



EMBODIED BEING

The Philosophy *and* Practice
of Manual Therapy

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Embodied Being: The Philosophical Roots of Manual Therapy

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Have you ever wondered how you move your body, how you actually experience moving your body?

Jeffrey Maitland, PhD poses this intriguing question in his latest publication, *Embodied Being: The Philosophical Roots of Manual Therapy*. In general, he says, most people don't think about the felt-experience of how they move; they just move when and where they want. Therefore, the answer, he says, lies in contemplation. . . . "you must contemplate how you experience your movement as you live, breathe, and accomplish it" (p. 148).

The book is an interweave of contemplation, Zen practice, and philosophy to inform the art of manual therapy (Rolfing in particular), with each thread representing a solid thread of Maitland's internalized fabric. I must admit that not being trained in Rolfing or any other form of manual therapy did impact my reading—I had to consciously set aside my attitude that this book wasn't for me and find my way into the text from an uninitiated perspective to explore what resonated for me. I didn't have to look far.

Maitland is clear that while the book is about manual therapy it's not limited to Rolfing; he offers a "comprehensive inquiry into the theory and practice of caring for and enhancing our embodied uprightness" (p. xvi). He also discusses universal issues that health care providers experience.

I appreciated his comments that we are living bodies, not soft machines created from pre-shaped parts, and that our body, mind and spirit must be seen as a unified whole. The body, Maitland asserts, is a self-sensing, self-shaping, self-organizing, seamless, developmental, unified whole in which everything is related to multiple interdependent relationships. The purpose of therapy is thus far more encompassing than simply getting rid of symptoms; rather, the goal, he writes, is to bring harmony, balance and morphological integrity to the whole person in relation to his/her environment.

The writing style (tone, quality of word choice, sentence type and structure) invites inquiry, encourages the curious witness to replace the bystander, the onlooker that lives within and come into relationship with the material. ". . . our skills," he writes, "have suffered when we approach the world as a detached bystander disembodied onlooker" (136). Reading this book requires you to connect, to be within your body and mind and simply absorb the words for digestion, for reflection.

The guiding question here is: “Which aspects of the whole person as represented in the five categories of assessment and if properly normalized, organized, and enhanced will bring the highest level of integration to the whole?”

Dr. Maitland offers questions—some open ended, some with answers. There are possibilities and limitations. I was immersed in one man’s philosophy about life, work, being; I was in this book, with this book, just as the book was within me, becoming part of me. The depth of this 182-page text mines deeply into purpose and practice. There are case studies, experiential anecdotes, and lengthy discussions on foundational myths (i.e., dualism of body/mind) that are then challenged with Maitland’s deductive logic such as his attempt to simplify and clarify the mind/body debate (p.113):

The body is not an object
The body is sentient or reflexive (capable of sensing itself sensing)
Sentience is the act of the body sensing itself sensing
Sensing oneself sensing is a form of consciousness
Consciousness is a somatic event
Therefore, the incommensurability thesis is false.

“If mind is a somatic event, the interaction of mind and body is possible. Both body and mind are two aspects of the same interdependent activity. The idea that body and mind are mutually exclusive must be replaced with the view that they mutually implicate each other” (p.113).

Many sections challenged me. I had to reread sentences such as, “There has to be refocusing of attention from what is conceived to the act of conceiving, while engaged in the act of conceiving that which is conceived” (p. 91). I reread sections several times, at different times, to pause and be with the philosophical content, to bath in the sentiment of sentience and experiment with what he calls the pre-reflective experience (being in a moment without thinking you are in the moment—the minute you think, you are out of that moment).

There is clearly much to write about in this review. However, I will limit my focus to a few areas that resonated with me.

Three Guiding Questions:

Maitland offers three overarching questions to guide client work: What do I do first? What do I do next? When am I finished? Any practitioner in any field can address these questions

formulaically—follow the protocol of your training, of the DSM, of whatever guide you adhere to. Yet, the reality Maitland offers is one of an internalized sense of being and knowing. Client care is not about following a recipe, not about adhering to an external routine directing you from step 1 to step 2. It’s about being present in your body, in your consciousness in such a way that you truly see your client (the sentience that exists, the view from a pre-reflective perspective before the I-thou intercept).

The clinical decision making process he shares calls on practitioners to be: skilled at applying techniques; able to perform thorough assessments; and trained in how to perceive. As well, practitioners must be able to evaluate somatic dysfunction, recognize normal function, state goals of therapy, appropriately apply a wide range of techniques, assess functional outcomes, and create a proper client/practitioner relationship (p. xvi). All the while using what he calls, ‘round thinking’— “to think and perceive holistically, deepening and expanding your understanding” (p. xvii).

Principles

Principles, Maitland says, define the therapeutic arena and state the conditions under which normal and enhanced function can occur; principle centered decision making is one part of how we answer the three guiding questions. Practitioner’s must know the principles of intervention and how to apply them in the therapeutic setting to create a carefully considered plan. Without explicit understanding of the principles of the intervention factors, there is no clear way to decide what to do first, what to do next, and when to finish, he writes.

Citing many principles, with the caveat of what he calls Meta principle: all principles interact at once, Maitland included the following: the holistic principle, the support principle, the principle of adaptability, the continuity principle, the palintonic principle, and the closure principle.

His discussion on the principle of adaptability stayed with me because it states that integration is a function of the whole person’s ability to appropriately adapt to ever changing internal and external environments (echoing statements in my mind such as, the only certainty is

uncertainty and we have to be able to sense our stability internally in an unstable world). "Any attempt to restore or enhance normal function is a function of the body's ability to adapt to the intervention," he writes (p.39). What came to my mind was the conversation about a practitioner's tool box, the implementation of different approaches that one thinks will fit the current situation. However, if we simply introduce changes we think are necessary or applicable that the body as a whole can't adapt to, Maitland asserts, and I agree that "our intervention will fail and we may create difficulties elsewhere" (p. 98). Adaptability is thus critically important in any clinical setting; "any attempt to restore or enhance function must take account of whether the body can adapt to any proposed strategy of intervention" (p.39).

In order to use the principles of intervention, Maitland directs practitioners to conduct a thorough examination to locate all of the 'order-thwarters'—a word he uses for what's happening in the body instead of 'dysfunctional' or 'fixation' because "it implies that a pattern of distress lives in relationship, not an isolated symptom" (p.53). The examination covers five categories of assessment to determine which levels of the whole require enhancement. The five types of assessment include: structure assessment and intervention; geometric assessment and intervention; functional assessment and intervention; energy assessment and intervention; and psychobiological orientation (or intentionality) assessment and intervention (p.20).

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Phenomenology

Phenomenology, Maitland writes, begins with the lived experience of perception that tries to catch the pre-reflective activity of perceiving as it is occurring (p. 75). "Within experience we must learn to shift our attention away from the achievement of what is experienced to the experience of achieving what is experienced" (p.75). This shift is at the heart of seeing and an important first step in Maitland's process of learning to see.

The Art of Seeing

The heart of manual therapy, according to Maitland, is enhanced (skilled) perception. One of his missions is to teach practitioners how to stop looking at their clients and start seeing the wholeness of the person in their presence. He comes from a psychobiological orientation (or intentionality)—emotional fixations, worldviews, trauma etc. undermine our structure and our

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orientation to the world. "Adherence to an unhealthy world view can have the same effect as repressed emotions," he writes as "psyche and soma are intertwined. Unless both are released neither will release independently of the other" (p.52).

"We must learn how to feel our way into the person and wait for what the body wants to show us, not impose our will on the body."

Our job is actually to wait and do nothing. We no longer want to actively try to assess a client, we don't want to think about trying to change him/her for what we perceive as 'better'. According to Maitland, a shift in orientation from trying to accomplish results to one of allowing what is to show itself results in opening a loving space where the client can wordlessly reveal his/her troubles to us. We must learn how to feel and perceive (with a feeling-nature) his/her whole body and energy field with our whole body and energy field. Defining our perceptual system as an integration of our senses, cognitions, feeling nature and energetic field, Maitland says we must include the brain and nervous system and mind, what Maitland calls the 'somatic field', which is "our feeling nature entwined with and embedded in all our states of awareness and shared with all living systems (creatures)."



in exact sensorial imagination, we create the space for an object in our imagination and lived body by visualizing what we just received and perceived. This process allows practitioners to develop a way of seeing that is shaped by what they're seeing. You simply close your eyes and visualize what you saw, incorporating the three factors of perception: sensory, imagination, and feeling-nature. You recreate it in your mind's eye and re-feel it in your body (the details of the sensory experience) (p.91). As you repeat this process, and oscillate between the two (active seeing and exact sensorial imagination), and continually check the details, Maitland says you will come to a place where you see wholeness

and the object lives in you (p.89).

A Quick Conclusion

As noted in the beginning, there is much here to explore. Overall, I chose to include this review in our Summer Book Review issue because the content is fascinating, stimulating, informative, intellectually activating, inspirational, present and real. If you're a Rolfer or work with any form of manual therapy, if you're interested in philosophy, if you want to learn how to see your clients, to sense into yourself and them, to be one with the body and the energy field, to let what is present itself and you aren't exactly sure how, I recommend reading this book.

Jeffrey Maitland, PhD dedicated most of his adult life to investigating Zen practice, philosophy and the nature of healing. He's a Zen monk ordained by Joshu Sasaki Roshi, an energy healer, a Certified Advanced Rolfer, a former professor of philosophy at Purdue University and a philosophical counselor. He's one of seven Advanced Roling Instructors in the world. He employs a gentle, non-formulistic approach to Roling and is highly skilled in visceral manipulation, biodynamic craniosacral, energetic and cold laser therapy.

Maitland says that we use perception and enhanced perception as forms of seeing every day, and while both are saturated with the cognitive, enhanced perception is where the phenomenon lives in us and we in it, which must be cultivated by practice (p. 89). We must shift our orientation (or intention) from that of an onlooker experiencing the world through abstractions of the analytic/verbal mind to becoming a participant of the lived perspective of the world, to allow what is to show itself (p.91).

"You must shift your orientation to allowing what is to show itself. You simply get out of the way by dropping your self and simultaneously expanding your perceptual field to allow the opening of a loving space. Just allow the spaciousness to appear with no thoughts of trying to change your client for the better. The clarity and safety of this clearing make it possible for the being of your client to wordlessly reveal his or her troubles to you. This shift is actually a kind of intervention, which, all by itself, can create change" (p.91).

There are three steps to practice in Maitland's process: first, we have to shift our intentionality/orientation from onlooker to participant; second, we have to engage in active seeing; and third, we have to engage in exact sensorial imagination (or exact intuitive perception). Active seeing suspends the verbal/analytic intellectual mind by directing attention to sensory experience. Then,