluidic, and energetic way. It is applied in a minimalist approach that follows the precepts of A.T. Still.

1.6.6.3 PRINCIPLES IN THE CLINICAL APPLICATION OF SAT

The clinical application of SAT involves an osteopath's good technique but also so much more. The toggle technique is described by Dummer in *Specific Adjusting Technique*, 1995, as a wave through the operator's legs as he/she balances the weight on his/her toes and pisiform bones and/or thenar eminences. The cervical adjustments must be in prone for hyperflexion lesions and sitting for hyperextension lesions to allow the body to be in a floating field (Dummer, 1995). In later life Dummer felt that the cervical adjustments could be done totally functionally and it was not necessary to use the direct approach if it was contraindicated. This was especially true when advanced age or degeneration contraindicated a specific adjustment (Dummer, 1995). For the thoracic spine many techniques were suggested: prone or sitting lift technique for the upper thoracic spine, and a supine or "dog" technique for T9. Compensation curves need to be mobilized as well afterwards (Dummer, 1995).

The SAT approach lets the body do the work. Only one primary lesion is treated per session and the body is left to rest to let the proprioceptors respond to the changes in the body. Changing one area will affect all the body pivots. Dummer stated that the body should be able to do the rest. In a very structural client some help may be needed to progressively go through the pivots one by one as needed. Treatments were given once a week to let the body adapt on its own, between treatments (Dummer, 1995). In structural patients the pelvis is always done first to normalize the SI joints. As well the pivots may be worked on during the same treatment (Dummer, 1995). SAT may be mixed with other functional techniques if needed; for example, GOT, cranial, functional, and muscle energy may benefit the overall integration of the technique (Conway, 1995).

Post treatment Dummer would expect both aggravation and lessening of symptoms. Dummer describes two typical patterns after the first treatment. One was a worsening for up to 4-5 days, then improvement, and then the next pivot becomes primary. The second was an initial improvement and then increased symptoms around the fourth-fifth day (Dummer, 1995). Dummer also talks of the deep energy release that occurs with a primary lesion and how there may be many emotional and psyche effects (Dummer, 1995). When asked how hard it was to do SAT, Tom Dummer said it depends on the operator, and the personality of the operator. He gives the example of cranial. He said that he could understand it intellectually, but could not do it practically (Young, 1996). What goes on in the operator's mind is so important. He started to say there was a spiritual component to that and then he changed his mind and said not spiritual but more philosophical aspect. "Osteopathy is what you think more than what you do" (Young, 1996). The process of using one's mind is not the healing in itself, it is how you apply the osteopathic technique (Young, 1996). If the operator is a healer it is a bonus (Young, 1996).

Dummer also gives the example of the Zen Buddhist principle of force being locked up and ready to be released. In your hands you have tremendous energy built up. He stated that the energy is really locked up in your mind. To release it you let your mind go blank. You do this after you have integrated all the components of the lesion. This is the principle of martial arts that makes it look so effortless. Tom stated he was fascinated by martial arts but he did not have the body or the personality to do it (Young, 1996). When you release the energy from your mind you are not imposing treatment, you actually get out of the way and let it happen. Mark Young asked, "How do you train that?" Tom Dummer suggested that Mark ask Clifford Conway that question as Conway would have more insight into that form of transmission (Young, 1996).

What is most important is the operator needs to understand all osteopathic treatments and then do it his/her own way (Young, 1996).

Tom Dummer emphasized visualization in osteopathy (Dummer, 1995). Gerald (Gez) Lamb has taken listening to the body in an SAT assessment and treatment to a deeper level. Lamb describes tissue fields that are the fields of action which different tissues possess. It is a way of visualizing the tissues involved. Some fields of actions are systems, like the visceral system that works in unity (Lamb, 2007). The body will favour one of these systems as Dummer stated in his body-type description. Once the field of preference is established the intent of the practitioner would be applied there to let the body do what it needs to find balance (Lamb, 2007). At each field there are different layers, according to Lamb, that relate to the five elements: earth, fire, water, air, and space (ether). These are representative of not only the physical body but the personality of the person and his/her emotions, insight, and intuition (Lamb, 2007). Focusing in this way the osteopath has a greater understanding of the client's adaptation and need for resolution (Lamb, 2007)

The SAT has a very precise mechanical approach but the application is functional and dependent on the *mind of the operator*. The subtle way of applying the technique with the addition of the mind makes the potency of the technique evident.

1.7 ASSUMPTIONS

The principle investigator made the assumption that there were osteopaths and others who knew Tom Dummer and his work, and they would be willing to talk to the author regarding their perspectives on Tom Dummer. Another assumption was that there are people that knew of his spiritual path and could comment on it.

A further assumption was that there is enough written on his concepts of body, mind, and spirit, and there is value in further explaining these concepts in all their components (as mentioned in TABLE 3).

The investigator made the assumption that there are people who use SAT and could explain the different levels of technique application. Those same people would be able to describe the SAT process.

The principle investigator made the assumption she had enough grasp of osteopathy, while limited in her scope, to proceed with this study. The author's first exposure to osteopathy was from Dr. Fred Mitchell D.O. in 1982. He and Dr. Loren Rex D.O. came to Toronto and gave a muscle energy course to a group of manual therapy physiotherapists. A three-year graduate of physiotherapy at the time, the author already had some questions about the completeness of the manual techniques she had previously learned. This osteopathic approach made sense. The investigator was fortunate enough to be able to take many courses with the URSA Foundation in Edmonds and ended up assisting on courses there. The author left the Western, manual medicine world after accepting a teaching post in Kathmandu at Tribhuvan University where she taught basic physiotherapy skills to Nepali students. They were taught, of course, manual techniques, as that was often all that was available: anatomy, physiology, pathology knowledge, and your hands. The author had limited knowledge of SAT as she has only been exposed to the first two levels of the SAT courses. The author reviewed the writings of Tom Dummer to help understand the concepts.

This researcher believed and therefore had a bias that some of the effects of the SAT treatment at an energetic level would be produced because of Mr. Dummer's focus. His focus may have been a result of his Buddhist mind training. This was a bias based on the author's

experience as an athletic therapist and physiotherapist who has treated patients for over 30 years and because of her exposure to osteopathy and the subsequent use of osteopathic techniques in her practice since 1982. That is not to say that this author felt it was the only way to develop these skills or that perhaps a certain predisposition was not there prior to the development of those skills. This author felt that any disciplined approach to *Mind* training would have this effect. In Mr. Dummer's case he was exposed to Tibetan Buddhism and from the books he wrote on Tibetan medicine and Buddha dharma, it was evident he had a great interest in these areas. This bias was a point to engage the research and effort must be made to monitor this bias well within the research process. This is done through proper application of the rigours of the qualitative research methodology.

The principle investigator has limitations as a Westerner who came to Buddhism as a teenager from a Christian background. The author was very active in the spiritual life of the church as a server at the altar until she left the church in her late teens. The author was first exposed to Tibetan Buddhism by reading a book written by Lama Anagarika Govinda. Interestingly this is an author whom Tom Dummer often quotes. The author has learned there are many aspects of the Tibetan Buddhist thought process that are intrinsically different from Western thought. Perhaps coming from a similar British and religious background, the author felt that would help her to better understand Tom Dummer's outlook. The author concludes that despite some limitations, she was able to bring a perspective to osteopathy in terms of Tom Dummer and his unique Tibetan Buddhist perspective on osteopathy's evolution.

1.8 LIMITATIONS

One limitation of the study is that the principle investigator was not able to interview Tom Dummer, as he died in 1998. Fortunately many of his family, friends, patients, students,

and fellow osteopaths are still alive and were able to comment and offer useful information about him.

The author was limited to a month in England for interviews and had to rely on telephone, mail, and email for follow up and verification on the interview data. The researcher, despite looking for funding through avenues such as the Canadian Institute of Health Research (CIHR), found there were no avenues for this kind of research. Originally the plan was to send the interviews digitally to an editor in Canada on the same day and have them returned the next day for the verification. However the transcriber had great difficulty with the accents and the technology and was unable to do this in a timely manner. The transcriptions were done later, after the researcher returned to Canada and found a new transcriber. This created a delay and also a loss of inertia for the interviewees who then needed to find time in their busy lives to review the interviews. This meant a lot of time was spent following up on the interviewees to get the verification consent back from them.

The author limited her literature review to the English language although she was willing to review French documents. Tom Dummer had a connection with the development of osteopathy in France, but no French papers were offered or uncovered in personal papers. The author has limited French language skills. Two interviews were conducted in English with Francophone interviewees and an interpreter who was familiar with the interviewees and had translated for them before. The author was able to follow the conversation in French but relied on the translator for the transcripts.

As well, it is impossible to be an expert in all fields. The author may have limitations in certain areas of the literature review and on some of the topics that come out of the interview

process. All attempts to be informed and complete were taken including asking experts in the field.

1.9 SUMMARY

This chapter explains why the topic of Tom Dummer and his influence on the osteopathic profession was important to document. It explains the need to do this research while there were still people alive who knew Tom Dummer personally and had benefited from his person and knowledge. It also explains that the study provides us with insight on the direction our profession has grown and indicates some of the influences on that path of development.

A history of osteopathy in the U.K. and the start of ESO was presented. The philosophy of ESO was highlighted. The literature review was related to Tom Dummer and some of the influences of his life and of his osteopathic philosophy. A brief overview of some of these influences was included in this chapter: biotyping, radionics, nutrition, homeopathy, Tibetan medicine, and meditation. Osteopathic diagnosis using the unity theory and the role of the operator were discussed. A review of SAT and its clinical applications were included in this chapter. Some of A.T. Still's concepts, such as matter, mind, and motion were introduced. Concepts of spirituality and Buddha dharma in the literature were reviewed. Assumptions that there are osteopaths and other knowledgeable people able to answer questions that relate to the research questions and researcher biases were identified. Limitations of time, financing, language, and depth of knowledge were identified.

CHAPTER TWO: RESEARCH METHODOLOGY

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2.1 OVERVIEW

This chapter describes the research methodology used in this study and includes the research rationale, design style, a brief description of qualitative terms, and data analysis. The rationale for using qualitative measures is presented as the best way to capture the richness of the interview material. The research design of triangulating the information from open-ended questionnaires with the field notes and literature is discussed. The needed parameters of credibility, transferability, dependability, conformability, audit-ability, and saturation of data are addressed. Snowball sampling of the 33 key informants and interviewees is demonstrated and sampling strategies for the literature review is explained. Ethics and consent is discussed. The four research questions and measurement instruments to collect the data for these questions, and the process of collecting the data, is presented. This will be followed by a discussion on data analysis.

2.2 RESEARCH DESIGN

The research design is a product of many components including the time and money available, questions that need to be asked, the nature of the questions, and the person asking the questions (Crabtree & Miller, 1999). This study used a qualitative approach that combined documentary-historical and field approaches to answer the research questions.

This study used qualitative measures to look at aspects of beliefs and behaviours. Polgar and Thomas, (1991) state that attitudes, beliefs, and behaviours have so many variables that it is impossible to do an experimentally designed study that controls for these variables. Miles & Huberman (1984) state that rich, qualitative details give context and when the stories are written it gives fullness to the material. Qualitative or field research has specific data collection,

sampling, and analysis strategies to address “question-specific designs that evolve through the research process” (Crabtree & Miller, 1999, p. 5). The documentary-historical approach uses all historical information available to gain insight and understanding about the question. This can include literature reviews, interviews, class notes, and tapes that all provide different lenses to the question asked (Crabtree & Miller, 1999).

The research styles suggested for this kind of investigation are field and documentary-historical (Crabtree & Miller, 1992, 1999). The field study used the skills of the investigator to personally gather information on Tom Dummer and interpret it in a meaningful way. This was done by recording interviews with key informants and interviewees who had been identified by the family and colleagues of Tom Dummer, as well as documenting discussions about Tom Dummer that were offered in non-interview settings. The investigator in the interview asked questions, looked, listened, and recorded responses. The answers were audio recorded to ensure the accuracy of the interview. There was a time at the end of the set questions to ask open-ended, relevant questions based on information that emerged during the interview, which allowed follow up on any new themes or streams of thought that were not previously investigated. There was always time for the interviewee to ask questions of the investigator at the end of the session. Field notes were written after the interviews to describe the context of the interview and included observations, behaviours, or feelings in the interview process that may affect the outcome of the interview. This data was then kept for future analysis.

The documentary-historical style uses documentation written or produced by Tom Dummer. Documentation and archival material gives a depth and context to the material he has written or recorded (Crabtree & Miller, 1992).

The research aims to identify a topic or person. To describe and explain are best tackled by qualitative research (Crabtree & Miller, 1999). Crabtree and Miller also state that identification questions (for example, *Who was Tom Dummer? What important contributions did Tom Dummer make?*) as well as the questions of description (for example the value of a person/event) are best accomplished by field, documentary-historical, and philosophical approaches. Finally, the explanation of an event or phenomena is also well served by the field and documentary-historical approaches (Crabtree & Miller, 1999).

There are several paradigms or views to qualitative research possible: materialistic, constructivist, and critical/ecological inquiry. Each has strong merits, none the ultimate truth, and the final choice is “often based on the research aims and personal and moral preference” (Crabtree & Miller, 1999 p. 11). Constructivist inquiry involves an approach that is among other things culturally specific, and acknowledges the reality of peoples’ perceptions and builds on that. It acknowledges the relative truths of each situation (Crabtree & Miller, 1999). It is the paradigm used in this research.

The combined use of a questionnaire, open-ended survey questions, interviews, field notes, and literature review provide the most in-depth answers to questions. This information is more in-depth than a fixed response questionnaire (Crabtree & Miller, 1992, 1999; Hungler & Polit, 1987). The use of non-DOs and DOs who knew Tom Dummer, including colleagues, students, friends, family members, and patients, allows a broad spectrum of realities and lenses with which to capture a picture of Dummer and his influences.

Although qualitative research may be done with a small number of interviewees, it is better to reach saturation of presented ideas and concepts. Snowballing the information from key informants will provide further depth to the research topics (Crabtree & Miller, 1992).

The data analysis by immersion and crystallization has been used in the past, as described in Crabtree & Miller, (1992, 1999). It allows for the author's insights to be revealed by reviewing, describing, and reducing the data into groups, themes, or ideas. The groups, themes, and ideas become evident during or after data collection is complete. That data is continually reviewed and processed until the author is finally able to distill the essence of the data and interpret it (Crabtree & Miller, 1999, Miles & Huberman, 1984).

...immersion/crystallization styles are useful when the research aim is one of exploration and/or discovery, when scant knowledge already exists, the research is participatory, or it is one's aesthetic preference (Crabtree & Miller, 1999, p. 24).

The data is described, organized, connected, and legitimized with awareness of the qualitative standards that need to be met. These are described in 2.4 QUALITATIVE TERMINOLOGY. Describing allows for reflection on both the data and the research process that shapes the interpretive process or reflexivity (Crabtree & Miller, 1999).

Organizing is the process of sorting the data to help answer the research questions (Crabtree & Miller, 1999). Connecting shows how the data allows different pieces, once organized, to produce different patterning and themes to emerge (Crabtree & Miller, 1999). Corroborating or legitimating is concerned with the data analysis following the standards of qualitative research that will be described in 2.4 QUALITATIVE TERMINOLOGY. The data is then continually reviewed by repetitive immersion into the texts and reflection, until the data is intuitively crystallized into an interpretation that reflects the data respecting aspects such as credibility and validity (Crabtree & Miller, 1999).

It is important to note that the interpretation begins as the research concepts are first conceived and continues through all phases of the research (Crabtree & Miller, 1999). The

analysis chosen for this research was immersion and crystallization as described by Crabtree & Miller, (1999), due to the aims and nature of this exploratory research.

2.3 RESEARCH QUESTIONS

The four research questions were refined to give a broad overview of Tom Dummer and his practice of osteopathy. Each of the first three questions identify aspects of Tom Dummer and his practice and give fullness and roundness to the fourth question, which delves into Tom Dummer's contribution to the profession of osteopathy. In order to develop these questions, a planning and development phase to the research was initiated. The planning and development phase involved reviewing available material on Tom Dummer.

A review of available literature written by Tom Dummer on a variety of topics including the benefits of osteopathy, Tibetan medicine, Tibetan Buddhism, SAT, and general osteopathic techniques was used to collect data. Lecture notes from classes at the European School of Osteopathy as well as an accessible DVD recording of Tom Dummer teaching were reviewed. The libraries of ESO and The British School of Osteopathy (BSO) were accessed, and through the assistance of their librarians, articles were provided and reviewed. A professional literature search was performed by the librarian at the Ottawa Hospital on Tom Dummer and osteopathy as well as on Tibetan medicine. A second search on spirituality and osteopathy was done in the databases of Cinahl, psycInfo, Medline, and OSTMED. A Metafind search at Welcome in U.K. was also done. Other sources of data were gathered via email and phone conversations from people who had known Tom Dummer. The personal library of Dr. Loren Rex D.O. was also accessed for out of print books on A.T. Still and osteopathy. The Still Library was accessed for available *e* books on A.T, Still.

This data gathering justified the need for the research topic by showing the gap in general knowledge about Tom Dummer, and was used to incorporate feedback on the direction of the proposed research. At this time the aims and purpose of the research were identified and initial interest in participating in the research was ascertained. From there the actual questions were designed and reviewed with my thesis advising team. The semi-structured, open-ended interview questions were administered in Canada or in the U.K. to the 32 participants provided by snowball sampling (23 osteopaths and 9 key informants, (key informants were those who knew Tom Dummer in ways other than the osteopaths)).

2.3.1. RESEARCH QUESTION ONE

Who was Tom Dummer and what were the major influences in his life that influenced his practice of osteopathy?

This question was designed to catch all known information about Tom Dummer as a person. This would throw light on Tom Dummer prior to when he was an osteopath and to begin understanding how his early life influenced the direction of his osteopathic career. This general body of information was gathered from two sources. A review of available literature was done. The information was gathered from the internet, from the gathered literature reviewed in Ottawa, Canada, and from email and phone conversations with people who knew Mr. Dummer. The information was then used to direct the formation of the semi-structured interview questions that were asked of the interviewees (osteopaths) and key informants (patients, friends, and family) (See APPENDICES F AND G) and also to set up the demographic sheets (See APPENDICES D AND E). Information was also gathered during a month in the U.K. where interviews and informal discussions were conducted, and a further literature review was accomplished using the BSO and ESO libraries and the private papers of Tom Dummer.

2.3.2 RESEARCH QUESTION TWO

How did Tom Dummer view spirituality and how did that influence his practice?

This question was developed after reviewing the literature written by Tom Dummer. The author noticed that there was an underlying theme of spirituality in his writings. Dummer wrote books on specific Tibetan Buddhist practices and included many references to Buddhist philosophy and Tibetan medicine, both topics spiritually grounded in Tibetan Buddhism. Initial inquiries in the development stage of the research feasibility indicated that this would be an important component to include in the study. Tibetan Buddhism was of interest to the investigator as well and fit into the researcher's personal aims of looking at osteopathy through a lens of a different cultural norm and thought pattern. It presented an opportunity for the researcher to clarify her thoughts on the spiritual aspect of osteopathy.

These research aims were again explored through the literature of osteopathy and spirit, and through the writings of Tom Dummer on the topic. The researcher also looked for indirect references in his writings, spoken discussions of classes at ESO, and a recorded interview Mr. Dummer did with Mark Young.

Interviews were designed to address the research question by asking people specific questions about Tom's spiritual path and concepts. The responses were used to develop a picture of this side of Tom Dummer. There was one key informant who knew Tom specifically as a student of Tibetan Buddhism. Her responses gave invaluable context to that aspect of Tom Dummer's practice.

2.3.3 RESEARCH QUESTION THREE

How did Tom Dummer view the concept of body, mind, and spirit?

The tri-unity of man in body, mind, and spirit are words used often in the writings of Still (Still, 1902). There was a period where this was how osteopathy was presented followed by a period when the author felt this focus seemed to wane. Until recently there was less talk about these three components in the general osteopathic literature, though it was present in some branches of osteopathy such as cranial.

Dummer's work on Specific Adjusting Technique suggests that he actively thought and practiced in terms of body, mind, and spirit and that he felt SAT was addressing the *Mind* component of the triad (Dummer, 1995). Was the *Mind* component the same as the mind component of Still? The researcher felt that clarification of that question needed to be explored. The Tibetan Buddhist concepts of body, speech, and mind also provide a framework for the human experience. Was Tom Dummer integrating those ideas in his application of osteopathy, as well as following Still's concepts?

2.3.4. RESEARCH QUESTION FOUR

What was Tom Dummer's contribution to osteopathy?

Tom Dummer was a founder of the ESO. He was politically involved in the development of osteopathy in the U.K. He was a prolific writer on different aspects of osteopathy and surrounding topics. He developed a specific adjusting technique based on the groundwork of Parnell Bradbury. All these topics deserve to be documented to preserve our osteopathic lineage. The first three questions provide further depth and understanding of Tom Dummer and his ultimate contribution to osteopathy. Interviewees were able to identify Tom Dummer's contributions by the stories they told and by answering the interview questions. The interview material, log material, and literature review have been distilled into a comprehensive story of Tom Dummer and his contribution to osteopathy.

2.4 QUALITATIVE TERMINOLOGY

Aspects of qualitative data that increase rigour are described below.

The validity and reliability of qualitative data are sometimes criticized in the literature (Polgar & Thomas, 1991). Guba & Lincoln state that validity and reliability can be addressed by asking the subjects if the collected information is correct, by having prolonged engagement of the observers, and by triangulating the data from multiple sources (Polgar & Thomas, 1991).

Guba & Lincoln (1985), describe four constructs that are used in qualitative research. The following sections illustrate these additional constructs.

2.4.1 SATURATION OF DATA

There is no preset sample size in qualitative research. The theoretical saturation point is determined when no new information is being presented in the interviews or literature (Crabtree & Miller, 1992). At this point all variables have been identified and accounted for and further interviews and literature searches are no longer producing new information. The repeated themes are then organized into groups and categories, and the data is reviewed again looking for ideas that agree and disagree with the themes. The data is continually reviewed for different ideas and linkages between ideas. It is a continual process during and after the data gathering.

Saturation of the data was achieved after 23 DOs and all nine available key informants were interviewed. Although several additional interviews were scheduled, to be conducted by phone when the researcher returned to Canada, they were not conducted after the interviewees were contacted. After a brief discussion, each potential interviewee agreed that he/she had nothing more to add to the body of knowledge already accumulated.

2.4.2 VALIDATION

Validation is needed to make sure the material presented is representative of the data collected. It must be accurate, intellectually honest, reflexive, rigorous, have depth and

consideration to alternate possibilities of interpretation and must be checked for alternative interpretations (Crabtree, 1999).

Validation of the collected data is important to consider prior to analysis of the data. This is accomplished by sending the transcribed interviews back to the interviewees and key informants for their approval and further comments. This allowed the data to truly reflect their ideas and memories and therefore made the data more valid. In this study the process of validation was conducted and strengthened the study.

Data from the interviews was triangulated with the available literature, videos, experts, and the field notes. This allowed validation of ideas and recurring themes to be viewed across the types of data and strengthened both themes and concepts, putting them into perspective. These validation safeguards then increase the transferability (similar to external validity in quantitative analysis) of the data as it acts like a bridge to the literature and available knowledge on Tom Dummer.

2.4.3 TRANSPARENCY AND AUDITABILITY

Transparency is achieved by the use of field notes, and consists of a daily schedule, logistics of the study, and a methods log. It ensures the auditability of this study (Krefting, 1990). This would allow another researcher to follow the research steps or trail, reproduce the research, and justify the results based on the process. In this study a log was kept that included journaling and note taking. These are kept for the author's lifetime with the raw data and are available on request from the author. The methodology design was explained. A step-by-step methodology and analysis procedure was described and presented to make the steps of the research reproducible.

2.4.4 SUBJECTIVITY MANAGEMENT/CONFORMABILITY

This is similar to the objectivity of quantitative research. The researcher's insight is valuable in this process. The value of the researcher is in the intuitive voice and experience. When controls are in place to minimize biases in interpretation, including practicing value-free note taking and checking the data for negative instances, this is a great asset. The process of taking field notes brings out the researcher's hidden biases, which may be elusive on self-examination. It also provides context to help see if the researcher influenced the research process. Reflexivity in this process is essential. This is the process of looking at how the author affects the outcomes (Crabtree & Millar, 1999). Reflexivity comes with the researcher's positioning (Crestwell, 2007). The researcher must look at one's self and see how he/she has affected the data. Assumptions must be looked for and guarded against. The analysis must be complete and not superficial. It is important to keep a clear mind and awareness of the pitfalls (Crabtree & Miller, 1999). The author's biases were presented in the section ASSUMPTIONS 1.7.

2.4.5 RELIABILITY—EXTERNAL AND INTERNAL

Reliability has two components. The external reliability relates to the ability of another researcher to reproduce the same ideas or themes from the data. This research had no inter-coder reliability issues because the primary researcher conducted all the analysis. Again the steps used to insure external reliability were the researcher's own osteopathy and SAT experience, knowledge of some of the peripheral themes of Tibetan medicine and Buddhism, and Still's concepts on MMM and how these related to the larger body of knowledge on these topics.

The one-on-one interview after many initial phone and/or email conversations to each interviewee and key informant helped put context to the taped data. Most of the interviewees and key informants interviewed in person stated they were happy that the interviewer had taken the

time to travel to the U.K. to conduct the interviews. They felt they were able to engage with the interviewer in a more dynamic and responsive way. This was helpful to gather more candid comments during the interviews. Personal experiences were valuable to the data. Being able to agree to the definition of technical terms and a common osteopathic language helped with external reliability. The system of data collection and analysis that was described above provided a framework to support external reliability.

Internal reliability, which relates to the steps taken that make sure the data is presented correctly and is reproducible, was supported by the use of taped and transcribed interviews. Each interview was sent back to the interviewee to be verified, along with a verification consent form that was signed to further enhance the internal reliability. (See APPENDIX I: TRANSCRIPT VERIFICATION CONSENT FORM)

2.4.6 CREDIBILITY (INTERNAL VALIDITY)

This concept is addressed by making sure the data is accurately identified and described. Also reflexive analysis, the analysis of the researcher's background, perceptions, involvement, and interest in the study need to be assessed to ensure over-involvement does not occur (Krefting, 1990). This allows the reader to clearly understand the data analysis. Links to the data were made clear even with the intuitive process as part of the data analysis. This included direct quotes as examples of the data in the original form. The collecting and organizing of data followed a logical approach and was well documented to further enhance the study's credibility.

The triangulation of different data sources from different dates and types of data collected, SAT classes, the key interviewees, the literature, the day spent with an SAT practitioner, and the experience of a series of SAT treatments all strengthened the credibility of the data collected.

2.4.7 SUMMARY

This research addresses credibility by being transparent in the data presentation and by the analysis of this researcher's background. Triangulation of the data ensures transferability to the larger body of knowledge of Tom Dummer's work. Identifying the researcher's biases and the use of field notes addresses issues of conformability and subjectivity management. The auditability, or road map, for this research is ensured by the use of field notes, logs for the method, and daily collection of data. This data is collected to saturation to ensure completeness of the answers to the research questions.

2.5 SAMPLING

Theoretical sampling or purposeful sampling for the study subjects was the first sampling strategy for this study. Crestwell states that purposeful selection helps the researcher understand the research questions (Crestwell, 2003). A sample is chosen because of the familiarity or understanding of the research topic. There should be a breadth of different views or lenses of the topic. This allows for variation in the answers and cases of negative instances to be obtained (Crabtree & Miller, 1999; Gupta & Lincoln, 1985). Snowball sampling was then used to gather interviewees and key informants.

The author wanted to include people in the study who had exposure to Tom Dummer over a number of years. There were no criteria of whether the person had used/experienced SAT as a treatment technique which allowed for the possibility of negative cases to present. This would broaden the general osteopathic scope for the study and also allow the results to be specific to SAT but with added value in the general osteopathic context. There was no minimum imposed, but it turned out that five years was the least amount of time any of the interviewees had known Dummer at the end of his life. There were no other exclusions other than a lack of

familiarity with Tom Dummer. The author was looking for participants from as many aspects of Tom Dummer's life as possible.

2.5.1 SUBJECT SELECTION

The author was given access to one key osteopathic interviewee, Gerald Lamb. Gerald Lamb was contacted by email and he gave Jo Dummer and Margery Bloomfield as key non-osteopathic informant contacts. Gerald Lamb suggested that the author get started as soon as possible as there was so much to distill on this topic. Following the helpful comments of the initial contacts the research direction was established and the research questions developed.

From the two contacts, one (Jo Dummer) was contacted by email and one (Margery Bloomfield) by phone, the author was able to contact by email and mail many osteopathic colleagues of Tom Dummer. (See APPENDIX J) Each person was asked who else should be contacted and the author wrote down those names, thereby using snowball sampling from a purposeful first contact (Crabtree & Miller, 1992). The intention was to go to saturation on these contacts until no new contacts were found. There were some DOs who declined to be interviewed, and three osteopaths filled in the demographic sheet but did not in the end participate. One felt that whatever needed to be said had already been said by other osteopaths and another felt that the investigator could not possibly get anything relevant regarding Tom Dummer's work in an hour interview. The third had a death in the family the day of the scheduled interview and was unavailable afterward.

Some non-osteopathic people were also identified to interview. These were family members, patients, and a Buddhist Society friend of Tom Dummer. This allowed for maximum variation of opinions and perspectives within the study group while still allowing for the intensity of some aspects of Tom Dummer to be noted. Other experts were purposefully sampled

on specific areas that may benefit from intense inspection. These were primarily in the area of the Tibetan Buddhist concepts of *Mind*. Knowledge of the Tibetan concept of *Mind* was acquired from Geshe Tenzin Sherap (a Doctorate of Buddhist philosophy) on the 7th of June 2008, when he was staying at the author's home in Ottawa. This interview was recorded and reviewed. Jurme Wangda, a former monk, lifetime learner and follower of Buddhist doctrine, provided endless informal discussions on his perspective and that of HHDL based on his prolonged exposure to HHDL and his teachings. This helped to provide deeper context to arising themes within the subject of *Mind*. As well during a trip to Nepal to treat and care for a dying monk, the author had another opportunity to discuss with some of the older and learned monks and further understand the concept of *Mind*.

Those interviewees and key informants who followed the semi-structured interview questions all received a demographic sheet regarding their contact with Tom Dummer prior to the interview. (See APPENDICES D and E.) Some of the contacts felt they had nothing to add to the research as they did not know Tom Dummer well enough or they felt, based on who the researcher had already interviewed, that they would have nothing more to add. One of the sample was not interviewed due to a death in the family on the day of the interview. The person was contacted afterward from Canada and asked if he wanted to do a phone interview. At that time, the researcher indicated that saturation of the topic had been reached, but the researcher would be happy to hear any story about Tom Dummer he wanted to share. The person declined. Another of the sample, although an osteopath, wanted only the data of the experience as a patient included in the study. There was one opportunistic sampling of a subject in Toronto, at the Canadian College of Osteopathy's conference, when the author was interviewing Gerald Lamb at the SAT 2 course. Serge Paoletti was giving a course as well. Gerald Lamb suggested the author interview

him as well as he had been a student of Tom Dummer in France. Interviewing Serge Paoletti introduced a view from someone other than an U.K. ESO student perspective.

2.5.2 LITERATURE SAMPLING

The literature was sampled using a focused approach on topics identified in a literature review of Tom Dummer's work. These were A.T. Still, spirituality, Tibetan medicine, Buddha dharma, neurophysiology, mind, and quantum physics related to the concept of mind. As well, theoretical sampling of new topics identified in the interview process was researched. This sampling related mainly to homeopathic and naturopathy techniques but also included a deepening of the author's understanding of the body-mind complex and inner sight concept through osteopathy and Buddhist thought. A book, *The Anatomy of Potency, 2000* was suggested by an interviewee and was read. Also *Train Your Mind Change Your Brain, (Begley, 2007)*; *The Brain That Changes Itself, (Doidge, 2007)*; *Robert Fulford, D.O. and the Philosopher Physician, Comeaux, 2002*; *Dr. Fulford's Touch of Life, (Fulford, 1996)*; *The Mystical Mind, (D'Aquili and Newberg, 1999)*; *The Cure Within, (Harrington, 2008)*; *The Dalai Lama at MIT, 2006*; *The Field, (McTaggart, 2003)*; *Mind in the Balance, (Wallace, 2009)*; *Visions of Compassion, (Davidson & Harrington, 2002)* and other books were reviewed to gain further scope in the topics arising in the study. A further discussion of the literature review is in the following section.

2.6 DATA COLLECTION

The first data was collected through a review of available literature written by Tom Dummer and Parnell Bradbury as discussed in the first chapter (See SECTIONS 1.6.6.1 -1.6.6.2). A review was done to collect the data of available literature written by Tom Dummer on a variety of topics including the benefits of osteopathy, Tibetan medicine, Tibetan Buddhism, SAT, and

general osteopathic techniques. A professional literature search was performed in 8/2006 by the librarian at the Ottawa Hospital on the subjects of Tom Dummer, osteopathy, and Tibetan medicine. A second search on spirituality and osteopathy was conducted in 8/2006 for the databases of Cinahl, psycInfo, Medline, and OSTMED. A Metafind search at Welcome in the U.K. in 7/2006 was done as well. Other sources of data were gathered from conversations with people who knew Tom Dummer, and taken from notes made during SAT courses the author attended, along with notes and audiotapes from the August 2006 *Spirituality and Osteopathy* conference in Toronto, at CCO. A DVD video recording of Tom Dummer made two years prior to his death where he discussed osteopathy, some of his spiritual realities, and his views on SAT was reviewed.

During the month the researcher spent in England, class lectures from the European School of Osteopathy were reviewed as well as some of Tom Dummer's private letters and papers. Videotaped recordings of classes from the library of ESO were also accessed. The libraries of ESO and BSO were reviewed for literature on Parnell Bradbury, Tom Dummer, and the history of osteopathy in the U.K.

Areas of specific interest from that review were then explored by supplementary readings. The author used the library of Ottawa Friend's of Tibet as well as her personal library. After the interviews the researcher explored books attained at the Tibet Book Store in Kathmandu. That particular store had many books not easily available in the West that dealt with *Mind* and energy healing. The author also referred to notes from Tibetan Buddhist teachings by teachers including His Holiness the Dalai Lama to expand her understanding of Tibetan Buddhist concepts that arose while conducting the research. It would be impossible to cover all topics to

saturation, however topics were researched to provide enough understanding of the concepts that arose. This also required consultation with experts in the related fields.

Secondary data was collected by the demographic descriptions of the subjects. This provided data on how long and how well they felt they knew Tom Dummer and whether they used SAT or not. It also identified how many years the osteopaths had been working (See APPENDICES N-V).

The third set of data was collected during a series of interviews conducted in Canada and the U.K. Key informants and interviewees were sent a letter of introduction asking for their participation in the defined research, a consent form, and a demographic profile. They were asked to fill out and return the demographic profile. (See APPENDICES C: CONSENT FORMS, B: LETTER OF INTRODUCTION, D: IDENTIFICATION QUESTIONNAIRE FOR OSTEOPATHS AND E: IDENTIFICATION QUESTIONNAIRE FOR KEY INFORMANTS). The U.K. letters, complete with self addressed return envelopes, were sent addressed to a family member residing in the U.K. with money for initial and return postage. The letters to New Zealand were sent from Canada in the same manner to an osteopathic colleague who stamped and forwarded the letters. The Canadian letters were sent directly from Canada. There was a positive response from the potential subjects of the study.

The information from the demographic questionnaire was used to set a schedule for the interview data collection from the available key informants and interviewees. (See APPENDIX K: INTERVIEW SCHEDULE). Every possible effort was made to conduct these interviews in person in the U.K. and Canada in order to gather the most information possible. Where impossible, interviews were conducted by telephone. These interviews were conducted with people identified

by other interviewees and key informants and continued until saturation of people or information had been achieved.

Consent forms were sent to all the subjects. Those who were doing phone interviews returned them by mail or email and those who did face-to-face interviews signed and returned one or two consent forms, as they felt comfortable, either prior to or on the day of the interview.

The participants of the research had a clear understanding of the research process prior to entering the research project. There were no identified risks to the participants. The biographical data was coded and only the researcher and thesis advisor have access to these documents. They were locked in a filing cabinet in the home of the principle investigator. The audiotapes and transcripts were also coded to protect the identity of each individual and also kept in a locked cabinet. There was no financial benefit from participating in the research. The only benefit identified was to share their expertise with the osteopathic community. The interview process gave individual interviewees time to reflect on the ideas and events they shared with Tom Dummer. Such reflections may have enhanced their own ongoing development as osteopaths. Participants were aware that they could withdraw from the study at anytime.

Prior to the third form of data collection, which was the interview, two consent forms were presented to the key informants and interviewees for signing if they had not yet completed these. (See APPENDIX C: CONSENT FORMS, CONSENT FORM FOR FUTURE PUBLICATION.)

The initial two interviews for this research were conducted in Canada in person. One was conducted in English and the second in French using a translator who was familiar with the interviewee, and who was translating for him during a course that was running at that time. The third interview was a telephone interview, at the request of the subject, who was in the U.K. The

researcher was later able to meet that DO in the U.K. and spent some time in his practice discussing Tom and his work.

Field notes were taken to put context to the data collected and to identify any biases that may have been present.

The four research questions were addressed in the same way. The information from the interviews was used to answer the four research questions. This information was triangulated with the other information sources.

2.6.1 MEASUREMENT INSTRUMENT

The interviewees were sent a letter explaining the research objectives. A consent form and a form to collect their demographic data were also sent. The returned forms were coded with an identifying number to allow anonymous recording and documenting of the data, and this code was used later for presentation of the data.

The interviews consisted of open-ended questions. (See APPENDICES F, G, AND H: OPEN-ENDED INTERVIEW QUESTIONS FOR KEY INFORMANTS AND INTERVIEWEES AND QUESTIONS FOR PATIENTS) Time at the end of each interview was available to explore any new themes that came up in conversation and to clarify previous discussions. There was always time left at the end for the interviewee to ask questions of the interviewer. The principle investigator reserved the right to adapt the questions in conjunction with her thesis advisor based on further data collection, literature review, and responses to the questions.

2.6.2 INTERVIEWING OSTEOPATHS IN PERSON

In most cases a quiet clinic space or classroom was used for the interviews. There were three interviews conducted in public spaces that had background noise, but all the tapes and

digital recordings were audible afterward. There was no time when the researcher felt it was not a private conversation despite the fact that several interviews were held in a noisy place.

The demographic questionnaires were reviewed for completeness and consent forms reviewed to make sure the participants were aware of the intent of the research. There were several people who were not willing to sign the future publication consent initially but with further explanation many were willing and that was completed.

The participants were aware from reading the consent form that they would be taped. The author used two different recorders. One was a Sony mini disc recorder and the other a Sony digital recorder that could be transferred into a digital recording on the computer. This was to make sure that each recording was captured twice in case of a machine malfunction. The recorders were checked each time prior to the interview and put on pause mode until the interview started. Fresh batteries were used in the microphone as well as the recorders each time. There was no loss of data in the live interviews. One interview, which was in a noisy hotel, was less than perfect upon first listening. It was with a Francophone speaker but fortunately the other microphone was trained on the interpreter so the conversation in English was accurately caught. The transcriber in this case was a bilingual Francophone who works in the Ministry of the French language school board of Ontario who transcribed both the French and English versions of the texts.

Each interview always began with the researcher thanking the osteopath for agreeing to participate in the interview. By way of opening the general conversation, the interview often went into a review of some of the answers to the demographic sheet. After that, the first few questions were asked. These were general questions to get a sense of how they first met Tom Dummer, and to get them to share the most memorable meeting or event of him they had. The

questionnaire set out in APPENDIX F was then administered. TABLE 3: MATTER, MOTION AND FORCE was presented to the interviewees when this question was asked: *Tom talks about using SAT for treating components of Mind. What do you think about this statement?* There were times when additional questions were asked if there was something not clear to the author or if another topic of interest emerged during the conversation. The author felt that these extra pieces of information helped with the context and also helped further the author's education as these were expert osteopaths with so much experience to offer. There was always time at the end for the interviewee to ask questions.

The two French participants were interviewed following the same procedure. The only difference was that each question was first asked in English and then translated by the translator into French and asked in French to the interviewee. The answers were given in French back to the researcher and then the translator gave the translated version in English. This allowed both the French and English answers to be recorded so they could be checked for translation accuracy. One microphone was trained on the osteopath being interviewed while the other was on the translator. Both microphones were set on a 180-degree range so they could pick up the interviewee, researcher, and the translator. The researcher was able to follow most of the answers orally in French and able to contribute to the discussion at the end when there were questions. The one word that posed a problem was spirit or "esprit."

2.6.3 INTERVIEWING KEY INFORMANTS IN PERSON

The same procedure that was done with the osteopaths was repeated with the key informants. The researcher went to the homes of four of the key informants when in the U.K. The researcher had the good fortune to stay a weekend with Jo Dummer where the researcher was able to review Tom Dummer's documents. The researcher also spent time in his garden, on

his meditation bench, and in his home and rooms where Tom had done his osteopathic and Buddhist practice. It was an honour.

One of the key informants did not want the interview taped and wanted to discuss only professional issues regarding Tom Dummer. Although this informant stated that the consents would be filled in, ultimately they were not. In follow up letter and telephone conversations the informant restricted only information on ESO to be used from the interview. This information was then used as collaboration to data collected from other interviewees and key informants. This key informant was then transferred to an expert status.

The interviews were conducted by first reviewing the documentation each key informant had sent back to the author, making sure the demographic sheet and the consents were completed. The recorders were checked as described in section 2.6.2 and put on pause until the start of the interview. The researcher began each interview by thanking the participant for the interview and the time they were giving. The author then proceeded to the first general questions of the questionnaire. There were two sub groups in the key informant group. One group was patients and one was not. There was a second set of questions asked of the patients that had been developed on the spot with the first key informant interview, as it was evident to the researcher that this type of information would not be captured by the original questionnaire set out in the protocol. (See APPENDIX G AND H: PATIENT QUESTIONS.)

There was always time at the end for informal discussion and questions by, or to, the key informants. These comments were included in the interview data as additional information.

2.6.4 INTERVIEWING OSTEOPATHS AND KEY INFORMANTS BY TELEPHONE

Telephone interviews were all conducted by the researcher from the home office. The interviewees and key informants were contacted by telephone or email, and appointment times

were set up at a convenient time in their local time zone. The doors to the office were closed. On the desk were the questions, demographic sheets, and consent forms for review. The two recorders as described in SECTION 2.6.2 were tested and set up on pause facing the speakerphone of the desk phone. The feasibility of this technique was tested at a prior date to ensure good capture on the recorders from the phone. No problems were identified.

The interviewees and key informants were told that the researcher was using a speakerphone in a closed office space both for privacy and so the recorders could pick up both the author's and the interviewee's voice. Again gratitude was expressed for the time and expertise the interviewees and key informants were about to give. The questionnaire was administered and time at the end was available for questions and additional comments. One key informant did not want her additional comments added to the data.

2.6.5 TRANSCRIBING AND VERIFYING THE INTERVIEWS

The initial strategy was to send the digital recordings via box.net, a virtual storage server. These were to be transcribed by a medical transcriber the same night and returned to the researcher within 24 hours. The document would then be verified with the recording, corrected if need be, and then forwarded to the interviewee/key informant that same day. First the transcriber had difficulty downloading the recordings from the server and then she had difficulty with the wording and accents. She decided not to continue with the transcriptions. This happened while the researcher was in the U.K., so the researcher waited until she got back to Canada to solve the problem. This was resolved by having a dharma friend, Trudy Gold, who is also an editor, do the transcribing. Trudy was familiar with osteopathy through treatment, and dharma through her practice, and was willing to take on the transcribing. The transcribing was done for an hourly fee. These recorded interviews were put onto a thumb drive and the transcribing was done over the

next few months. See APPENDIX L: TRANSCRIBING TIMES for the time taken for the transcriptions. Katherine Nix and Claude Alschuler each transcribed an English-language interview. The transcriptions of the digital recordings were processed in Microsoft Word and then sent back to the researcher via email. The transcriptions were then compared with the recording by the researcher and corrected where needed. Unclear sentences (either words or content) and name spelling was highlighted or left blank in the text, and then sent by email or regular mail to the interviewees and key informants for verification. A verification consent form was included with the printed or soft copy of the interview. (See APPENDIX I: VERIFICATION CONSENT FORM.) Changes made by interviewees were incorporated into the data. The biggest concern of the people interviewed was the grammar. There were many broken sentences as the transcripts were recorded exactly as spoken. Some of the people corrected the grammar but they were told that it was not needed as the interviews were not going to be printed, they would be taken apart for context and themes only. They were told if a quote was to be used it would be made grammatically correct. The follow up verifications took a lot of time. The last verification consent was returned January 7th 2009. Two interviewees did not send back their verifications but both were over 80 years old and had received several reminders via mail or email. The researcher was unable to contact either of them by phone. Both had valuable information regarding Tom Dummer, so their interviews were included. The original protocol did not include a verification consent form. This was included after the data collection was completed as a further validation step.

The two French interviews were transcribed by Claude Alschuler a French language tester for the Federal government and Monique Chateauvert who works for the province of Ontario's French language school Ministry. Both are fluent in French, their mother tongue, and

English and work in a bilingual environment. The first French translation was not acceptable when reviewed by the French osteopath because of the many blanks. It was redone by the second translator and accepted by the French osteopath. The problems arose primarily because the recording was done in a noisy room and only when the osteopath spoke directly into the microphone was the recording clear. This issue was addressed by using a second recorder that was positioned so that the microphone was directed at the translator but could also pick up the osteopath as well. The translation helped to fill in the gaps of some words that were unclear in French.

All the verified interviews were saved in the researcher's laptop computer and password protected. They were also printed off and kept in a locked file in the researcher's home office.

2.6.6 DEMONSTRATION OF SAT

The fourth kind of data was experiential. The researcher wanted to experience SAT treatment in a real clinical setting. The request for treatments was made while the researcher was still in Canada, and three treatments were set up in advance as if for a regular patient. The researcher, while in U.K. for a month, received three treatments from Gerald Lamb D.O., an SAT practitioner, at one-week to two-week intervals. The first and last appointments were set up as part of the practitioner's regular day and the second was scheduled after a morning where the researcher observed and was part of treating patients with the practitioner. The pre-arranged time was needed for an emergency patient, so the researcher went to a scheduled meeting with James Sumerfield at his clinic for informal discussion about his practice with another practitioner, Nicole. At the end of the day, the researcher returned for a treatment with Gerald Lamb. This treatment was an incredible experience that fundamentally changed the author at a very deep level.

2.6.7 EXPERTS IN THE FIELD

Several opportunities to conduct informal discussions occurred over the course of this research process. The author was able to speak with a learned Tibetan Geshe (Tibetan teacher) Tenzin Sherap who was visiting Ottawa and staying with the researcher's family, about the concept of Tibetan *Mind*. This conversation was recorded for review later during the analysis. The author spoke many times to Jurme Wangda an experienced dharma practitioner. When the researcher was in Nepal treating a dying Tibetan Buddhist monk, Lama Chopel, there were many opportunities for the researcher to talk to senior monks about the Tibetan Buddhist concept of *Mind*. This was a deeply beneficial experience for the researcher as she had time to do prolonged spiritual practice in the monastery, as well as time for deep reflection on what the researcher was experiencing. It had a profound effect on the researcher because while treating Lama Chopel the researcher had the intellectual experience—of holding the whole person—transformed into the *experiential knowledge* of holding the whole person. This was another profoundly transformative experience for the researcher.

Margery Bloomfield was Tom Dummer's former wife and also the first administrator of ESO. She graciously invited the researcher over for tea to discuss some of the early days of ESO. Mrs. Bloomfield was in the process of writing a book on ESO and although she was unable to be involved with the author's research, provided information on the early beginnings of the ESO.

Paula Fletcher, ESO's current administrator, provided insight into both the present day school as well as information on the master's program currently running at ESO.

2.7 DATA ANALYSIS

Data analysis reflects how the researcher described, organized, connected, corroborated, and represented the data. Data from the interviews were audio taped, transcribed, and then sent

back to the interviewee for validation and further comments. They were then analyzed for content, themes, and concepts using the immersion and crystallization analysis style. This, according to Crabtree and Miller, (1992 & 1999), is to be repeated until an intuitive crystallization of the text contents is revealed. Triangulation of the multiple sources of data further strengthened the data. The results were then reported in the following chapter. Reflection on the various forms of data was ongoing and evolving from the initial concept of the research stage.

The methodology had been set up to make the most of the anticipated rich data collected from the interviews, field notes, and other resources. The triangulation of the methods of data collection increased the robustness and validity of the results (Miles & Huberman, 1984).

The term “immersion and crystallization” was first used by Crabtree and Miller in 1992. The literature has congruent terminology of this style of analysis in the form of “*heuristic*” (Moustakas, 1990), *hermeneutic* (Addison, 1992; Bleicher, 1980), and *phenomenologic*” (Crestwell, 2003, 2007) (Crabtree & Miller, 1999, p. 180). Crabtree and Miller describe this process as an artistic expression and one that cannot be reduced to a cookbook approach. It uses a more intuitive process and involves engagement from the original conception to the final analysis (Crabtree & Miller, 1999). It is a process that engages the researcher at a deep level, allowing a profound view that may not be obvious from a superficial view of the data (Crabtree & Miller, 1999). The engagement with the data analysis happens before data collection: during the planning and design and during the collection of the data. Preliminary data analysis occurs after the data has been collected (Huberman & Miles, 1994, p. 429). The critical tool is the *self*, particularly an openness to uncertainty, reflection, and experience (Crabtree & Miller, 1999). Will Miller quoted in Crabtree & Miller states, “Essentially the analysis is to immerse yourself in

the data... become alive with the text” (Crabtree & Miller, 1999, p. 181). Howard Stein proposed a similar idea in 1994 when he asked that researchers “use the self in creative and constructive ways to progress beyond obvious messages and interpretations. This may require processing one’s own emotional responses, using one’s being as both recorder and filter” (Crabtree & Miller, 1999, p. 181). In Howard Stein’s words, “The only way to understand a person is with your whole self” (Crabtree & Miller, 1999, p. 181). The researcher likes this approach as it describes a very osteopathic view to addressing the data. From what the researcher knew of Tom Dummer, this approach was complementary to Tom Dummer’s approach to life and osteopathy. The approach demands well documented interviews and the experience of interview taking and field notes that help keep the context of the interview. Field notes and feelings were documented as well as “Angela’s Ramblings” which were often the informal end to an interview, when researcher and interviewee discussed topics such as general applications to osteopathy, how to train new osteopaths, and life views in general. Often after the interviews the researcher was overwhelmed by the amount of information that was offered during the interviews and how the interviewees were so open and candid with their remarks.

Stein states that personality is also important to the process. One needs to be able to listen deeply with rigour and in a contemplative way (Stein, 1994). This process is one that takes time and patience is needed for the immersion and crystallization to proceed. It will not be rushed. As in all qualitative research *reflexivity* is needed to reflect on how the data collection and interpretive process was influenced by the researcher. One must be attentive of the steps taken throughout the process.

Crabtree sees the immersion and crystallization (I/C) process as one of finding patterns. “Even if we use a fairly structured code book, we still have to think about the segments of coded

text. It's about finding patterns" (Crabtree & Miller, 1999, p. 182) Crabtree and Miller describe I/C as Stein did "It becomes almost a religious experience. All understanding is revelation...there is an opening of yourself to hearing..." "The process is more important than any station—the journey is the destination" (Crabtree & Miller, 1999, p. 182).

2.7.1 INITIAL ENGAGEMENT

With the above statements in mind the research development process was reflexive from the beginning. The topic was defined over many years as the researcher's first exposure to the writing of Tom Dummer occurred in 1988. Further exposure to his writings and ideas continued until the thesis proposal process began. The input from people who knew Tom Dummer helped make the research direction and the questionnaire appropriate and representative of the important information and concepts they were waiting to tell. Many emails and initial conversations with key osteopaths and informants were helpful in this process. The wording of the research questions, with the help of my thesis advisor and Jane Stark, helped again to focus the direction of the research. The researcher's personal study, having attended retreats and teachings on the Buddhist concept of *Mind*, contributed to the development of some understanding of *Mind*. Talking to dharma and non-dharma friends, osteopaths, and patients furthered the development of the research direction and the researcher's understanding of herself, her biases, and her hunches. Moustakas claims this is an important part of the research process as the researcher has self-dialogue and discovery (Moustakas, 1990). This allows reflection and inner looking to find the knowledge that is there. From a Buddhist perspective, Jurme Wangda stated that:

It is best to find a quiet place when you hit the wall and you can't go any further. This actually means you've hit the saturation of your knowledge. Going beyond this is the new knowledge you are about to gain. Without this feeling of the wall

there is no further development either inwardly or outwardly (personal conversation, March 7th 2009).

2.7.2 CRYSTALLIZATION IN DATA COLLECTION PHASE

Early on in the process crystallization may occur often by observing patterns of responses or noticing repeating data in the literature (Crabtree & Miller, 1999). In this study the recurring themes of spirituality, interest in Tibetan medicine, and other holistic approaches were evident. The minimalist treatment approach of A.T. Still and Still's four precepts were an underlying theme in the literature and initial correspondences with key people who knew Tom Dummer. These concepts were kept in mind to pursue further during interviews. The questionnaire reflected some of these concepts directly and others indirectly through related questions. Therefore if the topic continued to come up in the interviews, it would reappear as a significant category to pursue.

2.7.3 REVIEWING DATA AND TEXTS: IMMERSION AND CRYSTALLIZATION

Most researchers start here to review the data for immersion and the crystallization. It does not matter in which order the researcher does the review, only that it is systematic in the approach (Crabtree & Miller, 1999). At this point significant concentrated time must be spent.

Prior to this intensive phase, the researcher attended lectures on *Mind* training and went to Nepal to be part of an enthronement event that helped bring focus to the *Mind*. During an enthronement ceremony the consciousness of an enlightened being is recognized in the new body of a young boy. The author had met and studied with the previous Urygen Tulku before he died, while living in Nepal in the 1980s and early 1990s. The belief is that this consciousness, or conscious being, is not ending but is continuous through many lifetimes. Those enlightened beings, like Urygen Tulku, remember their previous existence, knowledge, and wisdom from previous lives. They are an inspiration to those of us who are reborn without that knowledge, to

train our minds in this lifetime to become enlightened. Daily prayers, meditations, and prostrations were done for an intensive three-week period.

During this time the researcher continued to talk to friends living in Nepal about the research, which helped bring everyday implications to the data. While treating people in Nepal the researcher kept the treatment focus grounded in the Still precepts and the minimalist concept in the forefront of the mind to bring more experiential context to the data.

The researcher experienced another mind changing event in Nepal. While in Nepal, the researcher was treating a dear friend and monk in end-stage liver failure with chronic hepatitis B and C with tumors. He was experiencing ten-out-of-ten intractable, abdominal pain and was on morphine which was making him very sick and clouding his mind. He was not able to perform the prayers that Buddhists must do to prepare for death. During the three weeks the author was in Nepal she was able to treat Lama Chopel. The author was able to get his pain down from ten-out-of-ten continuous to one-to three-out-of-ten intermittent, with some pain-free times. What was so amazing was not the change in pain level but the monk's openness to change. The author needed only to think of the change that was being offered and the body responded. It was the first time in the author's life that she could truly say she was holding the whole being in her hands. It was a remarkable event and one that was reproducible on subsequent treatments. This same phenomenon was reproducible as well when treating the Lama Chopel's brother, Lama Lodee. This significantly opened the author's vision.

Two months later the researcher went to Florida with a fellow thesis writer for two weeks. The goal was to spend concentrated time on this thesis without family and professional obligations to break the concentration. A mentor osteopath from the U.K., Clifford Conway, had advised the author to get out of the cold basement where she was working to gain a larger, more

expansive view. The researcher was on a leave of absence from the hospital where she works part-time and was able to leave her children in the capable hands of husband, Jurme Wangda.

The author was able to face the ocean morning, noon, and night. This allowed increased time for meditative pursuits and prostrations, both (always) helpful practices for centering the mind. Sometimes, if the focus drifted off the spiritual practice, “ahhh” moments would arise regarding the research. Sadly the researcher did not stop to record these moments and was often left with just a sense of something shifting in the perception, rather than a direct written-down event. Despite this the researcher intuitively felt that process was an important peeling away of obscurations at some level and benefited the research process. Crabtree & Miller (1999) speak of ways to get through blocks in the process and suggest altered states of consciousness like meditation, a form of which are prostrations. In *Mystical Mind*, (1999) it is said that the slow repetitive motions of a prostration produce a hyperquiescent state. In Buddhism this is called *Upacara Samadhi*, or in physiological terms the normalization on the central nervous system via the parasympathetic pathways. However these repetitive patterns can, with enough repetition, produce an overflow phenomenon: the hyperquiescent state with eruption of the arousal system, or *Appana Samadhi* in Buddhist philosophy. This is a sudden sympathetic burst that produces a euphoric event and shift in perception. This may happen during marathon running or Sufi dancing as well (d’Aquili & Newburg, 1999).

The interview data was read many times after the initial interviews. It was read during and following the transcription stage. After the transcript was reviewed and verified by the interviewee or key informant, notes were made at the edges of the transcripts during multiple readings. The data was then organized into the questions that were asked in the interviews. Angela’s Ramblings (See APPENDIX Y) were pulled out of the interviews as well. The data was

read again when it was in the specific question groupings for recurring themes or thoughts of interest. The data was condensed to what the author felt were important quotes and then notes were made at the bottom of each question's section. Key ideas were highlighted in the data. This was all done before the intense two-week data review and writing period in Florida.

At this phase of the research all the personal notes included in the field notes were reviewed to keep them fresh in the author's mind prior to reviewing the data. The data was then read twice: fully again and also in the separate question format. Notes were again added to the sides and opposite pages of the data. These new notes were compared to the original notes for consistency and areas of importance. The author then "hit the wall," not certain how to proceed with the first question even after prostrations, meditation, and walks. In email correspondence with her husband, he stated that hitting the wall was a good sign for moving into new knowledge and reminded the researcher of several Buddhist concepts such as: we are all perfect and all knowing but sometimes obscured by wrong view, that this is temporary, and not to underestimate one's self. With those thoughts in mind the author just started to write from the heart.

Each interview question was read through again and the information was slotted into the topic codes that had been put along the sides of the text. This was how the author started the writing again. The information was divided and presented in the three questions. SAT, although a huge influence in Mr. Dummer's life was primarily presented in the fourth question as it related to his contribution to osteopathy.

Describing the data collection and the whole research process was presented to provide an understanding and a record of the actual process. Descriptions on how the author retained her focus were presented.

2.8 SUMMARY

This chapter was a review of this study's methodology. The overall design using qualitative research was described. The reasons for choosing this style were explained. The qualitative design offers detailed data when there is little documentation on a subject. The four research questions were presented. The rigours of the qualitative process were discussed and the author showed which steps were taken to provide a reliable, valid, transparent, and complete research with safeguards for subjectivity in place. Saturation of the data was discussed. Sampling strategies for the subjects and the literature were described. The process of data collection through the interview process was described for both in person and telephone interviews. The transcribing and verification process was shown to further strengthen the reliability of the data. Experts in the *Mind* and ESO areas were introduced. The experiential evidence from the SAT treatments was explained. Finally the data analysis by immersion and crystallization was detailed.

CHAPTER THREE: WHO IS TOM DUMMER AND HIS MAJOR INFLUENCES

CHAPTER THREE: WHO IS TOM DUMMER AND HIS MAJOR INFLUENCES

3.1 OVERVIEW

This chapter is an integrated review of the interview data collected regarding the first question: *Who was Tom Dummer and what were the major influences in his life that influenced his practice of osteopathy?* It is divided into a) *Who was Tom Dummer*, b) *What were the interests and influences in his life*, and c) *How did these interests influence his osteopathy?*

The data was analyzed with the qualitative method of immersion and crystallization from the 23 osteopaths and the nine key informant interviews. The information was triangulated with the demographic information, the literature (which includes books written by and personal papers of Tom Dummer), as well as information from experts.

The interviews were reread and the responses were divided into the 33 questions that the osteopaths were asked and the 13 questions asked of the key informants. Also included were seven additional questions asked of the patient subgroup within the key informant group. The relevant questions asked in the interviews and included in this question's analysis were summarized in APPENDIX M: QUESTIONS FOR CHAPTER 3. Relevant information from the responses to other questions was also included in the data. This was because sometimes the interview respondents would say something of importance to a particular question when responding to another question in another part of the interview. The raw data by question and respondent is included in APPENDIX Z. Personal identifying data has been removed as much as possible except for Code 24. Code 24 gave specific consent in an email to allow some identifying aspects to be included as they were important to painting a more complete picture of Tom Dummer. The data was reviewed for common thoughts or themes during multiple reads. Each grouping of interview questions was reviewed with the horizontal approach described in

Crabtree & Miller, (1999). The author was initially looking for common ideas that were expressed on a large scale. During subsequent reads the author looked in detail for examples of these themes and then looked again for negative cases or alternate interpretations. Responses to questions were summarized again, and a concluding group of common ideas thought to be important was written at the end of each question grouping. The next step involved reviewing each interview question with the same criteria that is summarized below. Sometimes a theme was highlighted just because it struck a “chord” in the researcher. It was included because the theme rounded out the data, and not because it expressed a repetitive idea. The preceding process was added to the existing framework based on the author’s filter and bias. Subjectivity is acceptable in qualitative analysis as long as the steps are taken as described in SECTION 2.4.4. Triangulation is of course a large part of this strategy.

The source data was generally recorded in two ways but on some occasions only one way of recording was presented. An introduction to a quote generally includes a statement that references the quotation’s source. (For example, Code 35 stated: ...). Following a quotation (35) will indicate from which source the information was obtained.

The information offered on Tom Dummer was descriptive and included portrayals of Dummer the individual as well as Dummer the osteopath. His interests were explored and it was documented how those interests influenced his osteopathic treatment.

3.1.1 THE OSTEOPATHS OVERVIEW

How do you know Tom Dummer and when did you meet him?

The information on how people met Tom Dummer is often personal and would allow for easy identification of the specific interviewee. To avoid identification, the responses are summarized here, in TABLE 5.

Table 5: HOW THE DO'S AND KEY INFORMANTS MET TOM DUMMER

	As a DO	As a student	Personal connection	Tibetan Buddhism/ Tibetan connection	Through a friend	As a patient
DO's	2	15	1	3	2	--
Key Informants	--	--	2	1	--	6

Demographic data on the DO group is presented in APPENDICES H, K, P, AND Q. There are three main groups of people within the DO group. There are the DOs who had known Mr. Dummer for a long time or had trained with him, those who were taught by him when he was a young DO, and the students of ESO/Ecole francaise d'osteopathie who were taught by him when he was an older, established DO. One DO first met Mr. Dummer through his own students. See APPENDIX P (from demographic sheets) for the date people first met Mr. Dummer.

There were two main ways that people met Tom Dummer. All those interviewed of course had an osteopathic connection but often osteopathy was not the first way of meeting him. Many met Tom through a friend's introduction or through a Buddhist, chiropractic, or homeopathic connection. People seemed to funnel prospective students toward Tom Dummer (15, 19). These "funnels" included a homeopathic family doctor, a Zen meditation master, and Parnell Bradbury, a chiropractor/osteopath. The other way people first met Tom Dummer was through a direct connection with a school where he was teaching.

3.1.2 KEY INFORMANT INTERVIEWS OVERVIEW

There were originally 10 key informants; one withdrew for personal reasons. Of the nine that were left, six first met Tom as a client, and three first met him through social contact. One of these social contacts was through music and the other through a Tibetan Buddhist connection.

One, Jo Dummer, was married to Tom. The author found it difficult to keep Jo Dummer's identity anonymous within the thesis due to the wonderful and full detailed answers she provided to questions. The author discussed this with Jo Dummer during the writing of the thesis and Mrs. Dummer was comfortable being specifically identified. She encouraged the author to "just get it written and not to worry about her being identified." All other participants' identifying factors were limited to allow the data to remain as anonymous as possible. Deryn Bell, Tom's step-daughter, was also interviewed but her information is coded with the osteopathic group as she is also an osteopath.

Three key informants knew Tom for 39 years or more and the least time someone in this group knew him was five years. The rest knew Tom Dummer between 12 and 23 years. (See APPENDIX P.) This key informant group saw Tom on a regular basis and all felt they knew him well. (See Appendix O and V.)

Collectively the interviewees spanned Dummer's life from the time he was a new osteopath until the time he died and were representative of all phases of his osteopathic career. No childhood acquaintances of Mr. Dummer were found or interviewed.

3.2 TOM DUMMER: INTRODUCTION/OVERVIEW

Tom Dummer gave readers some insight into himself in the introductions to the books he wrote. The rest of the information in this chapter was gleaned from the 32 interviews with osteopaths, friends, patients, and family of Tom Dummer. The comments were candid and representative of who Tom Dummer was as a person and an osteopath. Generally, there was consensus in the views of Tom, but a few negative cases are also presented. This chapter is divided into: Who was Tom Dummer? What were his influences? And finally, How were these

interests and influences seen in his treatments? The section on his Buddhist influences is further expanded in CHAPTER 4, QUESTION TWO.

3.2.1 TOM DUMMER

The information in this section was primarily obtained from the questions: *What do you know about Tom Dummer's youth* and *What do you know about Tom Dummer's family?*

3.2.1.1 YOUTH AND FAMILY

3.2.1.1.1 THE BEGINNINGS

Tom Dummer was born on Oct. 23, 1915 to a very Victorian mother in her 40s and his father, a postman. His mother was from a very strict, upper-class Victorian family with the maiden name of Willis (24). His parent's marriage had a modest beginning in a home with the privy in the garden (4). One of the respondents, Code 8, thought Tom grew up in a modest home in the northeast side of London. Code 8 felt that there was not enough food to go around during Mr. Dummer's growing up in the economic slump of the 1930s, which explains why Tom developed rickets (8). Code 8 goes on to say: "What I think it did to the guy was to produce a tremendous appreciation of the really fine things in life" (8). Code 24 knew Mr. Dummer was born in Gerrards Cross, Buckinghamshire (personal communication, August 20, 2006). Code 4 stated, "So he's not well off. He sort of sprung out of nowhere really. And that makes him all the more remarkable" (4).

Tom Dummer received a lot of attention and some privilege. Code 24 related that Mr. Dummer was doted on by his mother, grandmother, and aunties. Code 24 stated: "He was brought up like little Lord Fauntleroy, you know with velvet suits and collars and things and he was stifled" (24). Code 24 also reported that Mr. Dummer had all the benefits of an only child with lessons in piano and violin. Mr. Dummer was born with an arrhythmic heart and developed

a kyphosis as he grew. (24) Code 8 related Mr. Dummer was never very athletic because of that [kyphosis] (8).

Code 24 related that Tom played jazz in his teens. Tom was a conscientious objector during the war (24). His uncle got him a place to learn architecture as he was great at drawing but Dummer instead decided to leave home at 18 and worked in a nightclub playing jazz. He played at many nightclubs like the Dorchester and also had several gigs at Buckingham Palace (24).



FIGURE 1: Tom Dummer as a young musician

3.2.1.2 ADULTHOOD: MARRIAGES AND CHILDREN

Code 24 also related that Mr. Dummer married his first wife, Peggy, early in his life but she left to go to Australia some time after that (24).

Code 24 goes on to say:

And then he met Sarah, his second wife, and she was the mother of the kids, Tanya and Ruthie and then she went off to Japan and left him with them and I know Tanya was only 2 at the time so he had a tough time. Apparently there's an organization called Universal Aunts and he had said that he must have been their best customer because he had to employ them the whole time because he was working and earning money. He taught them lots of things. He did the shopping. He took them shopping to Harrods every week. He taught them about the good things in life (24).

Tom met Margery in 1959 and they were married 6 months later. He appeared to have had a very happy marriage and socialized often with Jo and Parnell Bradbury, who were good friends. This was a very busy and difficult time as the ESO was in its infant stages. Mr. Dummer had an extra-marital affair and after that Tom and Margery split up in 1974, and were divorced five years later. Code 24 stated the Bradburys "were devastated to hear of Tom and Margery's breakup" (24). Margery met Robert Bloomfield with whom she eventually married and had a loving and happy marriage. She took special care of Robert at the end of his life (24, 27).

Mr. Dummer was then a bachelor in London (24). He continued to have good contact with his children, especially Ruthie (23, 24). Margery and Tom continued to work together professionally and continued their work at the ESO (8). They had a very good professional alliance when the school started as well as in the early stages of ESO's growth. Their professional way of working together was admired by many people (27, 28, 11).

Parnell Bradbury was a good friend of Tom Dummer's and they would work on difficult patients in each other's practices (24). Mr. Dummer was ever grateful to the knowledge of Parnell Bradbury, which shaped Tom's beliefs regarding minimal treatment (3, 24). Parnell Bradbury was in contact with Tom Dummer during Tom's bachelor years, although Mr. Bradbury lived in Devon, then Cornwall, then Forest of the Dean on the edge of Gloucester (24). Code 3 confirmed Tom's relationship with Parnell: "I know that he was inspired by the chiropractor who was also an osteopath, Parnell Bradbury, and he was in touch with Parnell Bradbury's daughter, Deryn Bell. And he used to have treatment from her" (3). Parnell Bradbury had two children, Deryn and Farrel, who stayed in touch with Jo and Tom. Deryn became an osteopath and stayed in contact with and treated Tom (24, 25). Code 24 stated that when Parnell Bradbury (PB as he was called) died, Mr. Dummer came to the house to help the family dispose of all PB's osteopathic and working papers and books. Mr. Dummer was physically ill entering the house as he was so sensitive to the energy of his friend who had passed away there (24).

Over a period of four to five months Tom was able to go through Bradbury's papers and suggested that Jo Bradbury come to London for supper and a break. Their relationship grew from there (24). Code 5 stated: "Well, he [Tom Dummer] was married a number of times. Jo was his fourth wife. And he only had two daughters" (5). Code 23 stated "I only came on the scene in 1977 and at that time he was divorced [from Margery] and obviously still had good contact with his already grown up children" (23).

Code 24 stated "...when I rang up Deryn I was really nervous and I said "Tom and I had got together," (and I didn't know what was going to come) and she said, "that is the best news I've heard in a long time" (24).

Jo and Tom went to India for two and a half months before they were married. They were married February 1978. There was not a lot of money at that time and they had to work hard to get back in good standing (24). They had 20 years of a happy life together until he died May 21, 1998 (24).

3.2.1.3 LIFE TOGETHER WITH JO

During his life with Jo, they went to India 12 times. It was these visits where Tom Dummer saw his spiritual masters and an adopted Tibetan family (24). They did a lot of travelling in Europe as well until Jo Dummer had a flare up of rheumatoid arthritis (RA) in 1992 and was nursed by Tom and her father (personal communication with Jo Dummer, February 10, 2009). At the same time Tom's daughter Ruthie was ill with cancer and was staying with them. Mr. Dummer took care of both Ruthie and Jo in a compassionate way. One day he set up a table with linen and wine etc. stating if Jo could not come down the stairs, they would eat in style in the bedroom (24).

Ruthie, his daughter, was a Twiggy-type model in her younger years and died in 1996, two years before Tom. Jo Dummer was very close to Ruthie and had gone up to London to stay with her until she died (24). There were all sorts of people who helped Ruthie with the pain including Sufi Master Young who did energy work on her abdomen (10). Tom had special Tibetan Buddhist prayers (Phowa) done for Ruthie (24). Mr. Dummer and Ruthie were exceptionally close and the death was hard on him; he shared his feelings with a close patient—a disclosure that had indicated a rare reversal of roles between them. Code 4 said:

He was very, very sad about that. It was the only time he put his arm around me; I think he needed to be cheered up a bit. Very moving. He was very, very sad when she died, and I think it was helpful to have a patient at that time because he brought his troubles out to me, which was a change, reverse. (4).

Code 24 stated:

I don't think he ever got over Ruthie's death. There you go. His religion really helped him cope with that, a lot. He did everything he could for Ruthie when she died, he arranged for somebody quite important to do the Phowa for her. It was done immediately and [Bardo prayers] afterward as well. I think doing that helped him. Because he knew then that Ruthie was going to be okay. And I'm sure she was. But they were very, very close. Ruthie and Tom were very, very close. But [it was harder with Tom's other daughter, Tanya]...with Tanya for some reason. I think Tanya was probably...she was only two when Sara bunked off, and I think she was traumatized by that so you can't blame Tanya at all (24).

Jo Dummer stated that those 20 years with Tom were the happiest of her life and that they had not expected to have so many years together, knowing of Tom's heart condition. This was collaborated by Code 10 who said: "Jo and Tom were very, very happy. Very happily married" (10), and by Code 17: "But they were very comfortable together. She [Jo] was always very bubbly" (17).

3.2.1.4 DUMMER'S HEALTH AND PREPARING TO GO

Code 24 related how she felt about Tom's health.

He had an arrhythmia that he was born with and he understood it, well his close friends did, and the chap called Michael Gormley, a physician, he understood him too. But anyone else testing him they'd freak out. It happened here when we joined the local practice. When he had a check up and this Dr Wright went over him and said oh you need to get into hospital, and Tom said, "no, it's all right." And he said, "no you've got to go to the clinic." And Tom said no, I've got to go, I've got patients. And he said, well how about going tomorrow. And Tom said no, tomorrow I'm lecturing and that was how it'd freak people out. Unless they knew him well, and we knew one day that's what would get him but he lived much longer than he thought he would" (24).

When travelling became too difficult for Tom, they stopped. This was the only regret Code 17 had seen in Tom Dummer (17). During his last two years Tom had more arrhythmias, which were more difficult. Code 11 stated:

I know he began tiring towards the end and he did suffer a little bit from fear of open spaces (agoraphobia), which I think was also something to do with aging. He just enjoyed staying very much at home; he had a big garden where he walked a lot. He was disinclined to go out much towards the end due to a lack of comfort. He preferred to stay at home (11).

Code 24 said:

I think he used to get more of the arrhythmia and we used to have many, many nights sitting up all night. And I could actually see it going and we used to sit and talk and come down and make some herbal tea or antispasmodic and it would go. We used to do that a lot in the last 2 years. And he knew that his days were numbered. He knew he was end-gaming. And he devoted much of his time during those last two years to that [dharma]. He was getting ready to die and he wanted to be prepared. He was really prepared (24).

He [Dummer] died in Jo's arms after collapsing in the kitchen (24).

Mr. Dummer continued to work part-time until the week before he died. He told those patients he saw at the end that they would need to see someone else soon (4,17, 24). He also burned a lot of personal papers, photos, and old personal letters the last few weeks before his death (24). Code 24 stated: "He destroyed all those things and old personal letters and bits and pieces that we all accumulate. It all went, everything. Everything in cupboard is as it is, that's what you saw today" (24).

Someone who knew him well wrote in the newspaper, The Guardian, when Tom died:

...if Jo asked Tom for a slice of the moon, he would have it there on her table for breakfast" (24). Tom's ashes were strewn over the garden where he lived, loved,

meditated, and worked, for those who were blessed enough to have spent time with or been treated by him there (24).

3.2.1.4 QUALITIES OF TOM DUMMER

Tom was a many faceted, deep individual. This was reflected in many of the comments during the interviews. There were the caring warm aspects of him as well as the more wrathful ones. The examples below are representative of the feelings of the participants.

Mr. Dummer was appreciated for who he was. Those who knew him well thought highly of him. Many respondents mentioned qualities that were reflected not only in his everyday life but also in his osteopathy practice. The quotes in the next sections gave this author some idea of Mr. Dummer's nature.

3.2.1.4.1 GENEROUS AND KIND

Tom Dummer was generous and kind. There were many reports of this in the interviews. Code 8 stated "And I went and had the x-ray, right, I hadn't got two beans to rub, he said he'd do it all for free. Which was very typical of Tom, incidentally" (8).

Code 24 gave this example of Tom Dummer's kindness: "When I was very ill, Tom was so kind to me, nothing was too much trouble" (24).

On one occasion Code 24 describes another special memory:

...and he came out and he said I've put a little table in the bedroom and there were two chairs and a table cloth up there and he brought wine and stuff and he cooked a meal and he said "if you can't come downstairs we'll have it in style up here." And that was special. Very special (24).

Mr. Dummer's nature to help where needed is demonstrated in this quote by Code 31. It was the only mention of this event in the interviews: "Do you know that Tom adopted a little Tibetan girl? He tried to teach her osteopathy. And he did that to help" (31).

These quotes are representative of Mr. Dummer's caring and generous nature. The full quotations are in the raw data in APPENDIX Z.

3.2.1.4.2 CONSCIENTIOUS

He was conscientious in his work as stated by Code 10:

"If I can't fix your back in three or four sessions," he said, "I'm going to refer you to someone else. I'm not going to carry on trying to treat you. You'll either respond or you won't." So I knew immediately he wasn't interested in just getting money. He was a man of integrity (10).

Mr. Dummer's conscientiousness was again demonstrated when he referred a patient to another practitioner because he felt the patient needed help that Tom could not give him. Code 8 stated that Tom had said: "I'm a new boy, I'm the new kid on the block. I'm going to take you down to a guy called Parnell Bradbury" (8).

Dummer was aware of what patients needed and would send them to where he felt they were best served, as was seen in the comments of Code 4. "Tom was fantastically helpful. A) Because he lectured him [her son] about the importance of food because Thomas wasn't, my Thomas, wasn't eating properly and b) he said look, it's best if you go to a young person, not me, go to James Sumerfield" (4).

Mr. Dummer really cared about his patients and would follow through with them when they needed care. The patients I interviewed were people treated by Tom Dummer over a number of years for different ailments (Codes 17, 4, 5, 6, 8).

3.2.1.5.3 WAS COMPASSIONATE AND GAVE GOOD COUNSEL

Mr. Dummer was compassionate but also able to give good counsel, as indicated in Code 4's comment:

He just would help me through really difficult, quite a long, difficult period in my life. He was great soul. I thought he knew everything, really (4).

Code 10 relates how the counsel Tom Dummer gave made him/her re-examine his/her life and change:

My job was to carry heavy suitcases. He said to me, “I suggest you change your work.” Jokingly. I thought about it, actually. I thought this isn’t what I’m supposed to do. He said, “you’re very slight so to be carrying these heavy suitcases around the world isn’t really going to do you much good” (10).

Code 10 talked more about how Dummer had helped her:

He was such a spiritual man. After a session, when lying on my back on the bed resting, Tom was like my teacher. I would ask him all kinds of questions and things, and he would be as patient as could be and answer them. For me it was really seeing a spiritual teacher (10).

Code 17’s transcript relates this story:

Mr. Dummer had this incredible quality that you always knew that you could call him and he would listen to what you had to say. And he would advise you and would see you. And so what I’m trying to say is that you knew that your back was going to go out, sooner or later, day or night. But Mr. Dummer was always there (17).

Tom Dummer was able to help people with counseling due to his spirituality. He answered people’s questions with calmness that was integrated into their being (10). He helped with everyday things like nutrition (4).

3.2.1.4.2 MULTI-FACETED

Some informants stated that Tom was comfortable dressed in tails going to a function with the Lords of the government and equally comfortable with people from the trades. He was able to fit in with any group and had friends in all circle of people.

Code 23 stated about Tom:

Tom was a funny mixture. Part of him was super conventional, well off in that aspect, and part of the establishment with friends amongst conservative MPs; on the other hand he was this complete kind of British eccentric, very unconventional. He had been a conscientious objector during the war. He'd been quite a kind of, he wouldn't just accept the overall status quo (23).

Code 17's respect for Mr. Dummer was reflected in the following statement:

On one hand, he was just a normal human being. On one hand when you were having a cup of tea, and laughing with Jo, and talking about his... he was just like any neighbour. And yet, on another hand, when he became...something about what he did, then you saw this amazing person that had nothing but love for what he did (17).

3.2.1.4.3 IMPRESSIVE

No matter the manner that they were introduced to Tom Dummer, he seemed to make a big impression on people as documented below.

Code 1 relates:

And he was a very inspiring man then because, where I had graduated at the BSO, we had gone through a very structural look of osteopathy and we wanted to be super physiotherapists, and the view was if you kept your nose clean, you'd be alright. Tom's was a much broader look of osteopathic medicine and a tremendous influence of his naturopathy in those days. And I found him fascinating and an interesting person, loved his food, loved his wine, loved his life, lived life to the full, and was an inspiration osteopathically (1).

A former student classifies Mr. Dummer in a positive light. "And Tom was just super intelligent. I thought he was wisdom incarnate. And jolly as well" (28).

Code 19 said: "You know it's like I know him, but not through facts. It's a knowing, true feeling. A knowing, true through heart contact rather than through facts" (19).

Code 22 saw Mr. Dummer's physical attributes and intelligence were part of his development as an osteopath: "I think part of Tom's treatment was this: all his life he was trying to align himself. He suffered from rickets as a young man and had certain physical problems" (22).

Tom's many interests meant that he spent time with several different groups of acquaintances. These various groups provided contact places for people to interact with Tom Dummer. He was known to speak to people at Tibetan medicine lectures (13) and at dharma events (13, 16). Tom seemed to be open to prospective osteopathy students speaking to him in those contexts and often took an interest in their careers.

Code 17 said: "Because he had such a huge influence on so many of us as an individual, as an osteopath, as a man, as a friend. There were so many facets to the guy" (17).

3.2.1.4.4 INNER SIGHT/OCCULT/INTUITION

Code 24 describes Tom Dummer's reaction to the death of his good friend Parnell Bradbury:

He put one foot over the doorstep and he was violently sick and ill and spent the whole weekend in bed. Because he was so sensitive to the atmosphere... that this is where his friend died. He had come there to do this thing and sort out all these personal papers and everything. It just overcame him and he couldn't cope with it (24).

Tom knew he was going to die soon. He told several patients it was time to find someone else. Code 4 stated: "He actually treated me the week before he died. He had an intuition because he had put me in touch with somebody else to look after me. He said he was going to stop"(4).

Code 17 stated

And my last conversation with Mr. Dummer, a week before he died, he said to me, "You've got to start looking for somebody else." And I said to him, why?

And he said, “Because I lost it. I don’t have it any more in my hands. I’m too weak. I don’t have it. It’s gone. And I don’t think I’m going to be here for long because I lost it.” And I said to him, ‘what are you talking about?’ And he said, “I can’t heal anymore” (17).

Code 8 relates a story about Tom Dummer to show his strong ability to see beyond the physical. These stories make this aspect of Mr. Dummer very real and evident (8). “The guy was an extraordinary guy. I mean he was, I’ve never met anybody like him. ... the first thing was that there was a very strong occult side to Tom” (8).

Code 8 related:

The girl rang us all up because she was in a hell of a state because she thought this black magic was being practiced on her, one thing or the other. And Bruce, I, and Tom went around there, and Tom put her in a circle, and did a complete job of cleansing thing on her. And it sorted her out (8).

In the example of the possessed girl, (above) Mr. Dummer was able to see the goodness behind the obscurations and draw that forward. This was what the author feels he was doing in his treatments as well. It did not matter if the event occurred in life or when he was practicing, Tom Dummer applied the same principles to what he did. Whether it was with radiesthesia, dousing, or looking for a lesion he was able to access the energetic fields of consciousness needed for both health and right action and he was able to work there.

Code 8 also told another story about Dummer’s extra abilities:

We went into the forest, and we were there for a couple hours or whatever it was, wandering around all over the place, and we got absolutely and completely lost. Got really seriously lost. And the light was failing, and it was getting dark, and all this sort of stuff. We did not know what to do. And Tom said, hey wait a minute I’ve got my pendulum, which is the radiesthesia bit, right? And he got his pendulum out, and he, errrrr, and said the car is out there a bit, and we walked and

within whatever it was, half a mile, there was the car. He sorted the whole thing out... (8)

See APPENDIX Z for the descriptive stories about Mr. Dummer's ability to tap into the energetic fields of the individual and the universe.

3.2.1.4.5 HUMBLE

Code 18 felt that Mr. Dummer was humble and always ready to learn:

Tom was a very humble man. ...I remember him putting his hand on my shoulder at one point in time and I can't remember what the conversation was but he said, "always be a student every day of your life." Learn from every patient." And I think even his age and his level of experience he knew that he was still learning (18).

Reflecting on Dummer as a complex man, Code 15 related that Mr. Dummer was sure of what he knew but was humble with that knowledge and never pretentious. He was able to make fun of himself.

Code 17 stated a similar sentiment:

I think he knew he was a healer. And I know he felt he had a responsibility to use that for as long as he could. And I think that is what drove him, really (17).

...He was never ostentatious; he was never showing off (17).

Many other respondents commented on Dummer's humble approach in the classroom, noting that he was not showy. If you were not paying attention you would miss the whole point because Mr. Dummer presented in such a humble and understated way (28, 18, 19).

3.2.1.4.6 COULD GET HURT

Code 15 stated that Mr. Dummer could get easily hurt and did not like the fact that he had fallen out with John Wernham. Dummer also fell out with some of his protégées as they grew and wanted to spread their wings.

And you see that was the side of Tom that would get hurt. ...Tom was a Scorpio and he felt things very deeply. So he could get very offended. He had a very wise side, which I'm sure you understand when I say the quality of energy in his shrine and his kindness and empathy and wisdom as a practitioner. He had another side. ...and not infrequently things would happen that would hurt him. There were a few sort of fallouts as well, that hurt him. That would cause him to deal with it not always with the biggest wisdom (15).

Code 22 related his perceptions of Mr. Dummer: "He felt things deeply and worked very hard to overcome those things. By the time I knew him he was a mature man with experience so it didn't knock him off his pedestal" (22).

According to Codes 15 and 19, Mr. Dummer was shy and his shyness played into his getting hurt easily:

Tom was really very shy and as a first, I thought he was extremely sensitive. He cared very much what people thought and felt about him, about his work, about osteopathy and he was easily put off, easily would go into a shell so he would keep himself quiet, withheld, especially about anything that really mattered to him. Very cautious. Very sensitive, very cautious in the way he approached...and yet he had a lot of force. He had a lot of force But he didn't use it in an obvious way. So you almost wouldn't notice him when he spoke very quietly. He mumbled, he wouldn't speak clearly. So this sense of tremendous force withheld. (19).

3.2.1.4.7 WRATHFUL

Not everyone saw Mr. Dummer's wrathful side. There was evidence for and against the wrathful aspect of his nature, but the author felt it was important to include a comprehensive view of Dummer's full nature. As Code 8 stated, "He was human" (8).

Code 24 talked about a comment the author made regarding something she had heard in other interviews:

You couldn't wish for anyone kinder and when you talked today in the car about his Scorpion tail, I was surprised that people had picked up on it because I rarely saw it. I never experienced it. Although I knew it was there. Other people would suffer from it but I never ever had it happen at me. He was just lovely to live with (24).

Code 20 discussed the complex man Mr. Dummer was, which included his not-always-seen wrathful nature:

I've known him a long time and Tom was a very emotional man, a driven man. He openly admits and is happy to say that he turned to Buddhism to calm that side of him down. He had a volatile temper and in this it was a handicap to begin with (20).

Code 22 relates this aspect of Mr. Dummer:

I think he had a bit of a temper, but he overcame that. He was in his late 60s by the time I met him. He'd obviously been in the Dharma for some time, it was noticeable, at least for me, that he was (I don't say this the wrong way) that he was, like we all are, working hard at being an equitable person. But you also knew that sometimes if you got on the wrong side of him, there was a bit more of a sting in the tale, as he would jokingly say that "Scorpionic" side. It wasn't anything horrible or anything; it was just his nature, just part of him. Sometimes I saw more of it when he was working in the practice. He'd come up from Kent, or wherever, and be in a hurry and a bit difficult (22).

Code 17 was aware of that side of Mr. Dummer but never saw it: "And you could see that he was not somebody that would be...if he was raised... that the gentleness could be wrathful. But I never saw that" (17).

No patient mentioned an instance of wrathful behavior, suggesting it was not shown to patients. Code 10 said: "I never saw Tom get angry" (10). "Unbelievable man. He was so tremendous. I miss him terribly. Still. I miss him terribly" (10).

Dummer's wrathful nature seemed to emerge as a behavior, as it typically does for many, when he was feeling hurt. The author knows that as each of us pass through this life there are times when we are challenged. At these times our habitual nature often becomes dominant. This is the natural working of an untrained mind. It is at those times however, that our mind training is most important. Mind training allows us to be aware of, and then stop, the habitual way of looking at the situation, to recognize the situation's illusory nature, and thus diffuse it. This is not always an easy thing to do when our buttons are pushed; there were times when Mr. Dummer's Scorpio nature became evident. He tried hard to change his habitual relative nature. These thoughts are related to Mr. Dummer's Buddhist view and will be further developed in CHAPTER FOUR.

3.2.1.4.8 HUMOUR

There were many tales of Tom's sense of humour in the data of his friends and family as well as his fellow osteopaths. It was a recurring theme in the most memorable events with Mr. Dummer. Code 23 stated: "And always a sense of humour there" (23).

Tom always had a great sense of humour and the fact is that he always got on well with Alf [a dharma friend]. They never took themselves seriously. They were always a sense of humour and never holier than thou, almost like making fun of themselves getting into this weird practice [of Buddhism]. ...And never minding a bit kind of if he was acting unconventionally or whatever (23).

Code 11 stated: "He had a great sense of humour and he'd laugh a lot" (11).

Code 32: "I just remember laughter. A huge amount of laughter. We laughed a great deal and he had a great sense of fun, almost mischievous sense of fun which was infectious" (32).

Code 25 speaks of Mr. Dummer's characteristics:

An interesting, attractive man. And then (I'm skipping years and years, obviously) when... and then he came down to see my father when my father needed a

treatment, when he wasn't well, and he appeared almost immediately to treat my father and that. And then years later, when he got together with Jo...his sense of humour and the amount of wine we consumed, but his sense of humour (25).

It is easy to see the Mr. Dummer's joy in the above comments. The last comment is representative not only of Dummer's sense of humour but also his love of life, his innate compassion, and the conscientious care he provided at the end of a friend's life. The author concludes from the data that humour was another way that Mr. Dummer expressed his awareness of the relative and absolute worlds. It was a way of signifying that the events in the relative world are not so important and need to be put into perspective. It allows a decrease in ego clinging to aspects of self present in this world. Through the comments of the participants of this thesis the author sees Tom Dummer as a complex man who exhibited the same values and qualities the author looks for in people she wants to spend time with: people with loving kindness, compassion, humour, passion, spunkiness and intelligence, but who are also humble. These are qualities to which anyone would aspire.



FIGURE 2: Tom Dummer at ESO. (Note the sense of humour: Tom has no wine glass in his hand.)

3.2.2 TOM DUMMER: WHAT WERE THE INFLUENCES AND INTERESTS IN HIS LIFE?

Mr. Dummer had many interests in his life. His love of life and inquisitive mind led to his pursuit of many varied interests. Mr. Dummer's primary work interest was osteopathy although throughout his career he explored many different therapies. As Mr. Dummer aged his spiritual development became his primary focus.

3.2.2.1 HIS INTERESTS AND INFLUENCES

Tom Dummer was a man of many passions. He loved life; this was best summed up by Code 24 in one paragraph. The author will begin with this statement from Code 24, as it is representative of the many descriptions of what Tom found important:

Well his interests, his first interest, was his religion. That was the most important thing in Tom's life. And as the years went by it became THE most important thing in his life. And then he loved his life as an osteopath and lecturer. That was his life as well. The school (ESO) was really important to him. It was like a baby. It was really really important. And he loved cooking, he was a gourmet cook, a fabulous cook. And he cooked right through our marriage. I never cooked. But then I used to saw logs, do the decorating, and mend fuses. So it was balanced. And he never cleared up after himself. I didn't mind that because it did not take long. And he'd make these fabulous meals. And he'd say to me "what would you like to eat tonight?" And I'd get bored with that question and I'd say, "oh, anything, surprise me." I mean how could you ever get bored with that but you do. Isn't it crazy? And he'd cook the most fabulous meals. The great care and he loved wine, he loved red wine. He was a connoisseur of red wine. He had a really good cellar of red wine. And he loved traveling. Travel was a big thing in his life. And so, that's it (24).

3.2.2.1.1 MUSIC

Mr. Dummer played music from an early age. He started out as a jazz pianist in his teens (24). Code 8 said that when he met Dummer in the early 1950s, Tom was playing in nightclubs:

That was how I got to know him. It was not in an osteopathic context. He was playing in nightclubs at that time...he certainly played at the Dorchester Hotel, which is a big hotel in Park Lane here. And he also, I think at one time he was in a nightclub in Piccadilly. Anyway that doesn't matter. I mean he was a good jazz pianist" (8).

[Music] That wasn't an interest. That was his profession. I mean he earned his living as a jazz pianist. Hatchetts. I think he was the resident pianist at a nightclub called Hatchetts (8).

Code 10 stated: "Oh I knew he played the piano in a band. Ann Shelton—was it Ann Shelton? ...Brilliant pianist. That's the only thing I know about him because I saw photographs of him with the band. He was very well known" (10).

Code 4 said, “He was a pianist for harpsichord. And also he did jazz as well” (4).

Code 32 related how Mr. Dummer used his hands while playing piano with the same lightness that he used in SAT:

Tom used to be a pianist. ...Sometimes after dinner at my place he would sit down and play the piano, or his place he would play the piano, and the hands worked the same way [as he used them with SAT]. An extraordinary sort of lightness, almost feathery kind of touch but it was all there. (32).

The author senses that the inner resonance needed for performing music played a part in helping Mr. Dummer develop the focus needed for SAT. Code 32 stated that the same quality in his hands was used for both tasks (32).

3.2.2.1.2 LOVE OF LIFE: FOOD, WINE, AND GOOD COMPANY, BEAUTIFUL AND FINE THINGS IN LIFE, CATS, AND HIS GARDEN

Mr. Dummer had a real love of life and readily shared that love with his colleagues and friends. He had a great love of wine, food, good company, and appreciation of many beautiful worldly objects. He also, as he aged, showed an increasing love of his garden where he spent much of his time in the company of his cats.

Code 8, who often shared a glass of wine with Mr. Dummer stated:

He liked plain red wine. And then if you weren't there for any kind of special event, out would come a bottle of something. La Tour 1960 or whatever it was. First growth from the Bordeaux Medoc region and that kind of stuff. He knew his way around the fine things of life. Very much (8).

Code 8 goes on to say:

I mean that guy kept a cellar of champagne of Krug. Now I don't know what you pay for Krug in Canada, but it is not just the most expensive champagne, it starts at about 2½ times the price of the top champagne. A top, well-known champagne. Like Mum, or whatever. You double that 2 ½ times, he used to get the bottom end

of the Krug range. And he kept Krug. I remember he had a reception, or whatever it was, and I went to several. Out would come a couple of bottles of Krug (8).

The author is not a connoisseur of wine/champagne but understands this to be a very precious bottle of champagne.

Code 31 stated succinctly: “Yes, he was a very special person. He loved life. He loved good wine. He loved women, even if I think it’s not necessary to talk about this [laughter]” (31).

Code 11 recalled:

He loved red wine. He turned me on to wine, big time. He was an excellent cook and we went down a few times to his place and he’d be tenderizing the meat and we’d start drinking wine. He’s a great cook. He cooked the meal (11).

Code 27 stated there were many evenings of fun with Mr. Dummer who loved to wine and dine. Code 1 also remembered fondly his time with Mr. Dummer in Paris reminiscing about Mr. Dummer’s love of life and of music.

Code 30 spoke fondly of his adventures with Tom Dummer:

There were so many fond occasions. One was when six of us, just before a conference, we went three couples to Leeds Castle, in Kent, to an evening’s entertainment and dinner in the banqueting hall of the castle on the day of American independence. The party atmosphere, and Tom’s capability of playing the fool, which was considerable. As well as his ability to be an in-depth meditator, and his spiritual capacities, his social capacities were tremendous, and if you put those two things together, it was such a rich evening by the time it finished, I thought, it’s going to take me some time to digest this. So those were the kinds of events that I loved ... I remember the fun times, his remarkable knowledge of red wine, his bon vivant attitude, and his way of living Buddhism which was thoroughly to enjoy life! (30).

Code 17 mentioned “...his garden. He loved his garden. He had a beautiful garden, he was proud of his garden and was contented and happy with what he had” (17).

Code 28 stated that:

Tom liked the good things in life. He liked food, he liked wine, he like people. He liked to have a laugh (28). ...And how friendly. He was always so polite and friendly. So stylish. Very well-dressed. Very handsome man, and always smiling. Always smiling.(He'd just love to find things, like, something, like maybe the quality of the materials you wore, or something, he always looked very attractive (28).

Code 8 had a different take on Mr. Dummer: "I don't know what it was with Tom. I mean to look at him you wouldn't have thought a woman would even go near him. He wasn't exactly a Cary Grant, really. But he obviously had a fascination" (8).

Code 4 stated: "... And he loved his cats" (4).

Several people spoke of his cooking (24, 8, 11, 4, 15). Code 10 recounted:

And he was an incredible cook—I don't know whether you know this. Incredible. His cooking had all that healing energy in it. Because I believe that if somebody has that energy, they're putting it in the food...everything they do. Absolutely putting their energy into it. And that's what Tom did (10).

Code 4 talked about Dummer's love of beauty:

...he loved beautiful things, beautiful furniture, paintings, his garden, his vegetables. He was very, very keen on healthy eating which also helped me (4).

I didn't do anything particular at the time, but all those words sort of sink in so now, at 72, I really need to know all about nourishment, and I use it all now (4).

Code 4 continues:

His vegetables. He loved them so much and food was so important to him which I agree now. But he didn't go away because he wanted to enjoy, in the summer, he wanted to enjoy his vegetables when they were all so fresh and that's when you get it" (4).

Code 4 also related what Tom Dummer felt about coffee: “Coffee. He could not bear coffee. Coffee, he said, is as bad as cigarettes” (4).

Code 4 indicated Tom Dummer had little time for politicians: “He said politicians may play their dreary games, he didn’t like politics a lot” (4).

The author synthesizes from the data that Mr. Dummer developed many skills that made him comfortable in all circles of society. He had a great knowledge of wine and food, which he loved to prepare and share. The author feels the energy of lightness, joy, and love when applied to any task becomes evident in the result, with the lightness, joy, and love going to each recipient. This love of life, enjoyment and sharing of good food and wine, the author understands as an expression of Mr. Dummer’s spiritual Buddhist practice but is not limited to a Buddhist perspective.

3.2.2.1.3 BUDDHISM

This section is included here because Buddhism had an important impact on Mr. Dummer. There will be a further discussion under CHAPTER FOUR where these questions will be addressed: *What do you know about of Tom Dummer’s Spiritual path? And How did Mr. Dummer’s spiritual path influence his osteopathy practice?*

Buddhism was the most important influence in his life according to many of the people who knew Mr. Dummer and has been alluded to by the author. It coloured everything he did. Quotes supporting this statement will be presented in CHAPTER FOUR.

3.2.2.1.4 COUNSELING/MENTOR/PHILOSOPHICAL DISCUSSION

Mr. Dummer was always interested in people and their progress though life. Mr. Dummer was a counselor or mentor to patients, friends, other DOs, and students. Mr. Dummer enjoyed discussions of philosophical nature and there were many memories around that theme. He was interested in *Mind*. Mr. Dummer had a group that met in London and often met with osteopaths

and friends informally to discuss topics of significance (1). The words spoken at these times were often forgotten or hard to put back into words. What was left was a feeling of significance or unspoken substance. Code 28 relates one of these times:

I remember sitting in a garden and talking. And I was asking him how you achieve the type of rhythm that he'd been trying to achieve all his life obviously. We had conversations about that; I have to say it's very vague now. How, what we talked about. It was always so significant. But I have a terrible memory for words and sentences. It was about Buddhism, meditation, spiritual teachers, etc, life (28).

Code 19 talked about how moved he was during one particular meeting of the heart with Mr. Dummer—a meeting that set him up for a close relationship with Mr. Dummer through his life:

But we had this conversation, it was a very short conversation. We were huddled in a corner in a darkroom, he'd just been playing the piano. I don't remember what we said because it wasn't all that important in the words. But it was a very powerful exchange of understanding. And I was such a young man. But it made a strong impression, that meeting with Tom. And in a sense, it epitomizes my relationship with him, which was not a very verbal relationship. It was a very direct heart relationship (19).

Although he had not met Mr. Dummer before, Code 2 sought him out. He remarked on how Mr. Dummer was very willing to talk to him:

... we had afternoon tea, and talked about osteopathy and the meaning of life I guess, and where it fitted into the meaning of life, and a little bit of Buddhist philosophy as well about doing and not-doing and that kind of thing (2).

Code 2 was given many of Mr. Dummer's books on medicine, herbalism, nutrition, and radionics after he died.

Code 18 describes how Mr. Dummer was supportive of him and took special interest in the students from ESO.

Tom Dummer was an inspiration to Code 32 in so many ways over so many years. He goes on to say, “He really was a mentor for a long time, and I guess he still is” (32).

Code 9 describes a discussion with Mr. Dummer where they discussed the way to do osteo-articular techniques. Code 9 describes the technique as not articular but whole body with even the spiritual level being present and Mr. Dummer agreed whole heartedly. Code 9 was then trying to come up with an explanation that was more descriptive than the specific adjusting technique that Mr. Dummer used to describe the subtle specificity at all levels. He was looking for a description of the action and relates:

...well listen Tom, when I teach I'm in a lack of words to explain what we do to the students so they understand that it's not just osteo-articular. So Tom Dummer said, “Well, it's just specific adjustment technique.” And the respondent said, “No, ...that is like the description of a method but the actual gesture, the ultimate moment, how do we call that?” There was a silence. And the respondent says, well, I have a proposal. I called you because I wanted to know what you thought about this. So the respondent said, “...for me I think it's something that's energetic.” There was another silence. “Yes. Yes. Absolutely.” [Then the respondent said] “Yes, it is an *energetic impulse*.” And Tom, silence. There was always a pause to reflect. “Exactly. It is exactly what we do” (9).

Code 15 stated that Mr. Dummer had several “sons” or protégés over the years: “Robert Lever, Gez Lamb, Peter Cockhill, Jim Sumerfield. Those are the ones I know best” (15).

Code 1 described Monday night meetings at Mr. Dummer's home. In the 1960s he met there with friends to discuss the concepts of body and *Mind*. Code 1 was the only osteopath (other than Mr. Dummer) present at those meetings:

I was very privileged to have been asked to join that little group... Yes, they were very special and I really looked forward to them because they were just free running. They were free spirited. But they brought together body and mind. I didn't know enough then. I wish I had been involved in my spiritual sense, then. I would have said much more things that I am now saying. So Tom, listen in! (1).

Code 30 spoke of the many facets of Mr. Dummer's knowledge he was willing to share including his herbal approach, radiesthesia, and a global perspective of osteopathy.

It is interesting to note the range of the counseling and mentoring. There was special mentoring given to at least four "sons" of Mr. Dummer but certainly not limited to them. The author sensed throughout the interviews that his students were very grateful for Mr. Dummer's mentoring and support. Several of his students, other than the four mentioned by name, were in awe of Dummer's knowledge and his ability to share it. They felt he was a father-like entity, there to help them and be proudly present when they graduated. It appeared from the comments, although each person had different needs, Mr. Dummer was able to hear them and meet them.

3.2.2.1.5 RADIESTHESIA

There were several mentions of radiesthesia or dowsing in the interviews (8, 30, 2, 4, 26, 11). For instance, Code 8's recollection: "...when he was—because he went on treating me for years—he would take blood samples and then do radiesthesia with his pendulum over this" (8).

Code 26 relates about Dummer's previous training: "He had a checkered past prior to becoming an osteopath. He was an herbalist, and he'd also dabbled in such things as radionics and radiesthesia and I think osteopathy came next, which he took up with great enthusiasm" (26).

Code 11 stated that Mr. Dummer at one time used radiesthesia with patients: "He'd be using a pendulum to balance for the potency [of medicine] to know how much to give of what, to bring out the information" (11).

Radiesthesia was mentioned during several conversations, whereas there was little discussion on radionics other than references to his book collection (2), and the quote by Code 26. Perhaps it was because the radiesthetics was so much easier to apply in the clinical setting. Radiesthesia was not Mr. Dummer's main practice but there was a time when he used this technique to access more information from the universe (the example given earlier about finding his car) as well as in the body, as described by his patients. The author understands that radiesthesia depends on the belief that one can access information at an energetic level. Accessing body information at an energetic level is different than what is accessed at a musculoskeletal level, and this provides a valuable point of access. The author surmises that Mr. Dummer at some point in his career believed that to be true and used the pendulum to help in that access. Perhaps as Mr. Dummer's osteopathic view grew he no longer needed the pendulum to access that information or he felt he was able to ascertain it in another way. The author senses that he still valued the information but changed his access point to get it.

3.2.2.1.6 NATUROPATHY

As we all do, Mr. Dummer had a progression in his career. Evidence of his naturopathy background was apparent in his practice from the beginning.

Tom used naturopathy early on in his practice as stated by Code 5:

The first visit I really remember because he was a naturopath as well, and I think he was sort of fairly new into his practice when I was about 4 or 5. We must have been talking round about 1949, 1950. ...And he gave my parents advice on how to treat me with cold compresses and fasting and lots of lovely things like that. And I did get better and I've never had really any ill health since, so it must have worked, I guess (5).

At the same time Code 6, a classmate of Code 5, was undergoing treatment for asthma at the suggestion of Code 5's mother: "I have had great success, and my husband, with this osteopath and naturopath in London and his name is Tom Dummer" (6).

Code 5 stated:

He was first and foremost an osteopath, and then he did naturopathy, and then I think he did, he was quite a practitioner in herbal medicine and I think he went into acupuncture at some point, and iridology and various other things. But I do remember him saying toward the end of his life, when I visited him in Hadlow House for some problem I had, it may have even been for my daughter, that he had gone back to osteopathy because he believed it was the one way barring operating/surgery that you can actually get into the inside of the body from the outside (5).

Code 4 stated:

Yes, he was also, earlier. ...I think he took a prick of blood from my finger, and he wrote out what foods I shouldn't be eating. He told me next time and they'd been foods I'd been having every day for lunch. He did have a real gift in that department." I think he may have used a pendulum for this food thing, but otherwise, no [he did not use a pendulum in treatment] (4).

Code 8 describes Mr. Dummer as: "Tom, he was a nature-cure guy and he very much espoused the principle of natural curing and treatment" (8).

Code 23 said that Tom went to India and investigated several clinics, Ayurvedic, Nature cure, and Tibetan medicine. This was in preparation to writing his book on Tibetan medicine.

The author noted that although the amount of input he gave to patients on these subjects appears to have diminished over the years, Mr. Dummer's knowledge of food and the effects of food on health played out in all phases of his life, both in his personal life, and in the lives of his patients.

3.2.2.1.7 TIBETAN MEDICINE

Tom Dummer wrote in a periodical about Tibetan medicine. He went to India to research his Tibetan medicine book (23). Code 23 felt that Tom had so many interests that the book was not very deep but “it brings across an important aspect, which is a source of helpful communication but in terms of the knowledge of Tibetan medicine it is extremely weak because he didn’t know that much and wasn’t able to immerse himself in it” (23).

When asked what was important in Tom’s life other than the Buddhism that was mentioned before, Code 23 stated: “... apart from the whole osteopathy/medical side. He got involved with finding out about Tibetan medicine as well. And trying to make those links” (23).

3.2.2.1.8 EUROPEAN SCHOOL OF OSTEOPATHY (ESO)

Tom Dummer was one of the founding members of the ESO and was instrumental in its inception and development. It was commonly described as his “baby” and Mr. Dummer was passionate about the school and his students. Code 17 talked about how important the school was to Tom’s life:

In my conversations with him, the school was incredibly important to him. Incredibly important. His book, he agonized for a long time about it (17).

Code 17 went on to say:

...then his great love which was the European School of Osteopathy. He was extremely pleased to have started it and he felt that they were really teaching people his osteopathy (17).

This quotation shows Tom’s love of the school and the kind of osteopathy he practiced. Code 32 recalls how the split of BCNO and its forerunner happened. Code 32 had just graduated; had been teaching at BCNO for about a year:

Harold Klug and Robert Lever were at BCNO, and Tom was there with other senior lecturers like John Wernham, Peter Blagraves, Steven Pirie, there were

about five of us on faculty.. And there was a lot of unrest fermenting at the BCNO, it resulted, to cut a long story short, in a walkout. Which involved five or six faculty and about pretty much all of the fourth year and part of the third year. Now it was the other way round, I can't remember. Anyway, what happened was Tom was then asked if he would expand the European school to take in a full-time, English-speaking branch, which is what he did do. He took in the waifs and strays of the BCNO and those on faculty who had defected were then keen to give their energy to the ESO, which is what it became (32).

Mr. Dummer spoke to Code 20 about his plans for the new school that became ESO. It relates the founding principles of the new school that were so different from the BCNO, and the reasons that necessitated the change:

... "I'm thinking of setting up an osteopathic school." And I said, oh yes, Tom. laughing. "Yes and I'm thinking of setting it up on several important principles." I said yes. He said, "I want a school where everyone comes and shares their practical experience whatever their system of treating and mutually supportive of each other" ...And I want to base it on the vital principle." Now, whoa, now I'm beginning to become interested. This is one my near fanatical things in structural osteopathy people are not using the vital principal they're using it as a local treatment situation which I find to be no different to physiotherapies, chiropractors, to anyone else. And it is such an abuse of osteopathy. ...That actually epitomized the almost dual nature of Tom because he was fanatically SAT. He didn't use anything else and yet he was totally open to all the other systems. Which is a very rare quality and it is what drove the ESO: the idea that everyone should be fascinated by what everyone else was doing. They might not use it but they should still find it fascinating (20).

This excitement was also shared by Code 30 and remembered as one of his favorite memories of Dummer:

One of my favorite [memories] was my realization, talking to the students and then to Tom, that I would have to move, with two-thirds of the students from the

school we'd started in, to the European School. Tom was an inspiration throughout my education, and thereafter. We were in very frequent touch down the years (30).

Code 19 also talked about how ESO came into being:

The [forerunner of the] European school split from what was called Fraser House, and which is now called the British School of Naturopathy and Osteopathy. And they weren't happy, with particularly, with the osteopathic content, course. So a group of students and some of the staff split and came to Maidstone where John Wernham offered to host the new college so between them they established the [forerunner of] ESO. And of course it already had the French connection—that had been going for some time" (19).

Code 26 recalls the start of ESO in 1974 and the forerunner clinic, the Maidstone Clinic:

Well I happened to be there when the ESO came into being in 1974. It [the Maidstone Clinic] was he and John Wernham who actually together started it. Tom was the founding, inaugural principal of it and John Wernham supplied the premises, the location, a very good partnership until unfortunately, very unfortunately, they fell out (26).

Code 15 talked specifically about some of the complications for the new school in Maidstone prior to ESO:

Tom brought the school to John Wernham's clinic but Wernham was very...he only wanted really general osteopathic treatment taught. And this made it very difficult for us who joined in 1975-79, who were the first year, to be taught properly by Tom because Wernham made things very difficult for Tom there, at the school. And Tom being less vociferous than Wernham, hid his life a bit under a bushel with our class. So in a way it was some of the people that trained a bit later, when he was out from under Wernham's shadow and the college had moved up the road, got a better education from Tom. Tom was really free to teach them properly then (15).

Despite this apparent difference in views, Code 15 talked about a time when Mr. Wernham was lecturing and showed, despite the many differences between the two men, they actually had a lot of common ground. Mr. Dummer felt sad that he and Wernham never reconciled their differences.

I went to the morning so Wernham was there and he was talking about the treatment of cancer. And he said, “When you’re treating somebody with that kind of condition, you have to go behind. I mean to that which has not yet come into being.” You see there was a time I think when Tom and Wernham were close. I think it must have been incredibly hurtful for Tom that Wernham became so belligerent. Because I don’t think, if they hadn’t had a good rapport, he wouldn’t have put himself in that situation in the start of school with him. So I think when we were undergraduates, Wernham wouldn’t have talked like that. But to his postgraduates, they were more like his acolytes, and to them he said. “You reach for that which has not yet come into being.” And I think, you see that’s what Tom, that’s what Sutherland taught, Still was talking about. The new. The fresh. The ever-renewing. Upstream” (15).

Expert in the field, Margery Bloomfield stated:

And then in 1974, September 19, 1974, the Osteopathic Education and Research Limited Company was formed. It was a registered charity and it traded as the European School of Osteopathy or *École française d’ostéopathie*. It was separated from the charity of Maidstone Clinic.” The Maidstone Clinic was the fore runner of ESO and was related with John Wernham (personal communication April 18, 2008).

Code 25 related with excitement the beginnings of the ESO, while Code 27 remembered the hard work it took to get the ESO started:

Now he and Margery were workers, workers, workers. They used to go to, they lived down in Sussex where they last lived, and they would go off by taxi, this

huge bag or bags of material to do over the weekend. Yes, he was an enormous worker. And as I say he was very fortunate in meeting Margery (27).

After the breakup of Margery and Tom, Code 8 stated, as others did:

They [Tom and Margery] behaved in a very civilized way. I mean, they kept the school running between them and I went to plenty of management meetings. And one thing or the other in which she was still the secretary [administrator] and he was still the president of the society, and all that business. And there was no bickering or bitching, or anything like that (8).

The founders of ESO created a unique interview process that reflected the value of the whole person they accepted into the program. Code 28 shared an example of the holistic view explaining how they asked about other experiences, like music.

Code 1 relates the changes that occurred as Mr. Dummer's role in determining the school's direction decreased:

... when Tom started to find it too difficult to keep it all going, he split the school in two: Directeur of the École européenne and Principal of the European School. Peter Blagrove, unfortunately, then had a heart attack a few months into the job and had to relinquish it. And so, one person took over both of them as Tom's old role really. And there was a time when at some faculty meetings, Tom was part of the faculty, most of the faculty had known Tom as the principal, and it was very difficult running a meeting as the principal, when Tom was the one that everyone was deferring to. I remember talking to Margery. It was difficult because Margery was his ex, and she was effectively running the school, as the administrator. We agreed one day that if we were going to move forward, Tom should take a slightly more back row as the aging... the great old wise old man professor in the background rather than inhibiting the ability of somebody else to take over. And we agreed that I should go round and see him one evening and talk about it. I remember saying, "Margery, how on earth am I going to do it?" It's

not an easy thing to do because it was his baby and to basically say, “Listen, leave your baby alone, you handed it over to foster parents now” (1).

In fact after this incident, Mr. Dummer agreed to take a lesser role in the meetings.

Code 17 recalls:

A conversation I had with him, I cannot remember what was happening in the school of Osteopathy [ESO] but he wasn't happy with it, whatever was going on. (17).

Code 19 related his impressions of the time he spent with Mr. Dummer, two years prior to Dummer's death:

One of the things that struck me ... was that he was quite sad. There was a lot sad, I do not know all the details, but the way the relationship with the ESO had come to an end, he spoke about that, though he didn't want to say too much about it, he was sad about what had happened he didn't go into the details but it wasn't happy. There was this feeling that he wasn't recognized, or again the lip-service-recognition. That they didn't think he had anything to offer (19).

The author spoke to Paula Fletcher, the administrator for the programs at ESO, about the new ESO and the direction it is going. The author was considering a Masters program and was looking at options at the ESO. The author spent the day as a potential student and went through the orientation day for prospective students. This day included receiving literature, a lecture about ESO, and then a tour of the clinic facilities on Tunbridge Road. From speaking with Ms. Fletcher, the author understood there is a drive for more evidence-based sciences in the school's current approach (personal communication April 17, 2008). This is to make the approach more in keeping with the university system. This is a change of direction from the original ideals of Mr. Dummer who saw osteopathy as both an art and science. Physiotherapy was described as an art and a science when the author went to physiotherapy school in 1976-1979. It is now only

described as a science, losing that difficult-to-describe component of care of individuals. The author feels this philosophical turn is a great loss for osteopathy at ESO. The author followed up on this potential loss by speaking to several second-year students. The author asked them about spiritual and *Mind* concepts in osteopathy. They did not seem to have much of an idea but did offer that Gerald Lamb gave them a lecture on something like that.

Code 25 spoke about some of the frustration Mr. Dummer experienced at the end of his career.

In meetings and so on at the college in the last few years, people found him quite difficult, because he had a vision and the vision in osteopathy is being lost. There's no doubt about it. We're a dying breed, and that's the pioneer spirit, the holistic approach, there's more to the person than mechanics, and flair and that, a lot of it is being lost. I think the ESO's changed a lot, and it's a shame, a great shame (25).

The author came to understand that Mr. Dummer had a hard time giving up his active role at the ESO, while watching from the sidelines the change of direction the school was taking, as described by Code 1. Codes 19, 17, 25, and 28 each referred to Dummer's sadness about the change of direction the school was taking.

3.2.2.1.9 PARNELL BRADBURY AND SAT

SAT will be discussed in detail in CHAPTER SIX under Tom Dummer's contribution to osteopathy but the importance of Parnell Bradbury's influence will be highlighted here.

Tom was a good friend and colleague of Parnell Bradbury (PB) as Code 27 stated. Code 11 relates his knowledge of PB:

I know his association with Parnell Bradbury was a huge factor in this because it was Parnell that discovered positional lesioning and the efficacy of correcting positional lesions and Tom was working with him. They did a lot of

experimentation in those days and they put together this setup adjustment technique. Tom just took it on and made it more functional as the years went by. I saw a development in him from the time that I first knew him in 1978 during my training as he continued to make it more and more functional as the years went by (11).

Code 15 said: He [Dummer] was inspired greatly by Parnell Bradbury (15), and Code 1 acknowledges Parnell Bradbury's work in Dummer's work (1).

Code 22 brings some understanding on how Dummer was able to take from Parnell Bradbury and Littlejohn to further develop SAT. The components of intuitive need were also there to complete the work:

Parnell Bradbury was a great actor, this larger-than-life cut out, he wanted to combine chiropractic and osteopathy. And in a way, that's what gave rise to what came to be known as spinology technique. Spinology. That is eccentric. And Tom tried to systematize it. But also, Tom was very keen on Littlejohn's mechanics, which made more sense, intuitively. They have a certain sense, but unless you add intuition, it doesn't really click (22).

Code 25 describes Dummer's early time with Parnell Bradbury and the research they did together that provided some of the foundation of SAT. They did blood tests before and after atlanto-occipital and axial manipulation. They had a John Patterson Trust for research set up and did work with Dudley Tee on chemical changes in the blood after manipulation.

The author asked if Tom Dummer changed what PB did. Here is the respondent's answer:

...I think Tom was better, not perhaps at speaking much, but he was very good at putting things down and with meticulous detail. So that it could be followed and understood, and that's what PB didn't do. Whether he changed, how much he changed what it was actually in essence about, I don't know. Don't know that for sure. He certainly recorded it in a way, you know one would hope scientific things

are recorded, which PB didn't do. ...And PB had such flair for the total person, even if he didn't actually write it in a way that would be acceptable. He had such flair. I'm not saying Tom didn't have the flair (25).

PB's influence on Tom was acknowledged by many of the osteopaths interviewed (Code 16, 26).

Code 26 felt that PB was a major influence on Mr. Dummer's work: "...but Parnell Bradbury was one of the major influences on his osteopathy and in fact, actually, probably *the* major influence on his osteopathy" (26).

Tom Dummer was very much influenced by Parnell Bradbury through his contact with him in the clinic, as well as reading his books and personal manuscripts after PB passed on. The author feels that from the many descriptions of PB and Tom's collaboration, PB greatly influenced Mr. Dummer's osteopathy concepts. Mr. Dummer was then able to put those concepts in a written form that was acceptable to the osteopathic community. CHAPTER SIX will go into further details about the actual technique.

3.2.2.1.10 SUMMARY: WHO IS TOM DUMMER?

Tom Dummer was able to absorb all the interests of his life into a complete way of viewing his patients and fellow osteopaths. Mr. Dummer took the best of all the systems he trained in, and included them in his osteopathic view.

Tom Dummer came from modest beginnings but was a self learner. He developed a comprehensive knowledge of music, language, naturopathy, osteopathy, and Buddhism to name just a few of his areas of expertise. Dummer was a multifaceted man, respected by everyone interviewed. Although occasionally a negative quality was described, the positive qualities of generosity, kindness, and compassion were almost always in the foreground. He was seen as a conscientious practitioner who gave good counsel and was readily available for mentoring. Mr.

Dummer was humble but had a good sense of humour. If hurt, he would withdraw, or come across as wrathful. As a friend and a practitioner, he appeared to be very aware and able to tap into the inner sight or intuition when needed.

Tom Dummer's interests included a love of life that encompassed music, wine, food, and other good things in life. He was driven in the way he developed ESO and how he progressed Parnell Bradbury's work, which led to the development of SAT. Mr. Dummer was equally relentless in the development of his own mind shown by his many interests in subjects other than traditional osteopathy.

3.2.3 HOW DID THE INFLUENCES AND INTEREST IN HIS LIFE REFLECT IN THE ASSESSMENTS AND TREATMENTS TOM DUMMER GAVE?

This first section describes some of the interviewed osteopath's observations of Mr. Dummer giving treatments. It will follow with THE TREATMENT EXPERIENCE section, which contains actual patient accounts of their assessments and treatments with Mr. Dummer. This is followed by a review of some of the key aspects of Dummer's life as an osteopath.

3.2.3.1 OBSERVATIONS OF TOM DUMMER'S TREATMENTS

Code 28 described watching Mr. Dummer in the student clinic at ESO. This includes a description of a peripheral manipulation done by Mr. Dummer:

Tom would start to give observational clinics where he would treat a patient and we would watch him. And he would do some; he would do some really, really simple things. Always he makes it so simple... and so minimal. That was the big essence, how minimal it was.

He lies the patient down, he chats with the patient, he was absolutely wonderful with his patients: so reassuring, so comforting. And I remember him. This woman with this shoulder problem, and he would just sort of move her arm around, like hold it, in a gentlest fashion, and move it around and a hand on the shoulder and that hand would just know everything. And that would be diagnostic and

treatment. Maximum three times and that was it. And that was the shoulder treatment. I remember thinking at the time, Ho, that was a lot in a very short time and he hardly did anything. And she would sort of go, “Oh that feels a lot better” (28).

Another osteopath’s observation relates to the art of knowing when to treat. Code 14 gives a unique view of how Dummer treated or chose not to treat:

Tom had been treating this patient previously, and then two weeks later the patient came in again and he assessed him to see what was going on, and he said “Right. I don’t think we’ll do any treatment this time. The treatment that we did last time is still working through. And we’ll let that continue and we’ll reassess you next week, or in two weeks, or whatever the next interval. For me that’s one of the most memorable things, something that I will always hold close to my heart—that minimal treatment model. And the ultimate demonstration of an osteopathic treatment is to choose not to treat (14).

The author asked the respondent, “What was Mr. Dummer focusing on when he made that choice?” He responded that now we had the involuntary mechanism to monitor but for Mr. Dummer it was framed differently:

I think Tom had a wonderful way of making contact with the patient, and through his diagnostic examination that was part of the treatment process, that engaged with the patient and put them in a space where they were receptive to moving on, and hence, you had to do as little as possible. And I think as he assessed through his osteopathic model, he felt that things were still cooking, as you like, in process, and there really wasn’t any need to try to move it on, and in fact, my experience is if you try and do things at the wrong time, not only are you wasting effort but it can be therapeutically disadvantageous for the patient (14).

Code 9 explained Mr. Dummer’s work this way: “He is someone that, on first hand, moves me, he touches me somewhere. He had an extraordinary way of practicing, with a

fabulous hand, and a magnificent presence, and a dialogue with energy. I consider that his osteo-articular wasn't osteo-articular" (9).

There was one negative report of Dummer's treatment style, by Code 27 who felt Mr. Dummer's quiet and gentle manner was not what he needed.

Code 18 explained when he first realized the depth an osteopath needed to go to, to give a good treatment:

...the speed. It was just so out of character from everything else he did, the way he moved...it was almost as if he immersed himself in a different place, as we do, we go into a different place when we're treating. But that was my first insight into how focused an osteopath really has to be when they're working (18).

He goes to say:

He always said he did not understand cranial, but I think he knew intuitively, he could tune in, and even if he was only using it to monitor... I think looking back, I think when I saw him make that first adjustment, he just held the body totally—whether he acknowledged it or not, whether he's holding a still point, whether he's engaging the body on that deeper level—he was holding it all (18).

It is evident to the researcher that the depth and concentration that Dummer used was important. Words and phrases like *focus*, *presence*, *energy*, *immersed in a different place*, *held the total body* all reflect the intent of the treatment. Although Mr. Dummer did not use cranial techniques, there was a belief that he did connect with that force in the body as he held the whole body in his treatment. The author suggests that this was the vital component in Mr. Dummer's treatment; the ability to hold the whole being at once, without judgment. The negative report also reflected the specific need of the individual and his/her expectations.

3.2.3.2 THE WHOLE TREATMENT EXPERIENCE

The author proposes it is necessary to include some of the treatment experiences. The respondents were asked about the treatment experience as a whole, and then about how Mr. Dummer assessed and treated them. Then the patients were asked about the treatment effects and, like the osteopaths, they were asked if there was anything other than physical effects of the treatment. There was general consensus in the answers as related here by their stories. The treatment effects and treatment experiences are blended and reflect many of the same concepts and content commented on above by the osteopaths.

Many respondents, osteopaths and non-osteopaths, discussed how Mr. Dummer's hands were exquisite. There are some beautiful pictures of them done by a professional photographer, Hugo Burnand who told me the pictures were his celebration of his meeting with Tom Dummer and his magic hands. He called him his magician. He related to the researcher how the treatments "quite literally changed" his life. This was unsolicited information in an email that strengthens the evidence on the efficacy of Mr. Dummer's treatments (personal communication March 16, 2009).



FIGURE 3: Tom Dummer's Hands (given to the author, with thanks to Clifford Conway)
Photography by: Hugo Burnand

3.2.3.3 TOM DUMMER WAS A SKILLED OSTEOPATH: WHOLE TREATMENT EXPERIENCE

Tom Dummer was a skilled osteopath, appreciated as a practitioner with a gentle approach, who took his time, and made the patient feel special. Unanimously, patients describe being relaxed and changed at a very fundamental level that made them able to cope better with life.

Code 5 relates an early life experience as being gentle and relaxing, and was left wondering if anything was really done. Code 5 never felt nervous like during a doctor's visit.

Code 17 relates his story about his first visit to see Mr. Dummer. It is clear that the skill and insight that Mr. Dummer had was shared with the patient. Code 17 stated:

He put my x-rays on the light box and he looked at them and he said: “You’ve had a car crash, 4, 5 years ago. And look, I can see... were you sitting at the front of the car? Because you broke your nose here, and you flew in this direction, and what happened to you was that as you hit the windscreen, and the force of the whole thing lost momentum because the car was overturned. As you hit the windscreen it wasn’t as if you were stopped dead which was very lucky because you could have broken your back. “What actually happened was, Look.” And he showed me on the x-rays, he was describing to me on the x-rays the whole accident. He said to me, “the whole pressure went into the middle of your back, but even after the stop it continued after that which meant that you were completely in midair and your whole body has gone out of alignment. So what’s actually happened is that your pelvis is not just out, side-to-side, but it’s also at an angle. And because you are young, the body compensated straight away to the new regime and it’s been alright. But because you’ve been pushing yourself in what you’ve been doing, you’ve taken that ‘okay’ over the limit and its now saying enough is enough. So what we have to do is we have to get you together again”. So I said to him, well to be honest, I mean what do I know? I was impressed with the fact that he was saying to me, that he was describing to me what had happened 4 years ago without me telling him absolutely anything (17).

Although he explained to me what happened, how it all started, he would listen to what you have to say. He would never really passed judgment (17).

Code 17 goes on to relate his treatment experiences over the years as being soft, welcoming, being treated on different levels, and feeling changed and at peace.

Code 4 reflects on the treatment over the years and Dummer’s skill not only in the musculoskeletal area but also visceral. She relates the counseling aspect of his care as well:

I had treatment on my neck because I’d fallen on my head when I was 10 and I had a bad whiplash accident to my neck which wasn’t discovered until I was 37; it showed on an x-ray I was sort of swiveled around and squashed back and I lived with that all those years. And he virtually had to get the bones back to where they

should be, but there was always a tendency to relapse. He went on treating me all these many years and he treated me, he counseled me and treated me for all sorts of ailments, physical and digestive, and so forth. He was just a miracle healer for me and ... my itchy skin. He used to also deal with my neck. He said it was liver, or adjusting the nervous system (4).

The treatment of Code 6 as a child stood out as kind and inclusive of the child during a time where that was not the norm. The treatments were explained in a way that the child was able to understand.

Code 24 relates a story of Mr. Dummer's counsel that the best way to get better was to get back to doing artwork and to make that a priority to maintain health.

Mr. Dummer was caring and considerate of his sick clients. This was reflected in the fact that, in the early days, he did house calls as related in the interview with Code 5: "And I do remember Mr. Dummer visiting me. I remember one very snowy day, it must have been December I guess, and he arrived at the door and had tramped through quite a lot of snow" (5).

Code 3, like many of his other patients, drove a long distance to see Mr. Dummer. Codes 17, 4, and 8 also stated they travelled a long way to see Tom Dummer.

Mr. Dummer was described as a skilled osteopath by those he treated. His minimal treatment was applied respectfully and gently. He treated the whole being, at all levels, creating a deep change in the being that was recognizable to the patients.

3.2.3.4 THE ASSESSMENT BY TOM DUMMER

Patients recounted many similarities when recollecting Dummer's assessment procedure. Code 10's response is typical:

I remember going in the room and I had to stand with my back to him. He looked at me to see whether my legs were even, or my hips were even. I remember that. And then he'd sit, and tell me to sit afterward, and just talk. Move to the right on

the right leg, move to the left on the left. I always remember that. And I think bend forward a little, just a little. That is all I remember. And then sitting, and him asking me a lot of questions: “What happened? Are you all okay? Did I lift anything?” The usual stuff (10).

Code 17 goes on to describe the experience of Mr. Dummer reading the X-rays and telling him what had happened to him and what was wrong with him before Code 17 had a chance to tell him. (See 3.2.3.3 TREATMENT EXPERIENCE)

Code 17 felt there was no routine to the examination but there was in Mr. Dummer’s re-assessment. He felt that Mr. Dummer just knew him completely:

No really, Tom, at least with me. He knew me. Tom will say to me, just stand there. And he knew in my posture what I’d been doing. Because he was aware of my life, whether I’m a person who speaks too fast or too slow, or moves too fast or too slow or, you know what I’m saying? He analyzes the whole person, more than a lot of other osteopaths do, I suppose. If you would say to him,

When asked for more specifics Code 17 said that in fact he did do certain things with range of motion of the head gently and other assessments and used x-rays for the first assessment (17).

Code 5 stated that at one point Tom used an electrical device:

I do remember at one point he did have a piece of electrical apparatus which I think picked up electrical impulses, or extra heat from joints that were in trouble...which I understand other practitioners in other disciplines sometimes use as well. But yes, I think most people do [have a routine] when they examine people” (5). This was a thermoneurometer...and a product that he learned to use from Parnell Bradbury. Ferral, PB’s son may have made them (25).

Code 8 had a good memory of the routine Mr. Dummer used:

You go and you strip to your pants. And you stand there, and then you drop your right knee, and he sees whether the bottom end, whether the thing is at the bottom

of the spine is free, and then you drop your left knee, and then you bend down forward, more or less to touch your toes. And then he goes up and sees particularly the top three vertebrae to see that you're okay... And he had a routine. He would do this check, okay? Check mobility, basically (8). I think he may have used a pendulum for this food thing (8).

This showed that at least some time while Mr. Dummer practiced osteopathy he used radiesthesia. It was seemingly not, from this cautious statement, a large part of his practice. This was confirmed by Code 4.

Code 4 remembers Mr. Dummer's early practice techniques and how they changed as Mr. Dummer progressed in his practice from using the thermoneurometer earlier on to not using it at all later in his practice. "He was an artist in a way. Intuitive, as well as being a detective" (4).

Code 4 goes on to say:

He was just a one-off. He came from out of nowhere and he was just very, very special because he had this incredible vision, really, I suppose. And he knew how to get the best out of life and how to give the best. Through his Buddhism, and his intuitive powers and detective work that he used on his patients (4).

The assessment had a strong impact on the young patient and even though the patient was a child, the assessment was done in such a way that it was understood (6).

Code 3 had a more difficult time remembering what Mr. Dummer did versus what she had learned on a course. Code 3 also relates how far she/he had to travel to get to Mr. Dummer for treatment and was then asked to get an x-ray back in town before any treatment would be started. This occurred in the last few years of Mr. Dummer's practice. Even then Mr. Dummer was very thorough. After hearing the injury history he would not take chances despite the potential inconvenience to the patient.

The assessment appeared to be systematic and involved x-rays as well as observation and mobility testing. There were times in Dummer's practice when he used other assessment techniques including a thermoneurometer, but that seemed to occur earlier in his practice. Again the author has the sense that as Mr. Dummer became older, and an elder in the osteopathic field, the need for other assessment tools fell away. It is interesting to note that the intuitive side of Mr. Dummer was observed and acknowledged by his patients as a vital part of the assessment process. Perhaps it is another example of how like-minded patients end up in your practice because they see the world with a similar lens.

3.2.3.5 TREATMENT

Although Tom Dummer is known for his SAT approach, evidence suggests he used other techniques as he saw fit in his treatments.

Code 8 talked about very deep scar work that Dummer did; the gentle techniques Mr. Dummer used to save the musician's hands:

He broke down with this extraordinary technique that he had, of breaking scar tissue down with these thumbs of his, he had thumbs that were unbelievably strong. And that took weeks and weeks of breaking down scar tissue. So, I mean, the guy bailed me out. There's no other way of putting it (8).

Code 8 relates his manipulation treatment experience as being for the most part "extraordinarily natural and smooth" (8)

Code 4 related the treatment experience over the years and how the treatment progressed from a direct technique to a more indirect, functional approach. There was always a minimalistic approach applied:

I've got really mobile joint and he did find me very difficult to adjust ... cause he said it's a bit like trying to adjust a rope or a snake, it moved all around when he moved me. So he used to get me onto my tummy, ...and he'd get into wherever it

was that I needed, that he needed to adjust... and then there's be that magic click and then I'd be sort of, heave a sigh, and then roll onto my back and lie there for 20 minutes and then I'd get up and get away (4).

Code 4 also spoke about Dummer's minimalist approach. It is interesting to note that as he and his patients aged there was a change in how he achieved the same great results:

He found that a very small amount worked best with me so he stuck to that. Until I became, I think I was into my 60s and he got, he thought he was trying to stop manipulating my neck (4).

As Code 4 aged the treatments changed and Mr. Dummer used a more functional technique:

...just pressing with his fingertips. Very, very gentle. Again, like a miracle, really. He wasn't into massage, and people always say oh why don't you get a massage, but actually some people really cannot manage massage at all. His vision again, that he knew. Instinctively, what would suit which patients (4).

Code 4 goes on to say how Mr. Dummer promoted healthy diet, with no coffee or cigarettes. Code 10 recounted an exuberant description of a sacral toggle that Mr. Dummer used. Code 6 was treated as a child for asthma. The researcher asked what area Mr. Dummer treated for that condition: "Oh all, well sort of all over but a lot around my chest and back, pelvis, and the whole area" (6).

Code 3 stated that Mr. Dummer's main form of treatment was manipulation but there was an intuitive side to the treatment as well:

Yes, very intuitive but he was quite, there wasn't any cranial treatment. It literally was manipulation and then you would lie down afterward and let it settle. But there wasn't any integration in the way that you and I work. I think the actual way that he did the manipulation was very high velocity, and working very intuitively at the same time. So it didn't feel as if... sometimes when you'd have a manipulation, you can feel it's too overpowering, you can go into shock, I know I can if it's too severe. So, it was so with what the body wanted. He would listen to

the body while he was doing the manipulation. So that it felt great. It was just perfect. ...He would do SAT, and a good examination, and just the one point [manipulation] itself, which is quite amazing, really (3).

Code 17 says this about the treatment he received:

Now turn over so you're facing down on this pillow." And then he said to me, "Now when I ask you, just take a deep breath." And he literally put two fingers on my back and said okay, take a deep breath. As I took a deep breath he rotated his fingers on my back. I mean it was very sort of light way. And then he said, "Do it again." And I did it again and he did the same thing. And he said to me, "Okay just lie there for a second and I'll be back (17).

Code 17 was the only one who mentioned having a lengthy treatment with Mr. Dummer.

He said that they were usually one hour to one and a half hours so the researcher asked Code 17 if Dummer did many manipulations. Code 17 responded:

Most of the time he would just do it once. Most of the time he would just put his hands under your shoulders and keep them there for a while or if he was going to manipulate he'd just do it once. And then he would let you rest and then he would come back and do a gentle thing on your back, he'd always put his hands underneath my back for a while, both hands on my back. Anything that you felt, that he was doing, because if he was doing something, he'd just gently do something somewhere else (17).

The author understands that Mr. Dummer was working at a very deep level based on what this patient was saying. It seems that as well as the SAT approach, if the client could handle it, Mr. Dummer would do more in a treatment. This man was primarily a mesomorph and perhaps because of his body type, he was able to take more treatment than some of Dummer's other patients.

It seems to the researcher, that Mr. Dummer was working intensely at a different level than only musculoskeletal. There was an intensity that comes through in the descriptions of

treatment as well as a lightness of touch. Both of these, to the researcher, suggest a profound energetic treatment that impacts on the musculoskeletal field as well.

Tom Dummer's patients really appreciated his care. They spoke about the minimalist treatment. They talked mostly about the gentle nature of the treatment and how they felt "known" or intuitively treated by Mr. Dummer.

3.2.3.6 TREATMENT EFFECTS

Tom Dummer's patients were happy with their results. Most described an instantaneous change after treatment, even if the problem took time to resolve.

Code 3 describes the first of Tom Dummer's treatments and its effects:

So I went to see Tom and he did his specific adjustment and although my discs took a year to recover, I felt completely straight. You know I'd been standing more on one leg than the other my whole life. I had not been able to stand still without pain and it all originated from a horse riding accident (3).

Code 4 said: "Well just miraculous. I didn't feel any sort of reaction. I just got up and felt cured each time" (4).

Code 5 also had a positive experience with Mr. Dummer's treatment:

Well, generally speaking, you got better. It's all I can say. It was more gradual...you didn't get up and sort of think "wow, that's gone, that's better." It was over the next few days, or a couple of weeks or whatever. A gradual, gentle thing. He was definitely of the gentle school (5).

Code 8 described his amazing experience of treatment and describes a harmony in the body that was much more than physical. Code 6 remembers fondly her mother taking her for her asthma treatment: "And he treated me amazingly well. It was incredible what he was able to do for me" (6). She goes on to say that the treatments included suggestions about diet that had a lasting impact on the health of the whole family (6).

Code 17 described his first treatment in the previous section (3.2.3.5 TREATMENT). He described a light, two finger prone sacral toggle. Code 17 goes on to say:

Anyway, he came back about 10 minutes later. And he said to me, “Look, I want you to sit up or you’re going to feel sick.” So very gently, turn on your side; drop your legs very slowly because you’re going to be sick.” And I felt, yeah, here we go, a quack. The next thing he’ll be telling me is I’m okay. Well I tried to sit up and I felt really, really dizzy. I mean I was really, really dizzy. He said, “Its okay. Your body is rebalancing itself now.” And so we started talking. And as we talked I had this great feeling that he, not just that he knew what he was doing, but that he knew *you* (17).

As time went on Code 17’s connection with Mr. Dummer (as he called him) deepened. This connection allowed him to have deeper insight into what Mr. Dummer was doing in the treatment process as she/he spent many hours talking with Mr. Dummer about the process. Mr. Dummer confided in this patient, as the following story tells us:

And then he found in his own body, in his own way of touching, really, in the way that he created. He used to say to me, “I cannot tell you what the technique is because the technique comes from within me. It just...I’m going to do something, and it comes from within me”, the manipulation, the technique (17).

In another statement Code 17 relates something Mr. Dummer said about his treatment: “...because he used to say to me, “it comes through my body. Something I can’t explain it to you. You know when I do it my breath is aware; my energy that is coming out is pushing”” (17).

The above memories are an illuminating account of some of Dummer’s work. They speak to the skill and intuition used in his care of patients. Mr. Dummer appeared, from his patient’s account of what he said, to be drawing from something inside that came out during treatment. Dummer described it as being aware and coming through his breath and energy. The author thinks that this kind of awareness and connection to his own energetic (and perhaps absolute

consciousness) is the potency in his treatments. The gentle manipulations provided a contact with the physical body which perhaps is what Mr. Dummer was doing to keep his body busy while his *Mind* was actually doing the work. Here his Buddhist mind training (coming from a Tibetan Buddhist perspective) would have served him well. This thought process, of everything being mind made, would be one explanation of the potency of his treatments. This idea is further developed in the next section relating to other than physical effects of treatment.

3.2.3.7 OTHER THAN PHYSICAL EFFECT OF TREATMENT

Code 17 was very clear in his assessment of whether Mr. Dummer treated other than physical problems:

I think that mainly he treated things other than the physical problems. I think he knew his patients very well. He used to say to me that what you've got to remember is there's no point in doing something physical if you don't understand the rest of it. Because you're not going to cure something physical like that (17).

Code 17, when asked by the researcher "where did the changes occur?" said: "It was mental. It was like a well-being that he gave you. It wasn't really the physical side of what he did (17). Code 17 continues this frame of thinking here:

"But with him, it's difficult to explain it because one thing that he always... over a period of time, as you got to know about it, was about yourself. What he taught you, was yourself. What he taught you was that he was there when you needed it, but you have to be in that need. Because unless you're in that need, he couldn't do anything to you. It was the opposite, sometimes it was worse. But that's what he always encourages you to be that self-sufficient; you didn't need to have this [treatment] (17).

...[Mr. Dummer said] "I'll be here, but you don't really need me. You don't need to have an osteopath in your life just because you've got a bad back. It's only in your head."

...He used to say to me, “Something that has to be straight doesn’t necessarily have to be straight. There’s nothing wrong with a little bit of imperfection (17).

I always said I was very blessed because I had Mr. Dummer in my life. I knew that there was this person; I would enjoy it tremendously to go up and see him. I had a healer. I knew I had a healer with me. That he wasn’t just looking after my back. He was a healer (17).

The author thinks the above comment (Code 17) about “all in your head” is related to a Buddhist concept that all physical events are mind made. This concept will be developed further in QUESTIONS TWO AND THREE.

Code 6 stated that although she was a child when treated, she was aware of a deeper spiritual side of Mr. Dummer at work:

He certainly...he was a man with a great aura about him. I can say that. You know as I said before, very kind face, he was a very, I think a very caring individual and I suppose that tweaks the spiritual side of you as well as the physical side of you. But beyond that, I really couldn’t say, being a child it would be hard for me to know that (6).

Code 6 goes on to say how the treatment has affected his/her whole life, and speaking of the gratitude felt for those changes that kept her/him healthy for the whole life so far.

Code 8 stated there was harmony in the body after a well-executed SAT treatment. Code 8’s experience appeared similar to the researcher’s own experience of being treated, which was shared at the end of the interview. Code 8 related well to the researcher’s treatment experience and had the same opinion that changes occurred at a fundamental level in the body and mind.

Code 3 stated: “I felt a tremendous relaxation from being totally freed. Yes, just well-being, a very good feeling of well being. At that time I don’t think I noticed anything else” (3).

Code 4 stated that Mr. Dummer had a way of listening to all the patient's problems: "And he always seemed to throw a bit of light on it. ... So I went away sort of mentally and physically much, much better each time" (4). "There was the thing that he was also very a whole person the way he treated you" [Mr. Dummer put all his being/presence into the treatment] (4).

Mr. Dummer's patients were aware of the depth of his character and skill during the treatments he gave. They were able to appreciate the subtle changes within that allowed them to know themselves better. The author concludes that Mr. Dummer opened up for his patients a glimpse of the ultimate true nature of *Mind* that occurred during that flash of change in the body when there is an energetic shift. Mr. Dummer allowed his patients to rest in that altered energetic stage—much like a meditative state can be left to drift into a non meditative state—and the person would then retain some of that clarity and focus in the post treatment state. This clarity in everyday life is the goal of meditation. Mr. Dummer was perhaps able to connect to the inner consciousness of the individual and bring that forward. It equates to finding the wellness in people or connecting with the universal consciousness within someone.

3.2.3.8 LENGTH OF TREATMENT SESSION

Most people stated that treatments were only 30 minutes or less, but there was one respondent who said he was treated for one to one and a half hours. The description of his assessment was, however, consistent with the other respondents. He describes his treatments, those that occurred at the end of Tom Dummer's working career, like this:

That hour—I used to be with him for an hour, hour and a half—in his office when he was in London, then when he moved to Tunbridge Wells, to his house. It was just so lovely so sit and talk with him about what he was doing, or just things in life. And he used to share with me quite a lot of his life (17).

The author understands that this was a treatment given closer to the end of Dummer's working career. Based on the volume of information Code 17 was able to recall, there was obviously a very special relationship between the two. It's possible that because of that unique relationship, there may have been a more atypical length of treatment although the components in the treatment were similar to other patients.

3.2.3.9 FREQUENCY

The frequency of treatments varied with the condition and acuity. Generally speaking the treatments for something like a backache would be weekly and then every second week as the condition stabilized (4, 17). Some had four to five treatments and then broke until there was another episode (4, 17) or for a four- to five-month checkup (17). "For asthma the treatments were weekly as well at the beginning and then spaced out to every second week and then longer" (6)

Code 17 also stated:

And he used to discourage people from using him all the time, every time they have a problem. He used to sometimes say, no, I won't see you. You'll be fine. Because he really believed that obviously if you understood that if you have done something silly, or he understood that he had this fantastic healing power, so people would panic and say, I need to see you, I need to see you. When there was actually no need to be healed, it was just... you know he was cool and he'd say, everything is going to be fine. His motivation wasn't money. His motivation? He loved healing people (17).

The group of patients as a whole expressed gratitude for the treatment they received from Mr. Dummer. As a group they appeared to all possess a general sense of wellbeing that was more than just physically feeling well. Terms such as harmony, wellbeing, and relaxed best describe the results of Mr. Dummer's holistic approach to osteopathy. The frequency of care seemed

individual and related to the condition with which the patients presented. Mr. Dummer appeared to encourage independence, self care, and regulation and only suggested treatment when those options ran out. The author herself uses this self regulation approach for patients and encourages patients to call only when they have run out of self care options. This, the author suggests, puts ownership on the patient and not the DO.

3.2.4 TOM DUMMER AS AN OSTEOPATH: SOME OF HIS OTHER SKILLS

Comments from the interviews were reviewed for specific references in the data to the qualities relating to Tom Dummer as an osteopath. This may be an unfair division as the author feels it is artificial to divide the man from the osteopath. It is hoped in this section that the themes will be further strengthened and new data will come forward. There will be some overlap with data already presented.

3.2.4.1 SAT

Tom Dummer took Parnell Bradbury's work and made it his own. This section explores some comments on how Mr. Dummer used SAT.

Code 28 brings a view to SAT that was rational and clear. At the same time alluding to the power of the spiritual side of osteopathy that was present at ESO:

I was completely fascinated by the SAT approach. I think it was because I came from a very different place from a lot of the people who were his pupils and followers. I don't really know much about spiritual development and spiritual life because I came from an atheist university where I'd been studying psychology and philosophy that was completely anti-everything eastern/alternative medicine/homeopathy... Anything like that was bad. God, it was all the same thing: bad. So I was brainwashed for several years. [That was my choice, rather wasn't it?] And meeting spiritual people like him, it just didn't make a lot of sense what they were saying. But very much, through Tom being so rational with it, that's what appealed to me in the first place. I think he was extremely rational,

highly organized. And, it's mechanics. His sense of mechanics was just so spot on. He could look at a body and he could have drawn an architectural drawing out of it. It was just so crystal clear. He brought clarity into things. And it was all so minimal...very, kind of pure, very minimal. And it was really architectural: The diagrams, the body divided into triangles (28).

Code 28 goes on to say how Mr. Dummer used Littlejohn mechanics to treat with SAT and how that was clear. Although she/he is not a manipulator but a cranial osteopath, he/she still uses the assessment Mr. Dummer developed with SAT to find the primary lesions. This involves assessment of fulcrums and pivots and lines of gravity antero-posterior curves. Code 28 also related the importance of the x-ray evaluation (28).

Code 16 related how Mr. Dummer engaged the whole lesion in a person:

But even when he was doing the specific technique, people often concentrate on the HVP that he would do at some point. But in fact, there was a lot of stuff going on that he didn't talk about that he was doing to actually help clarify where that primary lesion might be in the body so he would... I always thought of it, that he would stalk the lesion. So he would get a sense of that lesion and does that match what he felt in the first and then he'd go back to the x-ray, and go back to the person and articulate a bit more until he felt like, "okay I've got it." And he would say, "Now once you've lined it up, you need to empty your mind in order actually to do the adjustment." And his adjustments, his HVTs actually became wider and slower and softer as he got older. It was not like, "Oh there's something I've got to move." There's a much more of a depth to what he was doing (16).

Again the use of *Mind* is evident to the researcher as Mr. Dummer let his (relative) mind go empty. The connection with the absolute nature of *Mind* allows the technique to be gentle and on an energetic, rather than only physical, application.

3.2.4.2 SAT UNITIES

There were several comments made about how unities were included as part of the SAT process, but this particular comment warranted separate mention. Code 28 stated:

It's in a lot of his teaching in unity, in the middle unity, the thoracic unity. He would talk a lot about the importance of that area which is very often missed. We're very familiar with treating neck pain, back pain, but we very often miss the big bit in the middle (28).

3.2.4.3 HOW SAT WORKS

Most of the patients and osteopaths felt there was something else going on in the SAT treatments as described in Section 3.2.3.7 OTHER THAN PHYSICAL PROBLEMS. Here are some further comments about how SAT works.

Code 17 described how Mr. Dummer was reluctant to do a video because he felt it would not catch the essence of SAT. It was about more than the placement of feet etc. Mr. Dummer stated the force of the treatment came through his energy pushing out (17).

Code 17 went on to say:

He [Mr. Dummer] wanted to see how, mentally, the whole picture was fitting together. To understand actually what went wrong. His approach was just everywhere. So he would picture you not just in the physical problem that happened, but also in the mental thing that you were at, even at the time, or the physical—if you were stressed or you were not stressed—for him everything affected everything. It wasn't just one thing (17).

... what was important to him was how it ALL happened. The whole thing. And that would help him; what it was. So he always [laughter] he knew a lot of us! Treating the whole being (17).

Code 11 remembers when he first experienced the deeper side of SAT:

I think THE most memorable moment was when I first really saw what exactly SAT was about. I remember coming in with a patient and he chose the C5 adjustment. In this particular case it was on the right and he set it all up and then as his hands performed the maneuver I actually saw a flash of light come from his hands. It was just subtly but there was a flash and there was a huge mushroom cloud effect as the energy just swelled into the room as it released. I remember just saying to myself: “That’s what I’m supposed to be looking for. It’s that phenomenon that makes this specific adjustment work. It’s not just moving bone on bone. It’s that mode of the transaction where something incredibly special happens” (11).

Code 15 described how Mr. Dummer continued to mentor even in retirement, but used his retirement to describe how treatments work. Mr. Dummer also described how concepts of *Mind* and beginningless time, both Buddhist constructs, were important in the efficacy of his treatment. It is also of note that Dummer continued until his death to be interested in learning about different approaches to osteopathy.

Code 15 had her/his own views on gender issues in the application of SAT, how it is more male—in a do something, get in and out quickly—manner; as opposed to a more female—supportive and nurturing, waiting to see how things unfold—role. But there was an unfolding of the body with patient examination. The unfolding is used more in a cranial sense as the concept of potency within the body that presents itself. The concept of potency is paralleled with the SAT model:

I’ve never done SAT, myself, because I don’t have that type of mind. I think there are a few women who have done it but generally it is men who are more comfortable with it. I think it’s something... he spent a long time examining, from all points of view: standing, sitting, lying, walk around you look at the posture, and Robert Lever would describe, “You stand back and let the impression come.” And he might look at an x-ray and draw lines on the x-ray and really focus. Get a

total, total picture of all the forces that were at work within the body and particularly in the specific segment that he felt needed to be addressed for the rest of the spine to find its balance.

Like the key. He took all this time to really get a sense of which one to choose. The one which would unlock the key which holds the body in imbalance so it can return to natural balance. And having found that one, he would look at all the components of the strain pattern, through the x-ray and through his excellent palpation. And then just the lightest touch, bring his mind right to the centre of it. Until, he described it as “the innate that would unfold from within.”

I think that idea... that the correction... what we call “the potency”... he never called it that or used that word, but that it’s in there and waiting to unfold. Then he’d leave people just to rest. That’s a very, in a way, if you think of the insemination of the sperm and the gestation of the womb, it’s a very male way to focus everything on one incisive moment. And to have the discrimination of choice.

Once again the mind is important. Acknowledgement of what is there is part of what enables the tissues to respond appropriately towards health. They know they’re seen; they’re seen with the hands. The forces are also matched with the hands, but the forces are also matched with the mind whether it be emotional, spiritual, toxic, whatever. So I think where the importance of the mind is something that I do share with SAT (15).

The above comments show the mechanical linkages to the osteopathic lesion in the SAT approach, but also show the deeper workings of the approach. There are similarities to cranial osteopathy described in the use of *Mind*, and the innate or potency that is there waiting to release. There is also the way other osteopaths, using the cranial approach, still engage the mechanism at a structural level as well as the ultimate connection of *Mind*. The analogy of the male/female view was very interesting and resonated (as a female) with the researcher. The author suggests this would be an interesting topic to look at in a separate paper.

Code 9 recounted a wonderful conversation with Mr. Dummer in 1990 about the *energetic impulse* that is applied in SAT. See APPENDIX Z for the transcribed section of the interview. From that discussion with Dummer it is clear that an *energetic impulse* is in fact produced in SAT. This engages the patient at all levels of body, mind, and spirit and is why the technique is so powerful, producing such a profound effect on patients as described in 3.2.3.6 THE EFFECTS OF TREATMENT section.

Code 15 stated: “I think the SAT is very much about being in the moment. Right there. Present as you can be. ...It’s being as present as he could be. How deep it went. It wasn’t just the physical hands, though the hands are very powerful. Because he was totally present” (15).

Code 22 explains the components of SAT as Mr. Dummer developed it from Spinology and Littlejohn’s mechanics and intuition. All three components are needed:

“Tom tried to systematize it [Spinology]. But also, Tom was very keen on Littlejohn’s mechanics, which made more sense, intuitively. They have a certain sense, but unless you add intuition, it doesn’t really click... “Give it depth.” [this was something Mr. Dummer had said] He put his hands on someone, he adjust their I think it was cervical vertebrae in a prone position, and he said, give it depth, and he looked at his hands and he looked at him, and I understood suddenly there’s something else. And it’s not instead of osteopathy, it’s not an add-on, *it’s inside it*. It’s inside the writings of Andrew Taylor Still, it’s *always* been there. But it’s usually lost. I think it’s lost because people call it healing, instead of osteopathy (22).

The author understands this to be a critical point to consider in Osteopathy. It is the special component of osteopathy that makes the profession different from other manual practices, as Code 20 mentioned earlier in the interviews. This component is not additional to osteopathy but present since the inception. It is that connection with the *Mind* through the matter, or the contact with the liquid light of Sutherland.

Like many other people, Code 19 recalled Mr. Dummer's hands, but he put them in a special context here when describing how Mr. Dummer was using "his long tapered fingers and often facing his palms toward the patients before touching them" (19).

The researcher asked if the respondent thought Dummer was doing something with his hands.

Here is the response:

Yes. I'm quite sure. Quite sure. I remember once I asked him about it and he said, "Ah, well." He didn't want to talk about it. "There's a kind of divining" he said (19).

The author concludes that Mr. Dummer was scanning the electromagnetic field of the patient for changes of density and flow. This would be used like all other tools to help locate the primary lesion.

Code 19 goes on to say:

Yeah, that's another thing we talked about, his own limitation and structure. And actually, I remember now him saying one of the factors that helped him influenced him in devising SAT was his own physical limitations that he knew he needed to be minimalist with his own energy, his own body mechanics. Maybe that was also part of his spiritual path. Again, he kind of hinted a little bit of that. Something to do with suffering. And again he didn't tell me any details but I was such a young man, I was a student. There was a sense where he would be using his suffering or personal difficulties in some ways in his work, I'm not quite sure how that would be but he made certain comments...and a kind of image I have of it is someone who suffers to learn something or express something. It is possible that that energy of suffering can be used in some way, in some positive way, a creative way, that came over his physical difficulties, and listening to him talk about his physical difficulties with his back and so on (19).

Buddhism speaks directly to suffering and the causes of suffering, and a Tibetan Buddhist would be aware of the nature and causes of suffering as well as the origin (wrong thought)

causing the suffering. There is also a practice (Tong-len.) where the practitioner takes on the suffering of others as a form of *Mind* training. Perhaps Mr. Dummer was engaged in this practice as well.

Code 11 explains the total picture of how Mr. Dummer worked and how it was hard for Mr. Dummer to get across the whole picture of SAT:

Tom's understanding of osteopathy was so much in every cell that there were things that he just wouldn't put into words because they were an innate part of who he was and how he practiced. You had to be around him for them to come out.... Yesterday when I read through the notes that I had taken during his lectures, in a way it's all there but you wouldn't know it was there unless you'd had the experience. To be fair to him he did try to express it but you'd have to be on the inner game to know what it meant (11).

Code 30 had a perceptive observation on Dummer and how he thought, and how that thought pattern affected Dummer's treatments:

But I remember once, he'd got out the car, I can't remember where we'd gone, and he said, "See you later, I'll just leave you my aura." There was that feeling you still had, you still had that feeling of Tom's presence after he'd left the room. And that I can't really explain. But he would leave you with something, but as I say, I know that if someone needed him, he would stay. He'd stay, comfort them and settle them. But he learned to not spend ages with his hands on people (30).

SAT was Tom Dummer's primary method of treating and it involved not only the physical but also a deeper, less tangible way of interacting with the patient that is inherent to osteopathy. Mr. Dummer used many different assessment tools: x-ray, observation, palpation, intuition, energy field scanning, and listening. All of these together gave a picture of the patient and provided a primary lesion that was the access point to the body, mind, and spirit complex. His contact during treatment was short and direct with an energetic component that the author

feels was the primary focus of his attention during treatment. Through this energetic connection he was able to access the wellness in the patient and bring that forward for the patient to recognize again as the absolute true nature of *Mind*, the oneness, and the unstainable part of our being. The author concludes this is why the patients always felt so good—relaxed and harmonious—post treatment. It is also why Mr. Dummer emphasized to his patients that they did not really need an osteopath but they themselves were in control of their own health.

3.2.4.4 OTHER WAYS TOM DUMMER TREATED

Mr. Dummer used techniques other than SAT in his treatments as described in the treatment experience section. Also in that section is a description of a more functional approach to SAT as described by a patient in his/her 60s.

Code 13 sheds light on a little known fact about Mr. Dummer:

What was misunderstood and what people didn't realize was that Tom had a full range of osteopathic understanding and technique. I remember times when I had a sore throat and he'd use articulation and lymphatic pumps, all those things that are very much associated with the Still and the Littlejohn models of osteopathy. They were all part of it for him but when you go and teach, you tend to teach the things you can do and other people can't. I think people thought that this was what Tom did for everything; not realizing that he knew everything and although it was something he used a lot (SAT) he had the full range of the osteopathic medical approach (13).

APPENDIX Z includes detailed descriptions of the techniques Mr. Dummer used in his practice that he shared with his colleagues and close patients (28, 11, 15, 16, 17). These were a range of gentle oscillations, peripheral, rib, and vertebral manipulations, and techniques for relaxation. These were all done with focus and intent on the center of the lesion described by Code 15 as potency or in the chiropractic term of innate:

...You actually reach your mind to the centre of the lesion, he [Tom Dummer] didn't call it potency but it's what the Sutherland tradition people would call potency. Using a chiropractic term he would say innate does it. In the centre of lesions is the, if I remember rightly, the core out of which the correction comes. From the way he describes it, was as if he was reaching in towards to the place from which the correction unfolded. And it did what it did from within. So it was more reaching what was trying to happen from within, than putting in forth from without. Because what struck me when I first went to see him...how his osteopathic thrust corrections, were just like as if you'd been touched by a butterfly. I'm deviating a bit. I'm talking about slow articulation. Slow springing on the spine in a way it didn't make any difference whether it was him doing that, or doing an SAT because it was that incredible focus. That somebody could do that to you, could do that technique 5 minutes and you'd be knocked out for a whole afternoon. Very powerful. And it's because of the way he used his mind (15)

This is also an example how the SAT, or other treatments work, with the sense of presence Mr. Dummer added to the technique. This sense of being present will be developed later in CHAPTER SIX: CONTRIBUTIONS TO OSTEOPATHY.

Code 15 related how Mr. Dummer changed as he aged and how he continued to learn and grow every day. As he advised one of his students, "Learn from every patient" (15).

As well as osteopathic treatments there is evidence (and some funny stories about colonics) to indicate that Dummer at some point in his career (and that appears to be in the early part of his career) used other than osteopathic techniques, as described by Code 16:

Tom also tried out everything, in terms of trying colonic irrigation, herbs, diet... he did the broad scope. He was quite informed about a whole range of alternative medicines. And he brought an overview to that through his osteopathy that was pretty... This gave him depth in terms of his understanding (16).

Code 16 also describes Dummer's articulation technique, General Articulation Technique (GAT). It is clear that even with GAT Dummer was working with his intent, at a deep and holistic level. Although it is presented in *Textbook of Osteopathy*, the depth at which Mr. Dummer worked is not present. The change of focus onto different tissue levels and other levels in the body was not described. Code 16 felt that Mr. Dummer worked at a more integrated way, asking 'why did this body not have the ability to keep these systems going?' (16). Both Codes 16 and 11 made comments about the gentle nature of the GAT and the power of change behind the technique (16, 11).

The other techniques Mr. Dummer used also got amazing results. It did not matter if it was a relaxation technique or a GAT, or a manipulation of a vertebra, rib or peripheral joint, it was done with the same respect for the being and the focus was directed at what was needed for change to the center of the lesion so it could unfold with the potency of the body, mind, and spirit.

3.2.4.5 BODY TYPES

Body types were important to Mr. Dummer. They were a way of gauging how much force was needed to get the desired treatment effect. It was a reminder of the susceptibility and specificity of the body.

Code 28 talked about how she uses Dummer's body type concept:

Another one of the big, big concepts of Tom that I use all the time, not just in work but in teaching, is the body types. The body typology, because it helps you to know what to do and what not to do with patients. As in, not over-treating or not under-treating. (You have to reach them or you have to, you can't over-do it.) He was talking a lot of the mental states that goes with some body typologies and the illness... You could see the types walking in and how they were going to react... If you do a heavy manipulation on an ectomorph they're going to be ill, or

they'll just over-react and they have pains afterward. And if you give them a very minimal treatment, that's well thought out and gradual over a few weeks they would respond really well. So they need very little treatment. But a mesomorph needs a lot more hands-on treatment. Every body type needs a different approach to treatment (28).

Code 22 confirmed the importance of body types: "Tom would use these Shelton's typologies in his lectures, and Tom was more ectomorphic in that sense he's more sensitive and esthetic so he would be just trying to find the exact little thing he could tweak and then go away and leave them be" (22).

Code 14 stated that the body types also provided a structure for the relationship between viscera and structure. This again was a way to localize treatment for the patient to allow the least amount of input into the body thus allowing minimal treatment.

3.2.4.6 HEALER

The term healer was used often in the interviews to describe Tom Dummer (17, 10, 6, 31, 4, 8).

Code 17 described Tom Dummer's capacity to heal:

He never flaunted that he was a healer. When I mean a healer, I promise you, he was one of a kind—I've seen in my career as I've traveled around the world I've seen healers in various areas of the world—I've never seen any apart from Mr. Dummer. You saw people coming into his surgery, and they left not just better in whatever they did, because obviously some took longer than others, but it was a thing in your head. It was a spring in your step. It was a ray of sunshine. It was that, that is what I mean. That he treated something, and the body then responded to it. And he was that he had. There was that little bell that got everything vibrating. And that was his strength. That was what he enjoyed—that he could do that (17).

Code 17 stated: “He enjoyed treating people. Because he found—it’s difficult to explain really—I think he knew he was a healer. And I know he felt he had a responsibility to use that for as long as he could. And I think that is what drove him, really” (17).

Further in the interview Code 10 said:

...was destined for greatness, Tom. No matter what he did. He had that energy. So it was so special. He chose to become a healer” (10). “...But he had that in him to help heal people (10).

Code 31 describes a meeting with Tom Dummer that was a very special memory. It further illustrates Dummer’s concepts of the healer within the practitioner:

Yes. One day he called three students in my group, in his office, and we were chatting. He was asking questions. And then he asked each of us, “When did you realize you had healing powers?” So I was really taken aback then, because for me, because when I began osteopathy it was very mechanical, was based on realignment of the structure, balancing of the structure, but there was no, there was no healing going on... (31).

This is an interesting concept for the author. The author, like His Holiness the Dalai Lama, does not believe in healers. The author proposes that some people are able to tap more easily into the universal consciousness, or *Mind* state, that makes it easier to see the wellness in all. From the Buddhist perspective this ability is due to karma and *Mind* training. Karma ripens your ease of seeing. Training is the practice that makes it easier to recognize and sustain one’s state of awareness. So all sentient beings have the ability to see in this way; it is a choice whether one uses it or not. The healing comes from the individual who is able to see the true nature of his/her own mind. Mr. Dummer was perhaps a catalyst to that process, enabling people to see their wellness and get better. But the author feels ultimately it is the work of the patient that

brings that wellness forward. This thought is nicely described in the next section 3.2.4.7

COUNSELOR IN TREATMENT by Code 17.

3.2.4.7 COUNSELOR IN TREATMENTS

Tom Dummer showed evidence of his counseling skills in his role as an osteopath, both to his patients as described earlier, and to his students and osteopathic colleagues. Code 17 related how Mr. Dummer trained his patients to be self sufficient, that they did not need an osteopath in their life, and that they needed to know themselves (17).

Code 15 relates what Mr. Dummer shared with students and colleagues about counseling:

He talked a lot about counseling, the importance of talking to people. There were sometimes actually if he saw fit when he'd done the correction he'd leave the room, just to not interfere. That sense of interacting specifically and precisely and then leaving it, getting right out of the way. But he talked, you know when he was teaching us, he talked about ways he'd talked to patients in the past and how people's lives can change when you meet them. What they want to talk about (15).

When Code 30 was asked if Mr. Dummer used other forms of health care, he stated that Dummer's use of other forms was reduced as he progressed in his osteopathic career. Dummer counselled on diet but even that changed with time, becoming less and less as his osteopathic practice continued (30).

3.2.4.8 TREAT THE WHOLE PERSON

In Code 17's interview he stated Mr. Dummer was committed to treating the whole individual (17). The concept of treating the whole person was best expressed by Code 2:

I think that one of Tom's great abilities was his ability to touch all of somebody. Even with a very minimal application, as in SAT. ...He was really able to reach the whole through the part. Not just the whole body but the whole person. And that depth, who he was and his understanding, not just of osteopathy but of all

sorts of other modalities and ways of looking at things; it was all of that which was beneath the surface. You saw the tip of the iceberg but what he said he was doing, was the tip of the iceberg, but the teaching and the understanding that's behind that, gives the knowledge, and the potency, and the ability to access far more (2).

The depth of Mr. Dummer's treatments was noted again. The treatments were framed in the cranial potency term, which the author feels is an accurate term to describe the ability to go behind the lesion to the wellness that rests there. The concept of accessing the whole being from a part of the body cannot be emphasized enough. It is the essence of osteopathy, from this author's perspective.

3.2.4.9 DUMMER'S INVOLVEMENT IN TIBETAN BUDDHISM

Mr. Dummer's spiritual beliefs and how it affected his treatments will be addressed in CHAPTER FOUR.

This is a brief introduction to one of the key influences in Tom Dummer's life. This particular aspect will be expanded in the question related to his spiritual path.

Tom was active in the Buddhist Society in the U.K. He was actively teaching Tibetan Buddhism back in the 1970s, which shows his intense, long-time study and knowledge of the topic of Tibetan Buddhism. This is supported in a quote below from Code 23:

I met him first at the Buddhist Society summer school in 1977. Buddhist society is a kind of umbrella organization of Buddhist groups and Buddhist individuals in the U.K. ... In 1977 I went along to their summer school. It was their open week summer school; they represented all the different Buddhist schools & Buddhist traditions. There was Theravada monks, one got introduced to Pali, chanting, doing prostrations in the Theravada tradition, and then jump into Zen, Japanese flower arranging, and then there was the Tibetan Buddhism, which was run by Alf Vial and Tom Dummer that year. So that was my first meeting with Tom

Dummer. And because I was at the University of Kent in Canterbury and he was of course in the Maidstone area both Alf and Tom encouraged me to set up a Buddhist group at the university because there wasn't one at the time (23).

Several osteopaths were aware of Tom's Buddhist involvement, and in one case that was one reason why that student wanted to study at ESO. Code 22 stated that he met Tom through his Buddhist connection to his own Zen spiritual teacher, who suggested, “...I think you should meet my friend Tom Dummer, he runs this osteopathy school”...I was accepted and came down to start the course in Oct '77. Tom was the principle then” (22).

Code 16 stated:

He was the principle of the school the year that I decided to go. It was part of my decision to go to the ESO...and they told me about Tom, they said “oh and Tom is a Buddhist”, so I actually went along to an event that they said he might be at...it was a teacher [Tibetan Lama] coming in (16).

Code 13 met Tom through a Tibetan Medicine and Buddhist connection. Code 13 was a student of the Buddhist teacher, Namkhai Norbu Rinpoche, and had a dream he should be doing healing work with his hands and wanted to attend ESO.

Several people acknowledged Mr. Dummer's Buddhist practice as an aspect of how he practiced osteopathy (27, 9, 14, 26, 30, 15). When Code 27, was asked about other aspects of Dummer's osteopathy, he replied: “The only one I know was his Buddhist approach” (27). Code 9 said, “And Tom Dummer was greatly influenced and involved in the Buddhism philosophy” (9).

Code 14 went on to say:

Therefore his philosophy, his Buddhist philosophy, came into his treatment as well... So you create therapeutic environment right from the start about who you are as an individual. I don't feel you can separate. One of the things that makes

what we do a philosophy of life really, because you can't separate yourself from it and your continual development is mediated throughout your osteopathic development (14)

Code 26 explored the idea that everyone brings who they are [as a person] to the patient: 'Find it, fix it, leave it alone' was essentially the core of his osteopathy although he did bring in his Tibetan Buddhist belief, I should say his philosophy about, his belief in its philosophical system, into the surgery with him. But what one asks oneself what does one get influenced by when you're in treating a patient osteopathically, there's all sorts, your whole background, and I actually say to students that you have 20 different students now who will interpret their teachings according to their own background and it depends on all the belief systems.

Code 30 was very observant in his comment about the getting in and out with SAT. It supports the comment that Code 15 made under SECTION 3. 2.4.1 SAT about the differences between female and male:

I think his Buddhism, and the fact that... I would sometimes look at him, and I strongly felt that he was in a meditative state at that moment he did the adjustment. He would come out of it, but also, that he had to control his meditation. Meditation could overwhelm him. That's why he came, I think, to specific adjusting technique. Take your hands off. He felt, at one point he was exhausting himself, and so he came to that. And so he would meditate for that moment. So you would have the whole of his perception, you had all these years of Buddhism, right inside your vertebra. And the whole-ism within Buddhism, would be inside that adjustment. It was a way of bringing the practitioner to the patient, and then you step back (30).

The author agrees with the sentiments expressed in this section. You cannot separate the philosophy of the practitioner from the way he/she practices. It is very interesting to think about the implications of being a sensitive person and working as an osteopath. There is the meditative state that opens one up to the forces of the universe. Staying in that state while interacting with

people can create a very intense experience. One must be truly centered and focused on the wellness and not get pulled into the emotional turmoil of disease-seeking behavior, otherwise there is a chance the intensity of the interaction will take a toll on the practitioner (though it may temporarily help the patient). The Buddhist meditative approach—that which focuses on the wholeness of the being—is in line with the osteopathic view of treating the whole person and looking for the wellness in the patient.

3.2.4.10 TIBETAN MEDICINE, HOMEOPATHY, HERBOLOGY, AND NUTRITION AND OTHER HEALTH CARE MODELS

There were so many subjects Mr. Dummer explored during his life. These were all incorporated into his thought process while treating. As Mr. Dummer aged, these influences took a less visible outward expression but the author suggests they were ever present in the background of his treatments.

Code 13 was involved with Dummer's Tibetan medicine interests. They attended many lectures together on Tibetan medicine.

Code 12 related how Mr. Dummer did not mix traditions when he taught osteopathy in the classroom.

However he kept the osteopathic tradition as is, and in class he never spoke of Tibetan medicine when he taught osteopathy. . . . It may have shown in his way of being, but when he was in a class, he taught osteopathy and not Tibetan medicine which had nothing to with osteopathy (12).

Although Mr. Dummer may not have talked about these things in school because he was there to teach about osteopathy, Code 28 was aware from conversations that Dummer utilized these other systems (28).

Code 15 had a different experience regarding Tibetan medicine at ESO: "A Tibetan doctor, Dr. Tashigangpa came to the school once. I remember he said the spine is the axial centre

of the universe. I remember Tom quoting that later. The spine as the axial centre of the universe” (15).

Code 11 remembers: “I saw him making a prescription for a patient one day using Tibetan medicine” (11).

Code 19 described a first person experience and gave a time frame for the use of herbal and Tibetan medicines in Mr. Dummer’s practice (19):

Code 25 related how Mr. Dummer would have used homeopathy to help boost the treatment if he felt it was needed. Code 27 related that early in Mr. Dummer’s practice herbology was used but the use was phased out later in his practice.

Code 9 relates his understanding of Mr. Dummer’s interest in homeopathy. The author agrees with this statement, based on Dummer’s world view and his views on energetic components of the individual: “I think for a while he was interested in homeopathy. Then again, he was interested in the energetic side of it” (9).

Tom Dummer was knowledgeable in aspects of nutrition and diet, which was well demonstrated by previous accounts from his patients and Code 14:

...cause he did talk to me about acid and alkaline, dynamic in the body and how that was fundamental. But he didn’t actually talk about it so much when he lectured or taught, it was just in a conversation he talks about whether people were more acidic based as a function (14).

Code 14 suggested an interesting thought that relates to treating the whole body, and Mr. Dummer’s need to know how healthy the body is in order to accept the treatment proposed:

He had quite a broad base in terms of understanding nutrition, homeopathy and various other modes so he would bring that in when treating patients. Like that was all there in terms of his testing and judging how healthy is this person. He needed people to be ‘sort of healthy’ before he could use the specific adjustment

technique because that relied on the body organizing itself or having help to organize itself with a more primary lesion. And some people are not healthy enough in their bodies to be able to organize that in the body (14).

Code 13 said that Mr. Dummer offered a broad spectrum of other care for his patients if they needed it, which included what he called “Dharma counseling.” Dharma counseling is based on the Tibetan concept of dualistic mind and the suffering it causes. There is a chapter in *Tibetan Medicine* describing how these concepts can be used in the West for helping patients.

Code 22 stated: “He did some dowsing with people and occasionally he would see them for that” (22).

Code 16 related his experience with Mr. Dummer’s practice. Mr. Dummer had a great knowledge of nutrition and later in his practice sent people off to a homeopath or nutritionist if he felt there was a need (16).

Mr. Dummer had a lot of experience with many alternate forms of health care. He wrote about some of these in the *Tibetan Medicine* book and in his manuscript on *Radiesthesia*. During his early years as an osteopath Mr. Dummer used many kinds of treatment to produce wellness in his patients. As he aged he became more reliant on osteopathy to produce the changes needed for his patients (27, 30, 32).

Code 20 relates the progressive use of alternative techniques in Dummer’s practice: “Over a period of time, yes. He knew a lot and taught a little bit outside the school on radionomics, homeopathy, certainly obviously naturopathy. He became more and more concentrated in his later life in osteopathy. But earlier on he was quite eclectic” (20).

There was some indication of Mr. Dummer’s interest in acupuncture and aromatherapy early on, a fact related by Jo Dummer in a personal discussion (July 12, 2007). This was confirmed by Code 27, who said:

But the course that I attended with a French dentist ...he translated a book from an acupuncturist called Wu Wai Ping in Taipai. I'm not sure whether that came through Paul Geny or then via Tom" (27). "That was another member of this research group: Madame Maury. She was the first one, I believe, to introduce aromatherapy over here. There was also a reflexology factor too, I think. She was French, lived in a little flat near Notre Dame where I used to go and stay with Tom. She used to allow us to stay there and it was really very nicely situated, not very far from Notre Dame, not very far from the Crazy Horse. "Le Crazy." He was also very interested in radiesthesia (27).

Tom was involved with the soft tissue component of the neuromuscular technique that Stanley Leiff was using (27). Mr. Dummer also had some colonic irrigation experience (15). As Mr. Dummer aged he became more of a pure osteopath and used the other forms of health care less or not at all. He felt that as time went on osteopathy was his best way to access the body in the way he wanted.

3.2.4.12 MR. DUMMER AS A LECTURER

Mr. Dummer started lecturing at BSNO in the early 1950s. Many people remember Mr. Dummer's lecturing style. It was deceptive, his voice was a monotone, and if one was not careful one would miss the point altogether.

Code 27 remembers Mr. Dummer's teaching style. This was a theme that recurred in the data:

Well his delivery was...it was monotone, uninspiring, and unemotional but there was sufficient numbers of people around, and I was one where we could put up with that because first of all we knew the other side and secondly what he had to deliver was very interesting (27).

Later Mr. Dummer lectured at the forerunner of the ESO, the Maidstone Clinic, and the ESO. Code 28 described Dummer's lecture style. A similar story was repeated many times by students both at ESO and in France (21, 13, 12, 31, 30, 22, 15):

And I remember a lot of the lectures, even though I often fell asleep in class and I have to say that sounds rude but I wasn't the only one to whom that happened. I remember forcing myself to go to the front row and being really with it, and being very close because I didn't want to miss a word of what he was saying and it still happened. It was like hypnosis (28).

Code 19 also shared his insights of Dummer and his lecturing style:

He would lecture and his monotone voice, and people would just totally fall asleep and he would, usually when he spoke to you personally, he would be rather similar. It's that guarded thing where there was all that emotion but it wasn't being expressed. And that's how he was... to me, anyway... most of the time. But you could feel it. This force from him, this energy, but it was not through the words or what was said. I think he was the dark horse ... You know it's like I know him, but not through facts. It's a knowing, true feeling. A true knowing through heart contact rather than through facts (19).

Although Mr. Dummer's monotone voice put people to sleep, what he had to say was interesting. Many knew the value of his lectures and did not want to fall asleep (28, 21, 31, 30).

Code 15 was one of his students who found value in the notes later on when they were reread.

The author was able to review some class lectures in the ESO library. Mr. Dummer appeared shy in front of the camera and often read from his notes while sitting down. The content however was interesting. Some people were awake as there were questions from the class that Mr. Dummer answered during the lecture. The people who listened benefited from his lectures.

3.2.4.14 TOM DUMMER'S PHILOSOPHY OF OSTEOPATHY: *DID HE FOLLOW STILL'S FOUR PRECEPTS?*

The information to answer this question came from the direct question included in the title of this section. The question was meant to gather information regarding Mr. Dummer's osteopathic philosophy and the osteopathic principles of A.T. Still.

Code 27 responded to the question of whether Dummer followed Still's four precepts with: "I always assumed that he did" (27).

Code 18 said:

I think Tom embraced all of those things. And that was all in his lectures on the unities. That is his own interpretation of Still's philosophy. ...there were times in his lectures where he would go back to Still's points of philosophical thinking. And then he would perhaps give a whole lecture on one of them. But Tom's philosophy, of osteopathy that he embraced, was the unities. That was important to him ...For me Tom's work, the unities, was a natural progression of Still's work and really gave...because Still didn't really, up in his philosophical background didn't give much for you to work with. I think Tom perhaps took that on board and that was his teaching through Still ... As I'm talking I've got flashbacks to different lectures and I can see the rule of the artery, in Tom's notes. So he used to do a lot of mind-maps so I can remember in different lectures that they would be there. I can just see certain lectures as you're talking, oh yeah, he talked about Still there. And then when he was doing body type, ectomorph, mesomorph, endomorph he was mentioning Still there. Structure governs function. He did bring out these things. He did embrace obviously. I've often wondered about Still's legacy, and Tom's understanding and I think Tom was just a very, very clever man who just took on board everything that was available when he trained but I've often wondered if, when he graduated, that perhaps he had to take the knowledge that he had and had to put it together in some sort of form that he could really understand and work with. That's really what comes through...you learn so much as you go through the European school. (18).

Codes 11, 2, 21, 1, 19, 25, 31, 32, 14, 7, and 13 stated Mr. Dummer followed Still's 'find it, fix it, leave it alone' philosophy, the structure governs function relationship, role of the artery, and the body's inherent ability to heal precepts. How Mr. Dummer may have accomplished this differed but the root ideas were the same.

Code 12 felt that Dummer's philosophy of osteopathy was a more pure form than currently existed in the United States:

Tom knew very well the osteopathic philosophy and it was the principles of Still and Littlejohn. He was one among those who knew best the principles of the philosophy of osteopathy (12).

Code 31 stated that Tom transmitted the Still precepts, but a lot more as well:

I think when he was teaching ...he was transmitting that. But he was transmitting also the spiritual side. And he was the first person I met in Europe talking about that [spiritual] and transmitted that. He was also very keen on the total lesion concept, bringing the spiritual side in the total lesion concept. So he was following on that Arthur Becker, and Fryette. But in all the basic principles, he was transmitting was purely, I think, the teachings of Still (31).

Code 9 had less direct experience with Mr. Dummer, however his profound observation is very perceptive of the Mr. Dummer the author has come to know:

I don't know. The only thing that I do know is that in Tom Dummer's book, he talks about it [Still's precepts] with respect. This being said, there are a lot of things that we have Still say, there are things that are not said, and things we'll never be able to say because they were never written. So it's very difficult to actualize a man versus another man. Or to judge a man according to his legacy, what he left behind, because there's a lot of distortion. I would say that between Still and Tom Dummer there is a common element, that beyond their vocation, and their great ability to help others, to teach and so on. They were two lucid beings. We know that Still at a certain time in his development was interested in

other civilizations, other cultures. Including the writings of the Yellow Emperor and the workings of energy and the place of man in the universal energy and so on. And Tom Dummer was greatly influenced and involved in the Buddhism philosophy. Still never wanted to transmit techniques. He wanted to transmit principles and insights and methods. And Tom developed techniques because it was in an era when people were demanding techniques. But whether it was what we saw through his book, or testimony of his students, mostly his way was to develop methods of a procedure or way to do things. That's what I believe. So in that way they had a process that was similar. I don't think that Tom Dummer was interested in techniques. He did them, obviously, he would teach them, but that's not what really interested him (9).

Code 19 describes Mr. Dummer in action and how he treated was very much with respect to A.T. Still's precepts:

Tom hardly touched the patient and then when he touched them it was like an electric shock. It was the minimum. And that had a very powerful influence...what it'd work like. ...But that really made a big impact on me, watching him working that way. That minimalist effect, it's also something about a conscious effect when I think about it too. It's like mindfulness... everything you do is mindful. And so, you don't move until you're mindful, you wait and when you're mindful, you move. And then you wait. And so he epitomized that and... he never talked about it in that way. It had that kind of how I would see it (19).

Code 21 again brought up Mr. Dummer's original style but within Still's concepts:

When I think about it now it was very much the basis of everything he did but it was very much coming in at a different angle than what Still did. Its like looking at something thru a lens, and Tom came and looked thru a lens that was slightly different but following very much Still's philosophy and principles (21).

Code 25 stated he felt the original teaching of A.T. Still had been lost but the precepts were still there and Mr. Dummer followed them.

Code 32 describes the way Mr. Dummer interacted with patients and how that is totally osteopathic and within the view of Still. The treatment is separated from other forms of health care by the respect for the fluid nature of the being:

These ran through his thinking absolutely. There was never any question of that. And he was osteopathic through and through... Because his way of working, the beauty of it was it was like throwing the stone on the pond. It was minimal and holistic, and so it achieved all those holistic aims that one hoped that treatment would, with minimal invasion and intervention. And that's a very osteopathic concept for me" ... As regards structure, function: yes he often used to talk about structure being solidified function and function being de-solidified structure and that was a phrase he would use. ... Rule of the artery, absolutely. I mean the way he actually worked was osteopathic in the way I often differentiate osteopathy from chiropractic: it was something very fluid about the way he worked, the way his hands moved, the way he actually examined the patient. They contained, it wasn't just a respect for the fluid element in the body, but it was like a kind of, he made a palpatory connection with the body as fluid. ... Such that his minimal treatment was almost like a fine point at the end of a funnel where it'll all be going on and the adjustment would take place or the treatment would take place, as I say, usually quite minimally, and then the effect would be like ripples on the pond. Everything would then open out again and you'd have that wonderful sense of the whole process having been established. ... So the ritual of his meeting the patient, discussing the work, examining them, making the adjustment, allowing them time to rest, re-examining them after a process of rest and so on, was very complete in itself. But it had been, it had achieved its purpose in a very full and complete way and yet the actual tactile component was comparatively minimal and slight and very subtle. That's quite beautiful (32).

It is clear to the researcher that this question pulled together a lot of information regarding Dummer's philosophy of osteopathy. All the respondents agreed that Dummer closely followed A.T. Still's precepts and brought his own individual flare to osteopathy and Still's

precepts. The spiritual side of osteopathy was also mentioned and felt to be in keeping with the philosophy of A.T. Still. The author senses from what she read that Mr. Dummer was true to the precepts of A.T. Still and was a keeper and spreader of this knowledge through his practice and teaching. The minimalist approach started by Parnell Bradbury and carried on by Tom Dummer was a part of the ‘find it, fix it, leave it alone’ principle. Holding the whole person and looking for the wellness was part of Still’s functional precepts as well as the continuum of the structure, function, and the *Mind*, or the mind, matter, and motion concepts of Still. These concepts of Still will be explored in CHAPTER FIVE. The concept “role of the artery” was explained as the connection to the fluids of the body that is distinctively osteopathic. As Code 7 stated, “Osteopathy is a holistic approach, you do not have to go and break it all up” (7).

3.2.5 SUMMARY

This chapter began with an overview of the interview respondents. It included a review of the evidence collected about Tom Dummer, the person. This chapter looked at his youth and family, his adulthood, marriages and children, and his life with Jo Dummer. Mr. Dummer’s arrhythmia was discussed along with its implications on his life expectancy. There was a discussion of Mr. Dummer’s last years and his preparations to pass on. The power of Mr. Dummer’s interests and influences was examined and it was demonstrated how those interests and influences informed Mr. Dummer’s treatment style. There was an exploration of Mr. Dummer’s philosophy of osteopathy and how it related to A.T. Still precepts.

The immersion and crystallization process was summarized and the data arranged into themes that emerged from the triangulated data. Negative cases were reported. The rigorous qualitative process was followed to reduce the possible subjectivity of the data recording.

The DO group comprised a group of individuals who had known Mr. Dummer over and for a long time. It contained primarily his co-workers and students. The key informants were two thirds his patients and one third friends and family. The patients were representative of Mr. Dummer's entire osteopathic career. Three experts were interviewed. Two were interviewed for their knowledge on the ESO and one for his knowledge of Tibetan *Mind*.

Qualities of Mr. Dummer's multi-faceted personality were presented. Descriptions were shared of a generous and kind, conscientious, and compassionate man who gave good counsel, was impressive, had inner sight, used occult and intuitive senses, had a great sense of humour, but was also humble, easily hurt, and on occasion, wrathful.

Mr. Dummer had many interests. His passion for osteopathy was presented as well as his interest in other form of health care that included radiesthesia, naturopathy, and Tibetan medicine. Mr. Dummer's largest osteopathic interest was the European School of Osteopathy that he founded. He was also very interested in the Specific Adjusting Technique that he developed based on the groundwork laid down by Parnell Bradbury. On a personal level Mr. Dummer was interested in music, fine wine, food, and company. He enjoyed discussing osteopathy and philosophical ideas with friends.

All of the personal aspects of Mr. Dummer informed the person that gave treatments. Later in this chapter, the treatment experience through the eyes of the patient was reviewed. This included descriptions of his assessments, treatments, treatment frequency, and length. Common themes describing his gentle, minimalist, and global approach are presented. The data supports the consensus that something extra and very special was happening in the treatment process that affected the whole being. Aspects of SAT were reviewed and include descriptions of the ways

that Mr. Dummer worked. A sense of Mr. Dummer as a healer and a counselor are presented from the interview data.

The chapter concludes with a presentation of the data surrounding Tom Dummer's philosophy of osteopath and how it related to A.T. Still's four precepts. The data supports the understanding that Mr. Dummer followed the founding concepts of osteopathy.

CHAPTER FOUR: TOM DUMMER'S SPIRITUAL PATH

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4.1 OVERVIEW

This chapter explains Tom Dummer's concepts about spirituality from the perspective of the DO and the non-DO/patient samples. Included are examples of Tom Dummer's behaviour that indicate the depth of his practice as well as superficial studies and observations about his nature.

The second question: *Did Tom Dummer's spiritual practice influence his osteopathic practice?* is also addressed. A summary of the sample's spiritual practices is also recorded.

4.2 TOM DUMMER'S SPIRITUAL PATH

Not everyone could answer the question about Dummer's spiritual path with detail, but many provided insight into Tom Dummer's spiritual path. Those who knew something were aware he was a Buddhist. It was often stated that you would have to know him well to really know to what extent he was a practicing Buddhist. APPENDICES Q and R include a summary of the responses from the demographic study regarding Tom's spiritual path.

Code 23 was very familiar with Mr. Dummer's spiritual path and because of that knew Mr. Dummer at a "heart" level (23). This is a Buddhist concept of deep knowing as the heart is indicative of the *Mind* level consciousness in the Western model. This heart connection was also identified by Code 19. Code 24 said that Tom Dummer travelled more than 12 times to India to see his spiritual masters and to research his Tibetan medicine book. He stayed in Dharamsala, which is the seat of the Tibetan Government-in-Exile. Dharamsala is also home to the former king of Tibet and the head of Tibetan Buddhism, His Holiness the Dalai Lama. Mr. Dummer travelled to pilgrimage sites and a monastery in Sikkim (24). He met and spoke with HHDL on many occasions (8, 24, 17, 23, 22, 12,). The respondents mentioned the special connection Mr.

Dummer had with HHDL and one respondent was quite moved by having met HHDL when with Mr. Dummer (26). The foreword of the book *Tibetan Medicine* was written by HHDL.

In the preface to *Varjrayana Student's Notebook* Mr. Dummer stated that almost 30 years before he wrote this book (in 1998) he travelled to India and went on a pilgrimage of the holy Buddhist sites. In 1974 Mr. Dummer took refuge with Chime Rinpoche. This means he was bound to follow the precepts of Buddhism and renounced *Samsara*, which is the cyclic death and rebirth process of an untamed *Mind*.

Code 18 stated he was aware of both Mr. Dummer's Buddhist spiritual path and how important it was to him:

He talked about his visit to Tibet [India], and the Dalai Lama. It was very obvious that that aspect of his life was very important to him. Buddhist faith obviously became very, very important to him (18).

Code 11 said you would have to know Mr. Dummer well to know he was a Buddhist:

I know that he practiced his Buddhist practices on a daily basis, but you would only know that if you were really close to him. It was like knowing that everybody knew that he was a practicing Buddhist but to know the extent to which he practiced it you'd have to be around him. It was so much in his philosophy and understanding of life that it came out. He was a very spiritual man and it was interwoven in his work and who he was (11).

Many other respondents said the same thing; that you would really have to know him to realize how important Buddhist practice was for Mr. Dummer (1, 19, 22, 15, 11, 29, 26).

Code 9 spoke of a conversation with Mr. Dummer that stayed in his mind:

I heard a lot of things. In the ...conversation, at certain times we both flew away. It was part of the conversation, on God, spirituality, the meaning of things, the meaning of our work on a spiritual level. And all of that was the same. That was all like the confirmation of something that we were living, and we just wanted to

share, or get approval of. ...I think he was an honest man in his journey, his spiritual journey (9).

Code 15 related how Mr. Dummer was introduced to Buddhism through Margery [now Bloomfield] when he was married to her. Code 15 knew quite a bit about the history of Mr. Dummer's spiritual masters. The interviewee spoke to Mr. Dummer's humanness and his path, which was his desire to be a better person. The lineage of one's teachers in Tibetan Buddhism is important as each lineage has a specific way of addressing the Buddhist texts. Knowing this may provide another serious Buddhist practitioner a further understanding of how the person thinks:

...he studied with Chime [Rinpoche], he was a student of Ato Rinpoche. Ato Rinpoche is a most delightful refined lama who lived in Cambridge and whose hobby like any good country gentleman is restoring antique furniture. And Ato Rinpoche I think worked for many years as a nurse in a mental hospital and has an English wife and child. And there was this side of Tom that could get into a flap and get a real bee in his bonnet and sort of go spinning into indignation. Tom with his great honesty and humility told me a story of how he'd gone to see Ato Rinpoche in one of these states that he acknowledged he got into and Ato Rinpoche had said to him "Tom, your mind." [laughter] And it completely hit him between the eyes, sort of took him days to recover. And one day I saw him, he said, "I'm feeling a bit strange today. I'm just really unsettled because I've seen Ato Rinpoche and always everything gets unsettled for awhile because the meeting is so, to the point" (15).

Buddhist teachings can be divided into three categories. They are: Hinayana (lesser vehicle), Mahayana (greater vehicle), and Vajrayana (sacred or secret vehicle or Tantrayana practice). Hinayana is a practice with the goal of the practitioner attaining liberation from the cyclic death and rebirth. Mahayana is the path of the Bodhisattva (Bodhisattvas are practitioners who dedicate their enlightenment for the benefit of all sentient beings) leading to the attainment of Buddhahood for all sentient beings. Vajrayana is the highest level of Buddhist practice. Most

of the teachings are secret and passed orally from teacher to student. The goal of Vajrayana is also to achieve enlightenment for the benefit of all sentient beings. It is dependent on Master/disciple relationship (Rigzin, 1986).

Code 13 stated Tom was a Varjayana practitioner:

Tom was definitely following the Vajrayana path of Tibetan Buddhism. You may have heard that toward the last few years Tom did a lot of Phowa practice. The way Tom died was the way he would have wanted to die, certainly not in a hospital setting or slowly. He died in a moment, in a split second, partly I felt, because of the fruits of his Phowa practice” (13).

The Phowa practice is a Buddhist practice that prepares one for death so the lower chakras and channels are shut. This allows the energy of the person to exit from the crown chakra and not lower charkas, which ensures a good rebirth, or in the case of enlightened ones, specific reincarnation. It is related to the transference of consciousness (Dummer, 1998).

Mr. Dummer brought a Nagpa, who was a weather man in Dharamsala, to England. This meeting was confirmed by other people who knew this yogi as Yeshe Dorje (23, 13, 16). The researcher noted that other respondents mentioned that of Tom's energy excited the Nagpa Yeshe Dorje (15, 16). A weather man would be called to calm the weather over an event or crops. There are some eye witness descriptions from Jurme Wangda (from when he was a monk in Tibet) about monks who were able to change weather patterns so that would the weather event would be condensed on a roadway and miss a field of crops, and then after passing over the field the rain would open up again onto the general landscape. Some people had said Yeshe Dorje was a Rinpoche [precious teacher] but Jurme Wangda knew him and knows his son who today has a shop in Dharamsala, India. Yeshe Dorje was in fact a Nagpa, a special spiritual being distinct from a Rinpoche (personal conversation, Ottawa, Feb 22, 2009).

Code 15 describes a visit to Mr. Dummer's home and shrine:

He took us into his little shrine room, which may have been some kind of converted garage. It was the most beautiful, beautiful atmosphere, absolutely crystalline quality in the air in there. And there was of course a big picture of his daughter for whom he was doing prayers. The quality of the energy in that room showed me more about Tom than I'd ever met in ordinary communication with him... about the depth of his spiritual practice and the quality that he brought to it (15).

Many others commented about the importance and the presence in the shrine room (14, 15, 21, 28, 26). Code 24 stated that the shrine room had been in most rooms in the house as well as the garage and a garden shed that was like a meditation cabin on the edge of a field where Mr. Dummer's meditation bench was also located. The author slept in a room that had been the shrine room when Mr. Dummer was alive and felt there was a special presence there. That could be said of many areas in the home and garden. The author spent some time on Mr. Dummer's meditation bench overlooking the valley and could understand the draw to that spot. The whole area radiated a calmness that made it easy to sit there and difficult to leave.

Code 1 said he was aware of Mr. Dummer's Buddhist spiritual path and that Dummer was always open to discussion. There were meetings in London at Mr. Dummer's flat where the discussion was on spirituality and various paths. Codes 19 and 22 stated that although Mr. Dummer's path was Buddhist few details were known.

Mr. Dummer used his Buddhist practice to deal with everyday events, according to Code 21:

He practiced Buddhism. It's only what I saw and observed. I didn't discuss with him. I know he was a very spiritual and very human person as we all are. I don't know that much about it actually except he never seemed to be phased by anything, never held onto any... he never appeared to hold onto any anger (21).

Others made a similar comment about Mr. Dummer not hanging on to negative emotions. Although he was a serious practitioner, he also enjoyed life. While he may have lit incense at the end of the day in his clinic, he would also have shared a bottle of wine and laughter with friends (8). Mr. Dummer was aware and at peace with himself (18, 11). The author feels Mr. Dummer was able to keep a truly open mind, enjoy life, and not take himself too seriously (8, 12, 30, 21, 31).

Code 26 spoke about in-depth conversations she/he had with Dummer on reincarnation, karma, and his Buddhist views.

Code 32 and 28 noted that for important events in Mr. Dummer's life, Buddhism was present:

I was always very acutely aware of his spiritual journey but I can't say that I was involved with it enough to say that I could define it or whatever, but when Tom married Jo, I was there. He had a Buddhist ceremony... (32).

Code 28 expressed feelings about Dummer's funeral:

And the funeral was very moving too. Very, very moving. The Tibetan, well, mixed with western and Tibetan. And then it was so amazing seeing his wife and his ex-wife there together and their own families (28).

APPENDIX W is a copy of Tom Dummer's funeral program.

Code 16 stated he was well aware of Mr. Dummer's spiritual path because they often met at Buddhist events. The Black Hat ceremony mentioned below describes a ceremony where one obtains liberation by using sight. Just by seeing the Karmapa doing the ceremony using the black hat one may become liberated or enlightened. The hat is said to be woven from the hair of 1,000 dakinis (angels). Other ways of becoming enlightened may be through ceremonies or situations using hearing, contemplation, or touch.

Code 12 acknowledges Mr. Dummer followed a Buddhist path: "I know that it interested him a lot, that he knew the Dalai Lama but he was very discreet on the subject. Therefore I don't know much more...and everyone respected what he had" (12).

Code 30 talked about how important the discussions with Mr. Dummer were:

...and his way of living Buddhism which was thoroughly to enjoy life! I have to admit those are very fond memories, but also his in-depth understanding of osteopathy and Buddhism. That combination, it constantly refreshes me whenever I think of it (30).

When asked about Mr. Dummer and Buddhism, Code 17 stated:

I suppose the other thing that was his great love was his religious beliefs. He never imposed them on you. He never tried to preach or anything. With him it was more an example of the tranquility that he had in himself. When you questioned that tranquility, where it came from, he was more than willing to tell you about it (17).

Several other people stated Mr. Dummer never imposed his beliefs on people (20, 21).

Code 20 went onto say that Mr. Dummer alluded to spiritual aspects, as did Still, in his writings but did not preach.

Here's how Code 11 described Mr. Dummer: "He was very wise. His wisdom was very apparent, which was a product not only of his Buddhist practice but of who he was. He was fun to be around" (11).

Code 31 also described a special afternoon with Mr. Dummer where Dummer's Tibetan Buddhist preparations for death were shared and discussed. This conversation occurred shortly before Dummer died:

...at our last meeting. I went to his house and we went into his garden. And he was praying, he was with his Tibetan prayer wheel, and we had a talk, that had nothing to do with osteopathy in fact, and he was telling me that he was ready to

go and that he knew he would go soon. And that he had a good time on earth and that he was ready to go, and that he was connecting me to go on with [Mr. Dummer's] philosophy. And that, of course, was a very special moment (31).

Code 7 was not willing to talk about Mr. Dummer's spiritual side:

I know one or two details about his past but I'm not going to enter that. ... As I say, I know a great deal about his way of thinking, and his way of living, and I couldn't actually bring anything in that would actually create any problems (7).

The author wonders if this unwillingness to talk about Dummer's spiritual side was reflective of previous comments that described Mr. Dummer as being cautious about with whom he shared his views for fear of persecution.

Everyone who knew Tom Dummer acknowledged knowing about his Buddhist spiritual path. Interviewees had varying degrees of knowledge about Dummer's spiritual practices, ranging from knowledge of the details of specific Vajrayana practices to general views of the overall importance of spirituality in Dummer's life. Some of the osteopathic group also knew and had contact with Mr. Dummer's spiritual teachers, from HHDL to Ato Rinpoche, Chime Rinpoche, and the Nagpa Yeshe Dorje. Generally, interviewees were aware that Dummer was involved with bringing teachers into the U.K. and that he traveled to India for teachings and retreats.

It was clear to the author that Mr. Dummer's Buddhist practice was very important to him; as some said it was *the* most important part of his life. It is easy to see that something that important infused his thoughts, actions, and words as reported by the respondents. This importance was also noted in passages in his books: *Tibetan Medicine*, *Vajrayana Student's Notebook*, and *Textbook of Osteopathy*.

Mr. Dummer's Buddhist thoughts prevailed throughout his life as an osteopath and as a lay person. The author sees signs of the importance of his practice in the literature but also in the descriptions of his life by friends, colleagues and patients. The author from her own experience understands that meditative practice allows access to *Mind* and that the rigours of a meditative practice are good building blocks for the understanding of *Mind* and the effect of negative emotions on relative view. These affect body through actions, speech through words and *Mind* through intent. From the author's experience it is not enough to read about the theory of meditative practice but one must experience it at the deep level to get the full benefit of the practice. Mr. Dummer was a practitioner. The mindfulness shown by Mr. Dummer and outward signs of calmness and respect the author feels were the outward signs of the inward development of *Mind*. The practices Mr. Dummer did, for example *Phowa* and *Bardo* practices, were preparation for death. The death he had was peaceful and content and from the words of others he was prepared to go. This view comes from the stability of a good practitioner. The author synthesizes all these signs can be developed by a mindful person no matter what their spiritual path was but in Mr. Dummer's case it came through his Buddhist practice.

4.3 DID TOM DUMMER DO ANYTHING IN HIS OSTEOPATHY PRACTICE THAT REFLECTED HIS SPIRITUAL BELIEFS?

The author understands that the compassion Mr. Dummer presented in his osteopathic practice would have been refined by his meditative practice. This is one of the desired outcomes of meditation practice.

Code 19 related a conversation he had with Mr. Dummer on Buddhist compassion and treating:

Tom Dummer said, "Well it's something to do with compassion." He used that word compassion and finding that, I suspect that he was using it in the technical

sense, probably a Buddhist sense of some kind compassion. ...Mr. Dummer went on to say: "...you find some place in your heart that is completely open to this human being and it doesn't matter what your personal reaction might have been to them or about them, if you can find that place to be centered in your heart then things can happen. And even if they don't happen in a medical sense, they happen for both of you in a spiritual sense." But I think his osteopathy was very much a part of his spiritual path, although we wouldn't want to readily admit that. Certainly when I interviewed him he was quite strong about separating. But at other times he'd suggest rather otherwise to me. I suppose one of the blocks too, with his sensitivity, was that he was cautious. He wrote stuff about spirituality but he was very careful and cautious about what he said and what the context was. Because he feared judgment. In a sense, it's quite sad, I think. Much more, he had much more he could have said. But because of the climate, and fear of judgment, and the clash already between more main-stream osteopathy and his esoteric ideas made him quite careful about what he said (19).

Code 28 talked about Tom Dummer's profound sense of compassion and how it came through in the manner in which he dealt with students and in his care of patients. Code 28 felt that the calmness, non-judgmental, non-critical behavior came through in everything Mr. Dummer did. It came through in his body and teaching methods. Mr. Dummer seemed happy with who he was. The total compassion shared with the patients was, in Code 28's mind, what made the patient better. The non-judgmental behavior was mentioned by other respondents as well (19, 12).

Code 1 related a conversation the interviewee had had with Mr. Dummer:

I remember talking to Tom about it and... because it was this marriage of spirit, mind, and body. And, actually, looking at people who were spiritually aware and the changes that you could sometimes reap in them... I know he was profoundly aware of his Buddhist side. I think this fit well with his nature. He was a gentle nature there. I think he brought that into his teaching and his work (1).

The author also intuitively felt that Mr. Dummer was very aware of the karmic connections and the ability to meet like-minded people easily on the different levels accessible during treatment. Patients who were more spiritually aware would have connected with Mr. Dummer easily and received the benefits of *Mind to Mind* treatment. This connection to the *Mind* of the patient was important to Mr. Dummer and the ability to access it was made easier through his Tibetan Buddhist practice of meditation and study.

Code 20 told a story about the opening of ESO when Mr. Dummer invited a Tibetan lama to say prayers to bless the school. The author sees this as another indication that Mr. Dummer was very much influenced by Buddhism in everything he did.

Code 20 was also cautious about what he said about Mr. Dummer regarding religion and explains that religion can be divisive if used with the wrong view:

...rather than everyone in their village golf club politics spitting at each other because you don't have the right religion in osteopathy, which is probably why you see me veering away from certain topics. Because in the wrong hands they can be divisive (20).

Code 32 related that Mr. Dummer's ways in the clinic rubbed off on him/her and the spiritual part of osteopathy was so important:

And without that spiritual dimension which I feel echoes a lot of what Still was about, I don't think I could say my philosophy of osteopathy would be complete; it's very much a part of the way I feel about what we do. And I think Tom played a part in that (32).

Code 11 also spoke of Mr. Dummer's allusions to spiritual principles in the same way as A.T. Still. There was a connection to the body and its workings made through who Mr. Dummer was, based on his spiritual practice. He was totally present in the way that he worked.

The author suggests that although A.T. Still and T.G. Dummer may have framed their connection to body, *Mind* and spirit differently, they were in fact speaking of the same thing. They were accessing that universal consciousness, that wellness behind the lesion that cannot be injured.

Code 11 felt that Mr. Dummer would have shared his beliefs if one was interested but was generally private in that regard.

Code 14 said that Mr. Dummer did share his spiritual views with others. "He wasn't afraid to talk about his spirituality to patients or to other people either. It was a very important part of him" (14).

Code 12 related that Mr. Dummer did not speak directly of how his spiritual practice affected his osteopathy practice, but it was evident. "It was his own personal enrichment but he kept it to himself. We could see it through his attitude, but he did not speak openly about it in his osteopathic practice" (12).

Dummer did daily Buddhist practice even at work, said Code 29. Mr. Dummer, as was noted before, might light some incense or do special prayers in the back office but not in a heavy way. His path was always filled with laughter (29, 28, 26).

Code 31 said that Dummer had written on the topic of Buddhism and osteopathy. "In fact, looking also to the similarities, the parallel things between the Tibetan approach and the spiritual approach of Tibetan Buddhism and osteopathy" (31). As noted previously these topics were covered in several of Mr. Dummer's books.

Code 18 talked about the importance of holding the whole body from a very spiritual place and connecting to the universal energy from a very focused space. This was what Mr. Dummer did through his Buddhist perspective.

The author noted that the interviewee pointed to his heart when describing the very spiritual place Mr. Dummer was coming from. Symbolically in Buddhism, heart represents *Mind*. The Buddhist mind training would allow access to the *Mind* but it is always in context of the whole being. The author believes coming from the heart or seat of the *Mind* and accessing the same in the patient is one of the most powerful access points for treatment.

Code 15 also felt Mr. Dummer was unable to separate his being from how he practiced osteopathy. Both were done with awareness and skillful.

Code 2 discusses the Buddhist concept of not doing and how it applied to Mr. Dummer's osteopathy:

Well from my discussion with him, there's a whole concept of non-doing, as a Taoist and Tibetan Buddhist concept was very strong for him. And at the time I sought to understand from him how to reconcile non-doing with what he's doing, being an osteopath. ...And there was a way of doing in a non-doing way, which is what I understood from him. In the same way that one can still walk down the road without effort or [not] pushing the river, or trying to achieve something. You can practice your osteopathy without speaking, [without] going to ego" (2).

Code 2 described an example often used in oral Buddhist teachings, that you cannot push a river. It will flow naturally at its own pace despite what you may want. It will get to its destination without you helping, so let go of your grasping ego and let it happen.

Comments on letting go from Code 1 were also in the same vein. Getting into the meditative space that allows you to contact the whole being was what Mr. Dummer did in his osteopathy practice.

Code 1 gives a wonderful explanation of the way Mr. Dummer thought and practiced while explaining osteopathy at its best:

I think Tom would have been an inherent practitioner within that sense. He didn't voice it in those words, but I think he would have in a spiritual sense have embraced those. And again, as I said earlier, the best practitioners, I think, do. We're not bone setters and we deal with the harmony of the body. We need the assistance of the body to achieve that harmony...I think that Tom very much was the spiritual osteopath and I think those make the best ones. I'm sad that I didn't do his SAT and it's almost out of context with Tom because it was so specific, in a sense (1).

Code 22 stated that Dummer's spiritual approach was and was not important. It has more to do with who you are in a big sense. This resonated with the author:

Everything and nothing. Upon the overt side, we would get occasional Tibetan monks coming to the practice in London. We would treat them for no charge, of course, and that sort of thing. So that was the overt side of it. For the Dharma it's more a matter of attitude and how you hold yourself and how you approach the patient (22).

Code 30, 28, 31 and 19 spoke of the meditation and mindfulness, compassion and non-judgmental behavior Mr. Dummer applied during a treatment session. Again the non-doing or no mind meditative nature of the treatment was discussed. The author understands this as the active [or non active] ingredient in the process of treatment and acknowledging the wellness within the patient. It is coming into knowing of the *Absolute Mind* nature within one's self and being able to identify it in the patient, thus allowing the unfolding of the process that removes the obscuration of the lesion. This was also discussed with Code 32 who felt that Mr. Dummer had a respectful connection of the tissue and that the tissue was a reflection of the patient's spiritual dimensions. This in turn was part of the total lesion of Fryette. This was where Mr. Dummer engaged the patient.

Code 13 also commented on contacting and treating from a non dual place, a place of non thinking, that is linked to the Buddhist path. The approach of removing suffering and taking it on as part of a Buddhist practice was mentioned as a way Mr. Dummer incorporated his spiritual practice into his osteopathic practice.

Code 14 stated in another way the concept of non-doing: “I think that whole allowing, that whole facilitating, was a reflection of the Buddhist way of doing things” (14).

The Buddhist concepts of non doing or letting go of the outward focus and develop the inward focus, the author understands is a fundamental part of Tibetan Buddhism. The allowing of what is and the non attachment to the effect or outcome in the body is a way of interacting with the individual. By not giving power to the dualist view of the relative world one again has easier access to the absolute view. This contact with pure view in the *Mind* allows treatment to be free flowing through the whole entity and means that little physical force is needed to be applied to create change in the body. It is only a vessel to access the *Mind*.

For Code 9 it was clear that who you are is how you interact in care.

I think you can't separate a person in little pieces. You can't be a person in your daily life and then another person when you're treating. It doesn't work. It would be odd, it would be suspicious. It would be weird. I think you are who you are. I think the way he would move and surround the patient while respecting them, all that was already in his spiritual attitude. To a certain extent he didn't even have to speak, or explain anything. He just had to live the moment as it was being lived, and that was it. If you are at that level of experience, then that's clear (9).

Dummer's spiritual practice did affect his osteopathy, says Code 16, citing compassion and wisdom as integral parts of Dummer. Code 29 stated there were no outward signs of Mr. Dummer's spiritual path displayed in the treatment rooms. Code 29 mentions a *thangka*. *Thangkas* are religious paintings that are traditionally hung in silk and can be rolled for the

nomadic lifestyle of the Tibetans. They most often depict a visualization needed for meditation and prayer. For example, *Menla* or Medicine Buddha was depicted on the cover of Mr. Dummer's book on Tibetan medicine and would be used in prayer to promote health in all sentient beings. Or a *thangka* will depict a story for reflection; for example the wheel of life illustrates the suffering of birth, old age, and death as a reminder to not waste the precious human birth.

He never imposed any of that on patients. Patients would have no idea about that. Unless they asked. There was no evidence. There wasn't a *thangka* in the room because he wouldn't display anything that would encourage people to ask him about it. It was a very personal thing (29).

Code 17 related this:

...By the time I met him he was a Buddhist for very, many years. But the funny thing was that he'd been a Buddhist, for... I met him in 1994; I didn't realize that he was a Buddhist until maybe 4 years before he died. Because really unless you went into a room where there were things, his house didn't have anything. He didn't have show of anything. When you then talked about osteopathy, then you show the relevance of what he was trying to do. It's the same philosophy. And so then you began to get the flavour of it and you go "Ah." It's not just one thing it's more (17).

Tom Dummer was always explaining to Code 3 what was happening in the treatment. "And he was always very Buddhist in his approach" (3). Although Code 3 did not expand on this statement, Mr. Dummer was described in another part of the interview as very intuitive.

About Tom and being Buddhist, Code 4 said:

Well I was very conscious of the fact that he was a Buddhist and he tried to persuade me to become a Buddhist but I am not very good at the discipline of any sort of religion. I loved the fact that he was a Buddhist, and felt he was true, he was a true person because well, because he was a Buddhist (4).

Code 10 states:

He was such a spiritual man. After a session when lying on my back on the bed resting, Tom was like my teacher. I would ask him all kinds of questions and things, and he would be as patient as could be and answer them. For me it was really seeing a spiritual teacher. It was his calmness, and his ... he had such healing hands. And whenever he'd talk, everything would calm down. He could calm someone's nervous system from a distance. He didn't necessarily have to even have to have his hands on one. Walking in the room immediately there was a sense of peace and calmness. So he was exceptional (10).

Patients of Mr. Dummer found him to be very Buddhist in his approach (3, 10, 4). Code 4 was the only participant in the study who suggested Mr. Dummer tried to influence his/her spiritual path. Although he/she was not a Buddhist, Buddhism was a draw to Mr. Dummer because of his behaviour. The author thinks that all the participants felt that the spiritual component was an important part of the care they received.

Tom Dummer's spiritual practice was evident in his osteopathy practice, as shown by his nature and outward behaviors of calmness, compassion, stillness, meditative presence, and focus. Only those who knew him well knew the extent of his Buddhist practice. This was true of both his osteopathic colleagues and his patients. All were aware there was something extra to Mr. Dummer but unless asked, Mr. Dummer did not share his Buddhist views directly. He did however, the author understands, demonstrate his beliefs through the actions and behaviours described above. Although these are not only Buddhist attributes they are indicative of a mindful, aware individual that is encouraged by Buddhist practice. It was thought impossible to separate the man and the osteopathic practice, so Mr. Dummer's spiritual practice did play a part in his osteopathic practice. It was the spiritual aspect that many of his patients appreciated about him.

4.4 DO YOU FOLLOW A SPIRITUAL PATH? IS IT SIMILAR TO TOM DUMMER'S?

Getting a clear answer to this question proved difficult. Many felt they had an understanding of and resonance with what Mr. Dummer was practicing but did not define them as having a similar spiritual path. Almost half of the interviewees and key informants followed unstructured, loosely defined but definite spiritual paths (fifteen). Others were Agnostic (one), Atheist (one), Quaker (two), followers of Guru Mayi (one), Buddhist (seven), Jewish (one), Christian (three) one was not practicing, and one person was involved in MSIA (movement of spiritual inner awareness).

4.5 SUMMARY

These common themes emerged from interviews with both osteopaths and Dummer's patients: meditation state, compassion, treating the whole/spiritual, non-dual, and not imposing on patients or students. Occasionally an interviewee would describe that which could be perceived as an outward Buddhist practice-based behavior, but Dummer's inner behavior was evident to all who knew him. Mr. Dummer sometimes used incense at the end of the day but would just as easily share a glass of wine and laughter with friends. Many people were aware of Dummer's special presence and focus when treating. Almost universally, the respondents felt that it was not possible to separate the person into pieces and that Mr. Dummer's spiritual path would of course influence his osteopathic practice. Some of his patients were aware of his spiritual practice in varying depths of knowledge but all appreciated it was a part of who Mr. Dummer was and how he treated. There was some concern related to openly speaking about his religion for fear of being judged as eccentric by a portion of the osteopathic profession. This was indirectly stated in several interviews and more directly stated by one osteopath who did not want to discuss Mr. Dummer's spiritual path as it may cause some trouble.

Within the sample of interviewees and key informants there were a variety of religious and spiritual paths indicating the diversity of the sample. Individuals were not identified by religious affiliation as it may make them easier to identify in the study.

The author intuited that Mr. Dummer's Buddhist spiritual path played an important role in his life and his spiritual practice. The concept of treating from a non-dualistic *Mind* state was especially important. This state in *the mind of the operator* allows connection to the total lesion and total being as described by Fryette. It gives depth to the osteopathic practice. As one respondent said, 'this spiritual inclusion is evident in all great practitioners' (31). Mr. Dummer displayed qualities of a trained *Mind*. The calmness and non-judgmental, compassionate nature was a result of Mr. Dummer's Buddhist practice. This non-dualistic *Mind* state comes with meditative practice which is why many respondents felt Mr. Dummer was treating in a meditative state. This meditative state was developed through Mr. Dummer's diligent work as a meditator. The non-dualistic *Mind* can be expressed as non-doing or emptiness. It allows the transference of the meditative state to the non-meditative state in everyday life. It is seen as a sign of a serious Buddhist practitioner. By all accounts Mr. Dummer was a serious practitioner.

CHAPTER FIVE: BODY, MIND, AND SPIRIT: TOM DUMMER'S VIEWS

CHAPTER FIVE: BODY, MIND, AND SPIRIT: TOM DUMMER'S VIEWS

5.1 OVERVIEW

This chapter is a review of Tom Dummer's concepts of body, mind, and spirit as described by the DO interviewees. The author also asked a Tibetan scholar for the definition of Tibetan *Mind* to clarify the researcher's own understanding of *Mind* and set a context for understanding Tom's views. It is important to have a good overall understanding of the Tibetan Buddhist view because Mr. Dummer addressed the topic in many of his writings.

APPENDIX S is a summary of the information on body, mind, and spirit taken from the demographic sheets. Answering a question about someone else's views is not an easy thing to do. Several people responded with a simple and honest "I do not know," however there were some other very thoughtful responses given. The researcher asked *How did Tom Dummer define Mind?* That question arose from the bringing together of several thoughts and questions.

5.2 DEFINITION OF TIBETAN MIND

The author was fortunate to be able to speak with a learned Tibetan scholar, Geshe Tenzin Sherap from Namgyal Monastery on June 7, 2008. Geshe was in Ottawa to teach and stayed at the author's home. He kindly allowed the interview to be taped so the researcher could review what was said after the interview was completed.

Geshe-la ("la" added to the end of a name is the respectful way of addressing or relating to someone in Tibet) said that for the Tibetan Buddhist the concepts of mind, consciousness, and perception were synonymous. He went on to describe that consciousness is divided into many levels, and that there are two schools of thought about this division. One describes the five sense consciousnesses related to the five senses: eye (sight), ear (sound), touch (sensation), tongue (taste), and nose (smell) consciousness. The other school of thought adds a sixth sense, which is

mental consciousness. Within consciousness there are two levels: gross and subtle level consciousness. Gross level consciousness affects the physical realm and will be affected by the elements: fire, water, wind, earth, air, and space. Geshe-la felt it was more complete to consider that as humans we are a combination of the six forms of consciousness. There is also another form of consciousness, understood as subtle consciousness. This level is associated with previous lives and what you bring to this life. It is related to your karma, or your accumulated cause and effects of previous life times. Subtle consciousness continues in this life so is also associated with the elements.

Why was this important in healing? Geshe-la gave a personal example. He described a body pain that was resolved after a period of meditation retreat. He relates this pain resolution as being a change in his subtle consciousness that affected the elements and the gross consciousness through the wind channels in the body as many texts such as the Kalachakra text describe. Jurme Wangda, who was also present during the conversation with Geshe-la, added this example as a further explanation of how our personal experience and knowledge affects our view and perceptions: If you ask a Tibetan nomad to explain and describe how to build a home, he will describe with great ease how to weave and erect a black felt tent. If you ask someone who lives in a town how to build a home they would describe how to collect the best kind of stones and how to arrange these to make the most secure home. Each person has a different perception based on his/her own experience.

Gross level consciousness is activated in this life but subtle level consciousness will become more prominent and strong with meditative practice. This can affect the gross level consciousness and elements more easily. Gross level consciousness then focuses more on mind/brain/emotional levels and needs a physical body to exist. Subtle body is activated with

meditation but can use the gross level consciousness to come into the body, through change of perception or through emotions. *Mind* engages objects through its own perceptions, conceptions, and imaginary projections directly through the faculties of the body. The *mind* cannot engage the objects directly, only through the imaginations and misconceptions or ignorance of the gross mind.

There are two different aspects of natural consciousness: gross and subtle level consciousness. The Mind Only school of Tibetan Buddhism states that the mind is apart from the body. The Tantric school espouses a more subtle training of this subtle mind. Geshe-la and the author discussed what Tom Dummer described as letting the mind go blank. Geshe-la stated that in the absence of gross level consciousness, the subtle consciousness becomes more potent and has more powerful potential. Geshe-la used the example of meditation. If you are tired and you meditate, you feel happier and your mind becomes more clear, light, and flexible as you balance the wind element but the change is bigger than just a physical body change.

Some concepts, such as the Buddhist concept of emptiness, are difficult to explain, as they must have an experiential component to them. How would you describe sweet to someone who has never experienced sweet? This is true of emptiness. One cannot explain it by words; one must experience it.

The author asked Geshe-la to explain spirit from a Tibetan Buddhist perspective. He stated, "It is the piece you bring with you. Your mind is spirit. Spirit is like the personality of your mind." He said we all had tendencies in our mind based on the habits we bring to the body. For example, when we think of someone we think she tends have a calm mind or tends to get angry quickly or she tends to be drawn to God. So spirit is like the habits of the consciousness and personal characteristics of mind, and mind is more the actual consciousness.

5.3 HOW DID TOM DUMMER DEFINE MIND

On page 39 of the *SAT* book Mr. Dummer claimed to be treating *Mind*. How was that defined? *Mind* as in universal consciousness, or mind/consciousness and the sub-conscious (as in brain function)?

Through these investigations the researcher hoped to bring some clarity to this question. The same process was followed when asking about body and spirit. The interviewees were asked Tom's view as well as their own. Only the interviewee's perceptions of Mr. Dummer were recorded in this chapter, as the individual responses related to the question. However each osteopath's background view was interesting and helped the author understand from which point of view each osteopath was coming.

First, as osteopaths we speak of treating body, mind, and spirit. Do we really know what that means? The researcher began by asking the interviewees to define these words: body, mind, and spirit for themselves and then relate their personal view of how Mr. Dummer defined the words. By reflecting first on their own views, they were sometimes better able to define Mr. Dummer's views. The second reason for asking this question was that to the researcher, the difference between mind and spirit was not evident from the literature. Sometimes mind referred to cognitive function and sometimes to something larger. Was the something larger the same as spirit? The author was struggling with defining and understanding the difference and fitting that understanding into a framework that resonated with the author and the author's beliefs.

The question, *How did Tom define Mind?* was not clear to everyone even when the author included a preamble to the question. The preamble was: *We say in osteopathy that we treat body, mind, and spirit. How did Tom define mind?*

Code 18 answered by stating that awareness was the biggest component of mind:

What do you mean by the simple word mind? I would say, if I could use one word, I'd probably say "awareness." Awareness of the self and awareness of others. And awareness of the way we all fit into the universal energy, hence the mind/body/spirit connection. The awareness of all things... And awareness for me is the word because it's not absolute. What perhaps he meant (18).

Code 26 added that intuition was also a component of mind: "I don't know how Tom defines them. Yeah, awareness and intuition" (26).

Code 11 stated these assumptions:

I am not sure that I ever heard him define it as such. I always had my instant understanding of mind and through mind the consciousness that can be attained by applying the mind. He certainly used to say that you needed to get yourself out of the way at the moment of the adjustment and that your mind could go blank. He alluded to mind in that sense, so I just implicitly understood what he meant by that. Get 'ego' out of the way, literally allowing all the chatter in the mind and all the concerns about how the adjustment's going to go through. Instead of forcing it just let it be and it will happen. So I don't know that I can really answer that question because I don't know how Tom defined mind (11).

The author sees two definitions of mind in this statement. First the relative mind needs to be quieted and get the ego out of the way and then the Absolute mind (consciousness, emptiness or blankness) can then come forward to be present at the time of the adjustment. This is how Code 11 described Mr. Dummer's mind concept in action.

Code 11 and 15 were not certain what Mr. Dummer would have meant but made educated guesses based on Mr. Dummer's actions. Code 15 also felt both mind and *Mind* were involved in Mr. Dummer's concepts. Code 15 describes both levels of mind: ordinary (relative) and universal (absolute) mind. "Going to the heart of the lesion" would be engaging the universal mind or heart, while lining up of all the forces in the physical body engaged the relative mind.

Code 31 felt it was a combination that included spirit, much like the concepts of which Geshe-la spoke: “A good question. I think, for him, mind goes a lot further than what is called mind including the spirit and consciousness. I never talked about that with him so it’s hard” (31).

The author explained: “We talk in Buddhism, about Body, Speech, and Mind and so my big question is, what was *Mind* for Tom? Was it Tibetan *Mind*? Or was it *Mind* as from the west, mind?” Code 31 responded, “It was not the west. That’s clear. Or maybe it was the superficial side, the social side, where it was more Western. For him it was clear when it was more... from the heart? Yes” (31). Code 31 spoke to the heart-mind connection again. This was a theme that reoccurred through the data.

Code 2 stated it was not the western concept of ego: “Certainly not as in the thinking, just the ego mind, but in mind meaning the many different levels of mind” (2).

Code 1 said that it was a difficult distinction, saying that mind had different levels and as we come into a body it is immediately overwritten by experience and ways we learn to protect ourselves (1). This the author equates to the layering of obscurations of *Mind* in the Tibetan Buddhist model of mind.

At the beginning Code 22 stated he was unclear about Dummer’s view, but went on to describe mind with amazing clarity.

I don’t know exactly. I couldn’t give you an accurate definition of Tom’s view on these things. It’s a long time since I’ve been thinking about Tom and his views. I think mind is consciousness which is the sum total of all that is. I think out of consciousness comes matter and this goes back to Still and the influence of people like Spencer and 19th century thought on Still’s ideas and when they were grappling with these mind and matter ideas. So I think Tom was influenced by that and his view of the Dharma, and so forth and so on. Sometimes the word “mind” is used, and in my tradition we tend to use the word “heart” and I would

prefer that. I think using mind is getting into cerebral activity, which is something a bit different. The term “mind” may mislead people to think only of cerebral activity. Where the term heart reminds us that the universe has heart is not a heartless place (22).

The author asked again for more definition of Tibetan or western *Mind*. “That’s my question.

Did he mean Tibetan *Mind* or heart-mind or was he talking other? All?” Code 22 responded:

“I think it might be all. He was groping toward something that was indefinable and ineffable. And trying to take his intuitive experience, life experiences and expresses it through this medium and sometimes it fits and sometimes it sticks out the end when the door’s closed. Not a tidy finish, but I think he’s just taking his life’s experiences, taking the different things that he learned through osteopathy and realizing that these two married up in some ways (22).

Code 19 stated that Mr. Dummer used the word mind to mean many different things. It encompassed the mind/*Mind* duality and was evident in his writings and lectures.

Code 13 gives an informed answer to the question of Mind that he felt is representative of Mr. Dummer’s ideas. A discussion was related between a well-known Tibetan doctor, Trogawa Rinpoche and Code 13 where Rinpoche discusses why Mind is at the heart Centre:

I had noticed in all the Tibetan medical diagrams that mind is located in the heart centre but in the west we say mind is in the head. The doctor looked at me and said, ‘oh no no’; he said ‘mind is in the heart, head is just office’. I think the thing at the end of it is that mind is in the heart and that Tom worked from his heart and he was able to enter that dimension with people and that’s why he got changes that might not appear to be commensurate with his amount of input and I think that’s what level we have to engage in with the people we are trying to help if we truly wish help them and I think Tom had the ability to do that (13).

Code 16 also acknowledged the Buddhist perspective of how Mr. Dummer viewed *Mind* and how that translated into the care Mr. Dummer provided.

From his point of view there's no contradiction to treat the mind through treating the body. But also as I think I touched on before, by putting your own mind in a state that is resonated with not so much the distress aspect of one's mind, but whereas the person's stillness resided, and the connection to where their sense of universal stillness also resided. And he would connect and resonate with that in his... both in terms of how he respected and kind of worked with the patient (16).

Code 14 spoke of mind as it related to page 39 in Mr. Dummer's *Specific Adjusting Technique* book. "Here is this profound mental and spiritual level. I think he thinks talking about mind as a spiritual thing" (14). The author again asked "Tibetan mind as opposed to western mind?" The interviewee responded, "Yes, Mind, consciousness, that whole thing, the Presence of being. Which I think that Paul Lee felt that Still was talking about" (14).

Code 29 felt he could not define mind for Mr. Dummer but recalls Mr. Dummer pointing to his head and saying: "Mind can be a strong thing" (29), indicating to the author how thoughts played out in our symptoms.

The author deems there is evidence that Mr. Dummer was in contact with the [universal] *Mind* and the mind of his clients. *Mind* for Mr. Dummer involved the whole of the person. Several references were made to heart being the centre of *Mind*. Most people had a sense that Mr. Dummer was able to use his concept of mind/*Mind* in the care of his patients. Mr. Dummer's writings in his *Tibetan Medicine* book and *Vajrayana Student's Notebook* suggest an understanding of Tibetan mind described as relative or obscured and Absolute and pure. Also Mr. Dummer has an understanding of the proper positioning needed to have the mind work well in meditation. This may have related to his need to be in just the right position during manipulations, when he let his mind go blank, which allowed greater access to *Mind* and therefore the *Mind* of the patient. The author senses that intent would be another way to talk about the properties of *Mind*. The Mind is the internal creator of the world and a more inward

view. The author feels this inward view is the creator of intent and is the connector from the *Mind* of the practitioner to the *Mind* of the patient. This Mr. Dummer used to create a space for change. It appears that Mr. Dummer was very influenced by the Tibetan Buddhist concepts of absolute *Mind* and relative mind. He appeared to engage both in his osteopathy practice and let his relative mind go blank to allow access to the absolute *Mind* of the patients.

5.4 HOW DID TOM DUMMER DEFINE BODY?

Again, many people struggled with the answer to this question, as this was not a subject about which they had spoken with Tom Dummer directly. Others were able to draw on their experience and observations of Mr. Dummer to draw their conclusions.

Code 18 described Mr. Dummer's concept of body by referring to the unities:

Tom had his own unique way of understanding. And if the understanding defined by body is through his work that would have to be through a culmination of everything we've spoken about. He's teaching the unity. I think that, to Tom, was his philosophy. To me, the unities were Tom's philosophy. That's how he saw bodies. That's how he understood bodies (18).

Code 11, although unsure of the answer, described by giving an example Mr. Dummer's reverence for the body and the intelligence that is housed in the body.

Code 15 remembered an actual discussion with Mr. Dummer in which he said, "Actually, I do remember what Tom said. He said, "Structure is solidified function. Function is fluid structure" (15). Code 15 also related:

...and another image I have which Jim Jealous introduced everybody to is the image of the embryo because that's very close to the formative, the embryo as it forms is very close to the formative matrix and the wisdom body. I think when Tom was talking of reaching into the core of the lesion, to the innate intelligence, I think he, as I understand it, he was talking something along that line. And focusing everything in the treatment into that moment (15).

Code 2 also related that structure was solidified function:

I think Tom very much saw the body on the one hand as a vessel, and on the other hand as solidified energy. He talked about function being de-solidified structure and structure being solidified function. So he saw the body as temporary, transitory, and ultimately certainly not solid and certainly not fixed (2).

Code 31 related that Mr. Dummer needed to treat through the body on the physical plane to get changes there that ultimately got the whole being healthy.

Code 30 saw the body as a vehicle that needed to be healthy, but ultimately that which was behind the lesion held the real importance. For Mr. Dummer the body was the access point. Other forms of treatment like cranial also got there. Mr. Dummer acknowledged: "there were different ways in. But we're coming to the same place, and that's what mattered" (30).

Code 19 stated Dummer's concept on the outside seemed more conservative than he was, but involved body types and the importance of treating each body type differently and each person differently.

Codes 21, 13 and 28 described Mr. Dummer's concept of body as based simply on anatomy, physiology, and the forces that play on them. Code 13 goes on to say the body embodies all levels of existence.

Code 32 said that the body was the crystallized form of mind, consciousness, and spirit. Although Code 32 felt Mr. Dummer used other words to describe this, it was the same concept.

Code 14 felt Mr. Dummer's body definition would be incorporating all levels housed in the body.

The body for Mr. Dummer was described as solidified function and energy. It was seen as a form to make contact with the person as a whole. Body was defined, by Dummer in osteopathic terms, as the three unities. It was described in the *Tibetan Medicine* and *Vajrayana*

Student's Notebook as comprising of the five elements: earth, water, fire, air, and space. Each of these must be in balance in health and dissolve into each other in death. The consciousness dissolves into space as the body is left behind.

The author intuitively felt that Mr. Dummer had a great respect for the body due to his extensive examination of the physical body prior to treatment. Body is the casing for the *Mind* that Dummer was trying to access in the treatment. It was important to keep the body in good balance as the elements of the body need to be in equilibrium to have health in the body-mind-spirit complex. Mr. Dummer saw the body as a combination of the 5 elements and 15 energies. Also as a combination of structure and function. Also in Tibetan Buddhism the body is often described as impermanent. So the author senses that Mr. Dummer was indeed accessing *Mind* the beginningless entity through the body. The body was a focus that was lined up with great precision then the minimal corrective forces were applied from a mindful intent to have a systematic effect on the whole being. The author thinks the body element of space was important in the change that was created. Through that space connection with *Mind* the opening for the patient to change as they see fit was provided. As Mr. Dummer was an osteopath, using the body was an important way to access the total lesion of the being.

5.5 HOW DID TOM DUMMER DEFINE SPIRIT?

Spirit is a difficult concept to define. Most of the interviewees had difficulty with this question.

Code 18 struggled with defining this concept from Mr. Dummer's perspective:

How do we define it? It's a difficult one. I wouldn't know how Tom defines spirit... Spirituality is all about universal energy and connecting with that universal energy whether it's through a social activity, or through our work. It's always there if you tap into it. It's just being aware of what's around us. Let's do

it from there. That's my spirituality—how it interacts with the universe. Tom was way beyond that thinking with his Buddhism. I would have loved to have known more ... And that spiritual thing that we spoke of earlier. He comes from a very calm place. A very reassuring place, I think, for the patient. It's almost as if the vibration in the patient starts to diminish, dissipate, more in tune with where Tom's coming from before he actually does anything (18).

Code 15 stated that although the interviewee had not spoken to Mr. Dummer about spirit, the information was in the pages the researcher had provided for the interview. Mr. Dummer put them together in the last column. Code 15 thought perhaps he did that to make it more understandable in the West (SAT, page 39).

Code 31 pointed out the significance of the first logo for ESO, and said it was important to Dummer as it represented the interconnectedness of body, mind, and spirit. The interviewee said there was a document at ESO about the significance of the logo but the researcher was unable to find it despite asking at the library and several instructors. Code 31 felt that the newest logo for the ESO showed a change in direction of the school and the logo did not reflect the founding views of Mr. Dummer. The author was able to see the old logo on some old class notes provided by Clifford Conway. (See APPENDIX X)

Stephen Pirie was also able to spread some light on the symbolism of the ESO logo from his discussions with Mr. Dummer:

Within the square is a superior view of the atlas vertebra. Early after the setting up of the ESO Tom asked me if I could comment on the logo from a cabbalistic viewpoint and I spent some pleasant time compiling just a fraction of my perception of its meaning. I think that this is the real point. As a meditation symbol it was to be used in order to allow the observer to explore for themselves an ever expanding significance. Rather than give an absolute rigid meaning it, like osteopathic philosophy, can open up the consciousness to ever increasing depths

of understanding. Tom did not have one interpretation, the three triangles also applied to the unities, etc. The square to the foundation, the rock of knowledge, etc.. Tom was very pleased with my contributions, as I am sure he would have appreciated other offerings. If you want to know "where we were at" you need to step outside of rigid dogma, the limitations of scientific method, exact "truths" which change to other truths with monotonous regularity. The logo invites you to explore, use it to open up as many pathways into the understanding of the human condition and the gateways to health in its fullest sense.

Sorry to sound obscure but there is only the meaning that the observer is able to see in it. I feel that to try to give any exact interpretation denigrates the entire ethos that Tom was trying to present. I did spend some time discussing the logo with Tom and I am pretty sure that I am faithfully representing his views (email communication with Steven Pirie, Mar 27, 2009).

Code 31 said that the new logo did not represent these interconnections or the founding concepts of Mr. Dummer:

Yes. What about spirit? That's a difficult question. That's a difficult question because I always say to the students when I am teaching that, you know the triangle? For Tom the triangle was very important. The logo of the school came through that. From Body, Mind, Spirit. And there was a superimposition of triangles and these were the different levels... The logo of the school was a double triangle with a square inside [representing] the four principles of osteopathy and there was the atlas in the square. And so, if you look at the different logos of the school [you will see a progression of ideas] ...and the reason that was chosen to keep the triangle [in the next logo] was to have the triangle growing in three steps. It was the same meaning, growing lighter and lighter, and with the square coming out to show that we keep the same principles but expanding. ...If you look at the new logo, it's very sad, because, it shows that they don't understand what was in the sense (31).

The author understands there are many ways to interpret the logo as was shown (See APPENDIX X) but the interconnections of the principles appeared to be the founding basis for the ESO.

Code 2 stated, "I think he would have described it [spirit] in Tibetan Buddhist terms, certainly in terms of that which animates us and is beyond mind" (2).

Code 1 stated his own ideas about spirit; he felt that Mr. Dummer would have similar views based on the way he [Dummer] practiced.

I think Spirit in a sense is much more to do with the Inner Self, that nebulous thing that is the essential 'You,' that is divorced from the shell that we wear and it is the Spirit that was the Child in their innocence, from birth to loss of innocence. That's the pure person within. He didn't voice it in those words, but I think he would have in a spiritual sense have embraced those (1).

Code 30 said Mr. Dummer was most interested in the tri-unity of body, mind, and spirit and that was what he accomplished when he treated.

Spirit. ...I would say that he wasn't someone who was worried by what happens to you after you die. It was really that... spirit gave you drive. And it also would contain your deepest self. So that there was a resource for healing within. And it's also what unites us all. You can feel your separate bodies, but we don't notice our spirit, how we might have our own but we also have something in common. And so it was almost a meeting of spirit, his aspect of spirit and the patient's aspect, would be present. Together. They were united. (30).

Code 19 stated he was not sure if "spirit" was a term Mr. Dummer would use.

Code 14 suggested Mr. Dummer would have understood spirit in the same sense as the interviewee, as they followed a similar spiritual path:

I'd say that I define spirit as what one might call a higher level of function that goes beyond the limits/constraints of the self. The limited experience of the world

only as a reflection of self and I imagine Tom would have seen it in a similar way. Going beyond the limits of the self and so directly linking to the level of spiritual function. Something slightly different to psychological and emotional function I think in a way that's the point. That's one thing. I would say that spiritual change is where the required changes for a healthier life become embodied so that psychological and emotional insights become embodied. Then I think the whole thing becomes indeed the spirit (14).

Code 32 said:

I place spirit above mind, if you like, in the pyramid. I feel that as we touch on things that are that refined, you, I, run out of language. It's like trying to define God, you run out of language (32).

Although this did not answer the question about Mr. Dummer's definition of spirit it addresses the question in a global and valuable way. The author sensed it was a worthwhile contribution and would touch the readers in a way that they may intuit meaning to spirit.

Code 16 stated:

Why I don't think I ever heard him talk about spirit. From a Buddhist point of view he would talk more about mind than spirit. There isn't the sense of the separate soul. I think he did introduce the idea that man has triune, which to quote from Still, Body, Mind, and Spirit, but I think for him spirit relates back to the sort of vitality that's inherent in the Mind, or within the Mind (16).

Spirit continues to be a difficult concept to define. It appears that most informants sensed that the spirit was above mind or inclusive of mind and included the inner you or innate essence.

The author believes, like Geshe-la, that the spirit is the personality and habitual tendencies of *Mind* or consciousness. It is the part we bring with us that is unique to this life, a resultant of eons of cause and effect. Speech can be seen as the voice piece for the spirit component and the link between body and *Mind*. So that "right" *Mind* will produce right speech

and action of body. Spirit and *Mind* are interconnected and both need to be accessed to get to health. This is the healthy part behind the body and the lesion that Mr. Dummer was accessing through his focus and intent, or as he put it through *the mind of the operator*.

5.6 SUMMARY

Tom Dummer's work reflected the use of body, mind, and spirit at ESO through the logo as well as within his osteopathy practice. His colleagues had a hard time defining and explaining these words but saw them as important principles of Mr. Dummer's work. The body was seen as form for the mind and spirit; the mind as a combination of western mind and Tibetan larger *Mind*; and the spirit as who we are in the largest sense. The terms were difficult to define and the closer one gets to defining them the fewer words seem available for the definition.

The author likes the description of spirit provided by Geshe-la as the personality or tendency of the *Mind*. Perhaps Code 1 came closest to that understanding when saying that "It is part of Mind/consciousness that is more specific to how that *Mind* is displayed in you (1). The author understands that to use the terms body, mind, and spirit in osteopathy we need to be clearer about their meaning and our understanding of that meaning at a heart level. This should be true even if the words are hard to find and not complete. They are of course only a relative representation of these concepts anyway.

The author's experience suggests the clarity can be obtained through introspection and meditation. This part of osteopathy must be, in the author's view, promoted and developed so we can help our patients in a more complete way. It is not enough to be a good theorist but there is also a great need to be a good practitioner as well.

CHAPTER SIX: TOM DUMMER'S CONTRIBUTION TO OSTEOPATHY

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6.1 OVERVIEW

Tom Dummer played many roles in the development of osteopathy in the U.K. and France. These roles included educator, mentor, as well as the developer of techniques and philosophy. Dummer contributed to osteopathic literature and wrote about other topics such as Tibetan medicine, radiesthesia, diet, and Tibetan Buddhism. Mr. Dummer also contributed to the promotion and teaching of osteopathy in Europe and North America. He was instrumental in uniting many factions of osteopaths in the U.K. to form a common registrar and political front.

6.2 SAT DATA

6.2.1 OVERVIEW

One of the contributions for which Mr. Dummer was best known was Specific Adjusting Technique. This is a technique that was developed based on the original work of Parnell Bradbury. Bradbury was both a chiropractor and an osteopath. He was however, not accepted by either group. He developed spinology, a structural technique applied in a minimal way. Mr. Dummer took this work and developed it further as a structural technique applied in a functional way.

6.2.2 SPECIFIC ADJUSTING TECHNIQUE

Tom Dummer developed a sophisticated and comprehensive system of assessment and treatment within the framework of SAT. The previous questions, especially QUESTION ONE, relate some of the data that was collected from multiple sources including the literature and interview data. The following is a review of the questions asked in the interviews supported by the literature.

6.2.3 DO YOU USE SAT?

The respondents were first asked if they use SAT. The information is presented in TABLE 6 below. If one compares the data in this table with the demographic data collected remotely (See APPENDIX U), the benefits of one-on-one interviews are evident. More detail is provided in this TABLE than APPENDIX U.

Table 6: DO YOU USE SAT?

YES	Total = 8 (Codes 27, 18, 11, 12, 2, 30, 13, 32)
Something that may be construed as SAT	1 (Code 1)
NO	3 (Codes 22, 20, 7)
NO, Not now	1 (Code 25)
Sort of/Use Parts of	10 Code 15: the state of mind Code 31, 28: the diagnosis Code 21: the mental grounding Code 26: elements Code 14: not the HVT but everything else Code 16: "I use the primary lesions, but I'm not as minimal." Code 29: "I use the SAT principles and atypical areas, not the x-rays..." Code 19: "Not that you would recognize. I use mental SAT." Code 9: structural and close to the spirit of SAT

6.2.4 WHAT DO YOU USE SAT FOR?

The interviewees were asked *What do you use SAT for?* There were some interesting comments about choosing SAT, as Code 7 stated, "when it was appropriate" (7). There was consensus on this question, that SAT was for "faulty structure," "traumatic lesions," or "positional lesions to unify the three unities" (27, 18, 11, 31, 12, 2, 30, 21, 28, 26, 25, 13, 14, 16, 29). At first glance, SAT appears to be a very physical approach,

but not necessarily. Several respondents picked out “migraine” specifically as a condition that responds well to SAT (25, 32, 28).

Code 30 said everything responds well to SAT, including “emotional stress” (30). Code 19 said that he uses “mental SAT.” It is the “holding,” the “the inner workings” of SAT that were important (19).

Several other respondents expressed ideas that the researcher sensed were valuable concepts to consider, such as that of the patient needing enough health or energy for the SAT to work.

This concept is further explained by Code 32, who stated that the patient had to have enough energy to be able to utilize the treatment:

Well it's always difficult to define why it is that you take a particular approach with a patient... The thing about SAT and the beauty of it, is that it calls upon the maximum response of the patient while you put in a minimal stimulus... The beauty of the patient's maximum response is that it's more thoroughly integrated than anybody can achieve from the outside. So then bodies make absolutely perfect specific responses to minimal stimuli, same as homeopathy when it's good. It is stunningly effective and very powerful, and very, very strong. The problem with it is that not everybody can do that, not everyone has the vitality to make those responses. I don't mean that not everyone can do SAT, not everyone as a patient can make the integrative and strong response. Their vitality may be low, there may be too many complexities that get in the way, and then there may be contraindications to specific adjusting high-velocity thrust techniques in some cases and so on (32).

Code 16 made a similar observation and stated that he/she treats the primary lesion and leaves the rest if the energy (vitality) is low. If attempts are made to do more, the patient is exhausted and has no potency left for change (16).

The interviewees stated that they used SAT for faulty structure and traumatic lesions. There was some discussion on the mental SAT process. Some of the interviewees felt that the SAT process needed a certain amount of health potential in the body for the body to benefit from that technique.

6.2.5 IS SAT EFFECTIVE?

The interviewees were asked: *Is SAT effective?* All the respondents who use the technique and answered the question said yes, with the exception of Code 26 who stated he/she felt more than one manipulation would be helpful.

6.2.6 EFFECTS OF SAT OTHER THAN PHYSICAL NORMALIZATION

The questions *Were there effects other than physical normalization,* and *What were these effects, if they existed?* produced interesting discussions. These discussions were about physiological (affecting functioning of, for example, viscera) (27, 28, 21, 25) and psychological changes (including changes on personality and spiritual levels) (7, 20, 21, 25, 28, 29) that affect the consciousness and wellbeing of the individual (18, 28, 11). These effects can be obtained using any form of osteopathy *if* it is done from the right practitioner perspective.

Code 27 answered this question by talking about success with SAT for problems of the viscera. Code 27 then gave an example of SAT in action:

I found with one or two patients there seems to be an alteration of psychological awareness or adaptation from adjusting the occipital-atlanto junction particularly the atlas. Where patients have lost... I can cite three cases in my practice... where they... one accepted demotion and cut in salary because he thought he couldn't cope. But after correcting this quite massive atlas lesion, he said he felt he could conquer the world. And that made a big impression on me (27).

Code 18 suggested SAT stabilized the patient on many different levels, in particular patients “who are at their wits end.” He related something that Mr. Dummer said to him: “Tom always used to say, “If you understood SAT, you’ll build a practice on SAT and you’ll be able to practice on people who have done the rounds” (18). Code 18 goes onto say that depression can come from long term disability and SAT was helpful then.

When asked what was the cause of the depression, Code 18 replied:

Everything... on all levels... nervous system... neural-endocrine. And that was evident in the work he did with Dudley Tee on the occipital-atlas. ...Life changing really, for some people (18).

Code 20, a non-SAT practitioner, appreciated the physiological responses to SAT (like other forms of osteopathy) and notes that structural work, because it is so effective at a musculoskeletal level, often is not appreciated for its other systematic and energetic effects.

Code 21 talked about the effects of SAT:

...to put balance back in the whole physiological system... I thought Tom actually described it as throwing a pebble in a pond and the ripples coming out from it so you had quite profound effects just from something minor and that would be reflected in the person’s nervous system, their physiology (21).

Code 25 relates how Dummer emphasized Still’s principle of unity in the body, and structure governs function.

Physiological changes definitely. Definitely. It would effect hormonal cycles, Migraine related to hormonal cycles, digestive, vagus nerve, lung problems, asthma, yes, physiological changes. This is what I think Andrew Taylor Still emphasized and people like Tom emphasized that it had

profound physiological effect. Change the chemical effect. Changed the chemistry, changed the physiology (25).

Code 28 agreed that SAT had physiological effects and notes psychological changes as well

Code 29 told the investigator how Dummer taught him about simplicity as well as 'find it, fix it, leave it alone,' and to then watch the changes to structure and function

Psychological changes also happen with SAT treatment. Code 11 stated:

I've seen personality changes in people. ...People's sense of well being, which again could be part of the personality changes balances physiology, but their sense of well-being is increased (11).

Code 15 had this to add, and included comments from Mr. Dummer to illustrate the point about regaining balance and wellbeing:

I saw the big effect, physiological systems including the deep ones like the endocrine systems, digestive and mental changes, sort of Tom. It was part of what Tom wished for in his work, that actually, the feeling of the person who would fit happily, the consciousness would sit happily within the bounds of the body. And he would use stories about himself as an illustration of that. About how you can feel way off and really awful in yourself, and get the right correction down to the right level and feel yourself again (15).

Code 30 continues with the theme of feeling one's self by reducing the stress in the body. Paying attention to the stress and releasing it causes a multitude of changes.

Code 12 sums up SAT like this: "The SAT is everything other than a mechanical technique. The mechanical is only a minute part of the technique. It is tissue, it is articular, fluidic, and mental" (12).

Code 32 stated that all osteopathy is capable of the depth that SAT gives and all practitioners need to find that depth:

The idea that all osteopathic techniques can generate a deep change was reiterated by Code 1 who is not an SAT practitioner.

Code 19 talked about the deeper levels in the patient's consciousness. This was what Tom Dummer claimed to be treating with SAT (Dummer, 1995). Code 19 talked again the importance of the practitioner being present, but not in the way:

I'm sure one effect is to change consciousness. There's quite a distinct change of state, change of consciousness, altered states of consciousness when SAT works and so not only will you get a structural change but you'll get consciousness change. And that could be, there are many different aspects of that. It might be insight... if someone gains insight into themselves or into their physical process or into their emotional process, it might be that they just become aware of being alive in a different kind of way. They become aware of the physical being in a different way. They wake up to being in a body in a different kind of way. But it ties back to what I'm saying, that for me is actually a really important part of that method. You're working on this mindfulness thing, you are trying to bring a different kind of attention in awareness into the process. And when it works, I think the practitioner's working that way—it has an effect on the whole field in which the practitioners are working and therefore on the patient. And that's all kinds of consequences on the life outside. They wake up to what they're living, how they're living. And that might mean a sudden change in life direction. They certainly wake up to what they're doing. And there's a change because... it's a bit like that empty space...you, instead of being full of what is just being done, there is an emptiness there and you can see, perceive it. It's like a still point in some way and you're suddenly seeing, perceiving something. And I think the SAT works like that. Tom didn't always talk about it in that way, but

that's how it appeared to me to be effective. And that's what I mean by SAT, rather than just doing one technique or the way you make an adjustment or something. Something about that state of mind that you are doing whatever you are doing, in. And you try to do the minimum amount to allow the patients own healing power to work... so you allow it to really do the work. That's what's tremendously empowering for the patient. Tremendously empowering. You're not doing it for them. And they're kind of aware of that. They're not a passive piece of meat. They're appreciated, and felt, a living aware being and when someone's heard in that way, it's potent (19).

The author really resonated with this passage, in particular the reference to the space that is achieved with the treatment rather than the solidness upon which we usually focus. That openness in our body is the communicator between levels in the body/mind/spirit triad. It is the vital flow that is part of the letting the mind go to access the *Mind* and the calmness, but fullness, of the vitality potential or potency. In Tibetan Medicine the space element is important to treat. It is the entrance to the profound mind or the consciousness. A.T. Still referred to this as the *Force*. When changes are at this profound level, the person is fundamentally changed in a lasting way. This would be held true by the people who stated they were changed and did not need further osteopathy for the majority of their issues. It would also account for the personality changes that some noted as it affected the spirit which in the Tibetan Buddhist philosophy is the personality of *Mind*. As the seat of the *Mind* is at the heart, the changes in personality and the resultant letting go of emotion and tightness would also be noted in the personality and physiology of the patients. This was noted by the author and other practitioners.

Code 16 also noted this deep level of practitioner concentration. He related a story about a conversation Dummer had had with the then newer cranial enthusiasts and faculty

of ESO. He said that they were getting lost in the fluid level and not coming from a strong spot within themselves that was critical to osteopathic care and SAT.

The author concludes that the effects of SAT are physiological in the whole body and affect function, physiology of the whole body systems, fluid drives, and nutrition at the cellular level. There is also consensus amongst SAT practitioners (that the author agrees with) about the increased sense of wellbeing. The author knows this wellbeing comes not only from the improved physiology and function but also from the energetic self that causes changes in outlook, perception, and then personality. This happens as the osteopath connects with the patient at a Mind level. The awareness of that level of mind and the changes in the fields of the practitioner and patient allow the change to be manifested in the physical plane. That is why the effects of each treatment seem more than the sum of the parts.

6.2.7 ENERGY PHENOMENON: HAVE YOU SEEN IT?

The interviewees were asked if they had seen an energy cloud or blue light from Tom's hands or any such phenomenon.

Table 7: ENERGY PHENOMENON

No. Did not see the energy phenomenon	Code 27, 12, 20, 26	These may have felt something, but did not offer that information
Yes. Saw the energy phenomenon	Code 18, 11, 28	
Said they felt the energy	Code 15, 31, 2, 1, 30, 19, 21, 25, 13, 32, 14, 16, 29, 9	
Did not say	Code 7, 22	

The respondents who said no were not asked if they felt the energy, so it is not clear if they did. The respondents who offered the information that they felt the energy shift rather than saw it were noted.

6.2.8 WHAT IS THE PHENOMENON ALL ABOUT?

The interviewees were then asked *What was happening during that phenomenon?* The majority of those interviewed stated the phenomenon was in relation to the energy released during the treatment. Below are some of the wonderful quotes explaining the event. Three people responded that the visual phenomenon might have actually been a product of suggestion.

Code 27 related his idea about what other people had reported seeing in this phenomenon She/he felt it was an emotional level response.

Code 20 acknowledged there is a force that is greater than our sense of sight but feels that the power of suggestion plays a part in the phenomenon.

Code 28 related the experience of watching Dummer treat. The cloud was evident to the respondent but is qualified. "Yes. But I try not to really say things like that because what do I know about energy in a room? That's different for everybody, I think. Also, I think a lot of that is within one's own psyche" (28).

Code 18 felt the energy component was a real phenomenon but also felt the emotional state and expectation of the patient could play a factor in the outcome (18).

Code 11 explained the cause of the visual energy release.

That expansion was just simply the energy that accompanies something that's been so held in there and the potency that's supposed to be expressed through that segment's now been locked up in the segment. When you finally release it it's like taking a cap off a steamer and it steams as its starts to release and then it just dies away (11).

Code 15 said she felt an energetic shift but did not see light. "I don't see things like that. I felt a great crystal clarity in the room when he worked. I don't see light things coming out of people's hands." The author asked do you feel more of an energetic shift? "Yes. A very pure energy" (15).

Code 15, 22, 2, 31, 18, and 11 agree that energy is released to align the energetic fields. This could happen on many different levels (2) and in the whole environment of the treatment not just the patient (11, 15, 19).

Code 31 recalled the feel of the energy release during treatment:

There was a release of energy that was clear. ...if you didn't know him, you didn't expect that at all. So I was saying, he [Dummer] was quite frail and unstable. When he was bringing his hands and preparing for the adjustment it was like focalization of energy. And then there was the release. I would not say there was blue, or light, or... But the first time I saw him, I thought that even the couch had a movement, like a bouncing

movement... because it was so sudden, and so strong that I saw the body moving. But even it was as if everything, including the couch, had a movement and had come back bouncing. It was quite amazing, quite amazing. It's clear that there was a release of energy at a very high level (31).

Code 22 explained his view on the energy phenomenon but did not say if it was observable visually.

Everything is just information and energy, isn't it? Scientists tell us that most solid matter is space and subatomic particles are flowing around in vast empty space and so all that seems solid is not such as it seems. Because we are electrical creatures we interact and there is a dance between practitioner and patient all the time ... you can speculate on that [the cloud] all you want I think it was a matter of aligning, you know certain things will help people align their energetic field more (22).

Code 30 related the energy release to deep connection in the patient that, if done without mindfulness, can drain the osteopath. Code 30 had a word of caution regarding energetic release. Code 3 stated there was a time when Mr. Dummer got very fatigued with treatment until he mastered SAT. The author had an experience in 1979 as a young graduate of being sore and fatigued after each day of treating. It was then that the author learned to feel the pain of others but not keep it but send it back with love. This is similar to the Tong-len practice in Tibetan Buddhism of taking suffering and giving back happiness. There is a universe of energy for everyone to access. There is no sense depleting one self.

Code 21 described the impression of the cloud. "The energy shift was quite a profound thing. And this stillness and focus before. Almost like time was suspended in a way" (21). Code 21 remarked on the focus and stillness before the release. This, the

author intuit, was part of the meditation process used to access the patient at the *Mind* level. Both focus and stillness are needed in meditation. Too much focus or lack of focus—both are ineffective. This is similar to going too deep or not deep enough in the patient during treatment. Stillness allows the focus to be stable.

Though he never experienced the energy cloud, Code 25 was aware of an energy shift in the environment where Mr. Dummer lived and meditated.

Code 13 did not say if the energy experience was visual. The author is placing Code 13's perception into a "feels the shift" category in TABLE 2. However it is clear there is an acceptance of the presence of the phenomenon:

The author surmises that there was an energetic episode during the SAT treatments of Mr. Dummer and it was based on the coming together with the patient at the *Mind* level.

6.2.9 IS THIS PHENOMENON IMPORTANT?

Those interviewed were asked *Is this phenomenon an important part of how SAT works?* Many people did not directly answer the question with a yes or no but gave wonderful, energy descriptions which indicated to the author that it was an important part of how SAT works.

Code 11 responded: "It's a vital part of how SAT works. Without that energetic phenomenon you're not going to get the result that SAT is famous for" (11).

Code 21 stated:

Yes, something happening on an electromagnetic energy shift. When I relate it to the work I do with energy, which is based on the chakra energy system it's an opening of channels, an opening up. Probably more... (21).

Code 32 said the energy shift is unavoidable in SAT but wondered if you need to be aware of it for a successful SAT treatment. The author thought this was a good thought and one the author has asked. And if one needs to be aware of it, how do you train that in other people?

I think SAT probably creates those energetic changes and releases unavoidably. And I think it's the essential part of what it does in the sense that you're treating the whole patient and these energetic shifts are going to take place. It's a question of whether you're aware of them or not. But I think they're an inevitable part of what happens. It raises an interesting question which I'll frame as a question, that is: Does one need to have that kind of energetic awareness or that contact with it in order to practice SAT? Because there is a difference between adjusting vertebrae and doing SAT. And I've often wondered about how one might define that, and I'm pretty sure that in a rather Still-ian way, it's the mental dimension... it's mind...it's what you carry in your mind as you approach the treatment, as you approach the diagnosis and the treatment, that is all important. And without that, I don't think that SAT works (32).

The above quote provided a good lead into another interviewee's answer to the same question. Code 15 talked about Dummer's own path and Dummer's students, who at the time may not have been on a particular spiritual path but were able to do great SAT. So the question arises: Is the spiritual component needed or is an awareness needed in a global kind of way?

Code 15 related that:

People will do it in different ways. They'll use it in different ways according to the way they are. ... he [Dummer] would teach to young practitioners who joined him in his clinic, his apprenticeship with him. Not all of them had the same spiritual path as he did. I don't think Robert

did when he started but Tom very humbly said, “Oh he joined me and after, before the year was out he beat the old dog at his own tricks.” And Robert’s a very naturally spiritual man, and he had his own way of bringing that to the patient but it’s different from what Tom brought. And Peter Cockhill was a student of Tom, or apprentice really, and he became an excellent practitioner of SAT. But at that time in Pete’s life he wasn’t interested so much in that level of things. He was still an excellent practitioner. So... and Tom didn’t insist. He let you know what he did but he didn’t insist what you brought to it (15).

The author suggests that there is a way to teach the ‘depth’ that Mr. Dummer was using in his treatments. It seemed in his classes that when he said ‘give it depth,’ there was an oral transmission occurring, similar to oral transmissions used in Tibetan teachings with a Master. There are many ways to teach this awareness that do not need to be in one school of thought or another. It is that combination of stillness and focus that is needed to listen to the body.

Code 31 stated that the energetic component was important and perhaps more important than the positional lesion:

Yes, definitely. And I’m not even convinced that the positional lesion is so important. I think it’s only the support ...I think that what is important in SAT is that the osteopath gives information, very specific and profound to the body to create a reaction (31).

Code 14 said that the visual phenomenon was not important; what is important is the relationship with the patient:

Codes 32, 15, 14, and 16 talk about what the osteopath brings to the treatment.

The inner connection and the quality of engagement were the important items. The author

is brought back to Mr. Dummer's comment about how SAT really worked. He said, "Well it is all in the 'mind' of the operator isn't it?" (Dummer in Young video)

6.2.10 ANYTHING ELSE ABOUT SAT OR TOM'S TREATMENT METHODS?

The researcher also asked the interviewees: "*Is there anything else you would like to say about SAT or Tom's treatment?*"

Code 20 discussed the beginnings of SAT and commented on intent being a critical component of how SAT works. Code 32 commented on the roundness and completeness of the whole SAT assessment and treatment process.

6.2.11 TREATING MIND WITH SAT

The following interview data relates to this question: *Tom talks about using SAT to treat components of Mind. What do you think about this statement?* Tom Dummer suggested that the SAT technique was the treatment of choice for treating the *Mind* in the "body, mind, spirit" concept. (See TABLE 3) The body/mind/spirit concept was explained in QUESTION THREE: *HOW DID TOM DUMMER VIEW THE CONCEPTS OF BODY, MIND AND SPIRIT?* TABLE 3 was shown to the interviewees. Some of the interviewees agreed that SAT was the best way to treat *Mind/Force*, but others thought that the division was too artificial for their holistic view and questioned the statement.

Code 27 felt that SAT is a theoretic construct to divide the body and not a holistic view.

I think body/mind/spirit is a semantic convenience, for talking about subjects. I like to feel I'm holistic and therefore the three components are slightly artificial semantic divisions. If you are holistic, you look at the totality of the organism, whatever the organism is, and it is convenient. Like we talk about anatomy, physiology, pathology, and so forth, but

basically this only becomes valid unless you make out that the divisions are in fact discreet (27).

The interviewee goes on to say that by treating what he sees as primary lesion, you change many things including the person's ability to cope.

Code 9 also felt the divisions are artificial but agrees that mind is addressed in osteopathic treatment.

Code 20 disagreed with the concepts put forward in Table 3 that suggested the only way to treat mind was with SAT:

I would disagree. It is a treatment that can be used probably effectively but there are other treatments which give exactly the same. Tom was very fanatical about his approach and he made a lot of statements which he believed were true but which I believe were not (20).

Code 21 also had some reservations about treating mind only with SAT.

I think it's a fantastically... a lot of it as always depends on the practitioner and that ability to focus which is a massive important force and Tom certainly worked like that (21).

Code 28 had a slightly different take on the mind concept and felt Mr. Dummer was treating emotion:

Because I'm not a very spiritual person. I work much more from the emotional level. And to me, what he was treating was emotion. ...Well, what is not matter. The opposite of matter, well not even the opposite. ...He wasn't just working on physical principles. He used the physical principles to achieve something higher, definitely. If you call that mind, then you call that mind (28).

The author feels that the description of Code 28 is not that far off from the essence of Mr. Dummer's treatment.

Code 11 agreed SAT was treating *Mind*, but was not sure of the lesion patterns that Mr. Dummer described.

Code 15 spoke about his/her personal experience working with mind and suggests Mr. Dummer's way may have been similar. The interviewee also relates this back to Still and his concepts of health within. The interviewee makes the distinction between ordinary mind and universal mind:

...And if there's a disturbance there, to acknowledge that deep down there is always health, like Still saying our purpose is not to cure disease but to seek health.

Now I don't know if the way Tom speaks, going to the core of the lesion, the heart of the lesion, to where the innate intelligence is at work to release the strain, in the same way what I experience is that it's the health behind and within that's part of the universal, that a Buddhist might call the universal mind. Or people in other traditions might call Being. It's through that level that life is manifesting all the time and Health is manifesting all the time. And that level cannot be lesioned.

And so if you seek health, you take the suffering and you hold it and you meet it and you don't ask it to change and then somehow you say that actually this isn't the whole story. There's something behind, deeper than that. That brings freedom from that suffering and it's trying to reach you. It's trying to bubble up from within. ...And I think there's a...if Tom talks about Mind and 'beginningless time', and I think if he's doing as I understand from my experience, the way I work, that actually one is working with the ordinary mind but also appealing to the deeper universal mind as well, which is always pure. In the same way as when he looks at all the components of the lesion very carefully in the spine and respects every single component, in every single force vector, every single quality within it, then he's also going way down deep inside to where it's an

intelligence that's beyond that lesion's strain. And allowing that to come out and resolve it (15).

Code 31 was excited to see TABLE 3 again and described the ability to access the deeper levels with SAT. TABLE 3 was exactly what Mr. Dummer talked about in class, said Code 30, but Dummer would use what was appropriate on the patient. The researcher asked, "So he talks about treating mind/consciousness with SAT. What do you think about that?" Code 30 replied, "Oh yes. That's exactly what he was doing" (30).

Code 19 felt that TABLE 3 was what the profession needed more of and expressed concern about the profession and its path at the same time. Code 19 felt there needed to be more than lip service to the mind, body, spirit trilogy. The interviewee also suggested Mr. Dummer did not want to be criticized for his views and therefore was reluctant to speak openly of everything he knew to be true for himself and maybe others.

Code 32 suggested, as others had, that the way the table was set up was artificial, but that some of the information nevertheless resonated with him. Many interviewees suggested this was Mr. Dummer's way of objectifying or systemizing what he did and was not actually representative of what he did (32, 29).

Code 16 articulated well this researcher's main question about the differences between mind and *Mind*. Which, one asks, was Tom referring to when he said mind in his DVD interview or when he refers to mind in the tables? The researcher intuitively felt that Mr. Dummer was speaking of *Mind* or big mind in the Zen context. Code 16 said:

I'm reading this because, having an understanding of his Buddhist teachings, his idea of Mind isn't necessarily sort of conscious though its validity, it's not just that what you're thinking is understanding of mind... has to do with integration and conceptualization, and those things that get

in your way for being as well. It's like mind can be profound but it can also be limiting. In more Zen terms, big mind or little mind (16).

The author believes the concept of treating *Mind* is one of the most important aspects of Mr. Dummer's treatment and also for all of osteopathy. The author also accepts as truth that treating at a deep level is what sets osteopathy apart from the other manual techniques. It is the ability to meet the patient at whatever level is needed for change that allows the treatment to work deeply. It is being able to recognize the *Mind* of the patient as pure and accessible, thus allowing the treatments to be so effective, resulting in such profound treatment effects. It is the same as A.T.Still's *Force* concept. The concept of letting go and not imposing treatment is important as this is where the self healing of the body comes into play. Mentally loading the lesion allows the whole body, mind, and spirit to be included in that interplay of the *Minds* of both the patient and the practitioner.

6.2.12 HAVE YOU SEEN TOM DUMMER TREAT?

Table 8: HAVE YOU SEEN TOM TREAT?

Yes	Codes 27, 18, 11, 15, 21, 20, 13, 26, 25, 13, 32, 14, 7, 16, 29, 12, 22, 30, 19, 9, 28
No	Code 1
No, only on video	Code 2

21 of the 23 respondents had first-hand experience of Mr. Dummer's treatments. This allowed a great deal of information and observations to be shared in this research and is presented in APPENDIX Z.

6.2.13 DID TOM HAVE ANY SPECIFIC ASSESSMENT TECHNIQUES THAT WERE VERY IMPORTANT TO HIS ASSESSMENT?

Unities, global assessment, x-rays, specificity, and intuitive were the main thematic responses to this question.

Code 18 stated:

Go back to the unities again. Yes. Absolutely. He would always, always go through his routine” ...It’s the standing observation, and the movement. And you go from standing to sitting and segmental movement which progresses into getting a diagnosis and treatment. And it’s a very good model ...Re-diagnosing every time you see somebody (18).

Code 11 stated: “He was always true to specificity” (11).

Code 15 stated Mr. Dummer checked mobility:

He did have a routine. And I noticed that his way of testing the mobility of the atlas which I’d never seen any other osteopath do is what Parnell Bradbury describes in the other book, the “Healing by Hand” book. One thing that I always carried from Tom is examining a patient standing, sitting, and lying. It’s a very simple logic, but if a strain pattern is there in all positions then it’s not likely to be compensatory. It’s likely to be primary. And that seems very logical to me (15).

Code 13 and Code 2 noted the assessments were complete and he engaged the whole person (19, 2). Others spoke of the wonderful way he used his hands (20, 28).

Code 20: “I was treated by Tom for some time but it did appear that he would rely first on an x-ray and then explore down each time to find the next vertebrae in line to manipulate” (20). This was also noted by Code 22.

Code 28 related how history taking and x-rays were a big part of Mr. Dummer's assessment and then he would observe. Code 28 also notes how history taking and observation were important. Tests like the gossip test were also used (26, 28, 14).

Unities were discussed by many respondents (13, 32, 14). Unities divided the body into 3 functional units. Each unit could have a lesion and it was important to see the changes of the body position in each unit (14, 15).

Code 25 stated that Mr. Dummer used the same routine even for a neck or sacral problem. He evaluated the whole person:

Code 32 also felt the unities were important, but also spoke of the unwritten part of the diagnosis approach, or the intuitive process:

...his tri-unity approach is the fundamental of it in terms of mechanics, if you like and lesion diagnosis. But as with everything else, when he touched the patient, it was—the way a lot of us work now is you're actually connecting with a force field rather than assessing, structural inter-vertebral motion, mobility characteristics. You're going much further than that. Tom did that quite intuitively (32).

Code 14 felt the unities were primary, the gossip test was important, and that examining in all three positions gave you the primary lesion. The interviewee also put forward some ideas about how Parnell Bradbury had influenced Mr. Dummer's assessment practice.

Code 29 shared his memories and stated that the upper cervical examination was significant to Mr. Dummer.

Mr. Dummer, from his *SAT* book and the *Osteopathic Textbook*, had very specific assessment techniques that were also captured in these (above) statements. Mr. Dummer used x-rays as well as a detailed observation and palpation examination of the three

unities. The gossip test was used local to the unity and also globally to the whole spine. He used standing, sitting, and lying to find the positional lesion in each unity. These were charted carefully using coloured pencils. Samples of these are found in the *SAT* book.

6.2.14 HOW DID TOM DUMMER APPROACH TREATMENT? WAS THERE ANYTHING SPECIAL?

Mr. Dummer brought all of himself to the treatment process. His *Mind* and focus were important to the process. He was very particular about his body position. This is related to the channels in the body and the practitioner's energetic flows. A minimal approach to treatment is enhanced by the correct posture of the practitioner.

Code 27 stated the importance of who you [the practitioner] are, and how that is brought into treatment.

Code 18 spoke to the delivery of the treatment: "Slowly. Deliberately" (18).

Code 11 spoke to the treatment delivery and what Dummer the person, brought to the treatment:

It was always specificity. Specific to the tissues that needed treatment. He always had a way of knowing. Just that way, nothing more, just leave it. I guess the specialness in his approach to treatment just came through because of who he was. He was very special in that sense. He was a great soul, truly he was (11).

Code 15 describes some of Mr. Dummer's technique:

He would decide whether there was a primary lesion in the spine, which needed to be corrected. Or, if the system needed to be integrated in another way in terms of its "rhythmicity" (sic) (15).

Code 32 also mentioned the types and the minimal nature of treatment:

He brought a very fluid dimension but it was still quite minimal, utterly focused and minimal. It was pretty minimal nearly all the time. It's not to

say he wouldn't articulate. He'd use articulatory treatment as well, and he would even use neuro-muscular treatment at times. He used those very much as adjuncts. (32).

Code 31 also spoke to Dummer's minimal aspect of treatment: "Very minimalistic, one technique for one session. He then allowed the patient to rest and to react. Very often with a neurological reaction, people shaking, or tremor, sweating, and that was about it" (31).

Codes 31, 2, 30, 14, 26, 20, 21, 28, 13 also spoke to the minimalistic approach of treatment. Code 30 described the benefit of minimalist treatment on the patient's energy resources. Code 2 spoke of the patient's engagement mechanism during treatment.

Code 22 took the discussion of treatment to a different level relating the treatment directly to Mr. Dummer:

Everything is just information and energy, isn't it? Scientists tell us that most solid matter is space and subatomic particles are flowing around in vast empty space and so all that seems solid is not such as it seems. Because we are electrical creatures we interact and there is a dance between practitioner and patient all the time (22).

The author understands that Mr. Dummer was able to focus and see deeply into the patient. His ability to treat was enhanced by the way he used his body.

Codes 19, 9, and 16 all stated the treatments were holistic and came from a centered place in Mr. Dummer. He was able to hold the whole being in his mind. This was further described by Code 13 who felt Mr. Dummer was able to get to the body, mind, or spirit level that needed to regain wellness

Code 28 spoke of the gentleness Mr. Dummer applied to the technique. Code 14 described how Mr. Dummer set up his cervical adjustments. They were done in a prone

position in a floating field. The manipulations were not done from a locked position but from a neutral field. That meant that only a minimal force was needed to set the change in motion.

Code 9 said it succinctly: "A wholesome attitude to healing means that you put your whole body, mind, and soul into healing" (9). Code 16 described a feeling of wellbeing and of being held completely during treatment. Code 16 also related being touched at the exact place from where the change needed to happen (16).

The 'letting go of mind and entering into the *Mind*' state was part of Mr. Dummer's technique and has been discussed previously (29, 15). Although Mr. Dummer was best known for the SAT, he used many other techniques during treatment including GAT, neuromuscular, and lift techniques (16, 14).

Code 26 said something not observed by anyone else, that Mr. Dummer treated like Parnell Bradbury:

What's unique when thinking about the SAT approach, he was probably one of the very few in those days who was treating like Parnell Bradbury. I've been treated by Parnell Bradbury. I was very impressed. But I was also impressed with people like Hall and Wernham. The difference? I think Tom was probably more gentle (26).

Mr. Dummer brought a presence of mind to the treatment. As he said in his video and in the *SAT* book the *mind of the operator* was the potency in how SAT really worked. The mechanical skill as an osteopath and the ultra-high speed of his manipulation was important but the intent and presence was understood as most important.

Mr. Dummer's mechanical SAT was set up in the floating field so that only minimal force was needed to be applied. All Mr. Dummer's techniques were applied with

minimal dosage and minimal force with a mindful intent. This was applied to SAT, GAT, and other treatment techniques Mr. Dummer used.

6.2.15 WHAT WERE THE EFFECTS OF THE TREATMENT BY TOM DUMMER?

The author observed that this question was answered many times within numerous other responses, therefore only important highlights will be mentioned here.

Code 18 placed the energy balance in the forefront when speaking of the treatment effects. Code 11 also sensed the energy shift as a transmission of self and an interaction between two beings. Code 31 commented how the psychological, stress reducing, and physiological effects of the treatments bring stability:

Stress releases, sometimes somato-emotional releases also. Sometimes vagal reactions immediately but then the next few days, a lot of unwinding a lot of other sensations, and all the sensation of the stability of the body” (31).

Code 1 stated:

We put our hands on someone and if you have the desire to initiate change, the power that's within the person's body, and if you can bring the power through your inner being to bear on it through hands that are intelligent, you make that change like a 'hot knife through butter.' Tom Dummer was a great practitioner in that sense (1).

Code 30 he said that Dummer helped at all levels of the body including the aura:

...and helping people to center. These words that he used, that no one used. “Centering, grounding”, and those were things. But he would talk about aura. But then he didn't put his hands “around” people but he was, I think, conscious, that the aura may need repair. Beyond that, he didn't say a lot about it (30).

Code 20 said there were profound elements to Mr. Dummer's treatment but the interviewee personally did not do well with the treatment:

Code 28 had a positive treatment response that involved an automatic reaction, emotional release, and a whole body effect. Code 26 talked about the chemical mediators, balancing the sympathetic and parasympathetic systems, and the mobility changes.

Resting after a treatment was noted as an important part of the process

Code 13 stated the minimal treatment was counter-intuitive to the western mind, yet so powerful. Code 14 commented that any osteopathic treatment done well should cause a shift in the fields of the body. Dummer's treatments accomplished just that.

Code 16 spoke about coming from Mr. Dummer's center and the holding of energy, not only in the patient but in the whole room.

Like the patients who described the SAT treatments in CHAPTER THREE, the DOs also described the expected physiological effects but more interestingly. They also noted the dramatic energetic changes that took place. The outcome was greater than the small amount of force that was seemingly applied to the body. This extra effect was due to the focus and connection to the whole being, not just the body elements of the being. How this was accomplished is best described in sections 6.2 *Mind of the Operator* and 6.3 *Energetic Impulse*.

6.3 MIND OF THE OPERATOR

Mr. Dummer stated in the video interview with Mark Young that the potent part of SAT was in the *mind of the operator*. The interviewees were asked what they thought about this statement.

Code 27 stated:

I think it's a reciprocal process. It's in the *mind of the operator* but it's also in the mind of the patient. It's a relationship. I think what is called the "perceiver" effect is very valid in so far as if the patient is not "en rapport" with the practitioner, the chances of getting better are reduced (27).

Code 18 recalled: "Yeah, he used to say that in lectures. Tom would always talk about loading the lesion. And so that's all those aspects of mind, spirit, consciousness, body" (18).

Code 11 stated:

I've heard him talk about putting your mind into the moment of the adjustment, putting your mind into the lesion. He had that. When he said to Mark "it depends on what's in mind" I know exactly what it meant. It's the intention in the operator's mind that dictates how the adjustment's going to go through. The way. What was there? What do you intend to do? What is your reverence for the body? What is your respect level for the patient? What is your connection you are bringing through in that moment? What is your capacity to open to it? You're bringing to it so your mind can come through. What is your quality of mind so that the very best can happen? Let your mind go blank. Tom was coming from the universal position (11).

Code 15 describes the importance of where the operator puts the mind:

I think intention is very... either intention or the attitudinal space of the operator is extremely important. ...The body responds very differently according to where you put your mind. Rollin Becker talks about surrender. Surrender to the wisdom within the patient that has its own evolution and its own direction about what needs to happen. So all I can say it that the mind, the attitude, the space that you give, the intention that you have, and the surrender that you have so you're not imposing your will, but you're surrendering to the will of that person's evolution. That makes a huge difference on how tissues respond. And I think particularly

for SAT when you're putting everything in the whole treatment time into one moment, everything in you has to be lined up and ready to go (15).

Codes 31, 1, 30, 32, 26 also felt intention was key. Code 19 felt the *mind of the operator* was important but also the meeting of the mind of the patient played a role:

In a way, that's using mind in its transpersonal way. This is what I was saying before about the mind, even Tom by saying its in the *mind of the operator*, I would correct Tom there if I can be so bold, saying it's the mind of the two, it's in the mind of the field between the two actions, rather than just the *mind of the operator*. What's important is that the operator carries certain responsibility at that point... that's probably what he's really talking about. It's the operator's job to hold that, because that's just training, discipline, we're taught to do that. And the patient's job is to support that as well, but not necessarily with the skill (19).

Code 25 remembers a conversation with Mr. Dummer:

It brings to mind what somebody said, "how on earth do you get started with something like SAT?" which is so precise, and cranial osteopathy. And Mr. Dummer's response was, "that it is our intention that's important" (25).

Codes 32 and 13 stated all the techniques we use are vehicles to connect to the patient and they are secondary to our intent.

The *mind of the operator* was described above as being important. Several people also felt that connection with the mind of the patient was important. One described something from the universe being important. Several people used the term intent to describe the *mind of the operator*.

The author suggests the use of *the mind of the operator* to be one of the most important findings in this research. There are many osteopaths who feel this to be true. It

was sometimes equated to intent. The important part concerned where that intent was placed; and at what level the intent was directed in the body. The author concludes that Mr. Dummer worked from an absolute *Mind* state and connected with the absolute *Mind* state of the patient, the place where wellness dwells. To get to that mind state Mr. Dummer had to quiet the relative mind or 'let the mind go blank.' This allowed connection with the right intent or thought and provided recognition to the health within in a non-judgemental manner. This allowed the patient to be in touch with the wellness and bring it forward into the relative world. The treatment in this state is never imposed so that the true nature of *Mind*, and therefore the self-healing or auto-regulation of A.T. Still, is allowed to work unimpeded. This also relates to the concept that A.T. Still identified when he suggested we find the health within and not the disease. It relates to A.T. Still's concepts of inner and outer form: bringing the inner form's health to the outer form. These changes happen and effect many levels. The changes can come at the mental, spiritual, or consciousness level to create shifts in the patients that alter their perceptions. This is similar to the effect of meditation in the Buddhist sense, in which is one focuses on *Mind* to create a shift in view or perception.

For Mr. Dummer these skills of focus and quietness of mind were learned through his Tibetan Buddhist training. There are other ways to learn these abilities and the author suggests each practitioner needs to find these skills within to practice, with intent, osteopathy as it was intended by Still.

6.4 *ENERGETIC IMPULSE*

There was only one direct mention of the *energetic impulse* but the concept is important to include. Code 9 made the reference to *energetic impulse* when he was describing what he did in treatment:

So Tom Dummer said, “Well, it’s just specific adjustment technique.” Code 9 said, “No, ...that’s like the description of a method but the actual gesture, the ultimate moment, how do we call that?” There was a silence. And code 9 says, well, I have a proposal. I called you because I wanted to know what you thought about this. So Code 9 said, “for me I think it’s something that’s energetic.” There was another silence. “Yes. Yes. Absolutely.” [Then Code 9 said] “Yes, it is an *energetic impulse*.” And Tom, silence. There was always a pause to reflect. “Exactly. It is exactly what we do” (9)

For the author, the *energetic impulse* describes well the way minimal force is applied to the body/mind/spirit triad when providing osteopathic care. *Energetic impulse* was achieved in the floating fields, not a locked classic manipulation position for SAT. *Energetic impulse* acknowledges the bio-energetic component of osteopathic philosophy and the body, a component now being substantiated in the quantum physics world. Hopefully it will be incorporated into mainstream consciousness soon so we will have more people able to feel comfortable accessing that component of their bodies, and therefore be able to play a more consciously active role in their own healing. The *energetic impulse* comes from a blending of the profound *mind of the operator*—one who has engaged the energetic field—and *Mind* of the patient. Mr. Dummer stated that the *energetic impulse* was stored up potential in the mind that is released.

6.5 ESO

The development and philosophy of ESO was described in the literature review in CHAPTER ONE and its importance to Mr. Dummer was covered in CHAPTER THREE. The importance to the development of osteopathy in the U.K., Europe, and to some degree North America needs to be acknowledged.

6.6 POLITICAL DEVELOPMENT OF OSTEOPATHY

Mr. Dummer was instrumental, along with other osteopaths, in developing the registry and legislation for osteopathy in the U.K. Code 30 relates his experience with Mr. Dummer working for the advancement of the profession:

...I worked with him strongly in the school and in the profession. And an immense amount so much by phone, as well, because of the development of the profession.

Tom and Robert Lever and Code 30 were at one stage, working our own plans. We'd have dinner together, we made our own plans for uniting the profession, which was completely successful—we wanted to include all the major players and it worked. And one registrar. And we ceased to be enemies. And from there, we needed to go for legislation. And that's really where Simon Fielding came in.

So, Robert, Simon, and Code 30 really spent years and years on legislation. And to this day, the three of us are close friends, and legislation was derived from that. ...He [Tom] was essential because his credibility was so great. Whereas we were not, at that time, very well known people. We could handle all the nitty-gritty. And Tom was really not that good at that. His was always the big picture. The bigger the idea, the better, "Okay, we'll take it all on." And then we'd come back and say we'd achieved this and this, and then he would talk about the big idea again. So it was immense fun, doing it all with Tom. We all grew very

close through working on something, and fortunately succeeding. And then that stands indefinitely for the profession (30).

Code 32 also worked actively on the political changes with Mr. Dummer:

...And he was really quite political in many ways. He also had a certain amount of vision so he recognized the dangers that we may face. As you know, he had a lot to do with the education of the French and Belgian osteopaths, and he was acutely aware of the situation in Europe and the possible legislative threats that we may face in this country, as they had been faced in France and Belgium. We were beginning to become aware as well of how that was affecting certain other countries. So he was quite keen in the early stages, to try and establish a political thrust by bringing professions in the natural therapeutic sphere together. He was trying to work with an organization known as the International Federation for Practitioners of Natural Therapeutics. This was very hard to do because of the disunity within the profession (32).

The ESO did not have a regulator body at the beginning and had to create one of its own. Mr. Dummer was involved with its development.

It was clear Mr. Dummer played a critical role in the development, regulation, and legislation of osteopathy in the U.K., along with some of the younger osteopaths. They were able to pull the profession together. Mr. Dummer came to know many influential people through his musical and osteopathic career. The author is sure these contacts were helpful in the political arena. So despite breaking off on his own to start ESO, he was also able to bring the profession together and move the profession forward politically.

6.7 SUMMARY

This chapter explored Mr. Dummer's many contributions to the osteopathic profession during his lifetime, which included his writings. The teaching and learning

benefits of the ESO continue today. Mr. Dummer developed SAT at ESO following on the work of Parnell Bradbury. The minimal application of SAT is in line with A.T. Still's philosophy of 'find it, fix it, leave it alone.' This approach allows the body's innate mechanisms to be the driver of the healing.

As well as the minimal dosage of SAT there is a minimum force applied to the being in a floating field. This is called an *energetic impulse*. The potency of this impulse comes from the *mind of the operator* joining with the mind of the patient and includes the bio-energetic component. The phenomenon of energy release and the visual expression of that release were explored.

There was a discussion on the concept of treating *Mind* with SAT as this was something Mr. Dummer claimed he was doing. An exploration of the respondents' memories of Mr. Dummer's assessment and treatment techniques was conducted. Mr. Dummer's involvement in the political advancement of osteopathy was mentioned. The author was impressed at the amount Mr. Dummer accomplished in his lifetime in terms of writing, teaching, mentoring, and developing different ways to present Still's concepts. His will to promote the profession and broaden the scope of osteopathy in the U.K. was appreciated by many. Dummer's contribution to the development of osteopathy in Europe and in Canada was noted.

CHAPTER SEVEN: SELF CRITIQUE

CHAPTER SEVEN: SELF CRITIQUE

7.1 OVERVIEW

This chapter will review aspects of the research for *Tom Dummer: His Contribution to Osteopathy Through Body, Speech, and Mind*. It will highlight the strengths and weaknesses of the research.

7.2 MAIN DISCUSSION

7.2.1 THE RESEARCH PROPOSAL PROCESS

Deciding on a topic for this research was a process in itself. This author had considered two possible research areas before embarking on the research protocol process. The second project—the exploration of *Mind* in the context of Tom Dummer and osteopathy—was the research that was most exciting to this author. This author had started to read Tom Dummer’s books in the late 1980s and was fascinated with his work. The breadth of Mr. Dummer’s knowledge base intrigued this author. She had so many questions about what she had read and wanted answers in a framework that made sense. Did the five elements used in traditional Tibetan medicine relate to osteopathy? How are body, mind, and spirit addressed in osteopathy? What is the difference between mind and spirit? As a Tibetan Buddhist, did Mr. Dummer hold a different view of mind and spirit from the western norm? Was there a connection to Mr. Dummer’s meditative practice and the space he created during treatment? This author has been exposed to Tibetan Buddhism since age 17 and considers herself a meditator. The space that combines meditative calmness and focus, for the author, is the place she strives to be when assessing and treating clients. Was that what Mr. Dummer did? Was that common to some extent for all osteopathy practitioners?

Philippe Druelle at the CCO spoke fondly of Mr. Dummer and explained his work with *energetic impulse*. What was *energetic impulse* exactly? If Mr. Dummer said he treated *Mind*

with SAT, what exactly was he doing? Was it related to his focus and meditation skills? This author, since achieving a small amount of stability in her meditation practice, noticed an energetic change in her body/mind. There was less fatigue when treating for a 10-hour day. In fact sometimes she felt more energized at the end than at the start of the day. Would that be noted in anyone else's comments about Mr. Dummer? The author identified her biases in the introduction. Her biases relate to the author's Buddhist beliefs about *Mind* and she was careful to guard against subjectivity.

The selection of specific research questions was challenging. There was little written about Mr. Dummer on a personal level and it is only in the books he wrote where one can find references to his philosophical thinking. The questions therefore had to be wide enough to ensure enough material was captured for analysis. Despite receiving advice from several people who knew Mr. Dummer well, this researcher was reluctant to limit the research to one or two questions. This author should have heeded Gez Lamb's suggestion to "get started as soon as possible as there is so much to say about Mr. Dummer." That should have been the author's first clue to the actuality of the amount of information people would offer. As a result this author understands now that each question on its own would have sufficed as a thesis topic.

Rosemary Anderson, experienced in quantitative research, was so kind to take this researcher on as a thesis student despite the qualitative research process. There have been some learning curves for both of us. This author was used to a different format for presenting the qualitative data and initially felt this present framework was awkward. However we both made it through the process with some adjustments. Colleagues who are qualitative researchers in the health science field and professors of qualitative research all suggested that they had never seen a qualitative thesis or article with raw data presented. This was also the researcher's experience

and caused her great pain with regard to a perceived changing of the accustomed confidentiality standard.

7.2.2 LITERATURE REVIEW

In regard to the literature review, this author felt that the potential scope of the research was almost overwhelming. Sampling the literature, for this researcher's nature, was not enough to satisfy her. There was always more to know. Reading that included related topics in osteopathy, like Donna Anderson's thesis *The Still Point*, helped provide a broad understanding of consciousness. This author found books by Allan Wallace helpful to bring the concepts of *Mind* into better focus. This author would also like to have done more in-depth reading on A.T. Still to better understand the founding concepts of osteopathy in the context of his life period, however there was benefit from reading Jane Starks thesis, *Still's Fascia*. The statement 'find it, fix it, leave it alone' was not located in the literature. Jane Stark, an expert on A.T. Still, stated in conversation April 2009 that there are no written quotes of Still saying 'find it, fix it. leave it alone,' however many people attribute the phrase to Still. Because the statement was used often in Mr. Dummer's articles and books the author felt it was important to include it in the thesis despite the failure to locate a reference.

Mr. Dummer's books on various topics, from osteopathy to Buddha dharma and Tibetan medicine, provided a starting point to understanding Mr. Dummer's perspective. Further reading broadened the scope of that knowledge. It was helpful to read about Robert Fulford, another DO who used an energetic approach to osteopathy. The author limited the reading on the energetic approach to osteopathy only due to time restraints. More reading would have provided a deeper understanding.

This author has a good global understanding of the literature reviewed but is limited by the wide scope of topics that, to be thorough, needed to be covered.

7.2.3 THE RESEARCH DESIGN

The qualitative design using immersion and crystallization was the right method for this research. It reflected the personality of this researcher and allowed for an expansive view of the topic. As this was the first time formal research on Mr. Dummer has been attempted, a comprehensive view was needed. The global view allowed themes to present themselves and directed the data recording. The intuitive processing over time helped this researcher find meaning in the volumes of data collected. The design allowed exploration into the topics and themes that arose for further depth of understanding.

The topic grew so large, the researcher had so much to understand and crystallize, that the result was a broader but more limited depth of investigation into each area.

7.2.4 RECRUITING OSTEOPATHS AND CONDUCTING INTERVIEW

The snowballing of interviewees and key informants progressed from initial contact. This researcher expected to go to the U.K. for the interviews because that was where Mr. Dummer was known and practiced. This placed a time limitation on any data collection that was to be conducted in person. This author received a one-month leave from her hospital job to go to the U.K. for the interviews. Some new potential research participants were identified during that month and attempts to contact them were made. Those potential interviewees who were in other parts of the U.K. and were not available when the author was in the U.K. were either followed up from Canada or put on a list to be followed up from Canada. Some were subsequently not contacted due to saturation. The benefit of face-to-face interviews enabled a rapport to be established, making future contact with those participants easier.

The phone interviews went well. There was a comfortable feeling and reasonable rapport established during those interviews. One phone interview was difficult as this researcher suspects the interviewee's memory was limited. There was some frustration expressed by the interviewee about the breaking down of the questions and parts of osteopathy as that interviewee felt osteopathy was a holistic approach not a sum of the parts.

7.2.5 INTERVIEW QUESTIONS

The questions were formulated by this researcher and reviewed by the Thesis Advisor. There were many questions and the interviews were long, spanning a variety of topics. As this was considered exploratory research the questions remained global. Inclusive questions provided a broad base of knowledge that proved sometimes to be too extensive. The most vague question was: *Were there other aspects to Tom's approach to osteopathy that were important?* This question could mean almost anything, and a large variety of answers were given. Global in nature, the information pointed toward an assortment of the various aspects of Mr. Dummer's osteopathy style. Although this author did not anticipate the variety of responses, they proved valuable. Ultimately the range of responses worked as a strategy against this researcher's bias toward the expectation that interviewees would only mention Mr. Dummer's spiritual presence as an important "other" aspect.

Another set of questions: *Do you follow a spiritual path? Is it similar to Tom Dummer's?* allowed closed, yes/no answers and it was difficult to get some people to supply more detail. Some felt uncomfortable answering. This author should have changed the wording to ask them directly about their personal spiritual path: *Do you have a spiritual path or follow a religion? What is your spiritual path? Is it similar to Tom Dummer's?* Although the last part would have been more challenging to answer, it might have provided some interesting information about the

universality of the interviewee's paths, despite their disclosed religious affiliation (if they had a religious affiliation).

The answers to the very long question about the energy phenomenon provided good information. This researcher did not follow up on the people who answered "no" when asked if they'd seen the energy phenomenon. There were four people who said no without an explanation. The researcher could have asked the interviewees if they sensed energy change without seeing it. That information would have given a more complete understanding of the energy phenomenon as/if it was perceived by the osteopaths.

As well as the specific questions that were written and administered, this author asked additional questions that emerged while a specific topic was discussed. It allowed extra details to be revealed by individuals with more in-depth information on a specific topic. For example Code 15, who was familiar with Buddhist practice, was able to further define the use of western versus Tibetan *Mind* in Mr. Dummer's osteopathic practice. It was acceptable within the process of immersion and crystallization to ask these questions to further develop the ideas that were emerging from the interviews.

It was not, however, acceptable to lead the interviewees. There was one instance when at the end of the interview with Code 8 this researcher shared her own experience as a patient. It was similar to the key informant's experience. This may have been a leading statement and may have caused the key informant to say he/she agreed with the author's statement and therefore the author's bias might have affected Code 8's last interview comment. There was another incident when this researcher received the answer "he was very Buddhist in his approach." This researcher might have asked for more clarifying details but based on how this key informant had

already described Mr. Dummer's treatment and the descriptors used, the response was clear at the time.

Using isolated quotes within the body of this thesis outside the whole interview context, sometimes caused the flow of the quotations to be lost. Had this researcher asked for consent to use the whole interview, the raw data would have been of interest to anyone who wanted to read the many transcript pages. However, including the entire interview transcript would have made it very difficult to maintain the anonymity of each participant. It is possible that they may have been less candid in their responses. The data has been presented broken down by question with those personal or private thoughts not directly involved with the question asked whited out. This was done because the interviewees were told that only relevant quotes would be used in the thesis.

One of the last questions was, "*Do you have any questions for me?*" This was an interesting question as it opened the door to a more general discussion on osteopathic subjects such as what was the author's experience with SAT and was there a way to teach that energetic approach in an undergrad level course. It gave this author a way to verbalize what had been assimilated during the cumulative interview and research process. These are summarized in APPENDIX Y: ANGELA'S RAMBLINGS.

Saturation of the questions was reached, however this author would have liked more information about Mr. Dummer's political side. His political side was not directly addressed in the questions nor was it directly spoken of in the literature. This author could have followed up with Simon Fielding and Colin Dove, who this researcher suspects (based on what others have said) would have provided more details in that area. It was one area of Mr. Dummer's contribution to osteopathy that was touched on by several interviewees but not in enough detail.

This author had not anticipated the changes that were happening at the ESO and was fortunate to be able to speak to two experts who knew the ESO well. It was not this researcher's intention to interview Ms. Fletcher regarding the ESO but to gather information regarding the masters program for personal use. However, when this author attended an ESO orientation given by Michelle Leach for new students during her four-day stay at ESO, she started to get a feel for the current program focus. Together with the information Ms. Fletcher provided, this author felt the information was important additional background to the research. It helped explain some of the changes in direction that were happening in the school, and may have helped the author to better understand Mr. Dummer's feelings toward the school at the end of his life.

Speaking to Mrs. Bloomfield as an expert was a joy and although we talked of many things, she requested that only the ESO information be included for discussion. This author made hand written notes of our talk together and sent the transcribed, typed notes to Mrs. Bloomfield so she could see what we talked about. She was upset because she misunderstood and thought this author was going to include in the thesis all of the information from her notes. Mrs. Bloomfield felt there were many errors in the notes. This researcher phoned Mrs. Bloomfield to apologize and reaffirmed that only the ESO information would be used and received verbal consent for that. This researcher should have only sent that specific information back or none at all. This researcher was very sad to have upset Mrs. Bloomfield as we had spent such a nice morning together. This researcher looks forward to the history of ESO book that is forthcoming from Mrs. Bloomfield and apologizes for any suffering that was caused.

Geshe Tenzin Sherap's stay with the author's family and the opportunity to interview Geshe-la was timely for this researcher. He was a convenient expert on Tibetan Buddhism and the author did not interview more than one expert in this area. The interview came at a time

when this researcher was formulating her ideas after reviewing many of the interviews and the literature. This researcher specifically wanted to better understand *Mind* and spirit in the Tibetan Buddhist context, so she could then compare it with the western model in the literature. This interview helped provide the framework for comparison and made the literature more understandable.

7.2.6 TREATMENT EXPERIENCE

Prior to going to the U.K. this author had only experienced SAT in a classroom setting, an experience limitation. An understanding of SAT was broadened after this author asked Gez Lamb, who taught the SAT courses in Canada, to provide a series of SAT treatments while this researcher was in the U.K.

Limiting this experience to treatment by one practitioner gave a more narrow view of SAT than would have been provided had the author received treatments from many different practitioners. Also, the SAT treatment was not a direct Tom Dummer treatment, which was of course not possible. Again this part of the research was limited due to time, timing, and finances.

7.2.7 INTERVIEW TRANSCRIPTION

The original plan to transcribe the interviews within twenty-four hours was not accomplished. Before leaving for the U.K., this researcher had hired a medical transcriber to do the transcriptions from Canada. Digital copies of the interviews were posted on an Internet-based virtual storage system called box.net. Although trial exercises of downloading and uploading files were conducted before this author left Canada, the transcriber had difficulty both using the technology and with the accents of the people in the interviews. She quit after attempting the first transcription. Attempts to find a second and third transcriber failed as the task was challenging and the transcribers had more than enough medical transcriptions to do to keep them busy. The

first interview was transcribed by a student with medical transcription experience after this researcher returned to Canada. That transcriber then became too busy with school. All but one of the other the English interviews were transcribed by Trudy Gold, my editor. The French parts of the two French interviews were transcribed by two Francophone women who both work for the government, one as a French language examiner and the other with the ministry of French language for Ontario schools. The English translation parts of the interviews were also transcribed and the French and English versions compared. One interviewee was not pleased with the first French transcription so it was redone by the other French transcriber. These versions were checked by this researcher and compared to the English translations and found to be correct. All transcriptions were reviewed and verified by this researcher prior to sending them off to the research participants for final verification.

This whole process—transcribing, reviewing, and sending off transcripts—took much longer than the researcher had expected. Most transcripts were sent to the interviewees and key informants by email and two were sent by regular airmail with a verification consent form. The return time for these interviews and consents was substantial. Multiple reminder emails were sent. Phone calls and emails to two older interviewees proved unsuccessful. The last interview and consent was returned January 9th, 2009. This researcher made an error when sending Harold Klug's interview back and inadvertently sent it to all the participants. A recall email was sent out immediately with a request to delete and not read the interview. Most of the interviewees answered my email request indicating they had done as requested. An explanation and apology email was sent to Mr. Klug who graciously accepted my apology and continued to participate with this research. Corrections were made to the returned interviews. This continued immersion

into the data by multiple reads during the correction and verification process helped the author become more familiar with the data. This would lay the groundwork to the coding process.

7.2.8 CODING PROCESS

After multiple reads of the data as described above, the data was then read with the intent to think about common themes in the data. Some themes were joined and presented together. For example, the topics of occult/inner sight/intuition were combined as they were similar even though, depending on who was speaking about them, they might be described differently. These coded themes became the framework for presenting the data for the four main questions. This process worked well for the data. There would be subjectivity in the coding as this researcher was the one who decided what was important to be coded. This is not a flaw but an integral part of the process. All efforts were made during multiple reads to identify recurring themes and then group them in relation to the questions. This was driven by the researcher's experience and understanding of the literature and the information needed to answer the questions. This author worked in a way that may be seen by others as messy. Hand written notes on the interviews, while it worked for this author, may not be structured enough for others.

7.2.9 THESIS LOG

This researcher used the log to document the research process and what needed to be done during the process. This researcher started by using a log during the time in the U.K. and after the interview phase of the research. Notes during the interviews were sometimes written to jog the author's mind for follow up later. This author did not always take the time to write how she felt after each interview. This happened because all the interviews were rich in content and went well. Sometimes this author was tired after the interview and neglected to write a note.

There was one note after meeting an interviewee that recorded the researcher was tired because of listening to all the stories that came from a very heart-felt place.

During the coding and writing phases, notes continued to be made as the author struggled to find a framework that included all the data. Formulating the framework was not possible until this author started organizing the data into the four specific questions. The log reflects that process.

7.2.10 THESIS PRESENTATION

The writing of this thesis took much longer than expected. This author originally took three and a half months off from her half-time hospital job to write. Working half time in her private practice and writing half time was interrupted by a trip to Nepal to care for a dying friend. This time proved to be a very valuable interruption as this author stayed in a Buddhist monastery and attended Tibetan Buddhist events that enriched her understanding of this area of the study, but unfortunately it did not allow time for writing. The power in Nepal was off up to 16 hours a day so there was time only to accomplish a little reading and make hand written notes during those three weeks. After returning to Canada finances made it necessary to increase patient care time leaving late nights only for the writing. An extension by the hospital was granted until March 2009.

By January 2009 all the interview data verifications were returned except for two. All attempts were made to get those two but the author was unsuccessful. Both interviewees were mailed hard copies of their transcripts along with the consents and were given ample time to respond. Follow up emails were unsuccessful. This situation was discussed with Jane Stark who suggested that they had every opportunity to return the information and as the consent had been given to use the information in the interview, this data could be included. The coding and

multiple rereading of the 32 interviews took many months. A further extension from the hospital was given until the first of June.

This author left her home and home office in March 2009 to spend 16 days of uninterrupted reading and writing. This was the turning point in the writing. The author felt that finally the writing of the thesis would be accomplished in the given time frame. The uninterrupted time away from home and clinic allowed the flow of ideas and themes to enter the writing. Several 15-hour days of writing occurred as the words began to take form in the author's head. These sessions were surprisingly not exhausting but invigorating. Once home, the author returned to half-time writing, with the exception of one week in April when both the author's parents experienced acute health care issues that required her attention. The writing was completed in small sections, subjecting the overall content to be somewhat disjointed. Extra time was spent putting the pieces together so that the overall body of work flowed well.

Initial editing was done prior to sending the sections to the author's advisor, Rosemary Anderson, who provided help with further editing and content suggestions. She also pointed out possible biases, which strengthened the objectivity of the research. The revised document was then sent back to Rosemary for final approval.

7.2.11 SUBJECTIVITY MANAGEMENT

The subjectivity of this thesis was managed with methodology rigour and by constantly looking for negative occurrences in the data. The biases of this researcher were noted in assumptions. The author's belief that Mr. Dummer had something to offer to osteopathy from his Buddhist orientation was presented. This author, in the introduction, also declared her interest in Tibetan Buddhism, Tibetan medicine, and concepts of *Mind*. There was a perception by this author that there was something else (other than a mechanical fix) happening with the SAT

process and that it involved an *energetic impulse*. That perception was presented as a bias for this researcher. The expected personal biases are addressed within the process of qualitative research by various strategies outlined in the methodology section of this thesis.

The insight, intuition, and experience of the researcher are valued parts of the research process. This must be balanced with controls to minimize biases arising from the researcher. The field notes and recordings of what this researcher was thinking at the time of the interviews or coding help to identify the biases and keep them in check. The large number of interviews helped limit the effects of bias by allowing many opinions about Mr. Dummer to emerge. Going to saturation made sure that all themes were identified, not just the ones for which the author was looking. Triangulation of the data and looking for confirmation in the literature provided further safeguards against bias playing a role.

The experts in this study were picked first for their knowledge of the area we discussed, and secondly for the convenience of being available for informal and formal discussion. This author had not met Geshe Tenzin Sherap prior to his stay at the author's home. Discussion with Geshe Tenzin Sherap provided an educated first-hand description of Tibetan *Mind* and spirit, and allowed this researcher to confirm her interpretations with Geshe-la. This checking was simply not possible by reading books. Multiple conversations with Jurme Wangda helped the researcher receive immediate answers to questions that arose during the writing process. The ESO experts offered views that were checked against the literature, what the interviewees had said about ESO, and the changing focus of the ESO.

The *energetic impulse* was described using various terms by interviewees and patients and experienced by this researcher. The negative instances of this were explored in the interview

data and presented in the thesis. This information was triangulated to provide an understanding of the event.

The snowballing sampling strategy of participants may have been influenced by the thesis topic. It is possible that the people suggested by other participants were those who thought the same way as the researcher or the referring participants. Nevertheless the participants held a large variety of religious beliefs and spiritual practices. There was also variation among the DOs and the way they practice. So there was sufficient dissimilarity within the sample to provide an adequate range of responses.

The questions were created to elicit information that answered the four research questions. Specific questions regarding Mr. Dummer's spiritual path were needed to explain one of the questions. These questions were asked in a broad way. After a respondent had responded to the broad question, the interviewer was then able to ask more detailed questions. These questions were specifically based on the information the interviewee had just provided. This further clarification and questioning is allowed within the qualitative protocol. It introduced detailed information that may not have been recorded if the questions had not been asked. Their spiritual paths and the way the DOs practice, how long the DOs have been practicing, how long individual patients had been with Mr. Dummer, and how well the participants felt they knew Mr. Dummer were additional questions also asked. The responses were meant to show the variation and expertise of the participants.

The subjectivity of the coding process was covered in section 7.2.8. It details the influence of this researcher, the use of the literature, and the four research questions as a grounding influence for the management of subjectivity in the coding process.

7.3 RECOMMENDATIONS FOR FUTURE RESEARCH

Mr. Dummer provided a way of accessing the health in an individual through the *energetic impulse* used in SAT. How Tom Dummer provided that impulse was a product of who he was and how he used his *Mind*. His interests were varied but he was clearly interested in other forms of health care.

This author would recommend future research aimed at stimulating collaboration with other forms of health care. Based on the physiological changes in the body from SAT, it would be interesting to see if the changes were picked up in another health care field. For example, the author can imagine a study with a Tibetan physician who uses pulse diagnosis and urinalysis to see if the balance in the body is altered, and how is it altered post treatment based on the physician's diagnostic skills.

Furthering the work of Dudley Tee and Parnell Bradbury on the sympathetic influences of an upper cervical manipulation that results in the release of cortisol is another subject that might be of interest to practitioners in the field of allopathic medicine as a way to influence inflammatory reactions.

Many practitioners and patients described a sense of well being after an SAT treatment. A research project on the sense of wellbeing post-SAT treatment would look at measuring the body, mind, and spirit outcomes.

A further exploration of the *energetic impulse* would be of benefit for osteopathy. A more complete descriptive account of the *mind of the operator* and how one prepares for that impulse would be beneficial.

The question of how one would teach an open mind state to students arose in discussion several times after the interviews were conducted. What are the components needed to teach a

way that engages the practitioner's *Mind* as well as the *Mind* of the patient? This would be an exciting piece of research and would relate to the subject of engaging the DO's absolute *Mind* and the *Mind* of the client. There are many meditative practices taught in assorted schools of thought that teach this. Are the skills developed in meditation valuable or are they essential to getting to that profound level of *Mind* that engages with a patient?

Is that connection sustainable over a whole treatment like a cranial treatment? Is it a flash connection like the *energetic impulse* in SAT that starts the process and then leaves the body to do the rest? Is the *Mind* connection at the *energetic impulse* identical to a still point in the body, mind, and spirit or is it a different mechanism? How can that be measured? Are there physical, measurable attributes as well as other measurable attributes of the mind and the spirit?

This researcher has two thoughts about this kind of research. The scientist part of this researcher thinks it is interesting to break the mind up into measurable pieces, however the meditator part of this researcher wonders if we are not just trying to measure the un-measurable. The quantum qualities of this process are on the fringes of this researcher's vision and she does not have enough knowledge of quantum physics yet to totally understand if that pathway will provide a holistic way of looking at the problems outlined above.

The Mind Science series of conferences include representatives from the neurosciences, psychologists, and HH the Dalai Lama. This group of professionals meets to discuss the scientific advances of mind. They look at science and then look at Buddhism as the expert in the field for the study of the *Mind*. Allan Wallace, in *the Dalai Lama at MIT*, describes three ways of looking at *Mind*. Two are indirect as in the research suggestions above. The indirect research involves looking at outward behaviours and neurological (or physiological) changes. The third is observation by direct introspection. This is used less in the scientific process of looking at the

mind, but very much used in Buddhist (and other) practices. Wallace suggests that the direct approach is the way we should be focused as it is more reliable and is what we would use by choice in other areas of scientific inquiry. The foregoing statements and Mr. Dummer's conclusion that the *mind of the operator* is the potent part of the treatment suggests that teaching a meditative practice at the undergraduate level would be of great benefit in the overall application of osteopathy. This would also be a good pilot project to monitor over a five-to-seven year period.

7.4 SUMMARY

This chapter reviewed the research process, exposing its strengths and weaknesses.

The process for the selection of the topic was reviewed. The selection of a thesis advisor was discussed. The challenge of deciding on the four research questions was explained. The lack of comprehensive information on Mr. Dummer meant that the questions had to be broad in order to capture information that was lacking. The challenge of that approach became managing the volume of data that was produced, but this researcher had no way of knowing just how much data would be accumulated prior to data collection.

The second challenge was doing the literature review prior to the data collection. This author was not sure which themes would prove important in the collected data. This researcher added more to the literature review after her trip to the U.K. where she had the opportunity to collect further literature from the libraries and personal papers of Mr. Dummer. Time alone limited the reading process but this author continues to read and develop her osteopathic view in these areas of interest.

The design of the research meant open-ended interview questions could be supplemented with further questions if a concept needed further investigation or was not clear to this

interviewer. The subjects were chosen by snowball sampling and provided a wide range of individuals who spanned most of Mr. Dummer's working career. Names for the snowball sampling were provided by participants both prior to and after the interview process. The introduction letter described the research and included a demographic sheet for the snowballed participant to fill out. They were asked to provide other possible participant names. After the participants were interviewed, they were again asked to provide names of other potential participants. They had time to think of someone who may be able to provide more information about a specific part of the interview. This allowed participants with specific knowledge to be included in the study.

One expert in the study of Tibetan *Mind*, one other Buddhist practitioner, and two with in-depth knowledge of the ESO were interviewed to enrich the data in those areas.

Experiential knowledge was acquired in the field of SAT by receiving treatments and treating with an SAT practitioner while in the U.K. This strengthened the author's understanding of how SAT worked and how it felt when applied using the *mind of the operator*.

The transcription process and its challenges were identified. The length of time to create the transcribed interviews and return them to the individual interviewees was unavoidable but slowed the flow of the research. This researcher did not get two of the verification consents back but as there was consent to use the data from the interview the information was included.

The thesis coding was described and the process for controlling subjectivity was reviewed. The helpfulness of the log was explained. This researcher could have used the log better for documenting the computer pathways for where the documents were stored as this researcher was working between three computers and sometimes wasted time looking for a document.

The writing time was under estimated. The continual immersion and crystallization process was ongoing and took time. It could not be rushed. Sometimes days would be spent on a section until it fell into place in the author's mind and then it flowed and was hard to stop.

The subjectivity of the research was discussed. Bias was identified and strategies to monitor and manage the biases were explained. Triangulation, coding, looking for negative instances, and asking experts were discussed as strategies to maintain the robustness of the research process.

This chapter concluded with a discussion on possible topics for future research, which includes looking at aspects of SAT outcomes from physiological and wellness perspectives. The *energetic impulse* and *the mind of the operator* were two concepts that Tom Dummer contributed to osteopathy. Both concepts contain much content possibility for investigation. The approaches to investigating *Mind* were reviewed. A suggestion about the value of the introspective study of *Mind* was made as well as a further suggestion that the study of *Mind* be investigated as an integral part of undergraduate osteopathic study.

This concludes the self-critique chapter. The following chapter describes the conclusions of this research.

CHAPTER EIGHT: CONCLUSION

CHAPTER EIGHT: CONCLUSION

8.1 OVERVIEW

Chapter Eight is the concluding chapter and will review the major points of this research. It includes the purpose of the research, a summary of the methodology, and a discussion of the four research questions. The final conclusion is a summary of the whole paper.

8.2 MAIN DISCUSSION

8.2.1 PURPOSE OF THE STUDY

This study was conducted to provide an introduction to Tom G. Dummer, his life, and his contributions to osteopathy. There was little written about Mr. Dummer and the author was trying to understand his practice concepts evident in his SAT. The author quickly discovered that people who knew him were interested in helping to document both his memory and his contribution to their lives. The author was not sure how much information was available so decided on a broad base of questioning. Mr. Dummer in his writings spoke of many different healing approaches that add to the value of osteopathy, which include Tibetan medicine, diet, naturopathy, counseling, and meditation. The purpose of this study was to better understand and document the connections and similarities Mr. Dummer made between different schools of thought. From this author's perspective, and because it is an important concept in osteopathic practice, "*mind of the operator*" also required more explanation.

8.2.2 RESEARCH METHODOLOGY

The methodology applied to this research was immersion and crystallization. This method was chosen as it allowed the concepts from the data and literature to percolate in the mind of the researcher over a long period of time. For this author, inquiry into Mr. Dummer began in 1988, in Nepal, when the author was first exposed to Mr. Dummer's *Tibetan Medicine* book.

The data from the interviews, experts, new documents, and literature review was studied and coded for similar themes with a constant eye for noting negative instances. Both the similar thoughts and the negative instances were recorded. The rigours of qualitative research were utilized to ensure validity, reliability, conformability, and auditability were achieved. The snowball sampling was continued until saturation of new information was achieved. Interviews with 23 osteopaths, nine key informants, and four experts in the field allowed for a wide catchment of information about Mr. Dummer both as a person and an osteopath. It also allowed a broader understanding of some of the concepts of interest to Mr. Dummer. Patients included in the key informant group provided experiential information about Mr. Dummer that was incorporated into the data. The experience of applying SAT in a course setting, being treated by Gez Lamb with a series of SAT sessions, and working with Mr. Lamb in the clinic setting, imparted firsthand knowledge to the author of the application of SAT. The triangulation of all information sources makes the study a strong and complete introductory work on Tom Dummer.

8.2.3 THE RESEARCH QUESTIONS

The four research questions were discussed in the order of their presentation.

- 1. Who was Tom Dummer and what were the major influences in his life that influenced his practice of osteopathy?**
- 2. How did Tom Dummer view spirituality and how did that influence his practice?**
- 3. How did Tom Dummer view the concepts of body, spirit, and mind?**
- 4. What was Tom Dummer's contribution to osteopathy?**

The author's comments and explanations are presented here to draw the literature and interview data together and draw attention to the main highlights of the data.

8.2.3.1 QUESTION ONE: WHO WAS TOM DUMMER AND WHAT WERE THE MAJOR INFLUENCES IN HIS LIFE THAT INFLUENCED HIS PRACTICE OF OSTEOPATHY?

8.2.3.1.1 OVERVIEW

Tom Dummer was a multi-talented man who became an osteopath after a career first as a jazz musician, and then as a successful naturopath. He brought to osteopathy a wide variety of interests that supplemented his osteopathy earlier in his career. These influences gave Mr. Dummer a breadth and depth with which to assess and treat. As Mr. Dummer continued in his career, many of the influences he first included in his care, such as radiesthesia and naturopathy, fell away and he relied more on osteopathy, referring out to others for supplementary treatment possibilities.

Question One was divided into three sub questions: *Who was Tom Dummer, what were his interests and influences, and how did these influences affect his osteopathic treatments?* In an osteopathic context, the third part, *how did these influences affect his osteopathic treatments?* is the most important. CHAPTER THREE contains triangulated information that supports the identified themes presented from the interviews and literature.

8.2.3.1.2 MR. DUMMER: HIS INFLUENCES AND PROFESSIONAL CAREER

Mr. Dummer started his life as an only child in a modest home. He was born with an arrhythmic heart and developed rickets and a severe kyphosis. These physical characteristics made him less athletic and directed a more internal development of the musical, artistic, and intuitive side of his being. Mr. Dummer was given music lessons that formed and influenced him and set his path as a musician early in his life. He chose music over architecture despite his skills and ability to draw well. It was the physical overuse from his music career that led him to start to investigate naturopathy and finally osteopathy.

Mr. Dummer had four marriages, two daughters, a step-daughter and a step-son. We see from many descriptive accounts that he was an eclectic and multifaceted individual. Characteristics describing Tom Dummer as kind, compassionate, and generous were echoed by patients and colleagues alike. He also demonstrated ambition, drive, and perseverance. He was someone who laughed easily, had a great love of life and the finer things in life, but also lived simply in a non-ostentatious way. He never learned to drive. He had patience to withstand some of the peer pressure that went along with developing a new school and SAT and he had a wrathful side that could flare and spin a stinging scorpion-like tail. This wrathful nature was seen rarely by colleagues and not by patients and only became evident when Mr. Dummer was attacked or hurt, particularly later in his life when he perceived the founding principles at the ESO being eroded. Throughout Mr. Dummer's life he was always available as a mentor or to share his knowledge with both patients and colleagues.

The author intuitively felt Mr. Dummer was a simple human being trying to be the best he could at what he did. His physical development limited some activities but also helped him develop in other ways. Music was his way of expression and outlet, the same as others might use an athletic endeavor. His musical training allowed Mr. Dummer to develop his hands and brain in a way that later facilitated the use of his hands in osteopathy. Many suggested that the way he used his hands was something special and they were impressed by the shape and expression of his hands. Many were amazed at the speed of Mr. Dummer's manipulation. The author feels Dummer's ability to move his hands so quickly may be because of the physiological changes of increased brain mapping that occurred as a result of his musical training. As training the mind is important in intent so is physical training important in clinical technical skill.

Mr. Dummer, despite a modest upbringing, developed a great appreciation of the finer things in life. He enjoyed good music, wine, food, cooking, and good company. His garden and the vegetables he enjoyed were an important part of his life. As Mr. Dummer aged, the solitude of the garden, his meditation shed, and the bench where he sat to meditate became increasingly important parts of his daily joy. Buddhism was an important part of the second half of Mr. Dummer's life. It became progressively more important as he aged and his health failed. Philosophical discussions interested Mr. Dummer and throughout his life he was exchanging ideas about the nature of man, of mind, and *Mind*. The author thinks that Mr. Dummer must have spent many hours thinking about these topics as they are discussed in many of his writings. His *Textbook of Osteopathy* examines some of these concepts from Still's view and a Buddhist view. He encourages the reader to broaden his/her view on philosophy to include other than occidental ideas.

Mr. Dummer's musical career also gave him access to many people. He performed at Buckingham Palace and other prestigious clubs and was exposed to many influential people as well as the habits of the wealthy. He was a quick learner and developed an appreciation for fine wines and foods enjoyed by this group of people. His love of cooking helped fuel this learning curve and Mr. Dummer became a gourmet cook. He developed a wine cellar to go along with the range of foods he enjoyed. He did not, however, give up his naturopathy-based diet considerations and always included a range of healthy vegetables in his diet. His contact with the wealthy provided an avenue for Mr. Dummer when he needed to inform and influence lawmakers in the U.K. to promote the new profession of osteopathy.

Mr. Dummer progressed through his professional life experimenting with many forms of treatment that included Naturopathy, Tibetan medicine, diet, and radiesthesia. Meditation

supported his ability to further develop. His meditative states helped support the use of radiesthesia for patient care to diagnose the foods that made them ill. He also used radiesthesia for practical uses like finding his car.

The author concludes from the data that initially the concepts of health provided by naturopathy and diet were a great influence on Mr. Dummer's practice. The patients who saw Mr. Dummer early in his career benefited from his knowledge in these areas and were treated for food allergies that were expressing as ill health, rashes, and asthma. As the years went on, this knowledge was supplemented by his increased understanding of Ayurvedic and Tibetan medicines. As the years advanced, descriptions of his practice in interviews with both patients and other DOs suggest that Mr. Dummer started referring out to other practitioners for this kind of counseling. He did, however, continue to counsel his clients on other aspects of life and stress management.

Mr. Dummer was a practicing Tibetan Buddhist and this was an important part of both his personal as well as his osteopathic life. This aspect was covered in Question Two: Tom Dummer's Spiritual Path. It was further developed in Question Four: Tom Dummer's Contribution to Osteopathy.

The European School of Osteopathy was seen as Mr. Dummer's "baby" and was an important part of his life. Mr. Dummer started the school based on the principles of inclusion, which included all techniques that would be true to A.T. Still's precepts of osteopathy and which promoted vitality in the whole individual, not just local treatment.

The school was started in consultation with many people including Mr. Dummer's good friend Parnell Bradbury. PB had a great influence on Mr. Dummer with his development of the two practice concepts of positional lesion and minimalist yet holistic approach. Mr. Dummer

took PB's initial work on Spinology and further developed it into SAT. The SAT system and ESO will be further discussed in Question Four: Tom Dummer's Contribution to Osteopathy.

8.1.3.1.3 CONCLUSION

Mr. Dummer was a multifaceted being with interests in music, wine, food, and other good things in life. He was a gourmet cook and a connoisseur of fine wine. He was described as compassionate, kind, caring, humble, and jolly. He also exhibited characteristics of drive, ambition, and focus. Mr. Dummer was also able to show his temper and be wrathful, but he did not hold a grudge. He was a shy, non-athletic man who developed his mind more than his body. He was a practicing Tibetan Buddhist who was able to bring his meditative practice into his osteopathy practice. Along with meditation Mr. Dummer brought aspects and the influence of homeopathy, Tibetan medicine, Ayurvedic medicine, and naturopathy to his practice. These influences, while ever present, became less evident in Mr. Dummer's osteopathy practice as he aged and developed his own osteopathic style that included SAT. It is impossible to separate the man from his treatment methods and approaches. They become one and the same.

8.2.3.2 QUESTION TWO: HOW DID HE VIEW SPIRITUALITY AND HOW DID THAT INFLUENCE HIS PRACTICE?

8.2.3.2.1 OVERVIEW

Tom Dummer's spiritual path grew as he matured. After several studies of different philosophies Mr. Dummer discovered Tibetan Buddhism in the 1970's, and this was the spiritual philosophy he followed for the remainder of his life. All who knew him well confirmed that his practice of Tibetan Buddhism was an important part of his life. He followed a daily routine of meditation and prayer, and carried that spiritual feeling into his everyday life and osteopathic practice. His patients were aware of Mr. Dummer's special spiritual quality even if they were not aware of his particular spiritual path.

8.2.3.2.2 TIBETAN BUDDHISM AND TOM DUMMER

Mr. Dummer initially explored different spiritual paths but became and remained an adherent of Tibetan Buddhism after a trip to India. He took refuge in 1974 with Chime Rinpoche and became active in The Buddhist Society in London, England. He said Buddhism helped him deal with his own negativities and obscurations. Buddhism is based on mind training and the author feels it is well suited for those who are trying to become better people through the discipline of training the mind. This training allows changes in perception for the individual and eliminates wrong view or dualistic mind. From her examination of Buddhist study, the author feels it promotes a logical analysis of how the mind works and its connection to the greater view of consciousness or *Mind*. Mr. Dummer attended teachings with many great Buddhist masters and took detailed, comprehensive notes that he put together into the *Varjayana Student's Notebook*. It is clear to the author that Mr. Dummer was a serious student of Buddhism. The many descriptions from the respondents of this research support this view.

In Buddhism, medicine is a spiritual practice and one that Mr. Dummer took seriously. Also important in Buddhism are the concepts of right body (actions), speech, and mind (intent). Body is seen as weaker than mind and it will ultimately fail whereas true *Mind* is ever-present and beginningless. Speech is the bridge between mind and body. *Mind* is the forerunner of all things and the creator of the world and *Mind* is connected to all other life forces. These were Mr. Dummer's beliefs and principles and were reflected in his writings in *Tibetan Medicine*, *Buddhism in Everyday Life*, and *Varjayana Student's Notebook*.

The author's understanding of Buddhism is that its study comprises two main components: the investigation and understanding of the texts for knowledge as well as the experiential practice. It is not enough to only study, it is equally important to practice so one can

develop skill and wisdom. It is like osteopathy or any skill. There is a transformation of self to become a better person or osteopath. There is a joining of knowledge and wisdom.

The development of *mindfulness* or an awakened mind is the goal of Buddhism and may not happen in one or two lifetimes. It may take eons to develop this awakened mind. Having a precious human birth is important as it allows a human being to develop the skill of meditation that allows one to tame the mind and develop compassion. Mr. Dummer spent a lot of time in meditation both in his everyday and his osteopathic life. The amount of time he spent in meditation increased at the end of his life as he prepared himself to move on from this life, as death is the only guarantee of life. This thought of death is kept prominent in the Buddhist mind so that time in this precious human birth is not wasted in non-virtuous acts. There are *Phowa* (death ritual) texts that describe how to move winds through the body to close channels at death so that the life force leaves the body from the highest exit point at the crown of the head, providing a better rebirth. This skill needs to be practiced often. There are also *Bardo* prayers that explain what to expect at death. The author senses, based on what he did for his daughter's passing and his colleague's statement that Mr. Dummer spent a lot of time at the end of his life doing *Phowa* prayers, that Mr. Dummer would have prepared for death in this way.

The effects of his meditation practice were evident in Tom Dummer's osteopathy practice, as the DOs and patients shared in the interviews. Many described Mr. Dummer's calm and peaceful, altered or meditative state when Mr. Dummer was treating. All these descriptions and Mr. Dummer's own words about letting the mind go blank, suggest to the author that Mr. Dummer was in a meditative state not only for his *energetic impulse* and but also during the treatment assessment phase. He was connecting with the patient at a *Mind-to-Mind* level that increased the potency of the treatment, and as Robert Lever said, the end result is greater than the

sum of the parts. As Eliaz stated, there is the wisdom of integrative medicine, for example osteopathy is non-linear and non-conceptual and involves the practitioner and the patient letting go (Eliaz, 2005). This author feels that both practitioner and patient must be in a “present” mind state to enable that ability to let go.

Philippe Druelle said that one needs to be in contact with the spiritual self during treatment (*Spirituality in Osteopathy* conference, 2006). Mr. Dummer was in contact with his spiritual self through his *Mind* as well as in contact with the *Mind* of the client. Comeaux stated the goal of osteopathic treatment was to integrate the body, mind, and spirit (Comeaux, 2005). To provide his treatments Mr. Dummer used his meditative skill to be in contact with the whole person. He also counseled his patients using Tibetan *Mind* as mentioned in the interviews and verified by the discussions in the books *Tibetan Medicine* and *Textbook of Osteopathy*. Although no one will know what was in Mr. Dummer’s mind when he treated, the author suggests, based on her own experience, that Mr. Dummer may have used the meditative visualization of *Menla*, or Medicine Buddha, when treating difficult patients. Based on her personal experience with the strength of focus conferred by the practice of Medicine Buddha, this author suggests Mr. Dummer may have had the wisdom to draw upon that particular practice—using meditative visualization and focus—when treating.

The development of right body, speech, and mind is a primary goal of Tibetan Buddhism. Mr. Dummer certainly would have focused on these three elements as objects of his meditation practice. By working with these elements, he would have developed a clearer view of how the world really is from the perspective of absolute *Mind*. From that right *Mind* view, one is able to perceive the world differently and at a more energetic level. This view, with less obscuration, would have been of benefit to Mr. Dummer’s patients. From that state one is able to see all the

components of a lesion or view the total-lesion. Treating from that view one's intent and words are more clear and advice to patients would come from a more heart-centered place. As well, right body action would benefit his patients. By letting his mind go blank the beneficial, corrective forces would come through his body. The Buddhist view of the interdependent nature of body, mind, (and spirit) at an individual and global view would have affected Mr. Dummer's treatment. The Buddhist concept that spirit is part of Mind may have played into Mr. Dummer's concept on page 39 in the SAT book (TABLE 3). Here he puts both concepts in the one column. They are seen as combined with consciousness in this table. They would therefore have been addressed in connection to the *Mind* of the patient and part of the total-lesion.

Although no one spoke specifically in the interviews about karmic connections, Buddhists believe that people can be linked through multiple lifetimes by their karmic connections. Mr. Dummer would have been aware of the connections between himself and those with whom he came in contact.

The visible results of a meditative practice are signs of calmness, compassion, and happiness. These were seen and described by those who knew Tom Dummer. From Mr. Dummer's writing we know he was aware of the meditative goal to increase compassionate activity in everyday life. From the accounts of his students and patients Mr. Dummer appeared to have achieved a noticeable level of compassionate activity. This would have benefited his patients and was seen in his everyday life as well.

8.2.3.2.3 CONCLUSION

Disease, from a Tibetan Buddhist perspective is seen as a result of wrong view and imbalance of the five elements and three humours. The distant causes of illness are the three poisons of desire, hatred, and ignorance that come from the wrong view of body, speech, and

mind. Although secondary to illness they are important to the illness-wellness balance. For Mr. Dummer, these elements and humours were important to balance in himself and in the patients he saw, which is why his patients were so profoundly affected by his treatments. Tibetan Buddhism was the path through which Mr. Dummer expressed his spirituality as an individual. As he aged he dedicated more time to prayer and meditation as he prepared for death. He said Buddhism made him a better person and allowed him to focus his mind. He used this focus in both his personal and his osteopathic life. In the view of the author, this sense of focus made his treatments so potent.

8.2.3.3 QUESTION THREE: HOW DID HE VIEW THE CONCEPTS OF BODY, SPIRIT, AND MIND?

8.2.3.3.1 OVERVIEW

Many people had difficulty with this question as is necessitated a close knowledge of Mr. Dummer's inner thought processes. Defining these three key words in osteopathic circles was not an open topic of general conversation. It appears there was an atmosphere in some circles of osteopathy (during Mr. Dummer's lifetime) that was not open to such discussions. The answers provided by interviewees were thoughtful and showed a great understanding of Mr. Dummer's unspoken transmissions. They reflect who Mr. Dummer was as a person and osteopath. The concepts of body, mind, and spirit are a large part of Still's osteopathic philosophy and have been preserved in Mr. Dummer's teachings. They are reflected in the comments highlighted in this chapter.

8.2.3.3.2 BODY

Body is described by Mr. Dummer in *Vajrayana Student's Notebook* as the combination of five elements and 15 energies. Liewellyn stated that the space element in the body is representative of all the spaces in the body and also the all pervasiveness of the mind (Liewellyn,

2001). The author understands all the elements were important to Mr. Dummer, but the space element was Dummer's key interest when he was treating body with SAT as noted in the *SAT* book. He acknowledges the effects of posture, diet, and stress on the healthy body. In an osteopathic framework body was, for Mr. Dummer, solidified function and energy. It allowed contact with the tangible part of the osteopathic triad of body, mind, and spirit. Through the three unities Mr. Dummer was able to focus on the potential three areas that needed attention in the body, areas that were reflective of a physical, spiritual or emotional block. If there were traumas at the mind/consciousness level, SAT was Mr. Dummer's treatment of choice. In his practice Mr. Dummer took into account as important information consciousness at the cellular level.

The extreme mental focus presented by Mr. Dummer was a way of connecting to that cellular knowing or innate consciousness present in the body. He saw the body as a temporary vessel for that energy or consciousness, an ever-changing vessel, which in every moment is a different entity. This lined up with his Buddhist belief in the impermanent and transitory nature of the body. It is also consistent with the quantum physics view of solids being both wave form and solid, depending on how the observer perceives the structure. The important part of the body is that it allows access to what is behind the lesion, or the ultimate cause of the lesion, at whatever level it is present. Mr. Dummer felt there are many ways into the body, mind, and spirit complex and we as osteopaths are all going to the same place behind the lesion. We do that from different perspectives, accessing different mechanisms, and they all work. It's important to remember that every person is unique and needs to be met in a specific way, based on his or her individual body type and nature. The basic body parts need to work well together to give proper function, so attention to anatomy and physiology was important according to Mr. Dummer, to ensure the smooth running of the machine. The parts hidden were equally important.

The author appreciates the body as a contact point for the whole being, which consists of the triad of body, mind, and spirit. The author feels everything eventually manifests in the physical and that patients, although they come in initially with physical complaints, may not be aware of other components of their pain.

The body is the perfect medium to engage when creating physiological changes in structure that ultimately affect function. This was one of the founding precepts of osteopathy, the interdependent nature of structure and function. Function is the name of the game. It is what we, as osteopaths, want to provide to our patients. We all understand that each human being is just temporarily able bodied and this body will ultimately disappear. It is important to have a healthy body to promote a healthy mind and spirit because they are all connected. To physically align the body means that all five elements and the functional bioenergetics within are balanced.

A.T. Still's first precept is structure governs function. It is therefore a basic concept of osteopathy that treating structure of the body will influence its functioning. Still was particularly interested in the vasomotor responses from disturbance in the body which caused not only musculoskeletal but also visceral dysfunction. That was expressed in the second of Still's precepts that the role of the artery and other fluid drives in the body are of primary importance for function. These fluid systems of blood lymph and neural fluid flow are continuous throughout and unify the body. Therefore Still's third precept that the body works as a functional unit is conceived and understood. As the body becomes in balance Still's fourth precept, that the body can auto regulate, comes into play. Very little treatment was needed to allow these four principles to come into physical reality. A.T. Still and Mr. Dummer both agreed that minimal intervention can stimulate a great change that the body will then create on its own. The 'find it, fix it, leave it alone' principle allows the body to take on the change by itself. Both Mr. Dummer

and A.T. Still looked for the primary, somatic, or osteopathic lesion that presented as the physical manifestation of a dysfunction on any level. It will manifest as a limited joint function or visceral dysfunction that, if left untreated, will go on to affect the vascular and endocrine systems and lead to systematic dysfunction and possible disease. A.T. Still addressed these manifestations in the outer form. The author notes that these manifestations may also be present in the inner forms of the person or function.

8.2.3.3.3 MIND

Mind is the second of the triad explored in this thesis. Mr. Dummer's concepts of *Mind* are reflected in the responses of his colleagues.

Mind is defined in the Webster dictionary as "the part or process of a conscious being that reasons, thinks, feels, wills, perceives, and judges" (Steinmetz, 1993). The author believes the mind is what we use to recognize or understand the world. It seems to the author that we should then know our mind well, but *What is mind?* proved a difficult question to answer. Collectively, we are not actually certain of the answer to that question. Perhaps it is because there are different facets to mind and the emphasis of the focus changes with different cultural views. In some traditions *Mind* is described as heart to differentiate between *Mind* (heart) and mind (brain). In Mr. Dummer's Tibetan Buddhist doctrine, *Mind* is said to be in the heart whereas the brain is just the office for the mind. The mind in the west is more the perceiver or observer of the world. It is easy to see the outward-looking view of the mind but difficult to describe in one word mind itself. In Tibetan Buddhism, *Mind* is understood more as the producer or creator of the world through thoughts. It is a more inward view based on the way or the fact that thoughts change perceived reality. This is a fundamental difference between the two views of mind. There are many levels of mind and *Mind*, and the author concludes that Mr. Dummer

spoke of both small-m mind and big-M *Mind*. There is ordinary mind and universal *Mind*. Mr. Dummer in his writing uses secondary or relative mind to describe the ordinary mind, and primary or absolute *Mind* to describe universal *Mind*. The word consciousness may also be used for *Mind*. In *SAT* p. 39, Mr. Dummer used the two words together—*Mind* and consciousness—when describing the uses of SAT. Mr. Dummer also wrote in his *Tibetan Medicine* book that the mind, consciousness, and *rlung*, wind were a continuum from outer to inner, gross to ethereal. The author discerns that small-m mind refers to brain and cognitive processing. Big-M *Mind* relates to the larger concept of the internal creator of the human world where we live, not an external creator (as in God). It also refers to the other realms such as the ethereal that exist beyond the physical realm. That is why in the body, speech, and mind trilogy, *Mind* is seen as most important and affects the other two. If one has right view based on absolute *Mind* the intent and words one uses and how one uses one's body will be with compassion and not used to harm another.

The author concludes that Mr. Dummer used the physical body to enter the *Mind* of the patient. He used his own (ordinary) mind to go through elaborate preparations to connect to the lesion pathway in the body, which allowed him to know it intimately. He then connected at a universal *Mind* level with the patient and let his mind go blank. He also rested his *Mind* in the pure natural, unobstructed state of *Mind*. This can also be described as “getting the ego out of the way,” or “letting the mind go blank.” Put another way, it is the process of becoming aware or “having awareness of self and others.” When one is in that state of awareness it is easy to see the totality of both the situation and person and to connect to the universal, unobscured, beginningless, and non dualistic *Mind* of self and the patient. Centering and clearing the *mind of the operator* is implicit when going to the heart of the lesion (as Tom may have said), going to

the innate intelligence (an expression that chiropractors use), addressing what is behind the lesion (as John Wernham may have described it), or the potency (to use a cranial term). This pure nature of *Mind* as the Tibetan Buddhists call it, is untainted and cannot be unhealthy. This is what the practitioner wants to be in contact with for the wellness to arise. This concept, the author senses, is what A.T. Still meant when he said anyone can find disease but you need to be able to find wellness.

Mr. Dummer was in touch with both mind and *Mind* but it seems that most of the people interviewed felt the important part of the contact was with the *Mind* of the patient.

8.2.3.3.4 SPIRIT

Spirit also proved to be a difficult concept to define. From the osteopaths who attempted to define spirit, it was characterized as: the inner self, the “you,” the “innate being,” and “the thing that drives you.” Spirit for Mr. Dummer was defined as the healthy part of self beyond physiological and emotional health. Spirit is the place you needed to access to get to health. One respondent suggested that Mr. Dummer would not have used this term per-say in his thought framework.

Tibetan Buddhists do not believe in the concept of self as an independent entity. Self is understood as part of a continuum of the interdependent nature of our existence. It seems to this author that spirit, as a western concept, has an independent nature. It does not appear to have a system of development such as the Buddhist system of *Mind*. There does not seem to be a “training of spirit” as there is for *Mind*. Geshe Sherap stated that spirit from the Tibetan Buddhist perspective was the part you brought into this life. It is the personality of the consciousness or *Mind* with its habitual tendencies. Perhaps spirit is better defined as the subconscious mind. The author comprehends that for Mr. Dummer, spirit was better defined as a component of *Mind*.

Spirit and *Mind* may be described by similar phrases: inner health, calm, beyond ego. This author suggests that because the words to describe them are so alike, this caused the confusion for understanding the difference between mind and spirit. They are overlapping principles in the author's mind and Buddhist concepts. Tom Dummer on page 39 of his SAT book used Force, Mind, consciousness and spirit in the same way. This allows many spiritual views to be incorporated in the application of SAT. There was for Mr. Dummer an overlap in these words and concepts. The Still concepts of body, mind and spirit has connection with the Buddhist concepts of body, speech and mind. Both have body and mind components. The speech (result of the intent) component in the Buddhist framework can be appreciated as an outward expression of the spirit or personality of the *Mind*. This component is important to health because, as an osteopath, one must be able to come from the right intent to speak the right words to get someone well and to encourage health. If the intent is pure then the words are correct and the spirit of the osteopath is evident.

With attention to the previous thought, the author is now able to form a framework to understand with greater depth the studies and comments from the Literature Review on spirituality.

8.2.3.3.5 CONCLUSION

The author feels that body, mind, and spirit are artificial separators of human existence and no part may be seen as truly separate. The whole is truly greater than the sum of the parts as described. The body is the access point to the other components of the person. We offer, as understood from A.T. Still and other osteopaths, many techniques that allow a connection to the whole person through contact with the body. This is our entry point to the being and we have access to numerous great techniques. But the techniques are the starting point not the end point.

The end point is to treat holistically all of the being. Although we are aware of the parts of the individual and are able to identify on what level the initial insult occurred, everything eventually manifests physically. The patient almost always walks in the door with a physical problem. It matters little what the primary lesion is (other than academically) when choosing from one's technique repertoire. What matters is how to best work from the practitioner's experience as an osteopath to meet the patient's needs and body type, personality, and other factors. The point is to hold the whole being and respond to that being in a gentle, non-intrusive way in order to create change.

The author had a remarkable experience when treating a dying Lama in Nepal in November 2008. Lama Chopel was at end-stage Hepatitis B and C with a tumor in his liver. Here was an experienced monk with a trained mind. The medication was clouding his mind and not allowing access to *Mind* in meditation. Treatments to his physical body allowed access to his whole being and it was an amazing, life-changing event for the author. Lama Chopel responded to the mere thought of the author treating something and was totally open for the author to access the whole being. The author has no words to describe the actual experience. It taught the author how to be open to the body/mind/spirit complex change potential, how not to impose, and showed the author the power and beauty of a trained mind.

As many of the respondents said, the effect of breaking up the body/mind/spirit triad actually defeats the purpose. Code 7 knew Mr. Dummer for 60 years and stated it clearly: "You don't need to go in and break it all up. He [Mr. Dummer] actually had a very wholesome outlook on natural medicine." The author feels that if we are going to describe osteopathy as a body/mind/spirit science and art we need to be able to define each of these components clearly, in a way that is comprehensible to one's self and to our clients if they ask. We also need to use

the unity of these components compassionately and practically to achieve health. This author is also developing an understanding of body, mind, and spirit and finds the Buddhist body, speech, and mind framework more acceptable for herself. This is because the spirit, for this author, is a component of *Mind*. *Mind* is the forerunner of all things and controls the body or physical manifestations. Speech is the way we in human form can express the spirit of the *Mind* to other interdependent *Minds*.

8.2.3.4 QUESTION FOUR: WHAT WAS TOM DUMMER'S CONTRIBUTION TO OSTEOPATHY?

8.2.3.4.1 OVERVIEW

Mr. Dummer was instrumental in developing the profession of osteopathy in the U.K. He set up the ESO and mentored many osteopaths in the U.K. and France. He brought with him a broad view of osteopathy that included techniques other than structural. With that openness he also brought a unique outlook to function, mind, and inner form through the lens of Tibetan Buddhism. This focus allowed him to develop SAT with this underlying focus.

Expanding the functional side of structural techniques was one of Mr. Dummer's significant contributions to osteopathy. As Code 20 stated, the downside of using structural techniques for treatment is that it is so effective for treating musculoskeletal problems that other benefits of using structural techniques are overlooked. Mr. Dummer developed SAT, which provided a way for the osteopath to address the client as a whole through a structural technique. Although there are many techniques in osteopathy that suggest we treat globally and at all levels of the being, few offer the detail and comprehensive knowledge of SAT. It is a technique that can encompass a variety of belief systems. Mr. Dummer's lens included Tibetan medicine and Buddhism as well as homeopathic and naturopathy, views that all helped bring further depth to the application of SAT.

8.2.3.4.2 SAT

SAT as Mr. Dummer describes it is a minimalist treatment of a traumatic cause via *Mind*. It is applied after a detailed assessment of the structure, with x-ray, observation, and palpation. Visualization was an important part of the way in which Mr. Dummer worked. Like A.T. Still, he valued this step in seeing the anatomy and pathway of correction for the lesions that presented.

The intent of the operator is as important as the technique itself or, this author concludes, even more important. The SAT was developed based on the founding work of Parnell Bradbury and turned from a structural technique into a functional technique by Tom Dummer. Parnell's daughter suggested that in fact Parnell also worked at a deeper level with his patients although it was not written up in his books. Mr. Dummer stated he used the martial arts concept of activating energy stored in the mind in the application of SAT. When one releases this energy by letting the mind go blank, the treatment is not imposed; it just happens that the body's self-healing mechanisms come into play. It is interesting to note that the potency of the individual was mentioned several times by interviewees, and the importance of potency being enough to ensure a successful treatment. This helps to confirm the treatment rationale of the CCO that calls to treat the vitality first.

This author feels that the osteopath's preparation technique of mentally loading the structure that needs correction, allows the focus and effect to be local. The *Mind* consciousness level of intent used by the osteopath allows for a global body, mind, and spirit total focus and effect.

8.2.3.4.3 EFFECTS ON BODY, MIND, AND SPIRIT

The effects of SAT described by the interviewed DOs were global: physical, emotional, and spiritual. Mr. Dummer saw SAT as the ideal way to address *Mind*: profound mind and spiritual levels. The physical changes described by DOs were articular, fluidic, and mental as described by Code 12. The physical changes included the systemic physiological changes. Code 30 also stated the main part of Mr. Dummer's lectures dealt with techniques to reduce stress, which then allowed the viscera to function in better physiology. If the body was in an improved physiological state then it would be better oxygenated and the patient would feel the benefits.

An example of Mr. Dummer's explanation of treatment was described. It related to a thoracic manipulation affecting heart function; the heart's function at a physiological, emotional, and mind level. This, from a Buddhist perspective, would relate to the heart as the seat of *Mind*. Not only would there be a physiological change but the seat of the *Mind* would be at a better energetic level. The author heard that there was an emotional settling of the mind from worry and an increasing sense of happiness or wellbeing, described by patients and DOs. Both suggest a spirit change as well. This was further supported by the actual personality changes noted after treatment, suggesting a fundamental changing of the view or perception of the person. This author feels that the effect relates to a consciousness change in Tibetan mind at the gross level consciousness as well as the subtle *Mind* level. Mr. Dummer himself suggested to Code 15 that just the right adjustment could bring one's self back into the happy balance with one's body. In Tibetan medicine the changes would be described in the subtle channels as well as the gross level structural vessels. The changes to the flow in the structural vessels would affect gross consciousness and mind. The changes in the subtle channels would improve the energetic flow and therefore the subtle consciousness and *Mind*. Code 31 discussed some of the clients seen in

the clinic and stated that the patients who were having psychological counseling at the same time benefited especially from SAT treatment. This again is support for what Mr. Dummer suggested in his *SAT* book (See TABLE 3), that SAT treated traumatic lesions at all levels especially the subtle (profound) mind and spiritual levels. It appears Mr. Dummer used non-conscious mind, consciousness, and perhaps spirit in the same way. This is what A.T. Still called Force. In Tibetan medicine it is the space element (Dummer, 1995).

Code 19 talked about the change of consciousness that occurs within the patient after an SAT treatment. The change from physical focus to a focus on the awareness is something that opened up to allow the patient to “see” the barriers physically, mentally, and within his or her consciousness. It was described as an awakening, or change in the consciousness, within the patient. The term awakening is often used in Buddhist writings on *Mind* and consciousness. This change of consciousness is supported by his patient’s descriptions of Mr. Dummer’s treatments as well as by Mr. Dummer in his *SAT* book. The empowering nature of this change was noted especially by key informants 10 and 17. Both stated that the changes Mr. Dummer facilitated within them were permanent. They do not need to go to other osteopaths. Key informant 10 stated that he/she had not had osteopathic care since last seeing Mr. Dummer, which was many years ago. He/she did not want anyone to mess with what Mr. Dummer had achieved. Key informant 17 stated he/she would go to an osteopath for the odd physical problem but not for the fundamental changes that occurred during Mr. Dummer’s treatment. The inherent potential had been opened up in these patients and they were able to continue on their own.

One interviewee suggested that perhaps the fact that he/she was being treated by a great osteopath with a great reputation would work as a placebo effect. This author accepts that the mindset of the client is critical to getting well and unless the client is open to the possibility of

getting well it is doubtful any treatment would be successful. The fact that the client is setting expectations for wellness can only be seen as a good thing and is a valuable part of the treatment process. The mental attitude of the patient is a critical part of the treatment process.

8.2.3.4.4 *MIND OF THE OPERATOR*

Mr. Dummer felt that the *mind of the operator* was the most important part of the SAT treatment process. This author knows that aspect is true of any technique if it is globally applied with the right intent. Many of the osteopaths interviewed shared this opinion and described the power of this approach using their own terms. Mr. Dummer showed how working from the absolute mind state of a meditative posture enabled profound effects on the patient, the environment, and even the osteopath. He demonstrated that by allowing the mind to go blank and letting go of the relative truth, the obstructions to the true nature or health of the patient would fall away. The clearing of the mind allowed contact with the other being at a profound, pure, and healthy mind level. Bringing a sense of purity and health to the patient was possible from that focused state. Mr. Dummer reintroduced this Still principle of treatment and described it in terms of focus, a place of mindfulness, and centeredness. These terms may have been new or unusual to non-meditators and as one respondent stated, it was presented in a way that no one at that time was speaking.

Being in touch with the nature, as Still discussed, allows the body to heal if it is lined it up properly. This includes the inner as well as the outer forms. It does not matter how one frames the body/mind/spirit triad. What matters is that the operator is able to engage all the nature-of-man components and facilitate the introduction of wellness. Mr. Dummer offered a way of doing this through the mind state of the operator with the cooperation of the patient and the patient's mind state and energy field.

The mental setting of the osteopath is equally important. This is seen as true for all of osteopathy and SAT is just one example of a technique that allows that focus. Mr. Dummer introduced this concept into the consciousness of the osteopathic profession. Several interviewees stated that the person Mr. Dummer was and where he could go in his mind was a critical part of the treatment process. He had the focus and spiritual background to go deep within the inner form and mind.

The theme—that the practitioner is an important participant in the outcome—became evident in the interview data as well as the literature. This was not a surprise to this author. The author held that view prior to the research. There were no negative instances of this theme in the data.

Mr. Dummer spoke of the value of the *mind of the operator* in his *SAT* book and in the video interview with Mark Young. Interviewee 16 placed the importance on the practitioner for the change in the subtle fields of consciousness in the patient. This author feels the way the DO works in his/her mind and *Mind*, and the awareness that develops from the DO's presence and focus, will affect the depth within the patient and the treatment will be effective. This will affect the patient at a profound mind and subtle level consciousness and cause an awareness or consciousness shift in the patient. As Mr. Dummer said, it changes how one relates to one's body. This shift in awareness may allow a conceptual or relationship change between the body and the mind or spirit. As Paul Lee stated in his book, *Interface*, through treating the physical body one can cause a spiritual, consciousness, or mental shift.

Code 16 stated that the concentration that Mr. Dummer brought to his treatments was part of the power of the treatments. Mr. Dummer pointed out to new cranial practitioners that they were getting stuck in the fluids and therefore not getting to the deeper level they need to be in to

get that change. Mr. Dummer was very aware of how to get to that deeper level. Perhaps, as a couple of osteopaths mentioned, it was the reason why he chose to practice through HVT. Due to his great sensitivity and sensitive nature he was easily drained by the bombardment of information from patient contact. SAT is a quick in and out process that delivers a deep impact to the patient without the practitioner interfering or being involved in the energetic change that happened after the *energetic impulse* is delivered.

This author appreciated Code 15's comments. He/she categorized the SAT interaction as very male and directly to the point. It opposed a more enveloping, womb-like, female approach to treatment: longer in gestation and with a more nurturing influence on the patient. This longer engagement is available in techniques such as cranial and may be why certain DOs are drawn to different techniques based on one's own character. Those practitioners who chose another as their primary technique were able to include parts of Mr. Dummer's approach in the specificity of diagnosis as well as when engaging, holding, or mentally loading the lesion. These terms were used to describe what Mr. Dummer did prior to letting his mind go blank and delivering an *energetic impulse*. Robert Lever suggested that the gathering of information is then loaded onto a fulcrum or focus, which is actually the melding of the operator's *Mind* and the patients' mind using an energetic field.

The techniques Mr. Dummer used to achieve that relaxed state of mind were developed through his Tibetan Buddhist meditation practice. This author appreciates that the specific adjusting technique would not be as powerful if it was only applied with the physical positioning of the joint. Mr. Dummer's ability to get to the subtle level of consciousness was achieved through a meditative state. It was a way of clearing out of the way the gross level consciousness, as Geshe Sherap stated. This altered state was observed by many of the DOs who saw him treat.

Mr. Dummer went into that altered state of consciousness and was able to connect at the same deep level of the patient. Code 19 stated Mr. Dummer did not like to talk too openly about the state he dropped into but once showed Code 19 a divining kind of assessment from that state of being. The author is of the opinion that this ability, to drop into a meditative state, is very important for staying out of the way to allow the patients' potency to get well to come forward. It allows the ego and constant back talking in the DO's brain to be quieted. This stops the DO from thinking too much about the problem and trying to be too helpful. That does not negate the important steps of assessment and analysis done prior to the final step of setting up for treatment. The *energetic impulse* that is delivered from that meditative state deeply engages the patient at the subtle level of consciousness. That profound, absolute, or subtle level consciousness is pure and healthy and as it is engaged it can be brought forward into the physical reality. This author feels that this shift in consciousness is the profound change that people sensed. It is the health within and the health behind the lesion to which John Wernham alluded.

This author's personal experience, based on a series of SAT treatments delivered by Gez Lamb, is that a fundamental change was caused in the author at this profound level. It is an experiential understanding that the author has a hard time finding the words to describe, other than to say it dropped the author into a meditative state immediately and the author had a hard time actually coming back to the physical realm. It took some time for the author to feel confident to walk out in the street to get back home on the tube. The change within remained, as did the conscious knowing of the DO who did the specific adjusting technique.

8.2.3.4.5 THE *ENERGETIC IMPULSE*

The *energetic impulse* was a term proposed to and accepted by Mr. Dummer to explain the actual ultra high velocity impulse that was provided in an SAT treatment. It included all the

workup to the actual technique. It was the final outcome of the detailed assessment, the understanding of the lesion, and the corrective path needed. It involved holding the whole being at all levels of existence and the physical, emotional, and energetic impulse offered to the being. There were some outcomes that have been described such as the fundamental change at the subtle consciousness, the overwhelming sense of wellbeing and happiness, character change, and the cellular effect from the physiological changes of improved physical function.

There is some evidence of these changes described by patients but also in the observations of those DOs who saw Mr. Dummer treat. Not everyone is able to see or sense energy shifts with the gross consciousness mind but this author feels everyone is able to do that at the subtle consciousness level. This conscious ability to sense energy shifts may be a precondition for osteopaths or may perhaps be developed as they learn more about osteopathy. The author asked the DOs if they saw the energetic field. Some did. Most of those who did not actually see the phenomenon stated that they felt it. Four did not say they felt the energy shift but the author did not ask them directly so the author is not sure if they felt it or not. Several felt they were not qualified to say that the energy phenomenon actually happened despite what they experienced. This author sensed a discomfort and guarded responses to the questions about the energy phenomenon from some of the osteopaths. The author senses this is a hangover of the mechanistic view of osteopathy; the desire that osteopathy be perceived as legitimate and scientific and not as a new age event. This author was disappointed but not surprised by this attitude but suggests that the energy experienced is a scientific event if one is able to apply the laws of quantum physics to everyday life and not just as an abstract thought. Like all medical research, it takes a surprisingly long time for knowledge transfer to occur down to the clinical

level. Each of us as a practitioner is often caught in his/her own perceived realities and finds change difficult.

The author was able to ask some of the DOs their view on how to train this innate ability to treat from our subtle minds. There was some interesting discussion on the topic but it is not in the scope of this paper to develop strategies to do so. Gez Lamb teaches an SAT 3 where some of these strategies are encouraged. When Mark Young asked Tom Dummer how we train that ability, Mr. Dummer suggested speaking to Clifford Conway. Codes 1, 30, and 32 were patient and gracious in sharing their views on this topic. The author feels that these skills are available to everyone at varying capacities and that they should be encouraged in the schooling within whatever framework works for that population of students. This is part of what makes osteopathy ahead of its time and of great value to the world.

This author understands that this is a complete topic in itself for a thesis and beyond the scope of this thesis to go into greater detail. It is an important contribution by Mr. Dummer because it provides a way within a seemingly structural kind of treatment, to functionally and energetically engage the patient and make a transformation in the energetic field, mind, and body of a patient.

8.2.3.4.6 BROADENING OUR HORIZON IN OSTEOPATHY

Tom Dummer was able to broaden the view of osteopathy in the U.K. by starting the ESO. In this school all forms of osteopathy were embraced and encouraged. This was different than the atmosphere that was described by Code 20 when he described the back stabbing amongst different views of practice going on at the time the ESO was formed.

Along with the open sharing of new information and views, ESO provided a place for new views to evolve. Mr. Dummer was a mentor to many osteopaths and gave freely of his

views, knowledge, and wisdom. He was not dogmatic about how one should practice and stated that SAT, for example, is not for everyone and everyone needed to find one's own path. Some of his students, for example Serge Paoletti, have moved on to develop a different strength of knowledge about the fascia. Others, for example Gez Lamb, have further developed Mr. Dummer's ideas, and Harold Klug has deepened the understanding of the levels in the body. All the osteopaths with whom the author was honoured to speak had developed in their own way a practice that fit them as an individual and their patient population. Ideas and growth were encouraged in these osteopath's educational development, contact with ESO, and Mr. Dummer's mentoring.

Mr. Dummer with his inclusive philosophy to all forms of osteopathy mapped a course for the way osteopathy was taught in the rest of Europe and U.K. Teachers from ESO were instrumental in the development of osteopathy in France and subsequently the rest of Europe. Many graduates of ESO are teaching across Europe and in countries like Spain where osteopathy is just starting. One of Mr. Dummer's former students is a pioneer in the education of Spanish osteopaths. Gez Lamb is also currently teaching SAT in Spain. Our own school has benefited from many ESO-trained teachers who teach in Montreal and Toronto. Tom Dummer's photo hangs in our school hall in Toronto as a tribute to his contribution to the *energetic impulse*, a term proposed by Philippe Druelle. As well as teachers coming to us from ESO many teachers such as Fred Mitchell Jr. went to ESO to share their knowledge with the U.K. osteopaths. ESO continues to hold symposiums that bring in osteopaths from around the world to teach and exchange ideas.

Mr. Dummer was seen within the profession initially as a splitter and then a unifier. His initial break from the BCNO was a disruptive event for all involved. In the end, because of the

inclusiveness of the ESO's operating philosophy, it became a unifying force to the greater osteopathic community not only in the U.K. but also in France and indirectly in Canada. The latter was accomplished through the knowledge and skill of the invited teachers at symposiums in Montreal at CEO and Toronto at CCO. Tom Dummer was instrumental in getting the General Council and Registrar of Osteopaths in the U.K. started to include all U.K. graduates. ESO also leads in postgraduate Masters level studies. So despite a disruptive start to the ESO, the ESO and Mr. Dummer provided a broadening scope of osteopathy that was transferred to many countries in Europe as well as North America.

8.2.3.4.7 CONCLUSION

Mr. Dummer was instrumental in building an osteopathic educational, training, and practice environment in the U.K. that was open, welcoming, and diverse and based on the precepts of A.T. Still. This was achieved through the open teaching and mentoring of new osteopaths at the ESO.

SAT was developed by Mr. Dummer at the ESO and provided a functional option to the predominant structural approach that was utilized at that time. This approach included a focus that involved the whole being, of both the osteopath and the patient. Mr. Dummer brought forward the concept of the *mind of the operator*. He placed emphasis on this as a critical part of treatment. From that place of strength, Mr. Dummer was able to utilize the potency of an *energetic impulse* that was recognized by many osteopaths and patients alike.

8.3 CONCLUSIONS

This research allowed the author to better understand the complexity of Mr. Dummer the man, and some of his major contributions to osteopathy. The research was deemed necessary due to the vast knowledge Mr. Dummer had, how he applied it during his practice, and his

development of SAT. Reading his books provided a beginning to understanding but left the researcher with more questions than answers. Mr. Dummer passed away in 1998 and many of his colleagues, students, friends, and families are still alive and were available to help the researcher gain a better understanding of the man, Tom Dummer and the osteopath who developed SAT.

A qualitative approach to this research was taken to supply rich, descriptive data that provided the best answers to the research questions developing in the researcher's mind. As this was a preliminary look at Mr. Dummer, the researcher was not certain of the amount of information that would emerge from the interviews despite the encouraging information received from a few people sampled prior to setting up the research. Snowball sampling began with two identified key people in Mr. Dummer's life: Gerald Lamb, Dummer's student who continues to teach SAT, and Jo Dummer, his wife. Saturation on the questions was achieved by interviewing 23 osteopaths and the data collection was then ended.

All available key informants were interviewed. The literature supported the field and documentary-historical approach to the research. This was achieved by going to the U.K. where the researcher had access to Tom Dummer's personal papers, videos, and documents in the ESO and BSO libraries as well as personal class notes from his students. The field research involved interviewing 23 osteopaths and nine key informants who were family, friends, and patients. The interviews involved asking open-ended questions, which was deemed the best way to gather the most descriptive data. The process also allowed for additional questions if an interesting theme of discussion arose.

Two of the experts were in the U.K. and attached to the ESO and were interviewed to get a past and current understanding of the ESO. The researcher attended an ESO orientation day for potential students during her four days at ESO. The other experts were interviewed in Canada

two months after the U.K. interviews were completed. Every effort was made to conduct interviews in person. Some interviews were done by phone from Canada at the convenience of the interviewee.

After reviewing all the possible options, immersion and crystallization analysis was chosen by the researcher as the best option because it fit the nature of the questions and the researcher. The rigours of qualitative research were followed to ensure accuracy in the data collection. Informed consents were received prior to the interview process and validation of the transcripts was used in this research. Interviewees were asked to sign a validation consent form. Two elderly osteopaths did not send back the validation consent forms despite multiple requests but their data was included as the taped interviews were transcribed word for word and reviewed by the transcriber and the researcher for accuracy. Both elderly osteopaths signed a consent form and received a hard copy of the transcribed interview.

Auditability was achieved with a research journal and log. Subjectivity management or conformability was achieved by listening to the intuitive voice of the researcher, but the data was always checked for negative occurrences. The reliability was addressed internally by the transcriptions of the taped recordings. The verification and the external validity were addressed by the researcher's knowledge and experience of the subject matter. The questions asked were developed from the researcher's understanding and the literature.

The value of this research is demonstrated by the accumulated interview data. Most of the interviews were over an hour and everyone interviewed appreciated being able to speak about Tom Dummer. People were passionate about their memories and were very willing to talk. This author was honoured to hear their stories and experiences. The author has a great respect for the

shared knowledge and vision of the osteopaths who were interviewed and was humbled by insight of Mr. Dummer's patients, family, and friends.

Mr. Dummer was a wonderful human being who shared his knowledge and vision with anyone who asked. His insights into the *mind of the operator* and the clinical use of SAT were a very important part of the research. The author now has a better understanding of the complex levels of mind and consciousness as well as a framework that works for her own Buddhist mind frame and osteopathy. This author is humbled by the vastness of this topic.

8.4 SUMMARY

This chapter contains an overview of the research process conducted to address the four research questions that, once answered, brought together an understanding of who Tom Dummer was as well as the influences and contributions he brought to osteopathy. The chapter starts with a brief overview of the research process, which includes an explanation of the purpose of the study and a description of the process used to answer the four research questions. Snowball sampling was described as a valid way of collecting the sample. The choice of interview and review of documents in the U.K. was explained. A brief review of immersion crystallization analysis was presented with the rigours in place to provide safeguards for the analysis process.

The findings of the first research question, *Who was Tom Dummer and what were the major influences in his life that influenced his practice of osteopathy?* were presented.

These were the triangulated results of the literature search, the interviews, and Mr. Dummer's personal papers. The literature and personal papers, and the data from the interviews, provided similar information to all parts of the questions. The common ideas were presented in CHAPTER THREE. There was further descriptive information on Mr. Dummer's humble upbringing and his well-documented talent as a musician. New light on his family life was

introduced. There were many interests and influences in Mr. Dummer's life that shaped how he treated patients. There was a progression from a multiple approach that included diet, herbs, use of a neurometer and a pendulum, and counseling, to a more directly osteopathic approach that was described by his patients as a giving of spiritual wellness. The importance of the ESO and Parnell Bradbury were highlighted when describing Mr. Dummer's professional life. Mr. Dummer's Tibetan Buddhist influence was covered in Question Two.

The findings of Question Two, *How did Tom Dummer view spirituality and how did that influence his practice?* were presented.

Mr. Dummer's interest in Tibetan Buddhism dominated the second half of his life. It was as his wife stated, "the most important thing in his life." However, one would have to know Mr. Dummer well to know this was how he practiced his spirituality. He did not openly flaunt it but was committed to a daily Tibetan Buddhist practice. Everyone who came in contact with him felt he was a spiritual person and that spiritual sense came through in his treatments and his approach to patients. As one osteopath said "you cannot separate that piece of the person off at treatment time." As one of Mr. Dummer's patient's stated, "You get all of Mr. Dummer when he treats you."

His Buddhist nature is expressed in Mr. Dummer's approach to body, mind, and spirit. Body for Mr. Dummer was a collection of the five elements and 15 energies that create solidified function in the body. The compassionate *Mind* is a dominant concept in Buddhist philosophy. Mr. Dummer was very interested in *Mind* and its influence over the body. The concept of spirit is understood differently in Buddhist philosophy than it is in the West. Buddhists do not believe in the independent nature of spirit, but in an interconnected nature of consciousness. Mr. Dummer treated in a holistic way that held the total-lesion, which included the body/mind/spirit triad. He

was able to use his meditative mind training to connect with a deep part of the patient in order to find the true nature of the being, the “health within” part, and bring it forward in the patient. By developing his own subtle consciousness mind, Mr. Dummer was able to provide a treatment that enveloped the total lesion of the whole being. By developing his compassionate mind through meditation, Mr. Dummer was able to provide treatment with right use of his body, speech, and mind.

Question Four, *What was Tom Dummer’s contribution to osteopathy?* connected the most important concepts presented in the data. These were selected by the author to reflect the breadth of knowledge from the other schools of thought that lay beneath Mr. Dummer’s contributions. Through his many contacts in the government and important patients, he had many opportunities to promote the profession on an informal basis. The ESO, through its philosophy that includes all osteopathic schools of thought, was a huge contributor to the promotion of osteopathy in the U.K. The school promotes the teaching of osteopathy that is open to all osteopathy techniques and concepts, in order to offer and treat in a global, holistic way. This holistic approach is also part of the SAT form of osteopathy. Mr. Dummer exposed osteopaths to the deep connections of mind and the possibility of meeting the patient at that *Mind* level. This was very different than what was being taught at the other osteopathic schools at that time. He promoted the importance of the *mind of the operator*. He also promoted a minimal treatment approach that had been revived by Parnell Bradbury.

The research shows by example that Mr. Dummer closely followed the teachings of A.T. Still, not only in adhering to Still’s precepts but also in the spiritual dimension of Still. Although these concepts are framed differently, one in Christianity and one in Buddhism, the similarities outshine the differences and reinforce the importance of this whole view of osteopathy.

Tom Dummer's most significant contribution to osteopathy was the development of the *mind of the operator* concept. He presented a structural method to apply this concept. Both Still's and Tom Dummer's concept of body are similar in that they both saw structure and function as inter-related. As osteopaths we are more concerned with function rather than structure, structure being solidified function. Both Still and Dummer understood that body is the entrance point to the whole patient. It was important to be in contact with the total-lesion of the patient. For Mr. Dummer contact with the total-lesion was achieved by being in contact with the *Mind* of the patient. To do that, there must be a connection with the patient at a *Mind-to-Mind* level. *Mind* for Mr. Dummer was more in the Buddhist context that understands spirit as the personality of the mind. The *mind of the operator* concept gave further potency to the treatment and was developed by Mr. Dummer based on his meditative practice. It allowed the sum to be greater than the parts.

The Buddhist concept of speech relates to the spirit or intent of the practitioner. Speech in fact can be the outward expression of spirit and therefore the two systems of thought—body, speech, mind and body, mind, spirit—are parallel. By bringing attention to the concept of the *mind of the operator* Tom Dummer gave great value to the profession of osteopathy. *Mind of the operator* emphasizes the benefit of mind training, which as a skill development would greatly enhance osteopathy. The development of this *Mind* state allows for an *energetic impulse* of minimal force and maximum depth. This gives a structural interface that can be used in a very functional way, which follows Still's basic principles.

As osteopaths, intent is very important. We need to practice with a heart-intent. Heart is understood by the general osteopathic community and heart is also the seat of *Mind* in Buddhist doctrine. Through the development of heart-*Mind*, based on Tom Dummer's personal spiritual

path, we are able to see, build, and incorporate a broader view of osteopathy's founding precepts.

This is another expression of loving intent that we can provide for our patients.

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