

Definition of the Connective Act of Thinking Dr Alain Abraham Abehsera Do MD

A connective osteopathic manipulation is an *act of thinking*, something in itself *unusual* or *paradoxical*

It consists of a man's thought process that has physical effects on reality outside of him.

It came to me as a spontaneous discovery and not as a theoretical construction, ie, *it has pure empirical foundations*. It is an *induction from experience*.

It is absolutely fundamental that any form of practice (whether medical or not) should have empirical foundations (ie courses on healing that are based on esoteric or mystical currents such as kabbala - Jewish or Christian- , sufism etc). These practices are *deductions from theory*.

Induction

“Effective” discoveries were ones that were generally made by “accident” (with, to some degree, the exception of modern physics where discoveries could be predicted according to theory). From experience to theory.

The revelation or discovery only comes to seal a long process of research and interrogation.

Cf :Louis Pasteur: “Chance only strikes prepared minds”

T.Edison: A discovery is 99% sweat and 1% chance

A discovery is generally made within a very large context

- personal (events in one's life, family background etc)
- social/historical : questions and needs of a particular society at a particular time in a particular place
- intellectual (the intellectual / emotional build-up of the “discoverer”)

The discovery of CTh was the product of the meeting in my mind of

- classical and functional osteopathy
- “scientific medicine” (the medicine grounded in biophysics and biochemistry)
- philosophical background (studies in philosophy in parallel with medical studies)
- religious background

These are the “four ingredients” at the source of CTh, very much like we found “four ingredients at the source of Still's osteopathy (medicine, farming, mechanics and religion).

The need for theorizing?

Looking at the history of science, one often finds that scientists initially find an unusual practical fact. They later formulate a theory around it (this process is called *induction*). Of what use is this “theorizing process”?

For me, formulating a theory serves two fundamental purposes

- extend the scope of the discovery to other fields with theoretical kinship
- build a vocabulary that will allow for exchange and sharing between practitioners

We note however that, quite often, the theory can “blind” the discoverer (or his followers) and lead him to a dead end.

Mindhands

I define CTh’s particular type of manipulation in the following way.

Connective act of thinking is a man’s thought process that has physical effects on reality outside of him.

It is a “thought process”

It has “physical effects”

Thought process

This must be differentiated from a “psychological process”: it is not reducible to the “psychological state” of the practitioner or of the patient. Obviously, the quality of the therapeutic act is affected by psychological factors just as in any other activity. Just like a tennis man or a plumber perform less well their jobs when they are tired, an osteopath will not be as good when he is exhausted.

CTh, however, does not require active, conscious “psychological” manipulation (as in psychotherapy, hypnosis, guided visualization). It is not aimed at altering the psychological state of the patient.

Therefore, we will not look in psychology for the theoretical material behind CTh. The only theoretical field that describes “thought processes” in relation to external reality *as a whole* is philosophy. I have therefore chosen it as one of the fundamental background subjects for the learning of CTh .

With physical effects

We are not dealing with chemical effects or with the deliberate use of the *placebo* effect. CTh can only be described in the general terms of “motion/mass/density/pressure” which are pure physical terms. The therapeutic model of action typical of CTh is “surgery”, ie direct, physical, non-psychological intervention on reality.

In fact, this surgical model is a universal model of relationship to reality. For instance, when I remove a bowl from a table, I perform a surgical act on reality. To change its position, to the left or the right, would be a *medical* act.

To remove or add a given structure so as to save a particular system from collapse may be defined as a surgical act.

The therapist is always confronted by this choice: should he follow a “medical” or a “surgical” approach?

My pedagogic experience has led me to the conclusion that the surgical model is the appropriate one in learning to practice CTh. This model is characteristic of CTh, as opposed to other therapies, which follow the medical model.

Indeed, CTh

- is an interventionist approach (patient is passive)
- preferably “removes” , “adds” or “straightens” structures or functions.

The development of the “medical approach” in CTh is more of a project. Its terms will be discussed later in the course.

Being “surgical” in nature, CTh shares many of its features with standard surgery, ie, it considers the body as made of masses characterized by a certain density, capable of certain motions etc.

On the fundamental, non-therapeutic, level, one science relates to matter in the same terms as surgery: Physics. It has amassed a considerable body of accepted knowledge on *matter*. On how it appears, how it can be moved or removed.

We will therefore have to describe the effects of CTh in surgical/physical terms.

Physical models of matter fail to provide us, however, with the description of a “thought field” that can act outside of the human brain. We will thus need to complement physics with classical philosophy since philosophy discusses freely all possible interactions between thought processes and reality.

Examples

The following are two examples of *thought fields* (which we will call *visualized fields*) which resort to physical and philosophical models

- Philosophy : the Pythagorean look on matter as made of geometric forms. As therapists, we can learn from it that bones and muscles may be reduced to triangles, half-circles etc. Classical physics offers an equivalent understanding of matter as made of crystals, molecules etc.
- Philosophy: the Epicurean consideration of matter as made of atoms gifted with a spontaneous *swerve*. This will evoke, in the osteopath, what he experiences when he feels the spontaneous motion of tissues under his hands. The Epicurean swerve finds a strong parallel in physics in events like spontaneous fission in radioactive atoms or the fluctuations of quantum fields.