Available online at www.sciencedirect.com
ScienceDirect
International Journal of Osteopathic Medicine 11 (2008) 96–101
www.elsevier.com/locate/ijosm

Commentary

Whose values are we teaching? Deconstructing responsibilities and duties of teachers of osteopathy

Peter Sommerfeld*

Karl Bodingbauerstraße 23/4, 2100 Korneuburg, Austria

Received 28 April 2008; accepted 27 May 2008

Abstract

Background: Against the background of modern pluralistic societies the osteopathic profession has been facing essential changes during the last years. Traditional and progressive forces within the profession tend to drift apart. Teachers of osteopathy play an important mediating role in that controversial context. They act as a pivot in a power-play of interacting values and their claims. This commentary tries to sketch the structure of that situation.
Objectives: The teaching person has to meet a set of challenges: (1) dialectic of idealism versus relativism; (2) pluralism of values; (3) relativity of values; (4) power being immanent to values and the educational situation as such.
Methods: Elements of Foucaultian "discourse-analysis" and Derridaian "deconstruction" have been used to dissect more or less implicit structures of power underpinned by values expressed by sets of normative claims.
Results: The analysis tries to identify two groups of claims the teacher is responding to: (1) intrinsic claims originating from (1.a) the teacher her- or himself, (1.b) the students and their background, (1.c) the institutionalised profession and (1.d) the profession's tradition; as well as (2) extrinsic claims as there are (2.a) socio-cultural attitudes, (2.b) society's health system and (2.c) the system of state-approved medicine. Despite all intervening sets of values the patient can be identified as the goal of the teaching subject's responsibilities as it is the patient who enables the existence of the profession itself.
Discussion: There is no generally agreed strategy for teachers of osteopathy to help them manage the situation. An ongoing process of deconstructive self-reflective alertness that prevents the teaching person from excesses of either orthodox ideology or opportunistic relativism is recommended.

Keywords: Education; Discourse-analysis; Values; Power

1. Introduction

This short commentary sketches out problems concerning teaching osteopathy today. The author contends that the profession has arrived at a turning point during recent years as traditional and future-orientated forces within the profession tend to drift apart. In looking for and developing social recognition the profession sometimes tends to be pulled in different directions by trying to respond to antagonistic paradigms (sets of values) and their divergent claims. Teachers in osteopathy play an important mediating role in this controversial context. Responsibility for the profession's identity to a great extent is left in the hands of osteopathic educators. They stimulate what a society thinks about what osteopaths do and what the profession represents within that society. So, no doubt, their position is a one of power and influence. This situation warrants specific consideration and appraisal.

On a very general level education may be regarded as a process intending to prepare the individual to become an integral participant of society or to join a specific

* Tel.: +43 2262 63 993.
E-mail address: peter.sommerfeld@utanet.at

1746-0689/$ - see front matter © 2008 Elsevier Ltd. All rights reserved.
doi:10.1016/j.ijosm.2008.05.004

social subgroup like the osteopathic profession. The tension between individual and social interests is one of the major issues of philosophical debates on education from Plato's *Politeia* via Thomas Hobbes' *Leviatan*, Jean-Jacques Rousseau's *Émile*, John Stuart Mill's *On Liberty* up to the entire work of Michel Foucault. The main question to be addressed in this context is: how can the individual's desire for liberty and personal development be adapted to social regulation and control? A key challenge for every modern Western educational system is to find a way for socialising the individual without hindering their individuality.[a] Within that idealised framework, education should work upon development and refinement of the individual's practical and theoretical capabilities. These capabilities may be divided into three areas: social behaviour,[b] knowledge (knowing why) and specific practices of production (knowing how) spanning from crafts to arts. These capabilities are grounded on abstract conceptions guiding individual and social processes involved in making judgements, i.e. differentiating between acceptance and disapproval. This set of conceptions can be considered to consist of values. The educator might be regarded as a mediator for values and therefore has crucial influence on the individual's normal conceptions about qualities such as good/evil, true/false, brilliant/poor, etc. These are commonly used in order to judge practical and theoretical competences being expressed in social interaction. The behaviour of an osteopath may be expressed in the way she or he takes care of the patient's interests or responds to the patient's needs, her or his judgements might be based on adequate or inadequate knowledge and the way she or he treats can be brilliant or poor on a technical level.[c]

But how can we rely on the quality and standards of our judgements, the truth of what we know? How can we rely on the underpinning values? Are we aware of them? Where do they come from? Are there any irrefutable values? Do they change? If these values change, what are the consequences of such changes? These questions are crucial in a practical realm – as is osteopathy[d] – where judgements lead to decisions and decisions lead to actions with irreversible consequences that may impact on other individuals.

In Western philosophical tradition there are a broad variety of approaches dealing with these questions. Some of these might be helpful for this investigation and will be introduced in three steps[e]:

- The idealistic approach (whose most important protagonist was Plato) holds that there is a reality of eternal invariant ideas[f] contrasted by wavering empirical experiences. Insight to ideas guarantees good behaviour and truth, whereas empirical phenomena are misleading. Contrary to Platonian idealism, relativistic approaches (whose protagonist was Protagoras) that hold for a vast variety of changeable individual conceptions of good behaviours, truths, etc. Education always deals with the dilemma of handling this antagonism between idealism and relativism.
- Through globalisation, modern society has become highly pluralistic, i.e. encompassing a range of values that might be contradictory. Protagorean relativism seems to govern the global village. But who decides whose values are to be accepted in which circumstances? This brings in Nietzsche's viewpoint, stating that values are mere "points of views", mirroring structures of power-play.[g] Transferred to the educational area this means that dissemination of values is not neutral. It is mediated via the whole system of education representing power structures.[h] Power may be expressed by range of practices. These may range from manipulation and indoctrination to situations where self-determination, reflection and reciprocal responsibility may take place.
- Foucault has been influenced by Nietzsche and thoroughly assessed[i] the roles, structures and expressions of power in different social and historical contexts (knowledge[7], punishment[6], medicine[4], madness[2], etc.). He regards educational systems as generators of discourses: "*Every education system is a political means of maintaining or modifying the appropriateness of discourses with the knowledge and power they bring with them*"[j]. Discourses are more or

[a] Mill's *On Liberty* might be regarded as one of the key texts here. Himmelfarb's[10] analysis shows how Mill struggled for a solution and constantly reworked his own approaches in many cases being quite contradictory from instance to instance.

[b] The terms "social" and "behaviour" are used in the broadest possible sense here. "Social" spans from moral and religious instances within the individual to ethical, juridical, political, economical and even cultural realms. "Behaviour" encompasses the individual's expressions and responses within practices guiding interindividual exchanges in those realms.

[c] This last category is problematic, as osteopaths are not producing anything (cp. Ref. [16]). A brilliant technique has in first instance to be safe, i.e. must not interfere the patient's vital interests (cp. Ref. [17]).

[d] Medicine on the whole can be regarded as practical science, viz. its first end is not accumulating knowledge but alleviating or healing the sufferings of living beings (cp. Refs. [12,18]).

[e] This structure is the author's personal choice.

[f] According to Plato ideas are at the very bottom of everything there is. Applied to our discussion we would say that values are the products of ideas. This somehow undermines our arguments from above.

[g] Cp. Ref. [11], p. 36.

[h] Following Michel Foucault we may state that there is no immediate relationship between the *knowing subject* and knowledge (cp. Ref. [15], p. 66).

[i] Foucault himself used the metaphor of *archaeology* for his own method. There are distinct connections between Foucault's *archaeology* and the term *deconstruction* the author borrowed from Jacques Derrida in this paper.

[j] Ref. [5], p. 46, cit. in: Ref. [13], p xiii.

> less restricted processes regulating the endeavour for attaining, organising, restructuring and augmenting knowledge in the broadest sense. Foucault used to call this endeavour the *will for truth*.[k]

The reader can see that deliberations concerning values lead to complex structures of power. Thus we might ask the following questions of what Foucault called the *speaking subject*, i.e. the person leading the discourse, the educator: (1) Where do the educator's values originate from? (2) How can educators manage to find a way through without violating their responsibilities and duties? (3) How can they avoid abuse of power in a situation that is constituted by structures of power? These questions aim to provide a clearer view of the structure of the problem we are facing rather than leading to definite answers. Solutions might differ as individual cases arise, but exploring the situation, whilst adhering to the context might ease the development and implementation of appropriate responses.

2. Power structures within medical or therapeutic education

A front line educator is exposed, especially in undergraduate training. There is always the danger of inappropriate questions revealing unexpected contradictions, the danger of resistance culminating in open rebellion questioning the teacher's competences. The easy way round for the teacher is to enforce power structures that guarantee distance between teacher and student/disciple and create a closed rigid communication of specialised knowledge in front of subjects to be indoctrinated. In such a setting there would be no barriers to be challenged, no contradictions to be dealt with, no sceptical doubts to be defeated. This is pure heaven for the kind of educator who in many cases may be regarded as a guru. In this case values are implicit, assumed and unquestioned. Responsibilities and duties are sustained by dogma that also supposedly supports the teacher's integrity and competence. Such situations might occur anywhere in a classroom. Following Foucault this is plain subjugation to the discourse's power. Everyone who ever consciously followed an osteopathic practical classroom-situation where the teacher (mostly male) puts his hands somewhere on a disciple's (mostly female) body knows what we're talking about. What follows is a noticeable change in the teacher's glance indicating a concentrated deep decoding touch which finally gets discharged by uttering some truth about the state of the disciple's inner tissue relationships.

The author suggests that these types of strategies of subjugation occur especially in places where social dependencies and hence power structures dominate discourse-formation. Amongst others – like educational discourses in general – this is strongly true for medical and related therapeutic discourses. Educational discourses within the medical and therapeutic realm might be regarded as specifically sensitive to any abuse of power as structures of dependency are intrinsically interwoven between the educator and student.

However, there is no need for (medical or therapeutical) education in the absence of someone needing to be educated.[l] The person in need of education has to adapt to the mechanisms regulating and constraining the specific educational discourse, otherwise processes leading to exclusion will be enacted.[3] Considering another situation there is no need for medical or therapeutic intervention unless there is a person in need of medical and/or therapeutic help (patient). Any such person again has to accept certain mechanisms of medical and/or therapeutic discourse, which should serve to benefit a needy individual. The needy individual (the patient) relies on competences of the medically or therapeutically educated person. Different models of this relationship are the subjects of recent debates in medical ethics. Traditionally the medically or therapeutically acting person being responsible for the patient's well-being is the one who accumulates power in respect to judgements concerning the patient's status and decisions concerning further interventions the patient has to undergo. Following Hegelian master–slave-dialectics for both examples power-gradients may reverse. This is why authoritarian strategies in many cases dominate realms of education, medicine or medical as well as therapeutic education.

In the case of osteopathic education we might face a specific additional problem concerned with the fact that osteopathy is assumed to be grounded on a specific "philosophy".[8,14] Especially when the profession's identity is questioned, reference to traditional "philosophies" and their current interpretations becomes urgent. As Gevitz[8] emphasises, doctors in the USA in contrast to osteopaths generally refused to refer to a philosophical background because it seemed to be too ideological for them.[m] The charisma, self-assurance

[k] Cp. Ref. [3]. In the course of this paper the reader should get an idea of what the term *discourse* does imply.

[l] This situation might seem obscure. But this typical Hegelian figure of master–slave-dialectic can be quite useful in our respect (cp. Ref. [9], p. 228–240; "Independence and dependence of self-consciousness: Lordship and bondage"). You just might ask how much the society you live in is in need of an osteopathic profession. Considering this question makes the structure of double dependency become obvious. Within a struggle for recognition this might be one of the main forces that extrinsic claims (mentioned below in this article) exert on the profession.

[m] Cp. Gevitz[8] (p. 180): "*For well over a century the MD profession has pointedly rejected the adoption of any philosophical belief system governing health and disease, equating philosophy with dogma and arguing that its professional approach is dependent solely upon scientific evidence.*"

and religiously influenced argumentation dominating the writings of A.T. Still or W.G. Sutherland might easily serve as an ideological concept beyond any critical reflection. The osteopath might then rather be characterised as a healer whose decisions are based on closed dogmatic thinking or mere intuition rather than a health professional acting on the basis of an open and critically reflected discourse.

Undergraduate training provides the health care student with specific knowledge and ways of acquiring adequate knowledge in order to behave in an appropriate clinical manner by judging, deciding and intervening. In addition education inaugurates the student into specialities, rules, techniques, practices, rituals, and mechanisms of control, gestures and linguistic modalities of a specific discourse. Students finally find themselves controlled but in addition protected by that discourse at the same time. And – coming back to our special case – all those cited features of discourse dominate the osteopath–patient-relationship the student is going to implement.

As an interim summary: (1) there is no discourse at all without intrinsic structures of power; (2) power is induced by values underpinning the discourse's integrity; (3) within medically or therapeutically orientated educational discourses power structures are interwoven on multiple layers; (4) the way of handling power in these specific circumstances makes this a special matter of concern and has impact on ethical questions;[n] (5) the kind of "philosophy" that partially provides identity to the profession might easily turn out to be an ideology; (6) thus, for persons teaching osteopathy, reflecting on circumstances that guide the specific content that they are teaching and the way they are teaching as well as the manner that they establish a student–teacher-relationship, is of special interest.

3. Multiple values and their claims act upon teachers of osteopathy

Values are abstract concepts. Their impact on deciding and acting is mediated by specific claims. Claims generally have the form of "…ought to…". If a holistic view of the individual were a value in osteopathy, then claims like reflecting on a patient's social and psychological background or the obligation for supervision of the osteopath's own personal development ought to follow. Even the claim to accept that holism is a utopia and therefore to reflect on one's limited competences might be derived from holistic views.

Individual teachers act as nodes in a network of multiple claims they try to respond to. At the very bottom of these claims values are acting as – in most cases – hidden agents.[o] They govern decisions; they can attribute importance to certain aspects or commit them to insignificance. By virtue of their normative character they provide teachers' arguments with strength and pressure. Values are mostly unrecognised supporters of power within a given discourse. These values are points of views, and introduce a constellation of power.

The goal of the following analysis is to dissect this complex burden on the teachers' shoulders. In a first step the author wants to separate intrinsic from extrinsic claims. Intrinsic claims are directly connected with constitution and identification of the osteopathic profession itself. Extrinsic claims are claims coming from outside the profession and regulate its interactions within society and their juridical, economical, political and cultural features. The suggested items are not meant to be comprehensive, the way they are chosen focuses mainly on undergraduate training.

3.1. The educator

First, addressing claims that the educator is acting upon herself or himself takes the stance that claims are dependent on different historical or biographical backgrounds like cultural, social, educational, personal, etc. and their supporting values. A mixture of these might, for example, determine which features of osteopathic theory and practice are worth dealing with and which are not.

We might ask: how much of the teacher's own "personality" as well as identification with the profession should be brought into a classroom-situation? Is the teaching osteopath the exemplified representation of osteopathy? If on the one hand represented values are regarded as their personal property, we get something like: "what I do and how I do it represents the profession". If on the other hand the educator hides behind a plurality of unrecognisable values we get an opportunistic discourse with an educator disabled from taking any standpoint at all. Students might be left in a dilemma of ambiguity where osteopathy rests an empty or fuzzy subject.

3.2. The students

Every teacher is confronted with claims coming from students' attitudes and expectations. Especially in countries where osteopathic training is predominantly part time, students bring in their specific profession-dependent paradigms (from physiotherapy, manual therapy, conventional medicine, alternative and complementary medical

[n] Space prevents full analysis of specific ethical questions here, but talking about power is implicitly related to the ethical realm.

[o] One could think of beliefs in this respect. The author holds that beliefs represent a more individual layer supervening on values. Whereas values might be regarded as strongly constituted by the exchange between the individual and its social environment, beliefs are subject to the individual itself.

concepts, etc.). These more or less *doctrinaire discourses*[p] may have an affirmative influence on osteopathic paradigms, but they even might disturb the configuration of the osteopathic discourse by interfering with osteopathic concept validity or by producing contradictions. In this case the easy way out for the teacher might be the use of explicit power structures invoking her or his own discourse's truth.

We may ask: how intensely should the osteopathic discourse be protected against foreign influences? Is there room for critique and discussions about osteopathic identity in undergraduate training? Students might either adopt a more or less dogmatic system, or might feel left alone with finding their own individual "osteopathies".

3.3. Institutionalised profession

There are claims being raised by the profession in general. They are set up by institutionalised procedures controlling standards the profession's members are expected to attain. This bundle of claims is directly connected to an extrinsic group of claims referring to juridical aspects regulating the profession's role within a society's health system. From this background institutionalised professions can exert control on discourse-production being carried out by its members. Schools as teachers' employers belong to this group. Their statutes and curricula have to be in accordance with the profession's standards.

We may ask: who is allowed to stand up and speak in the name of osteopathy? How much critique is the profession able to bear? Is it an exclusive doctrinaire circle tending for purity or is it open to all sorts of mergers and variations, a hybrid amalgam of all sorts of more or less holistic therapeutic and diagnostic approaches?

3.4. Tradition

Claims being transported over time's distance may be summarised as tradition: the successively conserved and more or less condensed founder-father's voice. This feature might strongly interact with institutionalised structures like courses for teachers in osteopathy, training curricula, recommended readings for students, the profession's definitions serving communication with related professions, potential new students, patients and the public in general. Finally it might have an impact on the osteopathic standard regulating the profession. It is – which sometimes is matter of controversial debates – contributing to the profession's identity with respect to the profession as a social body and its individual members.

We may ask: do the founder-father's writings and his commentaries have any impact on what osteopaths think and do today? Are Andrew Taylor Still's principles, whatever they might have been, of any relevance for the profession's identity in the 21st century? As for osteopathic education, are these principles of mere historical value or do they constitute the core of osteopathic practice?

3.5. Extrinsic claims

Within extrinsic claims we also may identify several groups. There is a whole cluster of claims reflecting socio-cultural attitudes and their underpinning values concerning general notions of health and disease, the role of persons acting in the medical and therapeutic field, their competences, social status and moral integrity. There is another set of claims coming from public health-related institutions, encompassing juridical, economic, structural and political aspects of health-professions, assurances, hospitals, practices and last not least individual persons working in those fields. And there is a third factor, which actually belongs to the group of public health-related institutions: state-approved medicine. Its impact on osteopathy is so strong that we might even ask if it is right to classify them as extrinsic. There is a plethora of questions expounding facets of medico-osteopathic interrelations. Is there only one medicine being approached differently or are there different kinds of medicine? Is medicine only scientifically proven medicine? Is osteopathy an integral part of medicine? Is osteopathy alternative or complementary medicine? No doubt, these questions have a strong influence on the osteopathic profession and its members. They actually do have an effect on the juridical and political situation of the profession and they definitely set some puzzles for the educator in osteopathy. Since osteopathic education is becoming more and more academic, the profession finds itself in a situation where values of state-approved or conventional medicine have to be adopted or taken over. Within that process osteopathy struggles for identity and for recognition from society in general and from state-approved medicine in particular.

4. The perfect aporia[q]. Methodological coda

What should the osteopathic teachers do then? Should they throw the old traditional osteopathic "irrationalism"[r] over board and build a system of osteopathy where everything is refuted that does not come up to scientific standards of proof? Should they instruct their students

[p] Doctrinaire discourses in the Foucaultian sense tend to expand outwards (in contrast to esoteric conservation within a selected circle) and by a corpus of laws impose strict control on the discourse's truths (cp. Ref. [3]).

[q] This old Greek term, frequently used by Aristotle indicates a situation where any possibility of advancing is problematic.

[r] Due to the analyses of Paul Feyerabend "irrationalism" can be regarded as a fighting-term used by those who claim rationality and intelligence for themselves.[1] In this specific respect it refers to what Norman Gevitz calls "the cultist label" of osteopathy (cp. Ref. [8], p. 123ff).

to do this or that treatment whilst not really know what we are doing by doing it? Should they train their students not to rely on osteopathic tests, as they are in fact hardly ever reliable and valid in terms of scientific methods?

We would like to suggest a way of dealing with similar dialectic dilemmas. It has been brought up in 20th century philosophy and is called *deconstruction* (Jacques Derrida is one of its foremost protagonists). Deconstruction does not mean to destroy anything, it rather does mean to slip into the structure of a problem or debate and thus reveal its dependencies from unnoticed preconceptions and justifications. These preconceptions and justifications could for example be found amongst a set of values. In a nutshell: deconstruction marks an intellectual alertness that tackles a problem from within a whole system of thinking by constantly trying to identify and explicitly re-incorporate the mostly unconsciously, implicitly and tireless working agencies representing and administrating the cornerstones of that system. It is subversive, viz. it uncovers structures of power supporting the system whatever the system's end might be. Deconstruction is a little bit like retesting and accepting that there will never be a final truth within a given test-result. But in addition it does not mean that any given result is acceptable. So the examiner – the educator in our case – has to rest in a state of reflective awareness and do the best she or he can at the moment. This implies constant refinement and critical restructuring of one's own point of view and consciously responding to external influences as far as possible. The educator has to stand for what she or he speaks and does in the moment and in the very place she or he is acting.

Finally the author would like to emphasis a factor that has less to do with values and claims than with responsibility: the patient. Osteopathy has somehow survived the 20th century. It certainly wouldn't have done without patients attending osteopaths, having confidence in their actions. So – referring back to Hegelian master–slave-dialectic – there seems to be a need for what we are practicing and teaching. Osteopathic teachers have to deliberately reflect on a plurality of values with respect to potential patients their students will meet in practice. Tolerance within the osteopathic educational discourse (a value the author brings in) will have an influence on whether patients will be handled within a narrow normative corset of functional/dysfunctional differences or in an open system of critically reflected support that knows about its own ambiguities, strengths and limits.

References

1. Feyerabend P. *Science in a free society*. London: Verso; 1978.
2. Foucault M. *Madness and civilization: A History of insanity in the age of reason*. [Howard R, Trans.]. London: Tavistock; 1965.
3. Foucault M. *L'ordre du discours*. Paris: Gallimard; 1971.
4. Foucault M. *The birth of the clinic. An archaeology of medical perception*. [Sheridan Smith AM, Trans.]. London: Tavistock; 1973.
5. Foucault M. Orders of discourse. [Swyer R, Trans.]. *Social Science Information* 1977;**10**.
6. Foucault M. *Discipline and punish. The birth of the prison*. [Sheridan Smith AM, Trans.]. 2nd ed. New York: Random House; 1995.
7. Foucault M. *Archaeology of knowledge*. [Sheridan Smith AM, Trans.]. London: Routledge; 2002.
8. Gevitz N. *The DO's. Osteopathic medicine in America*. 2nd ed. Baltimore, London: John Hopkins University Press; 2004.
9. Hegel GWF. *The phenomenology of mind*. [Baillie JB, Trans.] 1807;. Retrieved 31 December 2007 from: <http://www.class.uidaho.edu/mickelsen/ToC/Hegel%20Phen%20ToC.htm>.
10. Himmelfarb G. *On liberty and liberalism. The case of John Stuart Mill*. New York: Knopf; 1974.
11. Nietzsche F. Nachgelassene Fragmente. New edition. In: Colli G, Montinari M editors, *Kritische Studienausgabe*, **vol. 13**. Berlin, New York: de Gruyter; 1999.
12. Pöltner G. *Grundkurs Medizin-Ethik*. 1st ed. Wien: Facultas; 2002.
13. Popkewitz TS, Brennan M editors. *Foucault's challenge. Discourse, knowledge, and power in education*. New York, London: Teachers College, Columbia University; 1998.
14. Seffinger MA. Osteopathic philosophy. In: Ward RC editor. *Foundations for osteopathic medicine*. Baltimore: Williams & Wilkins; 1997.
15. Simola H, Heikkinen S, Silvonen J. A catalog of possibilities: Foucaultian history of truth and education research. In: Popkewitz TS, Brennan M editors. *Foucault's challenge. Discourse, knowledge, and power in education*. New York, London: Teachers College, Columbia University; 1998, p. 64–90.
16. Tyreman S. Valuing osteopathy: what are (our) professional values and how do we teach them? *Int J Osteopath Med* 2008;**11**:90–5.
17. Wieland W. Strukturtypen ärztlichen Handelns. In: Sass H-M editor. *Medizin und Ethik*. Stuttgart: Reclam; 1989.
18. Wieland W. *Diagnose. Überlegungen zur Medizintheorie*. Warendorf: Bibliothek des skeptischen Denkens; 2004.