



Declaration

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This Research Project entitled **“What is Potency? Exploring Practitioners’ Experiences of the Phenomenon of Potency in Osteopathy in the Cranial Field.”** is submitted in partial fulfilment for the requirements for the Unitec degree of Master of Osteopathy.

CANDIDATE’S DECLARATION

I confirm that:

- This Research Project represents my own work;
- The contribution of supervisors and others to this work was consistent with the Unitec Regulations and Policies.
- Research for this work has been conducted in accordance with the Unitec Research Ethics Committee Policy and Procedures, and has fulfilled any requirements set for this project by the Unitec Research Ethics Committee.

Research Ethics Committee Approval Number: 2007.741

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What is Potency?

**Exploring Practitioners' Experiences of the
Phenomenon of Potency in Osteopathy in the
Cranial Field**

Helen Harrison

**A research project submitted in partial requirement of the degree of
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Abstract

This study explores the phenomenon of Potency as experienced by five practitioners of Osteopathy in the Cranial Field. Phenomena can be elusive. The aim of investigating Potency, as a lived experience, is to gain an in-depth knowledge that will help to deepen understanding to help guide osteopathic practice. In recognition of the increasing trend towards Evidence-based Practice, this study will contribute to the emerging body of research which osteopathy needs to support its position as a mainstream healthcare provider. The exploratory nature of this study fits the qualitative research design and is a hermeneutic phenomenological study guided by the ideas of van Manen. Practitioners for the study were selected using purposive sampling. The data were collected from the five participants by conducting individual interviews.

The aim of phenomenological research is to uncover the themes that give a phenomenon its uniqueness and thereby contribute to a greater and deeper understanding. Thematic analysis identified two themes each comprising sub-themes: *Practitioners' Journey* and *Essences of Potency*. The practitioners' ability to understand the phenomenon of Potency constitutes a journey comprising many influences. The practitioners appeared to be influenced by many experiences occurring before, during and after osteopathic education. The experience of understanding Potency evolved with the phenomenon having qualities that empowered the practitioners to continue on their journey. This study concludes that the practitioners' experiences of Potency appear to depend on the context of the practitioners' reality. Practitioners' perceptions of Potency start and continue to evolve in their experiences of Potency. However, these perceptions included Potency as an expression of the Breath of Life. Sometimes this is experienced visually as light and at other times experienced as energy. It appears Potency emerges from stillness, a place of harmony and returns the organism to its originality and health.

The study places the phenomenon of Potency in its professional context by discussing current beliefs and experiences of Potency in the osteopathic literature. The purpose of this study is to contribute to an emerging body of literature on osteopathic phenomena. The study provides suggestions for future research, and gives implications for osteopathic practice and education.

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Chapter One: The Study Topic

This chapter introduces the topic along with the aims and objectives of the study. A brief description of the researcher's background provides an explanation for how the topic originated and the rationale for the study is given. Chapter Two reviews the current literature that examines Osteopathy in the Cranial Field, with a focus on the Breath of Life and Potency. Chapter Three gives an insight into the philosophy and methodology of hermeneutic phenomenological research. Chapter Four details the processes of sampling, data collection and maintaining rigour. Chapter Five and Six respectively analyse and discuss the themes that emerged to illustrate the lived experience of Potency. Chapter Seven presents a conclusion with implications for practice and education, explains limitations of the study and raises potential ideas for further research.

Introduction to the Topic

The aim of this study is to explore the lived experience of Potency. Potency is a phenomenon experienced by practitioners of Osteopathy in the Cranial Field (OCF). A phenomenon is "that which shows itself in itself" (Heidegger, 1962, p. 51). A phenomenon can stand in front of our eyes but we cannot see it because it conceals itself, it lies hidden, covered up. In scientific research invisible phenomena cannot always be measured with the use of quantitative measuring devices such as laser-doppler monitors measuring blood flow. Descriptions of Potency within osteopathy are found in the works of Dr William Garner Sutherland (1873-1954) who was responsible for the initial development of OCF. Sutherland's work proposed the existence of various phenomena including the Breath of Life and the Tide. Practitioners of OCF can experience Potency visually as light and at other times as energy. Potency is often perceived as an expression of the Breath of Life that emerges from a place of harmony and returns the organism to its originality and health. This study, an exploration of Potency, aims to increase understanding by giving visibility to the invisible through voice.

Evolution of Osteopathy

Handoll (2000) defines osteopathy as "a distinctive health care profession ... which facilitates the realisation of healthy integrated functioning in the individual, both within the body and the patient's relationships to his or her environment" (p. 137). Osteopathy began in 1874 and grew from A. T. Still's disillusionment with orthodox medicine in the latter part of the nineteenth century. Still, the son of a missionary was provided with experiences of nature, anatomy and creation whilst living on the American frontier and these experiences formed the basis for the inception of osteopathy. His reflections led him to consider that God or nature is the doctor and all the cures must be within the body. His science of osteopathy was based on the principle that man is a machine. He referred to God as the Divine Architect responsible for making man perfect. Still frequently referred to the osteopathic physician as the mechanic of

the human body (Lee, 2005) by saying “To find health should be the object of the doctor. Anyone can find disease” (Still, 1892, p. 28). Still advocated that disease was caused by partial or complete failure of nerves and arteries delivering the fluids of life. He further explained when he said “the cerebrospinal fluid is the highest known element that is obtained in the human body ... this great river of life must be tapped and the withering field irrigated at once or the harvest of health be forever lost” (p. 39).

Lee (2005), a recent author on the mechanism of spirit in osteopathy, comments on Still's concept of life. He discusses Still's view that life is motion and outlines how Still interchanged the term life with both motion and spirit. Thus the primary tenets of osteopathy, as originally conceived by Still, are that the body has an inherent ability to heal itself, the body is a unit, and structure and function are reciprocally interrelated (Handoll, 2000; Lee, 2005).

William Garner Sutherland was a student of A. T. Still and he contributed to the development of osteopathy, particularly osteopathy in the cranial field. Sutherland denied that the cranial concept originated with him but rather perceived it as a continuation of Still's philosophy (Lee, 2005). Sutherland's journey began in 1899 when he examined the temporal bone from a disarticulated skull. When Sutherland observed the articular surfaces of the sphenosquamous sutures he thought their bevelled edges resembled the gills of a fish suggesting articular mobility for respiratory movement. Sutherland went on to spend many years studying the anatomy of the cranium at times using self-experimentation (Magoun, 1951). Subsequently he concluded there was movement between the cranial bones because the sutures did not fuse. Over a period of thirty years Sutherland's exploration led him to postulate the existence of the primary respiratory mechanism (PRM).

Dr Sutherland's cranial concept of diagnosis and treatment comprised five principles integrating structure and function of five aspects of the primary respiratory mechanism: the fluctuation of the cerebrospinal fluid (or the potency of the Tide), the function of the reciprocal tension membrane (RTM), the motility of the neural tube, the articular mobility of the cranial bones and the involuntary mobility of the sacrum between the ilia (Sutherland, 1990). Cardy (2004) says the bony, membranous, nervous and fluid tissues integrate with an energetic invisible component into one physiologic mechanism. Initially, Sutherland's cranial concept was mechanical and reductionist comprising techniques that restricted movement (Jealous, 2003). However, Sutherland's techniques changed when he described the model of the reciprocal tension membrane, three components forming from the inner layer of the dura mater collectively positioning the bones of the cranium.

Magoun (1951) describes how these membranes change the skull's shape but not its volume, during the PRM cycle. In the inspiration phase the movement of flexion or external rotation occurs. In the expiration phase the movement of extension or internal rotation occurs.

Sutherland's understanding evolved to the physiological action of the membranes being described as an automatic shifting fulcrum. The balance point within the RTM is a fulcrum around which movement occurs, although the fulcrum is a point of stillness (Sutherland, 1990). The dynamic balance of tensioned lengths of ligaments maintains health (Lee, 2005). Believing the cerebrospinal fluid fluctuation was responsible for the cyclic movement Sutherland looked further for an explanation of the involuntary motion. Sutherland began to consider the inherent movement to be connected to the life principle. "All life is manifested in energy or motion. Without motion, in some degree, there can be only death. Furthermore motion is essential to function" (Magoun, 1951, p. 15). Like Still, Sutherland also acknowledged the existence of a supreme being. Still claimed the cerebrospinal fluid to be the recipient of this universal intelligence. Sutherland went on to concur "the cerebrospinal fluid receives and is endowed with "the breath of life"" (Magoun, 1951, p. 15). The cerebrospinal fluid has a dynamic relationship with the physiology of every cell in the body thus affecting the organism's function (Magoun, 1951).

Breath of Life

In 1942 Sutherland mentioned a "spark" he perceived to give a system animation (Jealous, 2003). Sutherland described the "Breath of Life" by directly borrowing the term from the Bible in Genesis 2:7, God created man from clay and this man became a living soul when God breathed into him the Breath of Life (Lee, 2005). This study will capitalise Breath of Life except where contained in a quote from literature using lower case. Sutherland (1967) made the clarification between the breath of air and the Breath of Life in undated correspondence from the early 1940's saying "the breath of air is merely one of the material elements that the "breath of life" utilizes in man's walk here on earth" (1967, p. 97). In a 1944 talk Sutherland referred to the Breath of Life as a "spark of ignition to the motor" (1967, p. 102) that is not visible.

In 1948 Sutherland wrote on this invisible element of the cerebrospinal fluid, the Breath of Life, as having "Intelligence" (1967, p. 134) and likened its origin and replenishment to the water in a car battery. Sutherland took to task a colleague's expression used and clarified it was not outflow (transmission) but change (transmutation) occurring and asked his listeners to visualise this "transmutation, and a change in the cerebrospinal fluid in that transmutation" (1967, p. 140). Sutherland then made reference to fluid motion occurring within the cerebrospinal fluid and suggested the Breath of Life was responsible. He believed the cerebrospinal fluid could be used for diagnosis and treatment. This is because the Potency of the fluctuation had an unerring ability to direct force towards the normal thus correcting the lesion. At this stage in his life Sutherland was no longer experimenting with motion testing (Jealous, 2003) and began to gain his knowledge by "getting as far as one can from the

physical sense” (Sutherland, 1967, p. 147). He endeavoured to take himself to a place where he was able to experience and to realise, “Be Still and Know” (p. 146). In 1953 Sutherland was recorded as using the words “Liquid Light” (1967, p. 201) to describe the Breath of Life saying “the brilliancy of that light lit up the heavens; in the same way that sheet lightning lights up the clouds” (1967, p. 202). He further explained transmutation likening it to the principle of the coaxial cable highlighting its function and potential. He suggested it is not possible to see the potential but the function is a reality.

Lee (2005) claims spirit is another word for the Breath of Life, the inherent motion to be found within all cells of the body. When the primary respiratory mechanism, that manifests the Breath of Life, is palpated, it is Still’s life force, “this fundamental force of the universe” (p. 256). Sutherland believed the Breath of Life, with its characteristics of Potency and Intelligence, delivers health from within (Sutherland, 1990). The relationship formed between the practitioner and the Breath of Life enhances the self-healing mechanism of the patient to restore health (Cardy, 2004).

Phenomenon of Potency within OCF

Sutherland isolated Potency as a sensation in 1948 (Jealous, 2003) and associated Potency with the Breath of Life (Sutherland, 1990). He appeared to use the words ““Potency” and the “Breath of Life”” (p. 243) interchangeably. He went on to say “a potency that has intelligence within it” (p. 142). In the following sentence Sutherland said “an Intelligence spelled with a capital “I”” (p. 142). The following quote illustrates the experience of Potency as described by Sutherland (1967):

As he goes sightseeing again in the great pond of cerebrospinal fluid the little minnow realizes the presence of light, the light which lights up the field. It is like the beam that goes out from the Lighthouse: It lights up the ocean but does not touch it. Sometimes I call it a “fluid within a fluid”, or the “liquid light”; something that you turn on in this dark room and the darkness disappears. Where does it go? It is something that is invisible; the “Potency”, the “Breath of Life” of Dr Still’s “highest known element” (p. 243)

In the seminal writings of Sutherland *Contributions of Thought* (1967) and *Teachings in the Science of Osteopathy* (1990) Potency was spelt with a lower case ‘p’. Potency with a capital ‘P’ can be found in the extemporaneous talk named ‘The Tour of the Minnow’ in the version written in 1967, as above. Writings on Potency do not consistently label Potency with a capital ‘P’ (Becker, 2001; Handoll, 2000; Jealous, 2003; Kern, 2005; Lee, 2005). Cardy’s (2004) hermeneutic study of the *Breath of Life in the Cranial Field of Osteopathy* found “all practitioners appear to associate Potency with a capital ‘P’ with the Breath of Life” (p. 71).

This exploration of the lived experience of Potency will label Potency with a capital 'P' except where contained in a quote from literature that uses a lower case 'p'.

The word 'potency' is the derivative of 'potent'. Potent is defined as "having great power, influence, or effect" (Oxford English Dictionary, 2002). Jealous (2003) says:

Perhaps a better word than Potency would be the presence of the Breath of Life. A presence with authority, that, though it dominates, it does not control through "force." It has a supreme language, is persuasive, soft and permeative at the pace of the recipient (p. 99)

In Cardy's (2004) study on the Breath of Life, differences were found in the way practitioners described Potency. She believes "that these differences do not point to nonauthenticity of themes but are likely to reflect individual differences of perception and understanding" (p. 72). This suggests Potency to be an elusive diffuse entity that is likely to be difficult to label with a universal description. To study Potency as a lived experience by practitioners of OCF will contribute to a greater understanding of this phenomenon.

Use of Metaphor

Masiello (1999) comments one way of giving voice to phenomena is to use the tool of the poet – the metaphor. Metaphor is defined as "a figure of speech in which a word or phrase is used to represent or stand for something else" (Oxford English Dictionary, 2002). Osteopaths use metaphor as a means of describing difficult or complex concepts. The use of metaphor can be found in both the writings of Still (1892) and Sutherland (1967; , 1990). It would seem that sometimes the English language does not have the words to express descriptions of the abstract. Damasio supports the idea that there can be limited language to express an experience. He (as cited in Reimer, 2004) explains "perhaps we may never have it, given the shortcomings of language to express what is above and beyond language. Not everything in our experience, after all, can be represented accurately by language" (p. 25).

Sacks' (1973) book titled *Awakenings* documents the lives of some of the survivors of encephalitis lethargica (sleeping-sickness epidemic) and their responses to the drug L-DOPA (laevo-dihydroxyphenylalanine). Sacks' aim was to provide a description of the essential qualities that comprised a unique situation through the use of imagery and metaphor. He did not want the reader to see his subjects as systems but rather to provide "landscapes of being in which these patients reside" (p. xii). Furthermore Sacks suggests there is no need to go beyond our senses looking for something behind phenomena. Instead it is about finding language that allows appropriate expression of the true nature of the patient.

Van Manen (1997) discusses the limits and powers of language in relation to the research process. 'Borrowing language' is an action sometimes used by a writer when they need to express an experience they feel transcends their capabilities. Van Manen (1997) suggests that by using the words of another, a poet, philosopher or another writer acclaimed for their use of language, an experience can be "described in a manner (with directness, a sensitivity, or an authenticity) that is beyond our ability" (p. 113). The concept of borrowing language can be applied to verbal communication of an experience.

Cardy (2004) demonstrated that communication of the experience of the Breath of Life was often "attempted by the use of symbolic language – through poetry and metaphor" (p. 81). It seems descriptions of phenomena hold an ineffable quality because the experience often transcends all words. In order to overcome this boundary the individual tends to use symbolism. To elucidate meaning and understanding of phenomena individuals need to be given the opportunity to express their perceptions through rich conversation. This hermeneutic phenomenological description of the lived experience of Potency provides meaning through an analysis of the voice of five practitioners of OCF.

History of the Research Question

Over the past two decades I have experienced a number of treatments from practitioners of OCF. My fascination sparked from my initial encounter and continued to grow on entering motherhood. The osteopath was now clearly emerging as the primary healthcare provider for my family. I have always actively sought alternative forms of healthcare. My experiences of OCF treatment began to confirm I had finally found a healthcare system that was in alignment with my own philosophies. My beliefs are: that we as individuals comprise not only a physical dimension, but we also have a soul or a spiritual element, we can influence our well being through the power of our mind and we contain all the health giving properties within our own bodies. Bays (2003, p. ix) describes our journey through life by saying "that each of us comes into this life as a pristine, pure, flawless diamond. And, through the trials of growing up and the course of life's pains, our innate brilliance becomes hidden" (p. ix). I often would find myself reflecting on this quote because it seemed to be reinforcing the concept that we have our own blueprints of health within that can get disturbed. Through my yoga practice the integration of my mind, body and spirit along with maintaining balance in my life was central to my focus. This, coupled with the enthusiasm and passion I experienced from those practising osteopathy, contributed to my decision to become a student of osteopathy. Both my children and I received OCF treatment soon after the birthing experience. This may have contributed to having settled babies who slept and fed well. Encouraged by discussion with the practitioner I began to reflect on the question/process of OCF treatment facilitating the integration of the newborn as it adapts from being in the environment of the uterus to the outside world. This process of integration then made me question the expression of the

Breath of Life in babies. What did the Breath of Life feel like in babies? Did it have different qualities from that of the Breath of Life in older children? Adult patients? Older people?

When required to select a topic to fulfil the research component of the Master programme I knew I wanted to explore an area associated with OCF. I initially began to explore the idea of investigating the Breath of Life in a newborn as perceived by a practitioner of OCF. Then one of my tutors gave me an earlier Unitec research project titled *Experience in Stillness* (Cardy, 2004) to read. The study was particularly inspiring in content. I was familiar with the idea that practitioners of OCF sometimes can communicate with the Breath of Life and form some sort of relationship with it to bring about health. Further, I found the Cardy's (2004) study to be inspiring in methodology. I had decided I did not want to undertake a quantitative study. Although a qualitative approach could prove to be challenging I believed I could maintain my commitment if I selected an appropriate topic capturing my passion and interest. It seemed logical to select a topic that would give me insight into an area I thought I would like to explore further once in practice. I began to consider the potential ideas for future research given by Cardy (2004). In collaboration with one of my tutors and in light of my initial ideas the phenomenon of Potency was highlighted. An investigation into the experience of Potency would contribute to the existing study on the Breath of Life. It would serve to create a body of literature in an area of osteopathy where literature is sparse.

Thus the research question unfolded: How do practitioners of OCF experience the phenomenon of Potency?

The aim of this project is to explore the 'lived experience' of Potency.

The objectives of this study are:

- To gain a more in-depth understanding of Potency through the experiences of practitioners (in OCF).
- To identify common themes among these experiences.
- To contribute to the knowledge base of a segment of osteopathy where there is limited existing literature.

Rationale for the Study

Osteopathy needs to produce research to justify its position as a mainstream healthcare provider in response to the increasing trend towards Evidence-based Practice. Lucas and Moran (2006) have challenged the osteopathic profession's failure to investigate and document effectiveness of treatment and state it is not acceptable to claim that the reductionist research paradigm fails to investigate osteopathy's holistic treatment approach.

They detail treatment outcomes that research can measure ranging from patient satisfaction, mood states and quality of life to physical function including pain intensity and disability. Osteopathy is often considered to have a dual base of art and science. Stone (1999) views the art to be an appreciation of motion with the science acknowledging the effects of abnormal movement on body tissue and structure. Research on phenomena can be approached from an art or science perspective. Research can document phenomena from a scientific approach by measuring variations in activity. For example Sergueef, Nelson and Glonek (2001) reported changes in the Traube-Herring wave before and after manipulative treatment. The Traube-Herring wave is “an oscillation in blood pressure and blood flow velocity with a frequency of 6-10 cycles per minute” (p. 17) measured by laser-Doppler flowmetry. Whereas, research from an art-oriented approach, can present interpretations and personal accounts of journeys into the lived experience of phenomena. For example Cardy (2004) explored the lived experience of the Breath of Life aiming to provide in-depth understanding of the phenomenon and the relationship between the Breath of Life and osteopathic principles. Masiello (1999) provides a rationale for the application of a phenomenological methodology when he states “the description of the doing of osteopathy is best achieved from a human science, phenomenological approach” (p. 39). The nursing profession, also holistic and patient focused, has explored phenomena by seeking meaning in the lived experience (Koch, 1995; Streubert & Carpenter, 1999; Van der Zalm & Bergum, 2000).

D.O., is the abbreviation for the professional qualification in the United States – Doctor of Osteopathy. The abbreviation has a second meaning to reflective osteopathic practitioners, to ‘dig on’ in the exploration of osteopathy. The osteopathic profession needs to ‘dig on’ to provide evidence of effectiveness of its treatments and practice. There also is a requirement to provide findings that investigate and give understanding of experiences in osteopathy that are effective. Research can be used as a tool for professional development with its findings providing implications for both osteopathic practice and education. There is a scarcity of literature to be found on lived experiences of phenomena in OCF, with the exception of the Unitec study undertaken by Cardy (2004). The objective of this study is to contribute to an emerging knowledge base within OCF where there is limited existing literature.

Summary

This chapter has outlined the evolution of osteopathy. The OCF phenomena of the Breath of Life and Potency have been introduced along with the use of metaphor as a form of descriptive language often used to express the abstract. To place the research in perspective a brief insight into the researcher’s interest in the topic was given. The research question and the aims and objectives of the study were stated. Finally a brief rationale for the study was provided. Chapter two will review the literature relating to OCF and the phenomena of the

Breath of Life and Potency highlighting the need to contribute to an emerging body of research in osteopathic practice.

Chapter Two: Literature Review

Chapter Two presents the current literature that forms the theoretical framework for this study expanding on the concepts introduced in the first chapter. This review of the relevant literature aims to place the phenomenon of Potency into perspective within the context of osteopathy. The review includes literature on the topics of OCF, its controversies, the phenomena of the Breath of Life and Intention and Healing and highlights the scarcity of literature relating to practitioner experience of Potency. The chapter begins with an overview of OCF expanding on the introduction already given in chapter one.

Osteopathy in the Cranial Field

As outlined in chapter one A. T. Still (1892; , 1902; , 1908; , 1910) details the beginnings of osteopathy and its philosophies. Still (1828-1917) was known to apply his philosophy and techniques to the cranium (McPartland & Skinner, 2005). William Garner Sutherland's (1873-1954) preliminary findings on OCF were published in *The Cranial Bowl* (1939) with the intention of inviting professional interest in the cranial membranous-articular mobility. In the late 1930's Sutherland's work concentrated on the cerebrospinal fluid and he published his theory proposing the existence of the PRM.

Initially Sutherland's thoughts were centred on a mechanical model comprising resolving lesion patterns. However, Sutherland subsequently went on to perceive and describe the Breath of Life. In correspondence dated 1943, Sutherland (1967) wrote:

When you, in personal experiment, use your own cranium as a "guinea pig" as I have done in the years past you may perhaps understand the involuntary activity as initiated by the "Breath of Life." Call it what you may, it is the "something" that starts the movement or "some form of energy dissipation which has to be derived from somewhere" (p. 100).

Around 1948, he began working with Potency, a phenomenon discussed by Cardy (2004) as a "nonmaterial component that belongs to the greater context" (p. 64). In the closing years of his career he stopped motion testing, and instead worked with fulcrums in still points (Magoun, 1951). Sutherland used metaphorical language to express his perceptual discoveries. Jealous (2003) believes Sutherland died "while still in conceptual transition" (p. 5). Thus Sutherland left behind a bridge (McPartland & Skinner, 2005) that linked his students to Still's philosophies on the life force (Magoun, 1951) and that continues to the current day. The Sutherland Cranial Teaching Foundation was established in the United States in 1953 providing continuity for his teachings.

Contributions of Thought (1967), which was compiled and edited by Sutherland's wife, Adah Strand Sutherland, and Anne Wales, one of Sutherland's students, represents Sutherland's journey. *With Thinking Fingers* (Strand Sutherland, 1962) further outlines the studies of Sutherland along with affirming his works to follow Still principles. The 1990 publication of *Teachings in the Science of Osteopathy* comprises Sutherland's complete contributions to the field. Rollin Becker (1910-1996) continued Sutherland's legacy and held the post of president of The Sutherland Cranial Teaching Foundation (Becker, 2001). Conference papers can be found by Schooley (1953), Dovesmith (1953) and Wales (1953) all focusing discussion on cerebrospinal fluid. Wales (1953) discussed the nature of the cerebrospinal fluid and described management of the fluctuation of the fluid, effects and reactions.

The Sutherland Cranial Teaching Foundation continues today and teaches the skills of OCF, diagnosis and treatment based on the philosophies of Sutherland. More recently James Jealous, a practitioner of OCF, and a student of Becker, has explored the Breath of Life and Potency in his biodynamic approach (1997; , 1998a; , 1998b; , 2003). The biodynamic model, a term adapted from Jealous's study of the works of German embryologist Erich Blechschmidt (2004), suggests that the perfection of an embryo is the blueprint of our body's health and self-healing mechanism. McPartland and Skinner (2005) offer an explanation when they state "the forces of embryogenesis become the forces of healing after birth" (p.22). The practitioner allows the body to change towards health because it is advocated there is always health even in a diseased body. Jealous (2003) suggests the fluid motion of the embryo creates form. It is around this original matrix "the molecular and cellular world will organize itself" (p. 60) when re-establishing health.

Central to the ideas that underpin the approach of Jealous is that the person is seen as spirit, soul and body, as a whole. Treatment comprises a functional approach where the person is seen as part of the whole and it is the health of the whole that is to be supported. There is no application of techniques but rather it is working with the "therapeutic powers of the Dynamic Stillness, the Breath of Life, the Tidal potency, fluids and other Natural Laws at work supporting and generating life" (Jealous, 2003, p. i). This is in contrast to an approach where practitioners apply mechanical techniques. Mechanical is defined as both "relating to or operated by a machine or machinery; relating to physical forces or motion" (Oxford English Dictionary, 2002). This so-called mechanical approach involves the application of force through various osteopathic techniques (Sammut & Searle-Barnes, 1998).

The Institute of Craniosacral Integration, founded by John Upledger, teaches Upledger's model of craniosacral therapy. Upledger was also a student of Sutherland and subsequently developed a model based on his interpretations of Sutherland's teachings. The participants of the current study were osteopaths following The Sutherland Cranial Teaching foundation courses and/or the biodynamic model courses.

Osteopathy in the Cranial Field and its Controversy

OCF has stimulated widespread debate. King (2002) claims this controversy could be reduced through studies aiming to prove the efficacy of OCF. Moran (2005) argues that participating in scholarly debate is warranted in order to ensure osteopathy's development within the present day healthcare environment. The body of osteopathic literature in relation to OCF is modest. The existing literature to date tends to focus largely on intra- and inter-examiner reliabilities of palpation of cranial rhythm frequency. With the exception of Sommerfeld, Kaider and Klein (2003), the literature utilises the umbrella terminology of craniosacral therapy (cranial rhythmic impulse) rather than being specific to the original cranial concept (primary respiratory mechanism). The relevant literature will be presented under the following themes: inter-rater reliability within OCF, evidence for the cranial rhythm and the clinical effectiveness of OCF.

Inter-rater Reliability within OCF

There is the presence of a continuing debate in the literature relating to the inter-rater reliability within OCF. A study by Upledger (1977) concluded there was evidence for both the existence of craniosacral movement and inter-examiner reliability for its detection. A criticism of this study by Hartman and Norton (2002) related to the preschool age of subjects suggesting that there remained sufficient mobility between bones thereby accounting for the relatively high reliability of movement. However, subsequent studies have failed to support inter-rater reliability (Drengler & King, 1998; Moran & Gibbons, 2001; Rogers, Witt, Gross, Hacke, & Genova, 1998; Sommerfeld et al., 2003; Wirth-Pattullo & Hayes, 1994). The study by Wirth-Pattullo and Hayes (1994) aimed to examine reliability of measurement of cranial sacral motion. The measurement of the craniosacral rates of twelve participants with histories of physical trauma, surgery or learning disorders was found to be unreliable. The study also concluded that there was a small relationship between craniosacral rate and subjects' and examiners' heart and respiratory rates. However it was debated as to whether the relationship was due to "complex interaction among other naturally occurring rhythms of the body, or the therapist's imagination" (p. 916).

A more recent study by Moran and Gibbon (2001) aimed to determine reliability of cranial rhythmic impulse (CRI) rate palpation along with examining the 'core-link' hypothesis that proposes the CRI at the sacrum should be the same as at the cranium. Findings of the study concluded intra-examiner reliability for palpation of the CRI at the same position (either the cranium or sacrum) was fair to good compared to poor to nonexistent inter-examiner reliability when the cranium and sacrum were palpated simultaneously. Further the results of the study failed to support the construct validity of the 'core-link' hypothesis. The Sommerfeld et al. (2003) study used forty nine subjects and two examiners to assess reliability in palpation of

the PRM within the cranial concept. The results of the study implied the PRM could not be consistently palpated because neither inter- nor intra-examiner agreement was found for the palpation of the PRM. The study concluded that it was not clear what the examiner perceived when palpating.

A relatively recent review of literature (Hartman & Norton, 2002) relating to inter-examiner reliability of cranial osteopathy concluded “there is little science in any aspect of cranial osteopathy” (p. 32). They reported inter-rater reliability associated with OCF research is close to zero. These studies have consistently produced findings that indicate the assessment of the cranial rhythm to be unreliable. However, they may also indicate that knowledge of these subtle phenomena needs to be further developed, before they can be effectively measured.

Evidence for the Cranial Rhythm

According to McPartland and Mein (1997) the CRI refers to a palpable pulsation perceived best at the head. In 1939, in *The Cranial Bowl*, Sutherland hypothesised the rhythmic motion of the ventricles of the brain to be responsible for the CRI. McPartland and Mein (1997) reported the phenomenon to be poorly understood and knowledge of its functional origin to be poor. Along with presenting previous theories the authors proposed the CRI to be “the perception of the entrainment theory, a palpable harmonic frequency of multiple biological oscillators” (p. 42). Examples of biological oscillators given were cardiac pulse, diaphragmatic excursion, lymph contraction, cerebrospinal fluid production and electrical fields from cortical neurons.

Sergueef et al. (2001) presented the theory that the CRI is able to be synchronously palpated with the Traube-Herring wave. When the wave was measured by laser-Doppler flowmetry the researchers observed changes in the wave amplitude before and after manipulative therapy. However these findings were anecdotal and it was reported that the placebo effect could not be dismissed.

A review by Ferguson (2003) explored aspects of physiology that underpin the theories and practice of OCF. The review stated that there was a similarity in the frequency of the arterial vasomotor waves and the CRI. However this finding showed only a correlation between the two and it could not be concluded that arterial vasomotion was responsible for the CRI. The review further concluded that there was evidence of a primary respiratory mechanism, and cranial bone mobility could not be dismissed.

Clinical Effectiveness of OCF

A comprehensive systematic review concluded that there was insufficient scientific evidence to recommend craniosacral therapy (Green, Martin, Bassett, & Kazanjian, 1999). Thirty three studies on craniosacral therapy were reviewed. It was found that the available research methods used could not conclusively evaluate effectiveness or lack of effectiveness of treatment. This was due to low-grade evidence of a conclusive causal relationship between dysfunction of cranial bone movement and health. A review by Hartman and Norton (2002) reported a lack of published randomised, blinded, and placebo-controlled outcome studies controlled trials on the efficacy of craniosacral therapy on health outcomes. The recommendation of the authors was to not include cranial osteopathy in the curriculum of osteopathic colleges. Ferguson (2003) also concluded reliable research needs to be undertaken to justify health benefits from OCF treatment. Viola Frymann (2002), another one of Sutherland's students, has contributed to the OCF body of literature. She determined a link between cranial rhythm dysfunction and poor health.

Studies can be found focusing on the effects of manipulation of physiology. Richards, McMillin, Mein and Nelson's (2001) study comprised eighteen subjects with the aim of exploring the effects on physiology from applying inhibitory pressure to a vasomotor center in the cervical area. Circulation, skin temperature, heart and breathing rates were measured during holding a vasomotor in comparison to a sham manipulation. These measures were compared to baseline data and demonstrated individual variability. Milnes and Moran's (2007) study did not find evidence of causality and effectiveness when investigating the physiological effects of the CV4 technique on the autonomic nervous system.

McPartland (1996) used nine illustrative cases to investigate the iatrogenesis of craniosacral treatment. He reported the following adverse effects after treatment: depression, confusion, headaches, nausea and possible miscarriage of a twelve-week pregnancy and more. He concluded that craniosacral treatment should be considered to be safe although there is the possibility of side effects arising. Over fifty percent of the subjects of the study had serious past medical histories and this may have influenced the findings.

Breath of Life

Still claimed the cerebro-spinal fluid to be the "highest known element" capable of restoring health (Sutherland, 1990). Frymann (2002) says "the primary respiratory mechanism is functioning in utero, the breathing of air is initiated at the moment of delivery" (p. 122). Magoun (1951) wrote about life and energy and how without motion there is no function. But this motion is instilled with an Intelligence that must be empowered by something else,

“guided and directed by a Supreme Being” (p. 15). Still’s writings reveal he recognised the presence of a Supreme Intelligence. This is echoed in Sutherland’s writings, “as long as life exists this highest known element is the abiding place of that mysterious spark which cannot be explained but is none the less present” (Magoun, 1951, p. 15).

Sutherland spent years studying this natural resource of the body with its innate ability to deliver health. He talks of how Still referred to the brain as “God’s drug store” (1967, p. 134), and how the fluctuating cerebrospinal fluid that surrounds the brain carries this invisible nourishment that feeds the nerves cells of the hypothalamus and subsequently the pituitary. Sutherland states “This little pituitary body, the leader of the flock of the endocrine system ... the cranial concept goes further and deeper than the mere knowledge of this lifeless bone” (1967, pp. 134, 135).

More recent literature specifically on the Breath of Life is sparse (Comeaux, 2000; Handoll, 2000; Lee, 2000, 2005; Masiello, 1999; Paulus, 1999). A recent hermeneutic study titled *Experience in Stillness* (Cardy, 2004) deepens the understanding of the Breath of Life through the experiences of five practitioners. Practitioners of the study revealed their experiences of the Breath of Life required them to step into a place of unknowing. This required them to surrender to the experience allowing the Breath of Life to deliver health.

The Breath of Life has also been placed into the context of energy theories. The theories that have emerged look at the human being in relation to Einstein’s theories of relativity and quantum physics. Handoll (2000) who is an osteopath and author of the book titled *Anatomy of Potency* views the person to be an energy pattern, and the osteopath to be the interface between an individual’s disturbed energy and the energy of the universe and states “the overwhelming power of the void, our environment, potentialises the cerebrospinal fluid” (p. 146). Another osteopath, Lee (2000) writes of the flow of energy in tissues, the Breath of Life, and transmutation means working directly with the spirit. Further theories centre around vibration and oscillation (Comeaux, 2000; McPartland & Mein, 1997; Oschman, 2003).

Perceptions of Potency

As discussed in the previous chapter, one way of giving a voice to phenomenon is to use the metaphor (Masiello, 1999). Metaphors can be used to communicate an individual’s perception of an experience. A teacher may use metaphor to facilitate students to build their own picture of an experience. Sutherland’s teachings on OCF were rich with metaphors. Perception of experience can shift over time. With an osteopath’s mental and spiritual evolution, perception will change. As perception changes so may the language used to express this perception change. Support for this idea is found in the literature. It is suggested that the development of

consciousness in a practitioner is reflected in their use of metaphors changing (Cardy, 2004; Masiello, 1999). It is hoped this study will provide an insight into this journey of maturation and show how perceptions of an experience can be dynamic.

“The metaphor is a lie that tells the truth, a confusion that clarifies, a detour that puts one more directly on the road, a blindness that enables one to see” (Masiello, 1999, p. 37). Metaphors are a powerful descriptive tool for the process of learning, particularly when articulating phenomena suspended in mystic. Sutherland (1990) suggested his students visualise the Breath of Life as “a fluid within a fluid ... something that has potency ... an intelligent potency more intelligent than your own human mentality” (p. 14). Becker (2001) used the metaphor the “eye of the storm” (p. 30) to describe Potency when he spoke about the living forces within the body. In fact he viewed nature as having many examples that could be linked to the experience of Potency:

Potency and power within the stillness of her functioning ... the winds that blow over the surface cannot blow everywhere at once ... there must be a point of calm. The axle of a wheel has to have a still point around which the wheel moves (p. 30).

Participants of Cardy's (2004) study, when describing Potency associate Potency with a capital 'P' with the Breath of Life. Amongst the descriptions of Potency given were “essence or focus of the Breath of Life”, “fulcrum for the breath”, “the eye of the storm”, or “Breath of Life encapsulated within the body” (p. 71).

In *Anatomy of Potency* Handoll (2000) suggests that the source of the PRM resides outside of the body. He refers to the source of Potency as coming from something out there. “It is something which totally envelops and permeates us” (p. 145). He also says:

The PRM is not the potency. The motion of the PRM is not the potency. The motion is the expression of the potency. The potency is the desire, the potential, the need to express motion. The motion is the acting out of the potency (p. 144).

Magoun (1951) says he does not know why the inherent Potency of the cerebrospinal fluid is there. Despite this, in his experience he suggests its role to be of significance, in fact one of excellence. Lee (2000) also expresses the view that Potency has an unerring quality that he says facilitates the body's inherent ability to heal itself. Lee (2005) draws on examples from modern research to explain Potency. He states “despite the unexplained nature of the potency, we know the phenomenon of Potency is real because on a purely practical level many clinicians routinely prove its existence by palpating and working with the phenomenon” (p. 163). From his experience he outlines how at the stillpoint, when transmutation between the Breath of life and the body's fluids occur, there is evidence of spirit in action.

Intention and Healing

Curtiss (2006) explored the concept of Intention. The methodology used was a concept analysis using phenomenological techniques. The study tells how osteopaths' intention can interact with the primary respiratory mechanism. McFarlane (2006) used semi-structured interviews to elicit participants' experiences and perceptions of the use of intention in OCF. In this preliminary investigation, using interpretive descriptive data analysis, it was suggested experiences were different depending on whether or not intention was used by the practitioner. Three main themes were drawn from the data. It was found the participant's stories showed the influence of the participant's life, culture, values and beliefs on their experience of treatment. A majority of the data focused on the experience of treatment and detailed participants experiencing a sense of greater mind and body connection post treatment.

O'Malley (2004) presents a perspective on models of learning the art of healing. He compares the chiropractor to the Filipino hilot and discusses how experiential knowledge is developed through both skills and circumstances within the context of existing knowledge. O'Malley suggests that a practitioner's ability to be skilled in manipulation is in the end a function of experience. However, this experience is always within the context of each practitioners' unique attributes brought to the experience.

Summary

This chapter has examined the existing literature in relation to OCF with the aim of placing the phenomenon of Potency in perspective. The review revealed there is limited literature on the experience of the phenomena in OCF, in particular Potency. It is intended that this study will contribute to an emerging body of literature in OCF supporting the aims and objectives of this study. The following chapter discusses the theoretical framework for the study by outlining the philosophy underpinning this hermeneutic work. Additionally it presents how the approaches of Van Manen have informed the research process.

Chapter Three: Methodology

Chapter Three provides the rationale for the use of a hermeneutic phenomenological approach, a qualitative methodology. In doing so it gives insight into the philosophy and methodology of phenomenology, and outlines the components of hermeneutic phenomenological research. Van Manen's approach of isolating themes from the data is detailed as a method for analysis and interpretation. The chapter concludes by discussing the question of rigour and credibility in qualitative research.

Qualitative Research

In modern research quantitative methods have dominated and while quantitative research continues to be emphasized, the use of qualitative methodologies is growing (Laverty, 2003). Denzin and Lincoln (2000) outline the differences between the two methodologies. Quantitative research focuses on "the measurement and analysis of causal relationships between variables, not processes" (p. 8) whereas qualitative research seeks "answers to questions that stress how social experience is created and given meaning" (p. 8). The aim of qualitative research is to gain insight into and understanding of human experience in a naturalistic setting. The qualitative approach has been advocated as providing richness of understanding to the human experience, and to phenomena, that do not otherwise lend themselves to the processes of quantification, control and comparison (Schneider & Elliott, 2002). Cobb and Forbes (2002) define qualitative research as "an approach to the study of human behaviour that relies on the analysis of narrative data to create an interpretation of the meaning of these behaviours from the perspective of the participants themselves, within their own social context" (p. M197).

Thus the researcher engages in each participant's world listening to their stories, their points of view with the intention of understanding and explaining lived experience. Denzin and Lincoln (2000, p. 10) outline five points of difference from quantitative research that characterise the qualitative approach: uses of positivism and post-positivism; post-modernism; capturing the individual's point of view; examining the constraints of everyday life; securing thick descriptions. Some of these differences are significant in explaining why this study employed a qualitative research design.

This study required a methodology that was able to explore the lived experience of Potency. To achieve the objective of understanding the participant's world it is necessary to capture individuals' perspectives of Potency delivering rich descriptions of the phenomenon as opposed to developing generalisations (Denzin & Lincoln, 2000). A qualitative approach encourages discovery, description and meaning (Laverty, 2003). Although quantitative research with its randomised controlled trial at the top of the hierarchy of evidence holds prestige in scientific research (Borgerson, 2005) it could be viewed as failing to recognise the whole person or the human experience. In contrast, qualitative research methods may be

more appropriate when the objectives of a study are describing and analysing those human experiences (Hicks, 2004). Osteopathy is viewed as a holistic approach to healthcare (Handoll, 2000). Therefore to investigate a phenomenon of OCF utilising the qualitative approach is in alignment with the osteopathic principles of holism.

Phenomenological Methodology

Qualitative research includes the approaches of phenomenology, ethnography and grounded theory, among others (Denzin & Lincoln, 2000). The process of ethnography is applied when perceptions of everyday experiences are studied from a cultural perspective (van Manen, 1997), whereas grounded theory seeks to describe and explain social processes and structures evolving over time (Morse & Field, 1995). In comparison, phenomenological methodology, that Lavery (2003) describes as a creative approach rather than a method followed, was viewed as being more applicable to this study. Streubert and Carpenter (1999) define phenomenology as “a science whose purpose is to describe particular phenomena, or the appearance of things, as lived experience” (p. 43).

Husserl explained “phenomenology asks for the very nature of a phenomenon, for that which makes a some-‘thing’ what it is – and without which it could not be what it is” (as cited in van Manen, 1997, p. 10). The process of phenomenological research is typically reflective and commonly includes a poetising activity. Van Manen (1997) explains poetising as the primal telling of an original experience. This language “that sings the world” (p. 13) allows us to discover what lies at the heart of the phenomena explored. Further van Manen (1997) suggests that research from a phenomenological view is invariably about forming an inseparable connection to the world. Researching is about questioning the way we live in the world, how we experience the world and discovering the intricacies that will allow us to intimately know the true nature of what we desire to know. Morse and Field (1995) believe the goal of phenomenology is to accurately describe the experience of phenomena and claim “phenomenology accepts experience as it exists in the individual’s consciousness” (p. 22).

The phenomenological perspectives of Husserl and Heidegger are central to the phenomenological movement. Husserl, often referred to as the father of phenomenology, “criticised psychology as a science” (Lavery, 2003, p. 4). Husserl claimed psychology comprised living subjects and it was not possible to apply methods of science to human experiences. Accordingly he argued it was not appropriate to apply methods utilised in the natural sciences to human issues. Heidegger, a student of Husserl subsequently disassociated himself from his teacher (Lavery, 2003). Therefore distinctions are found between Husserlian transcendental phenomenology and Heideggerian hermeneutic phenomenology (Koch, 1995). Koch (1995) states “the Heideggerian existential view of the

person ... is quite different from an epistemological Husserlian view" (p. 827). The focus of Husserl was "the study of phenomena as they appear through the consciousness" (Lavery, 2003, p. 5). Consciousness forms the basis of developing one's knowledge of reality. Central to Husserl's approach is the "recognition of experience as the ultimate ground and meaning of knowledge" (Koch, 1995, p. 828). Husserlian's descriptive phenomenology has three dominant notions. Koch (1995) outlines these three central ideas as intentionality (the knowledge of reality starts with conscious awareness), essences (the ultimate structures of consciousness) and bracketing (disconnecting from pre-understandings). The process of bracketing is claimed to give objectivity, defend validity of the research and protect against self-interest. In contrast, Heideggerian phenomenology is interpretive and concerned with "questions of experiencing and understanding" (Lavery, 2003, p. 26). Historicity of understanding and the hermeneutic circle are the two notions central to Heideggerian phenomenology (Koch, 1995). Heidegger challenged Husserl's concept of bracketing. His subsequent work formed the basis for modern hermeneutic phenomenology explained in the following section.

Phenomenological methodology is viewed as a recognised approach applicable to the discipline of nursing (Koch, 1995; Streubert & Carpenter, 1999; Van der Zalm & Bergum, 2000). Osteopathy, similar to nursing, can be termed a human science. Further the approach is in alignment with the principles of osteopathy because the parts of the experience are explored within the context of the whole.

The aim of this project was an exploration of the lived experience of Potency. In order to achieve the aim of this study, a process which reveals meaning embedded in the experiences of individuals was required (Schneider & Elliott, 2002). The objective of the study was to add richness and greater depth to the phenomenon of Potency by inquiring "what is this experience like?" (Lavery, 2003). Phenomenology was chosen as the research method. Its philosophy resonated most with the aims and objectives of this project. The next section will explain the use of hermeneutic phenomenology.

Hermeneutic Phenomenology

Hermeneutic phenomenology, an interpretive methodology, can uncover phenomena for investigation (Plager, 1994). Geanellos (1998) defines hermeneutics as "both the philosophy of understanding and the science of textual interpretation" (p. 155). Heidegger was concerned with Dasein – "the situated meaning of a human in the world" (Lavery, 2003, p. 7) and emphasised the historicity of understanding . Therefore because of our background, our situatedness in the world, we are unable to step out of pre-understandings, or fore-structures (Koch, 1995). We understand in terms of what we already know. Otherwise we have no

understanding. Thus the person and the world co-constitute each other. This fusion of understanding forms the basis of the hermeneutic circle (Koch, 1995).

Van Manen (1997) suggests that by obtaining experiential descriptions from others, we not only become more experienced ourselves but also gain meaningful understanding of an aspect of human experience, in the context of the whole. Hermeneutic phenomenology is an appropriate choice of methodology for the exploration of Potency as it is congruent with osteopathy's view of the body as an indissoluble unity. Unlike Coliazzi's step-by-step guide to interpretation, outlined by Sanders (2003), van Manen suggests a discovery-oriented approach of minimal predetermined procedures and techniques (Van der Zalm & Bergum, 2000). Therefore van Manen's ideas on analysis and interpretation were deemed appropriate to guide the study. The following section will discuss the methodological themes and approaches to thematic analysis as outlined by van Manen (1997).

Six Methodological Components of Hermeneutic Phenomenological Research

Van Manen (1997, pp. 30-31) suggests hermeneutic phenomenological research is a dynamic interplay occurring between six research activities:

- Turning to a phenomenon which seriously interests us and commits us to the world;
- Investigating experience as we live it rather than as we conceptualise it;
- Reflecting on the essential themes which characterize the phenomenon;
- Describing the phenomenon through the art of writing and rewriting;
- Maintaining a strong and oriented pedagogical relation to the phenomenon;
- Balancing the research context by considering parts and whole. (pp. 30-31)

The starting point is the selection of a research question by the researcher. This question does not form within a vacuum but rather rises out of an interest or passion that has grown from an individual's personal or professional life. The researcher creates a project that endeavours to make visible a formally invisible aspect of human existence (Bergum, 1989). The deep questioning and subsequent data collected deliver a meaningful insight. However, it is important to consider this as only one of many insights to be gained. Van Manen (1997) states "a phenomenological description is always one interpretation, and no single interpretation of human experience will ever exhaust the possibility of yet another complementary, or even potentially richer or deeper description" (p. 31).

Bergum (1989) states the word question is derived "from the latin root word *quaerere* which means to seek, to ask, to inquire, to be in quest of something" (p. 57). A research question that asks for an understanding of an experience can only be answered by being in the

situation, as we live the experience, not through separating the knowledge and meaning of the experience into two parts. The vehicle for gathering data is the interview where the researcher asks their subjects to describe real life experiences. As Bergum (1989) discusses choosing the word conversation to describe the method of data collecting is more accurate because conversation involves both descriptions of experiences along with reflections on these descriptions.

Hermeneutic phenomenological reflection aims to make meaning of the experience by analysing thematic aspects of the experience. Van Manen (1997) describes this process as “reflectively bringing into nearness that which tends to be obscure, that which tends to evade the intelligibility of our natural attitude of everyday life” (p. 32). Often this process is not simple as meaning is frequently multifaceted. Phenomenological themes “may be understood as the structures of experience” (van Manen, 1997, p. 79). It is around these focal points of experience that phenomenological interpretation unfolds (Bergum, 1989).

The act of continually searching for deeper meaning comes about through the act of writing and rewriting. Although an objective of the research process, writing the text is not the final stage undertaken by the researcher (van Manen, 1997). The writing becomes deeply reflective and thoughtful requiring the researcher to self-critique their work. The researcher must perpetually ask “have I captured the essences of the experiences, am I being true to my subject’s experiences?” (Bergum, 1989).

The hermeneutic circle is the dynamic movement between the parts and the whole of the text to seek true understanding and a synthesized final interpretation (Smith, 1998). Koch (1995) claims it necessary to have an understanding of Heidegger’s ideas of background, pre-understandings, co-constitution and interpretation in order to fully grasp the hermeneutic circle. Background is culture, or what is handed down from birth, and gives a person a way of understanding the world. Pre-understanding is not something we can separate from, it is already with us as it is “a structure of our ‘being-in-the-world’” (Koch, 1995, p. 831). Co-constitution is the “indissoluble unity between the person and the world” (Koch, 1995, p. 831). There is no separation between the person and the world they exist in from a cultural, historical and social context. Finally the concept of interpretation views the individual as a self-interpreting being (Lavery, 2003). Plager (1994) views “human beings as circular beings” (p. 72). As life takes place within an imaginary circle so does the research process take place within an imaginary circle called the hermeneutic circle. This circle comprises thought processes and language becoming part of each other. As the researcher seeks to find meaning within the textual data they move between the parts and the whole using the processes of thought and language. On occasions the researcher may move from the whole to the parts. The researcher uses the circle to facilitate the process of expressing the experiences of their subjects through language that enables a phenomenon to be visible.

It is imperative that the researcher establishes a strong orientation to their research question, the phenomenon to be studied. Throughout the research process the researcher needs to continually reacquaint themselves with their research question to keep their focus (van Manen, 1997). Van Manen (1997) cautions against the tendency “to settle for preconceived opinions and conceptions, to become enchanted with narcissistic reflections” (p. 33). The researcher needs to be consistently focused on producing credible and worthwhile writing describing the lived experience to its fullest.

The end goal of phenomenological research is to create a piece of work from the analysis and interpretation of the dialogue collected in the interview process. The aim of the final text is to provide a cohesive description of the lived experience of, for example, Potency. What are all the parts that make this phenomenon what it is “in its whatness?” (van Manen, 1997, p. 33). In order to do this the researcher must continually step back and look at the total piece of text to determine whether all the parts are contributing to the whole (van Manen, 1997).

Even though van Manen (1997) details these six methodological steps he suggests that they should not be viewed as a “mechanistic set of procedures” (p. 30). Their purpose is to present the researcher with a guide to stimulate creativity and deepen insight into the phenomenon studied. These steps are not intended to be linear in progression. Frequently the researcher will be engaging in other processes concurrently. On occasion, the researcher will be required to step back from a stage in order to be reflective and to self-critique.

Van Manen’s three Approaches Towards Thematic Analysis

This study employed van Manen’s approach towards thematic analysis. Van Manen (1997, p. 92) outlines three approaches generally taken to uncovering thematic aspects of phenomena:

- The wholistic or sententious approach
- The selective or highlighting approach;
- The detailed or line-by-line approach.

In order to make meaning of a phenomenon or an experience, the data gathered must be analysed. Van Manen (1997) defines the analysis of phenomenon as “trying to determine what the themes are, the experiential structures that make up that experience” (p. 79). He then goes on to speak metaphorically on themes. “They are more like knots in the web of our experiences ... they are the stars that make up our universes ... by the light of these themes we can navigate and explore such universes” (p. 90). Themes illustrate meaning and are “the experience of focus” (p. 87). In phenomenological research the themes that emerge give meaning to the lived experience. They (themes) are the result of a person articulating what

something means. Allowing themes to emerge from a text is a creative discovery of unveiling meaning.

Van Manen (1997) differentiates between essential themes and incidental themes. Essential themes comprise aspects of meaning that contribute to a phenomenon and without these themes the phenomenon would not be. To determine if a theme is essential the researcher can pose the question 'would the fundamental meaning of the phenomenon change if this theme were removed?' Some themes that emerge may not be exclusive to the particular phenomenon but rather shared with others. The aim of phenomenological research is to uncover the themes that give a phenomenon its uniqueness that contribute to a greater and deeper understanding.

The three approaches for uncovering themes are now detailed. In the wholistic or sententious approach the data is looked at as a whole and from here the researcher endeavours to find a sententious phrase that will capture and express the overall meaning of the text. Individuality of interpretation will be present, and although interpretation is likely to differ between researchers this does not invalidate, or transcend any one interpretation. Instead each can build on, or present another perspective thereby contributing to an increased understanding of the experience. The selective or highlighting approach involves the researcher reading and listening to the text multiple times. Subsequently attempts are made to extrapolate statements or phrases describing the phenomenon or experience, essentially unique and characteristic. Finally the detailed or line-by-line approach systematically examines every sentence or cluster of sentences to determine what they disclose to the researcher (van Manen, 1997). A dynamic interplay of moving between the parts and the whole forms an understanding of the phenomenon. Such an interactive process allows for the interpreter's most faithful meaning of the text. Geanellos (1998) discusses the diversity of interpretation that can exist between interpretations. Meaning is what the text means to someone and because of multiplicity and plurality of language the same text interpreted by another interpreter will produce different understandings. Any interpretation can be considered as only being an approximation of meaning. The next section considers strategies that can be undertaken to ensure methodological rigour.

Question of Rigour and Credibility in Qualitative Research

Hicks (2004) states quantitative research techniques appear to be more highly regarded by academics and professionals than those of qualitative research. These two approaches to research serve different purposes. Quantitative study, which includes the randomised controlled trial, collects numerical data. Randomised controlled trials and meta-analyses can be used to determine the utility and safety of a drug along with providing epidemiological studies that guide medical decision making (Bluhm, 2005). Borgerson (2005) agrees

suggesting such trials do provide the most reliable evidence for efficacy of interventions. Yet these trials do not provide the actual effects of a drug in an individual patient due to averaging results across large population groups (Bluhm, 2005). Borgerson (2005) expresses the view of the need for healthcare that is individualised. This view is reflected by Bluhm (2005). Bluhm (2005) proposes the hierarchy of evidence to be replaced by a network of studies. Current best research evidence should be based on different disciplines and different methodologies that then contribute to elucidating group variability. In comparison qualitative study, considered more holistic, is a recognised paradigm for describing phenomena.

Regardless of these differences both paradigms of research are concerned with the question of rigour and the credibility of their methodology. The differences between qualitative and quantitative methodological critique of research articles reviewed for evidence-based practice are outlined by Jones-Harris (2003) along with discussing the hierarchy of research. Quantitative research must be replicable (reliable) with internal and external validity (generalisation) (Emden & Sandelowski, 1998). It is not possible to apply the criteria of rigour of the quantitative paradigm to the qualitative (Smith, 1998).

Numerous authors have discussed the robustness of qualitative research and have offered their recommendations. Morse, Barret, Mayan, Olson and Spiers (2002) include in their discussion the researcher's responsibility to rigour, ensuring the research is of worth and has utility. Morse and Field (1995) explain four criteria for the evaluation of qualitative research as devised by Lincoln and Guba. The 1985 model addresses trustworthiness by applying the aspects of truth value, applicability, consistency and neutrality. Emden and Sandelowski (1998) suggest the application of criteria for methodological quality measures of one research paradigm is not compatible with another. They suggest the researcher has to individualise their quality methods to fit their study. Sanders (2003) believes credibility of a study can be promoted by documenting decision making during data collection and analysis. A clear audit trail of decision-making is suggested to ensure rigor and trustworthiness of the research. Smith (1998) outlines strategies for ensuring ethical integrity and methodological rigour including peer debriefing, participant and independent validation.

Summary

This chapter provided the philosophical underpinnings for this hermeneutic study and gave a rationale for the selection of methodology. The methods of rigour common to qualitative studies are outlined including how they differ from quantitative studies. Chapter four presents the organisational framework for the project and outlines the processes required in undertaking the study.

Chapter Four: Undertaking the study

Chapter Four details the processes undertaken in order for the study to be conducted. Ethical approval was necessary prior to the commencement of the project. Therefore consideration to ethical issues perceived, and subsequent processes required for approval to be granted are outlined. The method for sampling is explained and describes how participants were selected for the study. Interviewing was chosen to be the most appropriate way of collecting the data required. Next the processes of analysis and interpretation that were engaged in to enable the emergence of themes are described. The quality measures ensuring methodological rigour employed for the study are given. Finally the participants of the study are introduced and instruction is given for seamless reading of Chapter five.

Ethical Approval and Considerations

This study gained approval on 27 August 2007 from the Unitec Research Ethics Committee (UREC) for the completion (of data collection) between the period of 22 August 2007 and 30 November 2008 (Appendix A).

There was a requirement to consider whether the participants of the study would be subjected to any risk. There was no risk of physical harm to the participants because their role in the study was as an interviewee. The research required the practitioners to participate in in-depth discussion on their experiences of Potency. Therefore consideration was given to the possibility of sensitive knowledge being recollected during the interview process. The potential for emotional risk could not be ruled out. This was decided on the basis that it is beyond prediction what a conversation of depth may uncover (Streubert & Carpenter, 1999). In the event of needing to address any issues that arose, the following mechanisms were put in place. In the event of a participant becoming distressed they would be asked if they would like to have their interview terminated and their data withdrawn from the study. If judged as necessary by the interviewer, referral to their GP for possible referral to a counsellor would be organised. However, it was viewed as highly unlikely that these experienced practitioners would take themselves beyond safety in their discussions. It was not necessary to implement the mechanisms in place during this study.

Further ethical considerations for the study were necessary to be undertaken. Participants needed to be fully briefed on their involvement in the project. Once participants verbally consented to taking part in the study they received an information sheet. The document outlined the aims and objectives of the study, method, purpose of the study and contact details of the researcher and supervisors. An explanation of the procedure of interviewing the participants was given, along with the location and time commitment required. The rights of the participants were outlined. Participation was on the basis of a signed consent form. Participants were given the right to withdraw from the study, as long as it was prior to the time of data analysis. This was assigned as up to 14 days after viewing their transcribed interview.

The consent form assured the participant of confidentiality. Participant confidentially was addressed using the following procedures. Firstly participants either selected or were given a pseudonym. The pseudonym was used for identifying the interviews and was used in all interview transcripts. Anonymity was guaranteed further through the researcher ensuring all transcripts were handled and stored securely at all times. All data was secured either in a locked cupboard or on a password controlled computer only accessed by the interviewer.

Sampling – Participant Selection

Purposive sampling was used for the study. This method was the most applicable and in alignment with the aim of the research. Coyne (1997) states “purposive or purposeful sampling provides information-rich cases for in-depth study” (as cited in Schneider & Elliott, 2002, p. 145). The researcher initiated the search for participants by focusing on practitioner experience in the phenomenon and an ability to articulate this experience. A preliminary list of osteopaths who were known to practise OCF was formulated. This was based on personal knowledge of the researcher and from information gained through questioning osteopaths. Compilation of a list was further informed by the experience and knowledge of the study’s associate supervisor. It was found that some practitioners were being repeatedly suggested. From here a group of practitioners was created as most likely to fulfil the criteria of being able to elucidate the phenomenon of Potency.

Schneider and Elliott (2002) outline that it is the richness of the data collected that is of focus rather than the number of subjects. Morse (1994) suggests at least six participants for a study that explores the essence of experience (as cited in Ryan & Bernard, 2000). Previous Unitec studies (Cardy, 2004; McFarlane, 2006) fulfilling the requirements of the degree of the Master of Osteopathy were reviewed. Therefore it was decided five practitioners would be interviewed for the study. It was proposed that in the event of insufficient data being gathered from the five interviews, then additional data would be collected. However, this proved not to be the case. The process for identifying potential participants will now be outlined.

Where the practitioner was known to the researcher contact was made informally, face-to-face with the potential subject, telling them about the project. They were then asked whether they would be able to communicate their experience of Potency, and if they were interested and willing to participate. In the case where the practitioner was unknown to the researcher, contact was made by phone, both introducing the researcher and the project, and then asking whether they were able and willing to participate. After the potential subjects were identified using one of the two methods described and had given an expression of interest to be involved in the project, their email details were obtained. The subjects were then forwarded information and consent sheets (Appendix B & C) with an accompanying message requesting that after reading the attachments they reconfirm that they were still willing and able to

participate in contributing to the topic. On receiving a confirmation reply a date, time and location for the interview was agreed upon, to once again be confirmed the day prior.

All participants were adults who had consented freely to their involvement in the study either in person, over the phone and once again through email correspondence. Consent was obtained formally with a signature (Appendix B) prior to commencement of the interview. Participants were given adequate time to reconsider their participation in the research between initially been approached and interviewed.

The five participants were practitioners who worked with the model of osteopathy in the cranial field. All practitioners, except one, came from the greater Auckland region. The gender of practitioners was of a relative balance, with 2 males and 3 females.

Data Collection – The Interview

The qualitative data was gained through in-depth interviews. These interviews were audio-taped using a digital voice recorder. The interviews ranged in duration from 40 to 65 minutes, and focused on meaningful insights into the phenomenon of Potency. The interviews were conducted at a location convenient to the participant. Schneider and Elliott (2002) emphasise the importance of a naturalistic setting in which the interviewee feels relaxed and comfortable in a private environment to ensure the yield of high quality narrative data. Locations for the interviews were varied and ranged from the participant's clinic, their home or a Unitec tutorial room. One interview was conducted via speakerphone, to allow recording. Preliminary thoughts were to interview the out of Auckland subject in person, but logistics and time constraints posed difficulties, so convenience prevailed.

The tenet underlying the use of unstructured interviews is openness, allowing the interviewee's story to flow forth without interference from the interviewer's preconceived views. Smith (1998) highlights the art of phenomenological interviewing as comprising open dialogue, requiring little structure. It is suggested that researcher engagement with the interviewee "encourages fluency and rich disclosure" (p. 215) and gives permission to allow individuals to tell their story in their way. With this in mind, the interview was conducted as a conversation, commencing with asking the practitioner to talk about their training in osteopathy and how they first interfaced with the phenomenon of Potency. This set the scene for more intense conversation to take place describing their lived experience of Potency. Van Manen (1997) highlights the necessity of being oriented to one's research question so as to avoid interviews that go everywhere and nowhere. Therefore, the researcher must always be mindful to the purpose of the interview, staying focused and respecting the time set aside for the oral narrative to unfold. Furthermore, Smythe (1998) suggests maintaining openness to be challenging because of the presuppositions an interviewer brings to the interview. This

leads to requiring a fine balance between just allowing and questioning because of just wanting to know what one does not know. When Smythe (1998) discusses Gadamer's stand on being 'open' she suggests submerging into the process of engaging in the dialogue, waiting for questions to emerge that will lead to a space of new understanding. Streubert and Carpenter (1999) further reinforce this view when they outline the researcher should "help participants describe lived experience without leading the discussion ... facilitate this process" (p. 58). Inexperience proved to be challenging and the researcher struggled on occasions to have parallel processes occurring. The researcher required openness to what the participants were saying along with managing the goal of gathering descriptions that would contribute to elucidating the phenomenon. Minichiello, Sullivan and Axford (1999) view qualitative interviewing as an art and suggest specific approaches (as cited in Schneider & Elliott, 2002, p. 146). The techniques of funnelling, story telling and probing are suggested to encourage the participant to allow entrance into their world and their understanding of the phenomenon of Potency. These techniques were employed to the best ability of the researcher in the context of the researcher's own learning.

In preparation for the interview a list of questions was formulated, in case prompting was required (Appendix D). These questions were found to be beneficial from the perspective of providing the researcher with a framework for the interview. Further, they were used to give an indication of whether the interview could come to an end, once conversation suggested the participant's experiences had been exhausted. The closing of the interviews always seemed to be a collaborative instinctual act by both the researcher and interviewee. The interviews flowed and ease of conversation was not a constraint. It was imperative that the researcher trusted the process. It was necessary to always remain confident in the knowledge that the questions that arose from reflective listening would provide enrichment to the process. The researcher needed to be aware of questioning that was led from preconceived knowledge informing the process inappropriately.

All interviews were then transcribed in full from the digital files once loaded onto the researcher's computer. Choosing to self-transcribe the interviews allowed for further deepened understanding of the data. To ensure the interviews were written verbatim statements were often re-listened to numerous times. Subsequently the transcripts were repetitively read and on occasion the interviews were re-listened to if required for clarification of meaning through tone of voice. Transcripts of the data were stored both electronically, backed up, and printed in hardcopy. Field notes had been made by the researcher, before attending the interview, based on the researcher's experience of previous interviews. For example notes made relating to how subsequent interviews could be improved upon, strategies were highlighted so as to funnel the conversation to ensure descriptive and rich experiences. Notes were made during each interview and then reflective notes were detailed subsequent to the interview. These reflective notes, along with field notes in a journal

contributed to the data, and provided further means of ensuring the researcher remained faithful to the data. This process contributed to an identifiable audit trail giving the research process rigour and credibility. A further strategy for ensuring methodological rigour was achieved by returning the transcripts to the participants for validation (Endacott, 2008). From here the researcher began the next stage of immersion with the data for the purpose of theme development. The process of theme development will now be detailed.

Immersion with the Data – Theme Development

The next stage of the research was to make meaning of the practitioners' dialogue on their lived experiences of Potency. The data collected were analysed with the goal of uncovering emerging themes characterising the phenomenon. The data analysis was guided by van Manen's (1997) approach. The process was developmental in nature and could be described as being predominantly cyclic, although there was an underlying linear step-by-step progression. Numerous cycles of listening, reading, then writing and re-writing ideas were performed, interspersed with reflection to avoid premature interpretation of the data. The researcher's supervisors and a fellow researching colleague played a pivotal role in challenging the emerging thought processes. Generally the analysis unfolded from statements, to keywords that formed sub-themes, to themes. There was ongoing reflection, which proved to be circular, before deciding on the final formation of the two themes and their corresponding sub-themes. The development on themes will now be outlined.

Initially the researcher approached theme analysis using a selective or highlighting approach. The selective or highlighting approach focuses on extracting revealing statements in the text that appeared to be essential to the phenomenon. The five interviews were explored with the intention of identifying pieces of text that captured the experience of Potency. Subsequently some of this voice was contained in the project as quotes. Key words were often identified in these statements. These key words then provided to basis for the formation of sub-themes. Concurrently, the appearance of commonalities arising was noted. In the first level of analysis tables were used for each participant as a method of organising the data. The tables used headings: voice of the participant (quote), key words and concept/theme. For example the following statement was highlighted: *It's an endlessly mysterious thing that just keeps your attention and the wonder of things it can do* (Anne p11. L409). The key words extracted from this quote were *endlessly mysterious* and *keeps your attention* and *the wonder*. The concept decided on was *enthrallment*. The method of using tables gave a sense of structure to what appeared to be an overwhelming wealth of voice. Although exhaustive, this process was repeated, foremost as a means of managing the prolific amount of data. The transcripts were re-read several times over to ensure the statements that were giving meaning to the lived experience of Potency had been isolated. The next step of the analysis aimed to refine the participants' descriptions of the Potency.

The second level of analysis involved combing the excerpts of voice for common threads that weaved together to give the phenomenon its unique qualities. Quotes were grouped together where there appeared to be similar thought processes. Other quotes were identified as giving a more complete description of a concept. This involved the researcher becoming immersed in the data and then stepping back from the data, to then later re-engage with the data once again. These cycles allowed for further refinement of emerging themes and for confidence to develop that ensured the validity of themes. This process sometimes resulted in voice that earlier was believed to be contributing to the phenomenon being put aside. It was found that partaking in periods of disengagement were valuable to allow for refocus. The goal of the analysis was to seek themes that emerged from the data that contributed richly to the essence of Potency.

In the second level of analysis the emerging themes were mapped out as word bubbles on large pieces of paper. Groups of voice with a common thread thought contributed to these word bubbles. Within these excerpts of voice there were groups again informed by key words. These key words subsequently formed the basis of the chosen sub-themes because they contributed to giving a clearer and more detailed description of the theme. An example of a preliminary word bubble featuring *Practitioners' Journey* comprised these key words/sub-themes feeding in: *lifelong process, current understanding, dynamic and alive, evolving, can not understand any part ahead of the whole, uncertainty, endless journey of excitement*. This was a method that was utilised time and time again to allow the researcher to be clearer with what the data was trying to express. The aim of the research project was to explore the lived experience of Potency. In the end it seemed inevitable that this could not be addressed without equally addressing the journey of the practitioner to the place where they were able to experience the phenomenon. At this stage two facets of Potency had emerged: the practitioners' journey to Potency and the practitioners' perceptions of Potency. Initially it seemed three common themes had emerged: Practitioners' Journey, Perceptions of the Essence of Potency and With Thinking Fingers (examples of cases).

The third layer of analysis involved numerous cycles of reflection. At this stage it was necessary to make practical decisions relating to the size of the project. For example decisions relating to the most appropriate quotes used to demonstrate each sub-theme, the structuring of sub-themes and themes. The wholistic or sententious approach was often used during this phase of the analysis. The interplay of the parts that best formed a whole was continually reviewed. Finally, a place was reached where the researcher felt the practitioners' stories could be told in a way that gave the reader an insight into Potency. Two themes developed from a sole theme focusing on the practitioner. Understanding the practitioner seemed a prerequisite to understanding the project as a whole. Theme [A] *Practitioners' Journey* emerged from the practitioners' experiences that were influential during the periods of pre-osteopathic education, osteopathic education and once in practice. The data were

found to be demonstrating how alive and dynamic the practitioners' current understanding of Potency was and how all these practitioners were empowered by their experiences of working with Potency. However, it was becoming apparent that to experience Potency the practitioners' role in the therapeutic process were of 'being still'. On further immersion it was decided that the data present had elements of richness but was not comprehensive enough to comprise a theme. It seemed the concept of 'being still' required further exploration and therefore became an idea suggested for future research as an adjunct to this study. Theme [B] *Essences of Potency* unfolded from blending together the practitioners' perceptions of what formed the essence of Potency with case examples. Initially it was considered that a theme be devoted to case stories but this was not feasible for the size of the project.

In phenomenological research, writing does not feature as the final stage of the process, but rather writing is the method. Cycles of writing and rewriting also involved the processes of rethinking or revisiting what was previously thought, resulting in editing. This deeply reflective process, going back and forth, produces text that reveals what tends to hide. Van Manen (1997) speaks of writing as a method of fixing thought onto paper. "As we stare at the paper, and stare at what we have written, our objectified thinking now stares back at us" (p. 125). Thus writing "creates the reflective cognitive stance" (p. 125) that characterises phenomenological research. The goal of the text is to maintain strong and oriented relation, and to be rich and thick exploring a phenomenon and all its ramifications beyond what is immediately experienced.

The steps of analysis and interpretation tended to occur simultaneously in this project. Analysis of a phenomenon is "trying to determine what the themes are, the experiential structures that make up the experience" (van Manen, 1997, p. 79). Geanellos (1998) defines interpretation as "an attempt to grasp and recreate meaning in order that more complete or different understandings occur" (p. 155). Further, he views interpretation to also have an explanatory component, as it reveals how certain understandings have arisen. Interpretation usually follows analysis. However, can these two steps occur independently? Is it really possible to see or hear without deciding on meaning? What influences our meaning?

When van Manen (1997) discusses the listening gaze, the phenomenological stance, he states "when we gaze at something then our ears, our skin, our motility and our linguisticity are also involved in this seeing. Understanding arises precisely in the mutual partaking of our various sensibilities" (cited in Madjar & Walton, 1999, pp. v,vi). Therefore the boundaries between analysis and interpretation appeared very blurred and the two processes inadvertently took place in parallel. In spite of this it was decided to present the two processes in two chapters respectively because this facilitated a more appropriate discussion of the study's findings.

For hermeneutic inquiry “interpretation is never final or complete, it is always an approximation” (Geanellos, 1998, p. 158). Thus this insight into Potency is purely an approximation and does not claim to be beyond challenge. Interpretation is variable because of existing diversities, because of pre-understanding (linguistic, cultural, historic or socio-political) brought to the text and how they may question the text. Further understanding has the capacity to change and evolve. Therefore an interpretation of the same text may give a different understanding, if it is reviewed at another time. With this in mind, the researcher realises the reader will bring to the text their own interpretative reflective process which will further deepen their own personal understandings of the phenomenon of Potency.

Ensuring Rigour

This study employed various strategies to promote methodological rigour. A journal was kept that recorded the actual processes and the researcher’s reflective practice detailing thoughts and feelings experienced. Van Manen (1997) believes a researcher can be influenced during the processes of data collection and analysis. To safeguard against this, prior to commencing data collection, a colleague interviewed the researcher herself. This was to ascertain any previous knowledge, experiences and beliefs that were held. Further, this allowed for recognition of any attempts made by the researcher to influence the processes of interviewing, transcribing, analysing and interpreting the data. To confirm the accuracy of data collection, once interviews were transcribed, all transcripts were returned to the participants. This allowed for further clarification and confirmed the participants’ meaning and understanding of the phenomenon to ensure methodological rigour. Interpretive analysis comprises continual reflection. Numerous cycles of listening and reading the transcripts were engaged in along with numerous cycles of writing, reflection and rewriting. The utmost goal when interpreting is to always remain true to the data provided by the participants. Therefore, emerging themes result from multiple stages of interpretations. Engaging in conversation with supervisors and colleagues to discuss how the interpretations developed further contributed to the rigour of the study (Laverty, 2003).

The next section will introduce the participants of the study that explored the lived experience of Potency. This will follow with a guide to reading the respective chapters on analysis and discussion. The structural organization of chapters five and six is given.

Introducing the Participants

It was an ethical requirement that interviewees’ participation in the project was confidential. To ensure their anonymity pseudonyms were selected. Further, consideration had to be given to exposing details that may render the participant to be identifiable. This requirement was essential as the osteopathic community in Auckland, and the whole of New Zealand, is small.

Five practitioners who practised OCF took part in the project, 3 females and 2 males. The participants' voices are identified by the following pseudonyms as a means of maintaining their privacy:

| | |
|-------------|------|
| Interview 1 | Jane |
| Interview 2 | Mary |
| Interview 3 | Ange |
| Interview 4 | Bill |
| Interview 5 | Adam |

Guide to Reading Chapters Five and Six

The following instructions will support reading of chapters five and six. Two main themes were identified from the data and are labelled [A] and [B]. These themes comprise the main headings of this chapter, and are in capitals and bold.

Within each of these two themes sub-themes emerged. They are identified by subheadings under their respective heading and are in capitals.

The participant's voice is always indicated by italics and often printed in block quotes. On occasion if they are brief they are part of the text. These quotes are always referenced using the participant's pseudonym and the page number of the transcript. For example:

You know you interview me in another six years and I will, may have a completely different definition of it and a complete different appreciation and understanding of how dynamic it is (Jane p7).

Symbols have been used in the text as follows:

... indicates a pause in dialogue

...//... indicates omission of dialogue

[text] indicates text has been changed or added for the purpose of clarification

Summary

This chapter has described the processes that were undertaken to complete the study. The ethical considerations required were detailed. An explanation and description of the sampling, along with using the interview for data collection were given. This was followed by discussing the emergence of themes after numerous cycles of immersion with the data. Strategies used to promote methodological rigour were given. The chapter concluded by introducing the five participants of the study and gave instructions for reading chapter five and six. Chapter five will present an analysis of the data collected from the interviews conducted with five practitioners of OCF expressing their experiences of the phenomenon of Potency.

Chapter Five: Data Analysis

This chapter comprises the analysis of the data amassed from five in-depth interviews with practitioners of OCF contemplating the phenomenon of Potency. After engagement in the processes of immersion, exploration and reflection two themes eventually emerged to illustrate the lived experience of Potency: [A] *Practitioners' Journey* and [B] *Essences of Potency*. Each theme is broken down further into sub-themes with the intention of representing the participants' experiences to the fullest. This structure aims to support the reader's ease of understanding. It was found that the sub-themes each had a common thread running through them. The first sub-theme of each theme focuses on the practitioner. The thread running through the second sub-theme describes experiences associated with action, in other words the practice of OCF. Finally, the common thread of the third sub-themes investigates the practitioners' experiences of the phenomenon of Potency.

This chapter will present the two themes. Each theme will begin with an introduction that will give an overview of the essence of the theme. Subsequently each of the three sub-themes will be introduced using textual data from the participants. These excerpts of voice will then be explored to illustrate practitioners' experience of Potency in more depth. The chapter will conclude with a summary of the two themes.

Theme [A] Practitioners' Journey

On analysing the data it became apparent that all participants revealed details about their personal and professional journey that were influential to them as an osteopath. These influences can almost be placed along a time line, but importantly they all play a role in the practitioners' experiences of the phenomenon of Potency. Sub-theme [A1] *Beginnings* explores the experiences that have been influential in the participants' journey. These appear to fall into periods of pre-osteopathic education, osteopathic education and once in practice. Sub-theme [A2] *Dynamic and Alive* presents the participants' experience of their understanding of Potency. These experiences of Potency appear to be evolving with time, knowledge and experience gained. Concluding is the sub-theme [A3] *Endless Excitement* addressing what keeps the practitioners on their journey and the experiences that inspire them to continue working with the phenomenon of Potency.

[A1] BEGINNINGS

This sub-theme highlights the many influences that guide an osteopath, including people, experiences, knowledge and education. The following participant quotes highlight the influences that contribute to the beginnings of a journey that encompasses the lived experience of Potency. Jane speaks about her introduction to osteopathy as follows:

I have always had an interest in cranial because as a young child I received it and throughout my life I have had cranial osteopathy only. So I had never had any introduction to manipulation or GOT [general osteopathic technique] or any other of the techniques just purely cranial and it had always been so incredible that when I decided that's what I wanted to do, my main focus was cranial work (Jane p1).

Jane's beginnings are clearly grounded in her childhood experiences of osteopathic treatment. She says her experiences were only ever in OCF and she expresses how she felt about them. In fact it seems these experiences were so amazing that they then became instrumental in Jane deciding to focus on OCF in her own practice. It is interesting Jane chooses to use the words "so incredible" when she is describing these experiences. This suggests Jane perceived the treatments she had received as holding some sort of quality that seemed to be significant enough for her to feel attracted to following the model of OCF in her own practice. Jane may be either referring to the treatments having positive outcomes, possibly resolving pain or contributing to a sense of well-being or to feeling intrigued to what was actually going on during the treatment. It is possible she may be referring to a mixture of the two. Or maybe Jane is only saying 'Wow'. Regardless of what the "so incredible" is implying, what is of importance is these childhood experiences appear to have influenced choices made later in life. These childhood experiences have set the direction of Jane's future journey as a practitioner.

All participants spoke about aspects of their osteopathic training, at times making reference to the same influential tutors. Adam shares what he views as his introduction to the idea of Potency when he was an undergraduate student:

We started having lectures on the therapeutic applications of the autonomic nervous system with a senior lecturer who introduced the idea of working with the body to bring about change ... that by working through the autonomic nervous system especially working on calming down the relationship between the sympathetic and the parasympathetic through the vagus. We got more formally introduced to it in our third year, undergraduate ... in the context of the cerebrospinal fluid and that Sutherland believed the potential for change and resolution of problems resided in the cerebrospinal fluid and the dynamic between what he called, what Sutherland called the Breath of Life, and talked about the fact that he would then work or operate on various levels or layers (Adam p1).

The idea of working with the body instead of working on the body seems central to Adam's view. He gives the impression that the practitioner forms some sort of relationship with the body to enable the body to bring about change. It appears he views this relationship between the practitioner and body to be possibly with the autonomic nervous system. It seems that

accessing the autonomic nervous system is a means of creating change. Adam speaks of the significance of Sutherland's teachings playing a role in introducing him to the idea of Potency. Interestingly Adam does not actually use the word Potency in this quote however, he speaks of the Breath of Life.

The following quote by Ange reflects on her early experiences with the concept of Potency. She remembers:

They would never have used the word Potency, I'm trying to think what they did use, physiology, healing, body heal itself. So it was there but we didn't talk about it in terms of Potency and I would say it was quite mechanical in what we did, but living. That's not quite right, physiologic was more what we were doing (Ange p2).

It is of interest that Ange says the word Potency was never used. This is may be significant because it seems to imply that it is her interpretation of what she thought was her introduction to Potency when maybe the lessons were not about Potency. In fact Ange appears uncertain because she changes the word "living" and substitutes it with "physiologic" when describing what they were doing. Ange speaks of the body being able to heal itself whereas Adam uses a slight variation in terminology saying that it is the body that brings about change. So are they speaking of the same thing, does the body make its own changes to heal itself? It could be said they both seem to view their emerging hold on Potency as grounded in an appreciation for the body as a dynamic living organism. Ange describes it as being more physiologic. It seems that even though she considers what they did to be quite mechanical, this idea of working with the body was present. A subsequent comment by Ange illuminates how her experiences progressed over time when she says:

I did some cranial courses but I don't think I even heard the word Potency on those cranial courses, it was probably there but I didn't even hear it. It was a gradual thing, probably when I had been in practice 10 years or so, it just suddenly ... I think maybe when Jim Jealous started coming around the word started being used more (Ange p2).

Once again there is uncertainty in this reflection. Maybe the word Potency was not there, but then again as Ange says probably it was but she was not able to hear it. If the word Potency was there, it is important to consider why Ange did not hear the word. Could this mean that Ange was not ready in her evolving practice to deal with Potency? This would implicate a certain understanding was needed by a practitioner to be able to experience Potency. Ange seems to associate Jim Jealous with the word Potency. Or is it that she is saying Jealous increased the profile, or use of, the word Potency?

All the participants have made references to influential tutors and mentors during their osteopathic education and subsequent career. Mary, like Adam, demonstrates the significance of the teachings of Sutherland when she says:

Sara and Molly had been students of Anne Wales so you know they both very much had it as part of their language (Mary p2).

Mary identifies two tutors (names changed) who had studied with Anne Wales and subsequently played an influential role in her own osteopathic training. This is noteworthy because Anne Wales was one of William Garner Sutherland's students. This statement is also significant because it demonstrates that Mary seems to associate Potency with Sutherland. A later quote by Mary outlines subsequent experiences, referred to as double handers, influential in her understanding of Potency. Double handers are when two (maybe more) osteopaths treat a person together. Mary reveals this mode of learning is still influential for her even today, when she says:

And for me that probably happened when I was at the Osteopathic Centre for children because we use to always work you know with several of us at once ... I did a lot of double handers ... you know a lot of my cranial treatment and experience and training has been through doing doubles in various clinics over the years right from the word go ... and still today (Mary p7).

Experiencing the opportunity to work alongside other osteopaths highlights the concept of mentorship and its importance. It seems Mary views these interactions with her fellow colleagues and teachers as playing a developmental role in her practice. So how do these experiences with mentors come about and how are they significant? It can be assumed that two or more practitioners treating a patient together is a known method of practice at the osteopathic centre for children. Therefore an individual consciously chooses to treat this way rather than opting to treat patients alone. This suggests the practitioner's persona is open to learning, to change, to challenge. Mentorship is a two-way relationship so receptivity needs to be present with the two parties. Mary says she uses double-handers today, implying this mode of learning is inherent to how Mary wishes to develop her practice. Thus it seems she actively seeks opportunities to develop through others. Mary does not elaborate on the elements of the double-handers that are significant to her. However, she expresses these experiences gained alongside others do influence her practice. It needs to be considered that mentorship can both grow and foster the professional development of a practitioner through encouragement and confirmation. It is also possible that within the mentorship there is a model of practice that may be followed. Jane like Mary speaks of working with another osteopath for the purpose of learning when she speaks of beginning her journey once graduating.

She says:

[It was suggested she] contact me to see whether I would be interested in going under a mentor scheme because she works very much under the Jim Jealous style of cranial osteopathy which I became very interested in when I was studying (Jane p1).

There are two ideas to Jane's comment exploring influential experiences that encourage a practitioner to practice as they do. In her early osteopathic years Jane worked closely with a mentor, a mentor who it appears had formed many of their understandings from completing biodynamic courses. James Jealous (1943-?) has pioneered the biodynamic model. McPartland and Skinner (2005, p. 21) believe the model "dedicates itself to the perceptual odyssey" (p. 21) continuing the work of Sutherland. Jane indicates she was introduced to the Jim Jealous style of osteopathy as a student. Jane appeared to be resolved to investigating the biodynamic model further. She sought out the opportunity to do so through a mentor scheme. It would seem the model consists of concepts, just as any model does. Through mentorship Jane appears to be encouraged to work in a certain way. She uses the words "it is being able to recognise that". This recognition is encouraged to evolve through confirmation. The mentor is able to provide the mentee with an explanation supporting their understanding within the framework of the model. Jane goes on to express her relationship with the biodynamic model. In the following Jane speaks about her passion for her chosen model:

To actually then look to where the health is because even in a dysfunctional segment or a diseased body there is always health. It is being able to recognise that and really knowing not just the body's energy but the entire energy around you in order to facilitate the change so that the body can then carry on with the work after we have sort of shown it the path, or you know, it and I working with the pathway of health. So I really like that style, it is much more Potent, it allows you to become much less involved with your ego and much more humble about how Potent the body is (Jane p2).

When explaining the biodynamic model Jane has chosen to use the words "it" and "I" working with the pathway of health, which implies collaboration. Adam also speaks of collaboration when he explained his introduction to Potency earlier. Like Jane, Bill also speaks of the biodynamic model of Jim Jealous as being influential in his journey through OCF, when he says:

I think I would probably say I find the biodynamic model the kind of central organization of my journey through cranial osteopathy and Jim's work seems to be what made the most sense to me, just right getting away from all that mechanical stuff (Bill p1).

Three of the five participants had formally completed biodynamic workshops, with another practising some of the biodynamic principles after having been informally introduced to them. Jane says “*I really like that style*” and Bill says “*it made the most sense to me*”. Both these statements seem to be supporting the notion that the knowledge and experience gained from participation in biodynamic courses have been influential in their exploration of Potency. The practitioners’ involvement in courses seems to be of significance. There appears to be more accessibility to the language and understanding of Potency through a workshop environment. So is it that the biodynamic model and its courses are making Sutherland’s Potency more understood? Practitioners are not constrained to attend courses outside of core competency. This implies attending biodynamic courses is purely because of a desire to learn the principles of a model. However, it further seems that for both Jane and Bill their interpretations of this model resonate within their existing background. They imply their understandings of the biodynamic model are in alignment with values and beliefs they already held.

[A2] DYNAMIC AND ALIVE

This sub-theme illuminates how the practitioners’ current understandings of Potency are dynamic and alive. The participants all suggested that their understanding of Potency was fluid. The understanding of concepts does not remain static, or set in stone. Time can be a requirement for understanding to evolve and deepen and this is indicated in Jane’s final words before concluding our interview:

You know you interview me in another six years and I will, may have a completely different definition of it and a complete different appreciation and understanding of how dynamic it is (Jane p7).

Jane suggests that over time she expects her understanding of Potency to develop. She is open to the possibility of her appreciation of Potency being completely different in the future. Jane seems to express she also wants her understanding to grow. It would seem that an appreciation of Potency does not just happen. The notion of complexity of a concept seems to also be significant. So as dynamic as the actual understanding of Potency is, the act of seeking understanding must also be dynamic. The act of being able to appreciate a changing understanding could be said to demonstrate the ability to be reflective. Reflection is defined as “providing serious thought” (Oxford English Dictionary, 2002). Is this a prerequisite to understanding Potency? It would appear the concept of reflection seems to not only resonate with Jane’s views but is also supported by Jane’s ability to be comfortable with different

understandings unravelling over time. Bill expresses a similar appreciation of Potency, when he says:

I see stuff now which I think is relating to Potency that I wasn't aware of a year ago but I don't even know if that's what it is, it's all, yeah it's all very alive and changing (Bill p6).

Bill says his current thoughts on Potency are not the same as what they were. Bill possibly is suggesting development of consciousness, more specifically an osteopathic consciousness that increases his ability to experience Potency. What seems central to Bill's comment is that his perceptual ability has growing clarity. His capacity to "see" new perspectives, to have increased sensitivity to recognise Potency comes with experience, knowing what to be open to. However, Bill seems to feel unsure about his understanding when he says: "*I don't even know if that's what it is*". He is suggesting his understanding is continually changing with each experience that affords him the opportunity to do so. When Bill gives his ideas on Potency he begins by saying: "*I think my current understanding is*". It would seem Bill is continually interpreting his experiences within the context of his current understanding when he says:

You can't know a one hundred percent of any one thing until you are ready to know one hundred percent about the whole and that's going to take probably a life time so my understanding of the main areas within this work just go around in little circles and grow and grow as they actually take life because in the end you are no longer in the realm of the abstract you're in the realm of your experiential world so everything you've learnt as I did becomes realities that you perceive in your patient and in the end that actually takes life and you are more and more about allowing a process to happen and how you relate to the life in the patient (Bill p1).

Bill is suggesting that to gain full appreciation and understanding of a part you have to be "ready" to have the understanding of the whole. When Bill uses the word "ready" he could be meaning have the desire to, or it could be meaning a person has the intellectual and experiential capacity to do so. By acknowledging it will probably take a lifetime for him, he implies understanding the phenomenon of Potency is complex and that there seems to be a desire to understand Potency to great depth. When Bill speaks of "allowing a process to happen" it appears he associates understanding with undergoing a series of changes, perhaps we could say like the natural aging process. It would seem understanding unfolds, grows and even changes all within the context of one's current understanding. Furthermore Bill appears to be saying that understanding ultimately consolidates fully in the experiential world, when action is played out. This seems to be what Bill is speaking of when he says his main understandings "actually take life". Bill is suggesting his patients and their treatments

are what enrich his learning and understanding. In a similar way to Bill, Mary speaks of her understanding evolving in her experiential world with her patients when she says:

Each time [Potency] reappears I deepen my experience of it and I get another different quality or different sense or more completeness about it (Mary p7).

Mary suggests that her experiences build upon one another. They may have different qualities but nevertheless they ultimately culminate in a deepen understanding. It seems it could be said all experiences are very dynamic. This awareness of forever changing and evolving understanding, is also suggested by Bill:

As it all unfolds, as my patient unfolds, as my perception unfolds, my understanding unfolds and as my understanding unfolds, my perception unfolds, so it takes me on a further journey every day (Bill p5).

Bill seems to be saying his experiences with his patients and their responses to treatment along with his perception and understanding are all related. The Oxford English Dictionary (2002) defines 'understand' as "1. know or realise the intended meaning. 2. know or be aware of the importance or cause of ... 3. know how (someone) feels or why they behave in a particular way". It could even be said these are all the parts that make up the whole of his understanding. He also appears to be indicating that the journey of learning is more important than the destination. Adam seems to be implying a similar view. Reflection on his journey to understanding Potency shows his understandings are only beginning to unfold:

I very, very rarely enter into a dialogue about Potency and it's only when I do that I realise that I am only really beginning to start to explore what I really believe in it (Adam p9).

Adam uses the words "believe in" which implies his exploration of understanding Potency is possibly about belief. Adam's choice of word is interesting and is significant because of the fact that the word has multiple meanings. A belief can have a religious association, be a tenet of faith. Alternatively a belief could mean having a feeling something exists or is true and this does not need proof. However, if this is what Adam means does that indicate it will cease to exist if he stops believing? Further, a belief can also be something that is held in opinion. A scientific group may say something is only a belief because it cannot be scientifically proven. Nevertheless even though Adam's beliefs may have no clear scientific explanation, his understandings are true for him, it is what Adam believes to be true. This could also be interpreted as being relative to Adam processing his current understanding along with existing understanding. It is of interest Adam says he hardly ever talks about Potency. This could be because Adam does not want to, or does not have the confidence to, or does not often have

receptive listeners. This could be suggesting there are challenges and complexities that surround the phenomenon. Adam could also be saying that sometimes experiences can be difficult to put into words because they transcend language. Language either oral or written is the vehicle to developing understanding. It would seem that the absence of discussing the phenomenon of Potency could then be said to only contribute to the tendency to label such a phenomenon as mystic.

Bill expresses his understanding being relative to one's understanding of the whole when he says:

I think one of the things I would personally believe and observe is that you can't really understand any part ahead of your understanding of the whole (Bill p1).

Bill implies more complete understanding unfolds once the parts can be seen and understood in context of the bigger picture, or the whole. Attempting to isolate the concept of Potency appeared challenging because he was very aware of how dynamic and alive his understanding was. His understanding of Potency seemed to follow a process that kept unfolding against a larger understanding that continued to grow. This comment reflects a primary tenet of the philosophy of osteopathy as "the body is a unit" comprising a physical body interacting with its mental and spiritual bodies (Kuchera & Kuchera, 1991). As the interview comes to an end, this quote from Bill could be said to be alluding to how subjective and vulnerable understanding can be:

What is Potency? It is kind of, it has to be, what is Potency in the context of what's your reality (Bill p7).

Bill's comment gives an explanation for individual differences. It could be said that an individual's knowledge of reality starts from and continues within their experiences. This idea becomes increasingly apparent particularly throughout the analysis of the second theme.

[A3] ENDLESS EXCITEMENT

This sub-theme addresses the practitioners' experiences of Potency that keep them on their journey of understanding Potency. All the practitioners expressed their motivation to continue to learn and understand because of mystery, attraction, interest or excitement. This quote from Bill expresses that his journey of learning is both endless and exciting:

I don't ever expect in a meaningful way to ever get to the end of the things we have talked about today but I have now got to the point where I relish them because it

means it's an endless journey of excitement and the more you witness the whole going through its dance the more you can spot the little shimmies and pauses that actually connect things up (Bill p6).

Bill is suggesting he wants to forever learn and does not have the need to have his knowledge completed. He implies that he accepts uncertainty of understanding, believing understanding may be deepened by an experience later on. Bill appears to be able to be in a place of openmindedness to allow understanding to unfold. He seems to be saying that all experiences contribute to the whole of understanding and this process of understanding is an endless journey that is exciting. Jane like Bill expresses excitement:

It blows me away ...//... because I am starting to feel it more and more and it makes it so exciting as a practitioner because you know year after year your ability to understand the body is going to get better, your ability to engage the mechanism without being invasive is going to get more and more exciting (Jane p6).

Jane seems to be suggesting that with time she is learning to further develop her relationship with the body. This appears to fill her with excitement and suggests these increasing experiences become influential in her increasing understanding. On occasion Jane used the phrases “*I get goose bumps sometimes*” and “*it's absolutely amazing*”. This further supports her feelings of excitement when working with the phenomenon of Potency and strengthens what constitutes her being inspired to stay on her journey.

There is a similar feeling of delight when Ange explains what keeps her on the journey to understanding Potency:

You are looking at this force and you're always wondering, how does it do that? What is it? And there is always this attractiveness about it and there is infinitely more to it, you don't know where it's going to end, how much more can you use this, how further can you go. It's an endlessly mysterious thing that just keeps your attention and the wonder of things it can do (Ange p11).

Ange is endeavouring to illustrate the elements of Potency as a phenomenon that intrigues her. She is indicating her wonderment grows, as she is continually enlightened bit by bit because she does not have all the answers. Maybe there are no conclusive answers and that is why Ange chooses to use the words “*infinitely more*”. Ange is implying that being in a place of uncertainty allows for the emergence of new thoughts and perceptions. It seems this endless discovery of new knowledge gives the practitioner endless desire to continue to learn and nourishes his or her enthusiasm for the journey.

Theme [B] Essences of Potency

This sub-theme explores the practitioners' perceptions of the essences of the phenomenon of Potency. Analysis of the data revealed that understandings of Potency are gained through the practitioners' experiences and appear to depend on the context of the practitioners' reality. Sub-theme [B1] *I think* investigates how a practitioner describes Potency, as they give their explanation of what Potency means to them. Sub-theme [B2] *Experiences of seeing and feeling* uncovers how the lived experience of Potency presents itself to the practitioners. Finally sub- theme [B3] *I know* explains the practitioners' perceptions of Potency in relation to OCF.

[B1] I THINK

This sub-theme provides the reader with an insight into how the participants understand Potency as a phenomenon of OCF. Furthermore, it gives the practitioners' descriptions of Potency. It was found that there were both differences and similarities to these perceptions. However, in light of the research findings of Cardy (2004) there had been no expectation of a uniform description.

Bill makes a statement that appears to offer a suggestion for the differences in practitioners' descriptions of Potency. He says:

What is Potency? It is kind of, it has to be, what is Potency in the context of what's your reality (Bill p7).

Bill seems to be implying that a person's perception of reality influences the way they describe Potency. It could be said that reality may not necessarily lie within the realm of logic and is characterised by differences. However, it could be believed that one's own reality is logical to that person. So is it that understanding Potency comes from experiences that serve to create one's reality? These experiences become internalised and are therefore very much individualised. Jane expressed a similar view to Bill when she was asked to talk about what Potency meant to her. She began the discussion as follows:

That is going to differ from practitioner to practitioner ...//... Potency for me ...//... yes because Osteopathy really is an art, people will look at the body and they will see different things (Jane p4).

Jane suggests Potency will be perceived differently amongst practitioners because she perceives osteopathy is an art. So could it be that Jane means that if two practitioners looked at the same body they would both see the body differently? If two people looked at the same

painting they would each view the painting differently. These two different expressions are then interpreted within each practitioner's context of understandings. Or could Jane mean that even though the practitioners may see the same body they each focus in on a different aspect of that body? Regardless of how Jane's view is interpreted her view is expressing the concept of individuality. The nature of humanity, individuality, seems to encourage differences. Further into the discussion, Jane says she would use words like "energy", "pure light", "a driving force" and "health" to describe Potency. These words give the impression that Jane feels there is some sort of energetic movement within the body. She defines this force further by saying: "*it really is the intelligence of the system, it's the life, the essence of life*". Jane uses the word intelligence in relation to the body, which may signify that she believes it has some innate wisdom. This is significant because other words that could be substituted for intelligence could be: an ability, an astuteness, a wisdom or even a discernment (Oxford English Dictionary, 2002). It would seem Jane is suggesting she views the body's system to have all these attributes. According to Jane the intelligence is life, or the essence of life. Essence is defined as "the quality which determines the character of something" (Oxford English Dictionary, 2002). Perhaps this means when Jane speaks of "life" and the "essence" of it, she is suggesting Potency is an essential quality of life. It would appear that life is in relation to a human being, one who has vitality and energy and is capable of physiological functions. Amongst the other synonyms for life are: animation, soul and spirit (Oxford English Dictionary, 2002). Adam's description of Potency shows some similarity to that of Jane, when he says:

I think the Potency for me is, on a very broad level, is the potential that makes us present and animated. So I think it's an animated force within the body and without it the body loses its animation (Adam p3).

Adam uses the word "animated" when he talks about what Potency means to him. He suggests that it is the Potency that gives the body life and vitality. However, he says this is on a "very broad level". It is unclear what Adam means by this. Is he generalising or does he mean looking at the body as a whole? This comment could be interpreted as meaning there is more to what Potency means to him, but he is not saying what that is. The use of the word "potential" in relation to Potency is of significance. If potential is defined as "capable of becoming something" (Oxford English Dictionary, 2002) then Adam is saying it is Potency that defines us, that makes us capable of becoming who we are, a unique life. So then what does Adam mean when he says without [Potency] the body loses life? He could be saying Potency is a requirement of life, and living ceases without it, or maybe he is referring more to some kind of quality of life. Jane says health describes Potency. Perhaps it is possible that Adam has the view that there is a relationship between health and Potency.

Later into the interview Adam elaborates on his description, when he says:

I think the Breath of Life and Potency are very very deeply intertwined and I think that's why Sutherland used those words interchangeably so I suppose for me the Potency is therapeutically getting in touch with this idea of there being life breathed into us and that that life form that is breathed into us permeates throughout the body. But trauma, stress and lesioning, if you like, holds some of that Breath of Life away and as a practitioner when you engage in it, it is about allowing the body to bring about change and I think that change that takes place is the Potency from the Breath of Life. So the Potency is a way of looking at it as that which comes from the Breath of life that brings about change where trauma, stress, injury, is basically, if you like, is more or less excluded from that region of the body (Adam p6).

Adam's view of Potency is somewhat confusing. He sees the Breath of Life and Potency as entwined, two parts of the whole. He then acknowledges that Sutherland used the words interchangeably suggesting that in fact they were one in the same. However, Adam then goes on to give his description of Potency with more clarity. For Adam the Breath of Life is some sort of life force that he says is breathed into us, perhaps meaning from conception. It seems that the Breath of Life ideally should always flow through the body but Adam believes trauma, injury and stress, often disrupt this life force. When this happens the Breath of Life may become more elusive for the practitioner. When Adam talks about a "change that takes place" he relates this change to there now being an absence of trauma, stress and lesioning in the body. In the absence of lesioning (damage or injury) in the body, he implies, there is a move towards health. He is saying that it is the Potency that is accountable for this change. Once there is change the Breath of Life seems to flow freely. Adam is also saying that the Potency is derived from the Breath of Life, so is the Potency the essence of the Breath of Life?

Mary appears to share a similar view to Adam in the sense she believes there to be a relationship between the Breath of Life and Potency. She says:

For me it is the expression of the soul but it is not the soul. So when I thought about that, for me it is like the fingers of the soul. It's like the ends, you know the finger tips ... the soul's sort of here, it is like that's what comes in, as like giving us that sort of essence but it isn't the soul but it's connected to ...//... Yes it's an expression of the Breath of Life and the Breath of Life is that spiritual element that you know that guides us you know that makes us be there, that certainly is not of the flesh you know that is the other element, that sort [of] universal element so it's a part, I guess of our individual and collective soul (Mary p6).

Mary begins to give her description of Potency, by saying “for me”. This is implying that she knows that there could be different interpretations. However, this is her view on the subject. It is of interest that Mary uses the metaphor of fingers when describing Potency. Masiello (1999) states “ultimately, the metaphor is a heuristic, that is that which serves to find out or discover a truth” (p. 37). However, does Mary’s choice of language serve the purpose of enabling the concept of Potency to be more easily understood? Maybe it does so for some but maybe for others it makes it more difficult. She appears to be capturing the connection that exists between the fingertips and the fingers of the practitioner or anyone to a similar relationship or connection that exists between Potency and the soul. She seems to view Potency as that which extends from the soul, like the fingertips that are an extension of the fingers. Soul is defined as “the spiritual element of a person; their inner character; or emotional or spiritual energy” (Oxford English Dictionary, 2002). If the Breath of Life and Potency are indeed one and the same, or two parts of the same thing as suggested by Adam, if the Soul is an extension of Potency as suggested by Mary, then the “inner character” or “emotional energy” of a person is also intertwined with the Breath of Life. Like Adam, Mary appears to view Potency as an expression of the Breath of Life, the Breath of Life being spiritual and being connected to our soul and the universe.

Mary gives a further perspective of what she thinks of Potency as:

The other thing that I think of Potency is, is that power that helps us to treat. So you know we are sitting with the patient, we bring that fluid or ligamentous system to a neutral or to some sort of focus point and it is the Potency which comes through which makes the changes for us rather than us making the changes so it’s like we only assist and wait (Mary p2).

Mary, like Adam, seems to view Potency as being that which makes the change. Mary reports experiencing a neutral or focal point under her hands. She goes on to say that from this point, if you wait, there is a “*power that moves through, an energy that moves through*” (Mary p2, 3). She seems to be saying the healing process is occurring from within her patient’s body, rather than her creating the healing from without. Mary seems to imply it is the Potency that is responsible for the change, not the practitioner.

Again, there are similarities in Ange’s description of Potency to the preceding descriptions. However, Ange begins by including her insight on how when something is invisible it can be difficult to understand, and may be even inconceivable. Ange comments that Potency and other such phenomena have a tendency to be labelled as esoteric and mysterious. She points out that there are examples of phenomena in the universe that we cannot see. However, we appear to accept them as a reality.

Ange describes Potency as:

It's power, it's force and I don't think it has to be mysterious. You know people talk about it in sort of broad hush tones but to me it's just not mysterious really. You know we take gravity, for example, which is a force that we can't see. I think it's the force that drives the life force if you like, it's the power behind the life force, it's what allows the life force to express itself to heal through the body. So put simply it's a force that drives the tide, that drives health, it drives life. Where it comes from I don't know (Ange p4).

Ange points out there are examples of phenomena in the universe that we cannot see, though, we do accept them as a reality. Gravity cannot be seen but seems to be universally accepted. Is this because even though we do not see gravity we all experience gravity? Gravity defines the way we as human beings universally walk on the earth. Likewise all astronauts in space experience the lack of gravity in the same way. In contrast not everyone experiences the Breath of Life and Potency phenomena. Even within osteopathy not every practitioner experiences or believes in the Breath of Life and Potency. Of the practitioners that do experience the phenomena of Breath of Life and Potency how do we know they are experiencing the same thing? The experience can only be expressed in the abstract. In comparison the experience of gravity can be expressed in the physical world. For example the act of jumping from a bridge uses gravity. In Ange's view, it appears that the inability to see, feel, connect to, or experience this force by many is why its existence is questioned. This is no doubt a view shared by many within the profession and contributes to debate. But is it only because Ange believes she can experience Potency that she does not view Potency as being mysterious? Perhaps her view would be different if this was not the case. Despite this, Ange believes Potency to be the force that drives the healing process within the body. Potency to her is the expression of health.

Ange also suggests that there is a tendency for people to feel uncomfortable discussing Potency. How do we know that two people are in fact discussing the same thing? In order to discuss Potency the practitioner is verbalising their internal experiences. Even though their understanding is experiential, it is only to them because they are expressing a concept in the abstract. Perhaps this is why the lived experience of Potency seems to be facilitated by mentors, using the learning models of double handers as previously identified. It is possible that an experience can become amplified when simultaneously experienced by a second practitioner. The possibility that the two practitioners are experiencing the same thing allows knowledge to grow. It could also be possible that the power of suggestion by one practitioner may influence the other practitioner's reality.

Bill's description of Potency has both similarities and differences to the other descriptions given. He says:

It is also very much tied into consciousness and that's where Potency seems to become indivisible or inseparable from the fluid body and from the presence and organization of the midline and its organization through the ventricular system. So I guess one would sort of say Potency as with all the other phenomena are things that can't, they have no independent existence. Potency only exists within the concept and reality of the fluid body and its function through the midline, which is what seems to generate that kind of Potency that is relating to the expression of consciousness in our bodies. I think the way I have learnt to understand [Potency] is if you had a mass of the hundred trillion cells that make up an adult but it had no concept of itself no form other than just being a great big blob the one thing you probably have is a degree of electrical activity but you wouldn't have what I understand as Potency because the Potency is part of the process of turning the blob of one hundred trillion cells into a functioning dynamic organism and that's where it ties in with consciousness (Bill p1,2).

Like Adam, Bill appears to be describing Potency as this energy that gives us our animation. However, Bill's description is interesting in the way it differs from the others. It could be viewed as being very technical in comparison to the other participants. The technical aspect of his interpretation suggests to me that Potency somehow informs many levels of the person. Bill seems to be describing Potency as what endows a person with – vitality; life; intelligence? Bill suggests Potency is not only an animating principle, but also has an organising purpose that allows the body to be a dynamic functioning organism. Without Potency, Bill views the body as an amalgamation of cells with no sense of itself. However, it seems it is Potency that then gives the human being a sense of itself. When Bill uses the word 'functioning' he seems to imply that Potency gives the body an advanced ability to operate, communicate, respond and adapt to stimulus. Bill closes the passage by saying “*and that's where it ties in with consciousness*”. Consciousness refers to a state of being aware of and responding to one's surroundings (Oxford English Dictionary, 2002) and this seems to be what Bill is implying. However, there are numerous definitions of consciousness that have been suggested by philosophers, psychologists and neuroscientists (Engel, 2006).

[B2] EXPERIENCES OF SEEING AND FEELING

This sub-theme will describe experiences of action relating to the phenomenon of Potency. The following excerpts of voice will give insight into how Potency presents itself to the

practitioner. It was found that some practitioners describe Potency visually, others using touch, or even both. Mary describes Potency as a visual experience. She says:

If I think about Potency I see in my mind's eye a spark and when I know that the Potency is coming in it's like this tiny little spark of light, which grows and gets more powerful and more voluminous and more powerful (Mary p2).

Mary's description builds an image of fire, from a match being struck, sparking and then this spark developing into a flame that then becomes a bright glow. Mary seems to perceive Potency as having the ability to build in strength. It is of interest that Mary uses the words "know that the Potency is coming in" because this implies she seems to see Potency appear, or emerge. The picture Mary paints is that the Potency is a minute flicker that then increases in magnitude. Mary begins her description using the phrase "I see in my mind's eye". This phrase seems to be saying that her experience of Potency is best when she has this living image of Potency, illustrating the notion of having an 'eye' for something.

Jane, like Mary, sees Potency as a 'light' experience, *Potency visually to me is "bright shiny pure"*. Jane gives her visual description of Potency:

The Potency to me comes forward almost like in a shimmery light. It is something that is so pure and healthy and is so dynamic and intelligent that appreciating the power of that allows recognition for the person you are working with on, on a primary respiratory mechanism level, to really take hold of that health and start working with the whole body to try and bring back harmony (Jane p4).

Jane chooses the word "shimmery" to describe the light suggesting this soft, almost wavering, rippling light. Jane's statement describing her perception that Potency "comes forward" parallels Mary's view of Potency "coming in". This seems to be suggesting that the Potency is always there but not always evident. In Mary and Jane's descriptions they are implying they are not always able to detect the presence of Potency. However, during those times when Jane does perceive Potency it is pure, healthy, dynamic and intelligent. These qualities seem to be what this experience of light signifies to her.

Jane is also able to describe Potency through the sensation of touch. Jane says:

You can feel this real dynamic energy building you know it's like when you are at a concert waiting for them to come on stage. The energy that starts to build, the excitement that starts to build becomes really overwhelming and the mechanism is the same. That still point is like an expansion of energy and preparation for a huge drive of change to go through the system and that's when you can reignite the tide

and the whole system just drives into a midline and all the tissues become non-delineable, completely they are all the same. It's almost like you lose the surface of those tissues, they blend, they melt. It's just like a drop in the ocean as it suddenly becomes whole, it suddenly becomes part of everything (Jane p6).

Jane begins her description by using the analogy of a rock concert. She is encouraging the reader to visualise and feel the atmosphere suggesting excitement, anticipation, and a sense of build-up. These energies that Jane can feel seem to contrast one another, excitement and calm. Jane describes the body going towards a midline where all the tissues appear to be in a state of homogeneity, where they blend into a whole and become one with everything around them. This conveys a strong feeling of a balanced gentle flow. It is almost possible to feel the parts of the body sigh and then one by one melt into each other to become whole. Jane refers to the body as a whole system, implying there are many components that comprise the patient. Furthermore Jane uses osteopathic terminology (still point, midline) and these will be discussed in the following discussion chapter. It seems that prior to this stillness there is activity. During this activity Jane appears to be suggesting there is some sort of reorganisation or preparation going on so that something (Potency) can then happen to the body. Jane goes on further to describe what she feels:

Then when that happens and things are really neutral and I guess balanced the body will go into what we call the still point and that is not where there is no motion, that is really where the Potency starts to build. It is like a generator, it's almost like a building of energy within the system ready for change and you can feel it (Jane p6).

Once again, Jane is indicating a contrast in the energies she feels. On one hand she says this point in the treatment, she calls a still point, is a neutral feeling that is harmonious. A still point suggests a feeling of no motion but Jane says it is not devoid of motion. This statement in itself appears contradictory but perhaps this is because can motion really be still? Or instead can motion be as still as motion can be? Jane then describes an increasing feeling of energy that grows in power. This energy seems to signify to Jane that her patient, as a whole, communicates to her (through feel) that they will change. Mary is also able to describe Potency through touch. She explains what she feels signifies the experience of Potency in her patient. She says:

What I feel is like an experience of when a treatment is happening under my hands that there is a power that moves through, or an energy that moves through, or fluid that moves through, or a light that comes in and I have sort of lumped them altogether. At the end of the treatment, you know when there is a really solid strong centre strong midline flow, I feel like there is a good Potency coming through the system (Mary p2/3).

Mary seems to relate Potency to movement, a feel of energy that she says moves through. She identifies the movement as having power, energy or fluid implying a flowing sensation. Mary correlates having a feeling of good Potency in her patient with having the presence of what she terms a strong midline flow. Midline could imply a centre or focal point from which all else flows. Like Mary, Bill also sees and feels Potency. He describes Potency as:

I see a kind of a shimmering outline at time ...//... I think I would say I experience soft Potency and vectorial Potency differently. I see soft Potency and soft Potency doesn't have an electrical quality to it, it has more of a sense of fire to it and I have watched in the midline, what is like looking at plasma almost. It is like looking at something huge from a great distance, it's kind of slow and shifts and kind of changes and Jim uses the word transmutes, shifting, just well everything it touches really. It's not a local event it's a locally perceived event in the whole whereas the vectorial Potency ...//... I would say I feel it as an electrical quality (Bill p3).

Bill gives another perspective on Potency where he says he experiences Potency in two different ways. He outlines his experience of what he calls soft Potency as visual. Bill's description builds the vision of a soft ethereal spreading haze of light that has an expanding quality. It appears that as this Potency spreads it influences all it interfaces with. The influence appears to be change. Although Bill says this change appears to be local it is in fact part of change to the whole. In comparison vectorial Potency appears to be experienced as an electrical sensation. This implies experiencing a current, or energy, a feeling of power, or even something that is battery charged.

It is significant that there are similarities of descriptions of the experience of Potency. It needs to be considered; is this purely incidental? Or is this coincidental? It is not possible to determine which is more accurate when the experience of Potency is not in the physical, allowing everyone the opportunity to experience it. Therefore when Jane is describing her experience of Potency, how do we know that what she is describing is the same experience as Mary is describing, or Bill is describing? Perhaps one merely needs to take a leap of faith in believing they are in fact descriptions of the same thing. One may never really know unless one is able to have the same experience for oneself maybe. This could be the case. What these descriptions do reinforce is the power of learning from a mentor who is able to, or believes they are able to experience the phenomenon of Potency.

The use of language by the participants is of interest. It would seem that there is not always the language available to really describe the experience. Participants on occasions use the words "I see a kind of" and "it's almost like". The choice of these words implies they are not fully able to express what they want to convey. Further there is considerable use of metaphor. Choosing to use metaphor could be an unconscious decision in the sense that it seems

easier to use language that has already been used to express the experience. It could be because the experience is ineffable and beyond the confines of language and the experience is best expressed the way it has been previously expressed.

[B3] I KNOW

This final sub-theme completes the theme *Essences of Potency* by exploring how the practitioners perceived the role of Potency within the therapeutic process. This quote from Ange will introduce this section of analysis. When asked what Potency means to her in relation to osteopathic treatment, she says:

It's easy to be mechanical, you know you can look at a person and you can say that muscle's tight, this joint's tight and you can correct it. And that will correct it but it's not necessarily giving the maximum health ability to that body. But if you use the Potency it will correct it, but much more fully. Correcting a joint is not just about putting it in the right place and making sure it moves. It's got to live and breathe and be fluid and that's where I think if you use the Potency like that it turns, in fact it changes it, into a health system rather than a mechanical orthopaedic system. That's how I would see it, and osteopathy was conceived as a health system (Ange p3).

Ange begins by giving her description of the structural model of osteopathy. She suggests that an osteopath can assess a body in relation to muscle and joint quality and then improve it by directing a technique. The technique may correct the dysfunction found. However, she believes it does not enhance the health of the body in its entirety. Ange appears to be saying that a mechanical model of treatment as she has described is focusing on a part of the body and not then incorporating the part into the whole. For Ange applying a corrective technique instead of using Potency does not allow the body to live, breathe and be fluid. Describing a body as being able to live, breathe and be fluid implies balance and an absence of dysfunction. Ange concludes her thoughts by implying that using Potency in a treatment is returning to the roots of osteopathy. Ange reminds us that osteopathy was conceived as a health system that treated the body as a whole. Ange uses the words "use Potency" in relation to osteopathy as a health care system, and in doing so, conveys a point of view that seems to be shared by Mary. Mary details her view on the role Potency plays in treatment when she says:

For me it's what shows me where I have to be. It's what does the work for me and it's what I wait for to show me that you know we've got a good quality at the end of the system, at the end of the treatment where I feel happy that you know that this treatment is over (Mary p5).

Mary perceives Potency as directing the therapeutic process and therefore guiding her as a practitioner. She suggests Potency plays many roles for her during a treatment. It seems Mary uses Potency to guide her focus or her intention for the treatment. The Potency then directs the treatment, implying she does not use directive techniques, instead she allows Potency to guide her through the body. Mary appears to view what she perceives as the presence of Potency to be illustrative of her patient's response to the treatment. She suggests it is the feel of the Potency that is a determining factor in indicating the body has treated. Adam also believes this feel of Potency to be significant in relation to the effects of treatment. He says:

I think that as a practitioner if you are aware of Potency you tend to find a more profound and longer lasting change in people (Adam p3).

Adam is implying that Potency is responsible for achieving a more complete and sustaining treatment response. However, Adam's choice of the word "aware" is of interest. To be aware means "having knowledge of a situation or fact" (Oxford English Dictionary, 2002). It is possible Adam may have been meaning when the practitioner's intention is on Potency. Regardless, it can be said that Adam's view on the treatment effect shares some similarity with Ange's view of providing a treatment that promotes health along with sharing similarities with Mary's view.

Bill offers a slightly different perspective when he says:

As always just enjoy watching the patient being treated by life seems to be what it is about ...//... then they have to be returned into creation that makes them well (Bill p7).

It would seem the presence of Potency within a treatment enables health and makes the patient "well". Bill uses the words "enjoy watching" implying that it is not Bill who is guiding the treatment, instead it is the Potency. Bill is suggesting Potency to be life itself. He appears to be saying that the emergence of wellbeing is a journey that reconnects us with our origin. Jane gives a further perspective of what happens during a treatment. She says:

With Potency you can't just think about it within the system ...//... It's all around. It's sunrise, sunset, it's the rotation of the earth, it's the Breath of Life really. I'm not talking about actual breathing, it's just the whole dynamics of the world. How it forms, this continual rotation, this continual cycle of life, the tides. You cannot treat without bringing that into it, the whole emotional energy, the Potency of that. The energy we give off, the piezoelectricity we actually give off, the interaction that goes on all around you. You can't rule that out. You can't ignore that in the treatment (Jane p2).

Jane proposes Potency does not just exist with the body but can be found everywhere. By everywhere she means all around us in nature. It could also be possible that she is saying Potency connects with everything. She also reveals that in her opinion Potency is the Breath of Life. If this is so then this implies that the Breath of Life is not exclusively within the body but all around in nature as well. It appears that Jane views the Potency to be an expression of energy that diffuses through the universe. Furthermore, of significance for the treatment process, Jane is saying that when you treat a body you are treating more than just a body. It seems Jane is saying the individual is merely a part of a whole and goes on to imply the concept of interconnectedness. Jane further elaborates when she says:

It is not just a body Potency. It's a universal Potency and the body has a way of expressing it. But it can be heightened by really bringing that whole energy and that whole belief and understanding, and acceptance of that there is something far greater that helps (Jane p4).

Summary

This chapter has detailed the analysis of the data that was collected from five interviews exploring the experience of Potency from the perspective of a practitioner when using the model of OCF. As a result of numerous cycles of immersion, exploration and reflection two themes emerged. These two themes were then each broken down further into three sub-themes. Theme [A] *Practitioners' Journey* shows there are many influential experiences that are not only responsible for their commencing their journey but have also being profound in shaping their experiences. Practitioners' understanding of Potency continually evolves and the practitioners' wonder of the phenomenon inspires them to keep discovering. Theme [B] *Essences of Potency* elucidates the phenomenon of Potency by giving the practitioners' perceptions of how they understand Potency amounting to their descriptions of Potency. The lived experience of Potency has been described as both an experience of light and energy by some of the practitioners. Finally Potency's role in the therapeutic process was explored.

The next chapter will discuss these themes in relation to the current literature. The findings of the study will be examined for their relevance academically. To facilitate ease of reading, the discussion will be organised using the same format as the analysis. After introducing the theme, the theme will be sectioned into three sub-themes, to allow for in-depth interpretation and discussion to follow.

Chapter Six: Discussion

This chapter will discuss the themes that have been analysed in chapter five. The discussion endeavours to explore and interpret findings from the study and relate them to current literature in the field. The following discussion suggests there is support for the key findings.

Theme [A] Practitioners' Journey

In the previous chapter this theme was analysed to uncover that the practitioners' ability to understand the phenomenon of Potency constitutes a journey comprising many influences. The analysis was then presented in three sub-themes. Sub-theme [A1] *Beginnings* shows the participants all speak of various experiences influential to them. These key experiences occurred either prior to their osteopathic education, or from tutors, mentors and courses during and after their formal education. Sub-theme [A2] *Dynamic and Alive* portrays the idea that the practitioners' understanding of Potency evolves with experience. Finally sub-theme [A3] *Endless excitement* exposes the qualities of Potency that the practitioners perceive to empower them to continue their journey.

[A1] BEGINNINGS

As previously outlined all practitioners were able to detail experiences that have influenced their journey in understanding Potency. These experiences form the basis or the beginning of their personal and professional journey.

All participants have made reference to influential experiences during their osteopathic and post-graduate education. These experiences of learning are interpreted, against the background of pre-understandings, values and attitudes. We as human beings do not evolve in social vacuums. Instead we are subject to numerous individual influences as identified in the analysis of this theme in chapter five. From birth, the culture one inhabits gives a person history, placing the individual in the world in a social, historical and cultural context. O'Malley (2004) discusses how cultural background passed down from family and influential individuals provides ways of understanding the world. This is further supported by Laverty (2003) when outlining Heidegger's view that "consciousness is not separate from the world ... but is a formation of historically lived experience" (p. 7). It is certain that prior to entering the world of osteopathic education all individuals will have their own pre-understanding, as was identified with Jane. Pre-understanding is not something that an individual is able to step out of, or become separate from, but rather is integral to their way of being in the world. The notion of finding a model of osteopathy that resonates with values and beliefs already held is demonstrated when Bill and Jane speak about the biodynamic model. The biodynamic model is one specific model of several available cranial models. Bill speaks of this in terms of "*what makes the most sense*" whereas Jane expresses "*I really like that style*". Jane speaks of

being introduced to the biodynamic model of osteopathy while an undergraduate student. Jane and Bill selecting to base their work on the biodynamic model demonstrates the exercising of personal choice.

Similarly, the idea of context is raised by McFarlane (2006) when she states “the sessions took place within a context; the context of that participant’s life” (p. 70). It is suggested that when an experience is decontextualised it “removes the richness” (p. 70) what an individual brings to the experience. This study demonstrated that the context in which the treatment occurred can alter the response of treatment. The experience of treatment has historical influences along with what it means to be touched. Likewise, Greene and Goodrich-Dunn (2004) report that previous experiences of touch can influence an individual’s meaning of touch, for example previous personal experiences.

The notion of career choice and then subsequently choosing to follow a model of osteopathy can be compared to medicine and its specialities. Jane’s journey appears to be influenced by childhood experiences of OCF that then seemed to provide the impetus for her decision to study osteopathy. There is literature to support childhood experiences as being one of the many influences on career choice. A qualitative study by Jordan, Brown and Russell (2003) employed semi-structured interviews to explore factors influencing senior medical students to enter family medicine. The main findings of the study included students having had an early exposure to a meaningful family medicine experience whilst growing up. Respect and trust for the physician who cared for them then influenced their career choice confirming that this is the kind of medicine for them to practice. Furthermore it was found that ongoing exposure to mentors along with experiences that validate and reinforce their decision, gained through family physician mentors were influential. The study concluded there were three pathways to choosing their medical speciality: early choice involving ongoing validation, uncertainty that entailed exploration and exclusion and lastly, early choice of another speciality that then resulted in re-evaluation. In the previous paragraph it is highlighted that both Bill and Jane are expressing a deep personal identification with their career choice. A Brazilian study cited this identification originating often from previous experiences with a practitioner, or a relative already practising medicine (Millan et al., 2005).

The current study draws attention to practitioners’ reality of the Potency potentially being influenced through mentorship. The study also suggests that mentors can confirm and build experiences. Steven, Oxley and Fleming (2008) define mentorship as “the process whereby an experienced, highly regarded, empathetic person (the mentor) guides another individual (the mentee) in development, re-examination of their own ideas, learning and personal and professional development” (p. 552). There is considerable literature supporting the influential role of mentors in professional development. Kolansinski et al. (2007) found that clinical experiences and mentors during medical school and residency training were closely linked to

subsequent choice of a specialist career. Schrubbe (2004) discusses the importance and benefits of providing mentorship along with outlining characteristics of successful protégées and successful mentors in dentistry. This study suggests that when the student is ready the teacher will appear. The data also demonstrated the influence of role models. Horn, Tzanetos, Thorpe and Strauss (2008) aimed to determine both the distribution of Canadian residents entering various sub-speciality programs along with the factors residents saw as important in determining career choice. The two part study utilising both a survey and focus groups concluded role models and mentorship to be influential. Wright, Wong and Newill (1997) define a role model to “teach by example” and to be a “person considered as a standard of excellence to be imitated” (p. 53). Their article explores the relationship between exposure to clinical role models and student’s choice of subsequent clinical field. It was noted that students both consciously chose their role models, along with being assigned to a role model. Lockwood and Kunda (1997) discuss role models to be inspiring often when they are at a more advanced career stage having achieved what the concerned individual may hope for. However, in contrast the article also outlines the inappropriateness of role models when they can demoralise and deflate those less outstanding. The current study exploring Potency identified examples of both role modelling and mentoring.

[A2] DYNAMIC AND ALIVE

To recapitulate, this sub-theme illustrates the presence of all the practitioners’ awareness of the evolving process their understanding of Potency undergoes. With time, understanding of the phenomenon unfolds, develops and grows and it is experiences built upon the experiential knowledge that allow understanding to deepen.

O’Malley (2004) compares the Hilot, the Filipino healer, and the chiropractor. Although his focus is on the chiropractic and traditional Filipino (Hilot) modalities it can be applied to osteopathy. Of significance is that healing techniques are claimed to be a “function of experience” and a culmination of numerous influences (p. 131). This supports what Bill is referring to when he says *“everything you’ve learnt as I did becomes realities ...//... that actually takes life”* (Bill p1). It could be said that Bill’s understanding and experiences of Potency when he uses the model of OCF are a function of experience. Bill and Mary in particular seemed to acknowledge they were continually assimilating and synthesizing their understanding within the context of their pre-understanding.

The participants of the current study all appeared to hold the view that their understanding of Potency was going to evolve over time, presenting different appreciations of the phenomenon, depending on experiences had. This notion is historical, being well represented in the journey of renowned osteopaths. Firstly, Sutherland devoted much of his life to elucidating OCF, and later, to the Potency and wisdom of the Breath of Life. His knowledge

never solidified, always having this fluidic quality. Jealous (2003) believes Sutherland not only “died while still in conceptual transition” but also his works “left us a bridge to the depth of osteopathic research and practice” (p. 5). Sutherland’s legacy was for those who followed him to continue his voyage of discovery. His wife, Adah Sutherland claims he had merely pulled aside the curtain for further vision to be intensified (Strand Sutherland, 1962). Also Handoll (2000), when speaking of his own understanding, declares “my personal horizon is still as far away from me as it ever was, but looking back I have passed several horizons on the path. I accept now I will never reach the final horizon, it will be always just as far away as it ever was” (p. 4). Masiello (1999) believes Still saw a correlation between practitioner evolution and the occurrence of perceptual shifts. He supports this view with the words of Still who said “and all the mysteries concerning health disappear just in proportion to man’s acquaintance with this sacred product, its parts, principles, separate, united or in action” (p. 24).

Lee (2005) outlines the difference between mental and vibrational perception and says vibrational perception is associated with the traditional people of the world, the Taoist Chinese and American Indians. According to Lee (2005) a mental perception occurs by the human psyche creating movement and then defining it. In contrast vibrational perception is considered to be intuitive, an awareness that contains the essence of what is being perceived. Lee refers to vibrational perception as “grounded in an awareness of its own inner alive knowing” (p. 81). He further explains “we perceive it in its fullness; we drink its light and it becomes part of us” (p. 82). It is the vibrational perception that relates to osteopathy. Masiello (1999) makes the comparison between the fields of physics and osteopathy. He suggests that once a physicist has gained his intellectual and technical experience the field of physics is the same regardless of the experimenter. Whereas, in osteopathy as the consciousness of the practitioner develops the field of osteopathy changes. Bill’s comment “*I see stuff now which I think is relating to Potency ...*” demonstrates not only the idea of shifting perceptions but also the seeking of a way of being rather than reaching an end point or goal. Masiello (1999) states “each practitioner is a participant observer within the context of the co-created field with the patient” (p. 24). If practitioners follow in the footsteps of Sutherland and Still they will dig on (D.O.) over time. All the participants of this study appeared receptive to being life-long learners with open minds.

The ability of the practitioners to analyse their lived experiences of Potency, acknowledging that their journey is dynamic, demonstrates reflective practice. Reflection is a tool used in professional practice, particularly medicine, which encourages an inquiring attitude to facilitate competent clinical decision-making. Reflection is defined by Boyd and Fales (1983) as “a process of examining an experience that raises an issue of concern, as an internal process that individuals use to help refine their understanding of an experience, which may lead to changes in their perspective” (as cited in Plack & Greenberg, 2005, p. 1547). Plack and Greenberg (2005) suggest reflection gives an experience deeper meaning, possibly providing

new insights when experiences are viewed from multiple perspectives. Thus being a reflective practitioner promotes understanding that is alive and dynamic. The practitioner as a life-long learner is an idea supported by the literature and is in no way exclusive to osteopathy. Tagawa (2008) outlines the importance of medical physicians being life-long learners, in a rapidly changing environment to provide effective patient care, and advocates self-directed learning. The author concludes clinical practice provides life-long learning opportunities. This notion is consistent with the practitioners' views in this study of the lived experience of Potency, because all practitioner-patient interactions contribute to the development of the practitioners' consciousness and the associated perceptual shifts that occur.

Furthermore this study has found understanding Potency to be a journey. Literature can be found in the nursing discipline paralleling this current study supporting development of understanding being referred to as a journey (Holland, 2001; Rasmussen, Sandman, & Norberg, 1997). The study on the experiences of fifteen palliative care nurses by Barnard, Hollingum and Hartfiel (2006) identified that the participants described their journey as a process of personal development influencing how they created meaning about life and maintained a sense of self. Masiello (1999) suggests that as an osteopath evolves mentally, spiritually and psychologically over time their perceptual fields of practice change with their way of being.

The notion of paradox was present in the analysis of this sub-theme. Paradox is defined as "a person or thing that combines contradictory qualities" (Oxford English Dictionary, 2002). At times participants admitted to uncertainty or appeared uncertain yet still continued committed to their journey. Franks (2004) suggests a paradox to be at the core of evidence-based care in mental health practice. The paper suggests that systemised examination of treatment is in fact acknowledging an uncertainty about the treatment. However when evidence is found in favour of the treatment conviction regarding best practice prevails. Bill appears capable of being in uncertainty for the pursuit of unfolding understanding. He seems to view this state of intentional openmindedness to be a prerequisite for deepening knowledge. Djulbegovic (2004) expresses the view that in relation to treatment patients and doctors should not strive to eliminate uncertainty because it is deterministic of life. Instead, uncertainty should be both recognised and acknowledged and viewed as offering opportunities. Bill implies that endeavouring to understand the phenomenon of Potency is complex. In fact, Bill does not expect to ever fully resolve his understanding; instead he relishes the endlessness of the journey. The phrase *Negative Capability*, coined by the romantic poet J. K. Keats, can be considered when attempting to explore values that allow discovery, leading to the practitioner's enthusiasm for wonderment. In a letter dated 21 December 1817 to his brothers, George and Thomas Keats, he wrote of the phrase. It is important to note this was at a time in his life where Keats was amidst his own depths of exploration. Keats wrote the following "*Negative Capability, that is, when a man is capable of being in uncertainties, mysteries,*

doubts, without any irritable reaching after fact and reason" (Roberts, 2008). Therefore it would seem that when one enters the confines of rational thought, they may be preventing themselves from experiencing the true essence of an experience. It would seem that to seek new ideas there may be the need to suspend this rational thought in order to experience the ineffable. If embracing both uncertainty along with experiences not being governed by rational thought the likelihood of being open to knowledge unfolding is increased.

Possessing qualities of openmindedness are emphasised by Jealous (2003) as being essential when participating in a learning journey. Bill's honesty about his journey of understanding displays he is open to new experiences. When speaking of her husband's research, in his pursuit to discover what he could not explain, Adah considers the words of "SANS PEUR (Without Fear)" to be of remarkable significance (Strand Sutherland, 1962, p. 49). Adah seems to be suggesting there is no need to be afraid of not fully understanding but rather accept the unknown and continue to discover. In other words, being comfortable in an unknown place fosters a continual willingness for evolving knowledge. When Handoll (2000) draws conclusions from his exploration of the interface between osteopathy and the body's healing potential, he believes openmindedness is essential for awareness of a deeper reality. In order to chart unfamiliar territory the willingness and desire to do so need to be present.

Similarly, Schon (1991) discusses the process of reflection-in-action used by practitioners to cope with "situations of uncertainty, instability, uniqueness and value conflict" (p. 50). He suggests reflection-in-action is central to the art through which practitioners can deal with phenomena. In situations where a practitioner finds himself uncertain, he allows himself to be able to experience feelings of confusion and surprise. In fact the practitioner allows himself to become a researcher and the process of inquiry is not limited by boundaries. He states that practitioners who view themselves as technical experts "find nothing in the world of practice to occasion reflection ... for them, uncertainty is a threat; its admission is a sign of weakness" (p. 69). In comparison he suggests intuitive performance can lead to unexpected outcomes that engage the practitioner to respond by reflecting-in-action.

When Sacks (1973) wrote of the effects of dopamine on his patients he commented:

That infinite equation, which represents the total being of each patient from moment to moment, cannot be reduced to a question of systems, or to a commensuration of 'stimulus' and 'response': we are compelled to speak of whole natures, of worlds, and (in Leibnitz's terms) of the 'compossibility' between them (p. 225).

Compossibility is a philosophical concept from Leibnitz, for whom the various possible, but mutually contradictory, worlds can coexist or are *compossible*. The significance of this quote is that it could be said to reflect the practitioners' lived experience of Potency. The way Sacks

views his patients also summarises osteopathy, comprising many parts (the multi-faceted person) that makes a whole, a whole that has the potential to always be different or even contradictory. This parallels the insights gained when choosing to investigate a phenomenon of OCF. As Bill says “*you cannot really understand any part ahead of your understanding of the whole*”. The findings of this study demonstrate it is challenging to describe the experience of Potency because of its complexity, its paradoxes and evolving nature. However, these experiences serve to provide a deeper understanding that will be continually built upon.

[A3] ENDLESS EXCITEMENT

This final sub-theme of theme [A] uncovers what inspires the practitioners interviewed to continue on their journey of discovering Potency. As already detailed, amongst the words used by the participants were “*endlessly mysterious*”, “*endless journey of excitement*” and “*wonder*”.

This feeling of excitement is consistent throughout osteopathic literature. Handoll (2000) shares his motivation for writing his book; he reveals it to be grounded in the desire to share his exciting journey of exploration, and says: “*I find the knowledge that there will always be more to learn and more to discover a tremendous excitement and stimulus and it is also a comfort to know that I will never be bored*” (p. 5). Handoll does not seem afraid of not fully understanding instead he has the desire to continually seek to understand because of his passion for osteopathy and his willingness to remain open. Lee (2005) expresses a similar view saying: “*Now THIS is Colorado! I knew I had found Osteopathy when I found the cranial concept. I said to myself, now THIS is Osteopathy! I have come to the mountain*” (p. xiv)! The feelings that have been expressed towards osteopathy and working with the phenomenon of Potency could be interpreted as passion for their profession. Passion is defined as “*intense enthusiasm for something*” (Oxford English Dictionary, 2002). It appears having an attraction towards, or love of, or passion for something of interest we are compelled to discover more. This was a finding that emerged and is further supported by the words of Goethe: “*one learns to know only what one loves, and the deeper and fuller the knowledge is to be, the more powerful and vivid must be the love, indeed the passion*” (van Manen, 1997, p. 6).

This notion of wonderment is not exclusive to the lived experience of Potency, or osteopathy. Albert Einstein is quoted as saying: “*The finest emotion of which we are capable is the mystic emotion. Herein lies the germ of all art and all true science. Anyone to whom this feeling is alien, who is no longer capable of wonderment and lives in a state of fear is a dead man ...*” (Thinkexist, 2009). Further supporting the significance of wonderment and its relationship to fostering a deeper understanding are the words of George Huntington (1858) spoken at the age of eight, indicating what inspired him into a career in medicine: “*I stared in wonderment,*

almost fear ... from this point on my interest in the disease has never wholly ceased" (as cited in Jenkins & Conneally, 1989, p. 169).

A qualitative study by Miller (2007) with the aim to identify common and distinctive characteristics of 'passionately committed psychotherapists' is found to support the findings of this sub-theme. The exploratory investigation using data from fifteen interviews found six themes: balance between work and non-work passions, adaptiveness and openness, transcendence (belief psychotherapy has extraordinary significance), intentional learning, personal fit with role, and passion-supporting beliefs. However, limitations of the study were identified, in particular that conclusions could not be drawn between passionate psychotherapists being effective psychotherapists.

This discussion of Theme [A] has examined the practitioners' journey of their lived experience of Potency. Three key findings focused on the influence of experiences, how their own experiences keep evolving, and what it is about the lived experience of Potency that keeps practitioners on their professional journey. These three findings were examined against existing literature and ideas. The next section of discussion will explore the findings of Theme [B] in depth.

Theme [B] Essences of Potency

The analysis of this theme in Chapter five details the participants' perceptions of what they see as comprising the essence of Potency. The following section will discuss the theme [B] *Essences of Potency*, breaking it down further into three sub-themes and then discussing each of these sub-themes accordingly. Sub-theme [B1] *I think* will essentially explore the experience of Potency and what it means to the participants. Amongst the descriptions of Potency that the practitioners gave was that Potency is the essence of life, an expression of the Breath of Life. Sub-theme [B2] *Experiences of seeing and feeling* will investigate the lived experience of Potency as it presents itself to the practitioner as an experience in light, an experience in energy, or an experience in both light and energy. Lastly sub-theme [B3] *I know* will examine the experience of Potency in relation to their profession as osteopaths working in OCF. The role of Potency was viewed as being the health within the body that guided the treatment and to be an interconnecting energy to life.

[B1] I THINK

This sub-theme relates to the practitioners' understanding of their experiences of Potency. By examining what these experiences of Potency mean to the participants, individual descriptions emerge. Whilst there were differences in the practitioners' perceptions of

Potency it also became apparent there were similarities. Cardy (2004) says Potency, as a metaphor, was used in different ways by Sutherland, believing the variations in use could be attributed to the evolution of his thought perceptions. It is suggested that as individuals we are open to many influences around us and these influences contribute to creating our ability to interpret our world. Furthermore we are often capable of further interpreting our own interpretations. This gives rise to the "infinite variety of possible human experiences and possible explications of these experiences" (Van Manen as cited in Madjar & Walton, 1999, p. viii). However it can be advocated that individuality of interpretation contributes to a greater understanding rather than being a weakness. Capra (1983) gives the viewpoint that when eastern mystics expressed their knowledge, often using the tools of "poetic images or paradoxical statements" (p.52), they were aware of the limitations of language. He draws a parallel between understanding matter between the Hindu and the physicist. The Hindu understands matter by the dance of the God of Shiva whereas the physicist understands matter through the field of quantum theory. "Both the dancing god and the physical theory are creations of the mind: models to describe their authors' intuition of reality" (p. 52). If Capra's statement is thought about in light of the current study it provokes one to consider asking the questions; are the five practitioners all having the same experiences? Are all five practitioners experiencing the same reality? It is suggested that their experiences are all based on their own reality and it is likely there will be variations in their realities.

Stone (1999) views osteopathy to be both art and science. Jane and Bill suggest the art of osteopathy is dependent on the context of our experiences. Jealous (2003) agrees with differences in definitions when he states, that like many words, Potency, does not have just one meaning. He states Potency to mean the following:

"A force we feel when we "direct the Tide" or a force we sense internally in the fluid when there is a lateral fluctuation or a kind of quickening within the fluid at a point of balance, or a term that has no sensory meaning at all. One aspect is the collective Potency of the Breath of Life, which forms all events. It creates the frost on the windows of our homes, it creates the form of trees, it creates the form of the human body; it is not held by genetic laws or governed by the brain" (p. 98).

Perception is defined as "the ability to see, hear or become aware of something through our senses; the ability to understand the true nature of something; insight" (Oxford English Dictionary, 2002). It is of significance that Masiello (1999) suggests no perspective is ever complete, or correct, or capable of explaining the totality of an experience. Therefore in relation to the following discussion it is important to acknowledge this is the researcher's interpretation of five practitioners' interpretation of their perceptions of Potency. Understanding of both researcher and participants of the study is likely to increase as their perceptual fields shift and experiences grow, allowing consciousness to develop.

Furthermore, Masiello (1999) supports the concept of evolving perception when he says “perception is participatory” and goes on to explain this as “interplay between the perceiving body and that which it perceives” (p. 35).

In osteopathic literature Potency is described in similar ways to those of the participants in the study. The words used by Jane to define Potency are “energy”, “pure light” and “driving force”. “Driving force” suggests a dynamic flow within the body. There is support in osteopathic literature for this idea of Potency flowing within the body (Sutherland, 1967, 1990). This can be seen when Sutherland began using the words “fluid within a fluid” and “liquid light” to describe this invisible element within the cerebrospinal fluid. He then began to refer to this invisible element as the Breath of Life, “something that has potency as the thing that makes it move” (Sutherland, 1990, p. 14). Like Jane, Adam and Bill relate Potency to energy. They describe Potency as an energy that gives our bodies their animation. Sutherland expressed a similar view to Adam and Bill, saying it is the Breath of Life that transforms man into a living soul (Sutherland, 1990). Bill uses the analogy of a mass of cells to illustrate that it is Potency that turns man from an inert piece of clay into an animated living organism. Through Bill using this analogy we are able to connect to a concept we already know. Rosenman (2008) supports the use of metaphor and analogy saying “they allow unknowns to be experienced as familiars and intangibles to be ‘touched’” (p. 865). Adam’s perception is that Potency and the Breath of Life are intertwined. Jealous (2003) discusses the interconnection between Potency and the Breath of Life and suggests Potency (a variety of potency) flows from the Breath of Life. Jealous also suggests that instead of using the word Potency, a better word would be “the presence of the Breath of Life” (p. 99). Similarly McPartland and Skinner (2005) say “the potency present in the Breath of Life, as expressed in the Tide” (p. 26). At times Sutherland speaks of Potency and the Breath of Life as one. “It is something that is invisible; the “Potency,” the “Breath of Life” or Still’s “highest known element” (1967, p. 243). Cardy (2004) found the participants of her study appeared to associate Potency, with a capital ‘P’ with the Breath of Life.

The use of metaphor can be found throughout osteopathic literature. These analogies are readily identifiable and thus more easily understood. Mary uses the metaphor, the “*fingers of the soul*” in an attempt to illuminate the meaning of her experience of Potency that cannot be seen by others because it is in Mary’s abstract world. Becker (2001) looked at nature as a source for metaphors to be used for Potency to illustrate how Potency is characterised by a quality of stillness that is in no way inert, but contains a dynamic nature. Becker (2001) used the metaphor “the eye of the hurricane” (p. 30). Cardy (2004) discusses metaphor used by Becker suggesting his metaphor to imply that like the “eye of the storm” driving the formation of the hurricane so too does the Potency drive a change towards health. However, the use of metaphor is not exclusive to defining Potency. Within palliative care the experience of illness is often described using the metaphor of the journey (Bryne, 2008). Furthermore metaphors

used by researchers of qualitative study can either shed light or cast shadow (Carpenter, 2008). Carpenter suggests the choice of metaphor should not distort or misrepresent although it does provide the opportunity to examine phenomena from a creative approach that evokes emotion. For this current study the use of metaphor by the practitioners allowed them to express the invisible through visible representation. The metaphorical description used gave “abstracts a material form” (Rosenman, 2008, p. 865) in the same way descriptions of Potency had previously been given in osteopathic literature.

All the participants suggest that it is the Potency that appears to deliver health. Cardy (2004) has a similar view saying:

The qualitative change towards Health appears to take place through the influence of this greater Intelligence – it is not the practitioner’s ‘doing’. The practitioner’s role seems to be to contact the influence of the Breath of Life and thereby enhance Health, thereby support the self-healing mechanism. The point of access is the fulcrum, the gateway to the Potency. In this sense the Potency seems to be the spiritual fulcrum for the Breath of Life and the practitioner seems to be a fulcrum for the Potency (p. 75)

One of the tenets of Osteopathy is that the body has its own inherent healing mechanism (Kuchera & Kuchera, 1991). The self-healing mechanism is said to continually strive towards balance and health. Adam, Jane, Mary and Ange implied that it is the Breath of Life that permeates and flows through tissue re-establishing health. Jealous (2003) suggests our health is at the very core of our being and is not diminishable and it is always available. This health, “the emergence of Originality” (p. 60) conceived in the design and function of the fluids of the embryo, is what is delivering health above cellular structure.

Mary says “Potency is an expression of the Breath of Life”. Cardy’s (2004) view is “Potency seems to be the spiritual fulcrum for the Breath of Life” (p. 75) thus supporting Mary’s perception. Mary continues to explain and says “it is the power that helps us to treat ...//... it is the Potency which comes through which makes the changes for us” (p. 2). Cardy supports the idea of Intelligence being a quality of the Breath of Life and Potency. Sutherland (1990) agrees advocating Potency to have Intelligence.

[B2] EXPERIENCES OF SEEING AND FEELING

This sub-theme explores how the experience of Potency can present itself to a practitioner. The analysis of this theme in chapter five revealed the lived experience of the phenomenon of Potency presented itself to the participants of the study as an experience of light, as an

experience of energy or even as an experience of both. Perceiving the phenomenon of Potency as an experience of light or energy is consistent with the osteopathic literature exploring Potency.

Experiences of light can be found within osteopathic literature. Cardy (2004) reports the account of a practitioner who experienced the Breath of Life as light. This was interpreted as the practitioner concerned was on a path of refined perception because he was able to perceive what Sutherland had perceived. Jealous (2003) states that light, which constantly lights up the internal world, is present during therapeutic processes. The experiencing of Potency as light by some of the participants also demonstrates they seem to be describing the same type of experience described by previous osteopaths (Jealous, 2003; Sutherland, 1990).

Bill gives his explanation of the difference between the two kinds of Potency labelled by Jealous as soft and vectorial. According to Jealous (2003) there are two distinct kinds of Potency, one that is "*soft and sweet*" and other "*sharp and pointed*" (p. 99) along with other more sacred forms of Potency. Jealous views soft Potency to permeate slowly through the tissue to reorganise disturbance. He suggests soft Potency is a healing force that feels like sweet smelling liquid soap and moves like a fluid within a fluid. This Potency is very subtle. It creeps gently through the body, interfacing with and changing any distortions in the body, soul and spirit, respecting the body as a collective whole rather than reducing it to parts. He goes on to give his description of how soft Potency feels: "Like a (sic) electric liquid creeping through an area of restriction ... it has no fulcrum but moves as a 'plane' of potency, a sheet of trans-mutative force, very feminine, precise and patient, nurturing and restoring form" (p. 102).

Jane and Bill both express the idea of change when they respectively say: "*to really take hold of that health and start working with the whole body to try and bring back harmony*" and "*It's kind of slow and shifts and kind of changes*". Cardy (2004) discusses reorganisation and transmutation and suggests they are words that describe the qualitative change towards health that occurs as a result of the Breath of Life. This change is described as "an experience of the emergence of Health" (2004, p. 71).

Support can be found in the literature for experiencing the phenomenon of Potency as energy. Jane, Mary and Bill all described perceiving Potency as energy. Handoll's (2000) perception of what happens during the therapeutic process shows support for Jane's description of the energy she feels: "*like a drop in the ocean as it suddenly becomes whole, it suddenly becomes part of everything*". Handoll believes that the practitioner forms a relationship with the energy of the universe as well as the energy concentrated in his patient. Frequently these energies are contrasting one another, with the universal energy having a

smooth and balanced feel in comparison to a disturbed energy field within the body. Handoll goes on to say he waits; then he feels a dissipation of boundaries, structure melts and blends, giving communication between the two energies. Ultimately these two energy patterns form one and two parts become a whole.

Energy underpins the healing modalities of acupuncture, homeopathy and electrotherapy. Gerber (2001), based on his own personal research, explores these amongst other energy therapies as alternative healing methods. Rubik (nd) investigates some of the controversies associated with energy medicine. This article supports the notion of the living system to be one that is unified through the flow of energy. However, she states "alternative medicine remains alternative because it poses serious challenges to the mainstream biomedical paradigm of mechanical reductionism and because it requires a new framework" (p. 1). It seems that although there are no scientifically agreed upon understandings for energy medicine there are explanations for life energy.

Jane uses the word "stillpoint" and describes it as a place *"that is not where there is no motion, that is really where the Potency starts to build"*. When the Breath of Life phenomenon is experienced by a practitioner Cardy (2004) says "this stillness seems to be a stillness of great strength and Potency; it does not appear to be empty or barren because Health flows from it" (p. 78). It is suggested it is within this stillness that the Potency lives. Sutherland (1990) used the analogy of a glass of water to demonstrate what he wanted his students to feel and see in the potency of the cerebrospinal fluid. Rather than shaking the table and the glass of water spilling over, he requests his students send a vibration through their shoulder to their hand on the table. Instead, they would experience the water quivering in the centre of the glass. This movement comes "down to a balance point between inhalation and exhalation, a midway point" (p. 16). Becker's (2001) description of stillness claims that there is "stillness found at the fulcrum point within the Tide and within this stillness there is a Potency" (p. 29). Jealous (2003) says "still points have fulcrums" and "fulcrums transfer Potency" (p. 11). The practitioners of the current study seem to be using the words previously used for Potency. Van Manen (1997) says that words are borrowed from others when they are perceived as expressing an experience better than one's own words. The idea of the water coming to a balance point is mirrored in the following perceptions of Mary and Jane. Mary makes reference to *"a really solid strong centre, strong midline flow"* as being an indicator of the presence of Potency. Similarly, Jane says *"the whole system drives into a midline and all the tissues become non-delineable"*. Jealous (2003) suggests there are many midlines that differ in their strengths. Midlines appear to have an embryological connection and act as points of organization or orientation for fulcrums. Jealous believes the midline around which an embryo develops is the first function of our existence. Subsequently all "molecular, cellular, tissue, organ and perceptual integrity" (p. 62) is oriented to this midline. The exploration of midlines is suggested as a future research topic.

Similarities of view can be found when Oschman (2003) discusses the concept of self-assembly in biology and how the communication and integration systems in organisms achieve “both global and local unity of function” (p. 132). He suggests that the energy that flows through a system organises the system and this is no different in an organism. He further states “such an energetic and informational network forms by self-assembly of quantum electronic devices, it is likely that the assembly process will be influenced by the flows of energy during ontogeny” (p. 132). Acupuncture theory is based on the human body as an energetic system, the meridian system, and forms the basis of a modality that both prevents and heals disease. The meridians, that link all the organs and substances of the body, nourish and communicate with all the parts of the body and unify the body as a whole. When discussing the body as a living matrix Oschman (2003) suggests acupuncture points and meridians may relate to the tracts within fascia known as anatomy trains. The system of anatomy trains provides both linking and organization through the body that communicates to allow whole body movement.

[B3] I KNOW

This final sub-theme completes the discussion. The sub-theme presents the practitioners’ perceptions of the role Potency plays in their treatments of OCF. The analysis of this theme in chapter five revealed three key findings. Potency was the ingredient that assisted osteopathy to be a health system because it delivered more lasting and holistic effects. Secondly, Potency guided the therapeutic process as if it was the body’s inner physician. Thirdly, Potency was an energy that is part of a universal energy, connecting us to life.

Ange suggests that using Potency in a treatment returns osteopathy to its roots. She expresses this view when she says: “*and osteopathy was conceived as a health system*”. Literature can be found to support the notion of osteopathy being a health system. Jealous (1997) claims that in its conception osteopathy was both a philosophy and a science. He suggests osteopaths were encouraged to consider questions on life, such as soul and transcendence and to view their patients as a whole. It is a treatment that considers a patient as a whole, spirit, soul and body, with a focus on supporting the health of the whole. Kuchera & Kuchera (1991) define osteopathy as “a total system of health care which professes and teaches the osteopathic philosophy” (p. 2). Furthermore the body is viewed as having “its own self-protecting and [self]-regulating mechanisms” (p. 2). This study on the lived experience of Potency suggests Potency delivers health. Cardy (2004) agrees stating “one could also say the Potency drives the change towards Health” (p. 72). Still always claimed that his intention was to find health in his patients (Lee, 2005). Ange speaks of correcting a joint, saying “*its got to live and breathe and be fluid and that’s where I think if you use the Potency*”. Ange’s statement is suggesting that by returning the joint to its original state there is now a state of

health. Similarly, Lee (2005) suggests that by using the healing forces of the body perfection is able to be re-established.

Mary suggests there is an inner physician at work that guides her. Mary says the Potency “shows her where” she has to be and it is the Potency that “does the work”. Kern (2005) refers to the body as having an inner physician. In his description of a treatment he suggests it is the Potency that guides the treatment. He says “Don’t be afraid of inertia, as it will always lead you to health ... Go with the potency and fluids” (pp. 286, 287). Becker (2001) shares a similar view and suggests that the practitioner surrenders to Potency for guidance and understanding. Furthermore he considers the idea that for a practitioner to be able to work with the body it is necessary to have an acceptance and receptivity of the Creator of the human body. The practitioners’ perception of who the creator is, is not the focus. Instead the focus is to have an awareness and willingness for engagement with some form of spirituality during the therapeutic process. Becker states “that working with the Master Mechanic each visit will permit the physician to give the finest, most efficient, and the most skilful service in any of the healing arts available to the patient” (p. 33). Still further confirms the idea of the body having an inner physician. Still said that when he was able to perceive the individual as a whole living organism he believed he was in the realms of being governed by laws “not framed by human hands” (Sutherland, 1967, p. 187). The word divine was used by Still who believed human beings in all their perfection, to have an inherent ability to heal themselves (Lee, 2005). Accordingly Lee (2005) states “healing is divine” (p. 49). Cardy (2004) found receptivity was about “the practitioner’s ability to listen to the patient’s needs” (p. 59). Listening to the patient then means the practitioner allows the body to guide them in treatment. This Breath of Life experience is “an experience in stillness” (p. 78). This stillness “seems to be a stillness of great strength and Potency” (p. 78) from which “Health flows” (p. 78).

Jane suggests Potency is not unique to the person. It is an energy that is expressed by the body that is an expression of whole energy. Jane views her patients to be interconnected to a “universal Potency”. This interaction of energies, she believes, must be acknowledged in a treatment. Handoll (2000) suggests the patient is always in a dynamic interrelationship with their environment and states “we blend with the environment of space like crystals in a saturated solution, enveloped and permeated throughout like jellyfish suspended and swaying within the current” (p. 145). These words create an imagery of balance and harmony. Like Jane, Handoll seems to view the concentrated energy of an organism as being interrelated to the vast concentration of the energy of the universe. Furthermore Handoll explains the relationship existing between matter and energy. He advocates matter and energy to be interchangeable, with matter being concentrated energy. Jane says this interaction of energy all around “can’t be ruled out” in a treatment. It seems a dynamic relationship exists between the person and their environment, matter and energy. During a treatment it seems matter and

energy dissolve into one, restoring harmony. Handoll (2000) describes Potency as “the desire to express motion, the need to express motion, the stillness” (p. 34). This is suggestive of the body’s inner physician, and its dynamic relationships with its environment, instinctively changing towards health. The energy of the universe helps direct the body to restore harmony. This can happen when the practitioner is at one with the universe and with their patient. The body is then able to process disturbances within, restoring them to harmony and health.

It is significant that after giving her description of Potency in [B1] Ange declares “*Where [Potency] comes from I don’t know*”. Becker (2001) believes knowing where the “Potency of Stillness” comes from, goes to after it has interfaced with the body’s physiology, along with being endowed with a comprehensive explanation of its existence, is not necessary. Handoll (2000) believes “the source of the Potency comes from a relationship to something outside the body. The ‘something’ is everywhere – not a single point or place. It is something which totally envelops and permeates us” (p. 145). Therefore Handoll aligns with Jane’s view that Potency is “*all around*”. Jealous (2003) says the Potency, which he calls a unit of whole and the dynamic stillness, is always there. Potency does not just come from the still point but is “the background against which the spirit of life is played out” (p. 99). This is reflective of Adam’s view on where Potency comes from when he defines Potency as “*that life form that is breathed into us permeates throughout the body*”.

According to Lee (2005) Sutherland named the Breath of Life the life force. Cardy (2004) says the Breath of Life is “the source of Life and Life is a continuous manifestation of Health” (p. 77). It seems that receptivity to the Breath of Life within the therapeutic process nourishes, creates and maintains life. Bill says Potency is “*watching the patient being treated by life*”. He says “*to be returned into creation [is what] makes them well*”. The notion of reconnecting with our original matrix of health in relation to the emergence of wellbeing is supported in literature. Lee (2005) suggests “the generative forces in the embryo are retained throughout life as healing forces” (p. 265). In relation to treatment Lee (2005) says “we do not treat what is wrong. We treat by re-establishing the original perfection with which each of us entered the material world” (p. xvii). Therefore it is the replaying of these energy fields that seems to deliver health. In relation to a treatment Bill says he “*enjoys watching*”. Becker (2001) agrees when he says the practitioner “has largely ceased to be the doer in the treatment program and is allowing physiological function within to manifest its unerring Potency” (p. 35). It would seem that ultimately it is the practitioners’ consciousness that underlies their perception of Potency.

Summary

Chapter six has discussed respectively theme [A] *Practitioners' Journey* and theme [B] *Essences of Potency*. It has been revealed that the practitioners' ability to understand the phenomenon of Potency constitutes a journey comprising many influences. The practitioners appeared to be influenced by many experiences, ranging from pre osteopathic education, during and post osteopathic education. The role of mentoring had significant influence on practitioner development. Furthermore participating in reflective practice was shown to contribute profoundly to practitioner understanding. The experience of understanding Potency as a phenomenon was characterised as having qualities that empowered the practitioners to continue on their journey. The study concludes that practitioners' perceptions of Potency start and continually evolve in experience. The experiences of the practitioners are dependent on the context of their realities. However, commonalities of experiences seemed to exist; suggesting Potency is an expression of the Breath of Life. The phenomenon of Potency emerges from stillness and harmony, returning the organism to its originality and health. Sometimes Potency is experienced visually as light and palpated as energy.

This phenomenological study explored the practitioners' experience of Potency. The practitioners provided their stories with the intention of uncovering a deeper understanding into Potency within the context of OCF. This study is merely one researcher's interpretation of five practitioners' interpretation of Potency. The data collected can only be interpreted in the context of the researcher's being in the world at this particular time. It could be said that their being in the world influences the practitioners' perceptions of Potency at the time of being interviewed. Inevitably, these interpretations of experiences are always alive and changing. To conclude the study chapter seven will discuss the major findings of this study, the lived experience of Potency, and their significance to clinical practice and education. The limitations of the study will be considered. Finally ideas for future research will be offered.

Chapter Seven: Concluding Thoughts

Implications for Osteopathic Education and Practice

This section will discuss the major findings of the study and their significance for clinical practice and osteopathic education. Morse and Field (1995) explain the goal of phenomenology is to richly describe the experience rather than for the research to have generalisability. Generalisability refers to the extent to which the findings of the research can be applied to the larger population or settings. Further they state the written text is “open to varied interpretations depending on the experience of the reader” (p. 23). Therefore the following section will draw attention to the findings rather than using them to make generalisations. The first theme *Practitioners’ Journey* and its sub-themes reveal that undertaking a learning journey is not exclusive to osteopathy but is a consistent finding in medical practice (Tagawa, 2008). D. O., the abbreviation used in the United States – Doctor of Osteopathy, has a second meaning of to ‘dig on’ in the exploration of osteopathy. The current study presents practitioners who have inquiring minds. They all are looking for significance and meaning of the phenomenon of Potency in their practice. There is considerable support for the practice of ‘digging on’ within the osteopathic literature (Cardy, 2004; Handoll, 2000; Jealous, 2003; Strand Sutherland, 1962; Sutherland, 1990). The role of mentors is shown to have significant effect on the practitioners’ understanding of the lived experience of Potency. Furthermore mentors have been instrumental in establishing the desire to practise OCF and experience the phenomenon of Potency. Evidence can be found to support both the influence and the value of mentor schemes in other health professions (Horn et al., 2008; Kolasinski et al., 2007; Schrubbe, 2004; Steven et al., 2008). Further participating in reflective practice contributes to development of understanding the phenomenon and ensures understanding to be dynamic and alive. Reflective practice is a tool encouraged to facilitate self-learning that is widely advocated (Plack & Greenberg, 2005; Tagawa, 2008).

The second theme *Essences of Potency* and its sub-themes give insights into practitioners’ perceptions of the lived experience of Potency. According to Morse and Field (1995) “phenomenology accepts experience as it exists in the individual’s consciousness” (p. 22). The perceptions of Potency given in the study are in the context of what is the practitioners’ reality of Potency. Whilst these findings serve to increase understanding of Potency as a phenomenon, it is suggested they are only a beginning to exploring Potency. This is because the current study is only one researcher’s interpretations of five participants’ interpretations. It is hoped this study increases the impetus for further research on Potency, amongst the other phenomena of OCF. The undertaking of this study gives rise to ideas that can be considered for future research. In particular, it seems there is a paradox existing when the practitioner says there is the need to create space yet at the same time says there is the need to be still. Therefore it is of significance to discover the in-action of space versus the action of creating space. Subsequent exploration of this notion would provide a worthy adjunct to this current study.

In relation to osteopathic clinical practice the study draws attention to and encourages reflective practice. The study will allow practitioners of OCF the opportunity to consider their own experiences of Potency against the experiences described, for the purpose of growing their knowledge. The study encourages practitioners to share their experiences with colleagues.

The research draws attention to the benefits of mentorship. Therefore as a result of this study it is recognised that there is the need to emphasise the role of mentoring and its benefits. Mentoring can serve to achieve commonality of context whilst simultaneously experiencing the reality of Potency. The study draws attention to the importance of the osteopathic community reviewing its mentor schemes. More emphasis needs to be placed on these schemes and they do not need to be exclusive to OCF but may encompass osteopathy as a whole. In addition it is suggested the findings of theme [A] of the current study may have importance to manual physical therapy as a whole as outlined below.

For osteopathic educators, this study has drawn attention to the importance of teaching students to be reflective practitioners. Continued emphasis needs to be placed on reflective practice being an inherent feature of the practitioner. The importance of reflective practice continuing to be a course requirement incorporated into osteopathic curriculum, particularly in clinical practicum is supported.

The study found the lived experience of Potency was often described using metaphor, a concept not new to osteopathy. It seemed that the practitioners' experiences sometimes transcended the limits of the English language. The notion of language to express phenomena should be explored with the aim of developing a more extensive vocabulary, in written and spoken language, to express the experience of Potency.

It is hoped that this study and subsequent studies elucidating phenomena considered by some to be esoteric, will enhance a deeper understanding, respect and appreciation of OCF. Finally, the current study contributes to the emerging body of literature on OCF. The study achieves the aim of fulfilling the paucity and lack of breadth of and in the literature.

Limitations of the Study

This section evaluates the methodology of the study and highlights the limitations that have become apparent on reflection. Phenomenology, as a research method, serves to bring to language human experiences. The aim of the research is to achieve richness of data that provides an in-depth understanding into phenomena. Analysing and interpreting the data gathered from five osteopaths has given some clarification into the essences of the

phenomenon of Potency, although this could be considered merely a preliminary introduction. Morse and Field (1995) outline appropriateness and adequacy as being the two principles guiding qualitative sampling and influencing the reliability and validity of a study. Although the number of participants could be considered as a small sample it was consistent with research investigating the essence of experience (Ryan & Bernard, 2000). The interviews undertaken appeared to generate adequate descriptive data. Throughout the research process the researcher remained open to the possibility of increasing the sample size if indicated. Participants were selected using purposeful sampling. Purposeful sampling means the individuals interviewed were selected for their knowledge of the phenomenon of Potency and their ability to share that knowledge. Thus, the interviews were information-rich. However these experiences cannot be generalised to the wider OCF community.

It became clear through the study that more participants would not be necessary because of the volume of material already collected. Disappointingly, the researcher was constrained by the credit requirements governing the project. During the interviews there were times when practitioners spoke very specifically of patients and the experience of Potency within the context of the patient's being in the world. However, for this study it was not possible to include these experiences. Consideration could be given to utilising this data in a subsequent research paper further elucidating Potency and its application to osteopathic treatments.

Saturation is discussed by Streubert & Carptenter (1999). This means data collection will continue until saturation is achieved, meaning new themes are no longer emerging and repetition in the data is occurring. Due to the complexity of the topic it is difficult to determine whether saturation was achieved despite there been consistencies across the interviews. It is likely that if further participants were interviewed on Potency, at a different time, new data may emerge.

Reflection is a powerful tool and although the researcher attempted to analyse the interview process between the interviews undertaken, it is necessary to admit to inexperience on the art of interviewing. The researcher in fact acknowledges the whole phenomenological research process to be a learning process. If repeated, this experience would be accumulated and expanded upon. Further, interpretation of the data was undertaken having no knowledge of practising OCF. The researcher had only been the recipient of numerous treatments. This may have limited interpretation but may have served to limit bias. It is also possible that these experiences may have increased bias. The study was not intended to be an exhaustive description of the phenomenon but rather allowing an entrance into the practitioners' world of their current understanding of Potency. The data were therefore collected and interpreted according to the researcher's positioning in the world. If the same data is re-interpreted by the same researcher in one, two, five years' time it would be likely to present a different understanding because of the researcher's development.

An individual researcher was responsible for the data analysis and interpretation processes. This could be seen as a limitation of the study, because the involvement of another researcher might lead to more extensive engagement in the hermeneutic circle. Further, when the researcher transforms the information there is the potential for information to be lost or gained (Streubert & Carpenter, 1999) despite the researcher believing they are being true to the data. Accordingly it is appropriate to acknowledge that the data may not have been maximised to its full potential, another limitation of the study. In conclusion, it must be highlighted that the study is a collaboration of both the researcher and the participants exploring the lived experience of Potency. These experiences are in the context of all the individuals' being in the world at this one time. The following section offers ideas that could be considered for future research.

Ideas for Future Research

The following ideas for future research evolved through the process of this hermeneutic study. Firstly, a phenomenological study exploring the essences of a phenomenon is not intended to be the sole truth. Such a study is merely the researcher's interpretation. The discovery of the true meaning of a phenomenon, such as Potency, may be an elusive goal in itself. Instead, it may be more realistic to approach gaining in-depth insight into Potency as an ongoing process, infinite rather than finite. Therefore repeating the study will allow different voices to be heard providing different narrative data for interpretation. It is likely subsequent studies will reveal variations in emerging themes to those of this study. However, this would serve to further illuminate Potency and contribute to a growing understanding. Also because there is a lack of existing research into Potency there is value in reproducing this study to expand on limited current knowledge.

Secondly, most of the participants appeared to have chosen to work with the model of OCF early on in their career. They seemed deeply fascinated by and appeared dedicated to this model. A study exploring the influences on practitioners' choice to work with the model of OCF is recommended.

During the process of analysis, the notion of 'being' still emerged. The experience of Potency seemed to occur when the practitioner allowed the experience to come to them. When this potential theme was further explored, it was decided that the data present had elements of richness but was not comprehensive enough to comprise a theme. The inclusion of this theme would have required going back to the participants for more insight. This further elaboration and detail was out of the scope of this study. Therefore the idea of being still is suggested for future research as an adjunct to this study.

Additionally, in context of the interviews some of the participants of the study viewed Potency to not be exclusive to OCF. The experience of Potency in other models of osteopathy is suggested as an idea for future research.

This study found that on occasion practitioners described experiences where they perceived their patients to not be expressing Potency. One example described the Potency of a sexually abused woman to be 'hiding' in the patient's sacrum. Another example given was as a result of a car accident some twenty years earlier this patient had a 'ventricular system that felt dead and informed the whole organization of the body'. In this case Potency was considered absent. Unfortunately constraints on the size of the project prevented these experiences from being included. However, it is possible that further studies may reveal similar experiences to be harnessed for future research papers. Alternatively, the researcher could utilise the existing findings in a continuation paper on Potency.

The concept of midlines in treatments appeared to be referred to consistently. Clarification and investigation into the significance of midlines and how practitioners utilise midlines in treatments is suggested as a future idea for exploration.

Finally the study revealed that understanding an abstract concept such as Potency starts and continues in experience. Therefore it is suggested that the concept of 'what is Potency in the context of your reality' could be investigated further in a future study.

A Concluding Thought

This study was conceived and written from the researcher's fascination with OCF. Even though continual respect and effort was given to interpreting the participants' data true to its original meaning, it is necessary to acknowledge that possible misinterpretations may have been made. The study was made possible by the practitioners' willingness to share their lived experiences of Potency. Although similarities of perceptions are described it cannot be dismissed that the experience of the phenomenon of Potency seems to reside in the abstract world. The practitioners' experiences are subjected to the reflections of the mind suggesting: What is Potency? It has to be in the context of what is your reality.

"Pure logical thinking cannot yield us any knowledge of the empirical world: all knowledge of reality starts from experience and ends in it."

ALBERT EINSTEIN, 1954

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Appendices

Appendix A: Ethics Approval



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Helen Harrison
51 Hakanoa Street
Grey Lynn
Auckland

August 27, 2007

Dear Helen

Your file number for this application: 2007.741

Title: Exploring potency, from the perspective of the practitioner working in the cranial field of osteopathy.

Your application for ethics approval has been reviewed by the Unitec Research Ethics Committee (UREC) and has been **approved** for the following period:

Start date: 22 August 2007
Finish date: 30 November 2008

Please note that:

1. the above dates must be referred to on the information AND consent forms given to all participants
2. you must inform UREC, in advance, of any ethically-relevant deviation in the project. This may require additional approval.

This letter has been copied to the Principal Supervisor for Unitec student research projects.

You may now commence your research according to the protocols approved by UREC. We wish you every success with your project.

Yours sincerely


PP Deborah Rolland
Deputy Chair, UREC

RMOL ref#: 971

cc: Dr Elizabeth Niven
Carla Sutton

Appendix B: Consent Form



Consent Form

Exploring Potency, from the perspective of the practitioner working in the cranial field of osteopathy

This research project is required as part fulfilment for the Masters of Osteopathy undertaken at Unitec New Zealand, 2007.

The researcher is Helen Harrison (post graduate student). Dr Elizabeth Niven and Dr Clive Standen from the School of Health Science at Unitec are supervising the project.

Name:.....

I have read the Information Sheet for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to provide information to the researcher on the understanding that it is confidential. I can decline to answer any particular questions in the study. I also understand that I will receive a written copy of my interview transcribed verbatim. The purpose of this is so I can confirm the authenticity of the data and its transcription. If required I can make the necessary changes or withdraw any or all of my data. However, this must be done so within 14 days of receiving the transcript.

I have been given a copy of the Information Sheet and this Consent Form to keep.

I freely consent to participating in this study.

Participant Signature: *Date:*

Name:.....

Address:.....

Phone:.....

Project Researcher: *Date:*

This study has been approved by the Unitec Research Ethics Committee from 22 August 2007 to 30 November 2008. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretariat (Ph: 09 815 4321 ext.7254). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Appendix C: Information for Participants



Information for Participants

Exploring Potency, from the perspective of the practitioner working in the cranial field of osteopathy

The researcher

I am Helen Harrison, a Masters of osteopathy student at Unitec Auckland. Part of the requirement of my Masters is to complete a research project. My supervisors for the project will be Dr Elizabeth Niven and Dr Clive Standen.

The study

You are invited to take part in this study to explore the 'lived experience' of Potency. I wish to discover what Potency means to the practitioner of osteopathy in the cranial field. My intention is to gain a more in-depth understanding of the concept of Potency through the experiences of practitioners. I would like to interview practicing cranial osteopaths and give them the opportunity to tell 'their story' of their experiences of Potency. The completed project will contribute to an emerging body of literature and may be considered for journal publication.

Involvement from Participants

I would like to conduct an in-depth interview, individually with each participant, at a location of your choice. The location could be your practice, home or the Unitec Osteopathic Clinic. It is intended the location should be relaxed and private facilitating undisturbed communication. The interviews will be unstructured and take at the most 90 minutes to complete. You are able to decline to answer any questions during the interview. These interviews will be recorded and then transcribed verbatim. You will have the opportunity to read your transcript so you can consent to its accuracy. If you wish to withdraw any or all of your data you will need to contact the researcher within 14 days from receiving the transcript.

Confidentiality

You will select a pseudonym for your interview and this pseudonym will ensure your anonymity at all times. All consent forms and transcripts will be handled and stored safely at all times. All data will be stored on a password-controlled computer.

Any concerns

If you have any further questions or concerns please feel free to contact me directly on 09-3763 –806 or email to helen.harrison@slingshot.co.nz

If you would like to contact my principal supervisor directly you can on 09-815-4321 ext 8320 or email to eniven@unitec.ac.nz

Thank you for reading the information sheet. Please keep it for your own records.

This study has been approved by the Unitec Research Ethics Committee from 22 August 2007 to 30 November 2008. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretariat (Ph: 09 815 4321 ext.7254). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome

Appendix D: Questions that may be asked if prompting is required during interviews

Where did you complete your qualification for osteopathy?

What further education have you undertaken?

How did you learn about the concept of Potency in OCF?

How did you begin to work with Potency?

Tell me about Potency

What does Potency mean to you?

How do you use Potency in your practice of osteopathy?

Has your experience of Potency changed over time?