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Editorial

We shall not cease from exploration



And the end of all our exploring will be to arrive where we started and know the place for the first time (Eliot, 1943).

Science, medical research, and the protocols and methods that underpin them owe their origins to the French Enlightenment and the long eighteenth century; a time when “language had been handed over to the grammarians, knowledge to the encyclopaedists” (Bergé, 2006, p. 600). The secular society and primacy of reason that emerged from the cultural turbulence of this period laid the ground for the Late Modern Scientific Revolution to develop into what we know today as modern science.

The lynchpins of this new taxonomy of knowledge and its progression through research included empirical science, repeatability, and the progressive formalization of scientific methodology. Superstitions and irrational beliefs belonging to a “benighted past” were swept away, as the builders of the Enlightenment sought to avoid the “misunderstanding of words, of confusions bred by the speculative fantasies of philosophers,” (Bacon) the “clouding of reason by emotions” (Spinoza) and the “fallacies and confusions due to the misuse of language” (Valla, Locke and Berkeley in Berlin, 1955, p. 83–87). This paradigm shift occurred within a couple of generations, on the back of centuries of religious and ideological warfare across Europe. As the old values were swept away by the Age of Reason seeking to put paid once and for all to the irrationality that sparked those wars, its critics, of whom there were many, warned of the potential dangers of mechanistic reductionism that would indeed reduce living beings and ecosystems to no more than a disconnected collection of parts. Modern education with its emphasis on early, and lengthy, specialisation is testament to this form of dealing with knowledge, and indeed, in recent decades the pendulum has begun to swing back towards a more holistic perspective.

Whether scientific research involves the environment, space exploration, or the human body, there are those enlightened researchers who remain cognizant, despite their specialisation, of the necessity of working within the context of the whole to which their focus belongs, if for no other reason than that the concept of “a whole” incorporates unknown variables that can have an immense impact on the accuracy of their work.

However, this is neither universally considered nor applied. It is all too easy to become hyperfocused on a project, an area of exploration, a grant deadline, or a desired discovery, to the degree that one ends up producing knowledge that will be marred by three factors: the well known dichotomy between *in vitro* and *in vivo* results; the narrowness of focus that renders the knowledge unusable save to a select few; and the incomprehensible nature of specialised scientific discourse. When this occurs in the context

of the health sciences, put simply, it sabotages the very purpose that it sets out to serve: to help people recover from illness and dysfunction. Put still more simply: an operation may succeed from the surgeon’s perspective; yet the patient may still die of global causes such as systemic inflammation and its subsequent, unforeseeable complications, whereby a dozen different specializations stand at the bedside scratching their heads, attempting to piece together the “whole” from their hyperfocused perspectives while the patient gasps their last. Such situations arise because of the taboos of crossing perceived disciplinary boundaries – and the effects are unthinkable, yet common.

In the context of bodywork and movement therapies, holism enjoys a rare consideration, since there are no doubts regarding the interconnections and interplay between the parts of the complex whole that produce intentional movement. However, this is where the *in vivo/in vitro* dichotomy also becomes more evident, since the accepted scientific approach is, as it must be, focused on the microscopic; and the macroscopic is often in the hands of clinicians. This is where communication between the two must ensue from a common language, and too often, it does not.

Equally, the taxonomies of disciplines in all the sciences – and humanities for that matter – for all their advantages, can create false boundaries and force selective education that is sometimes due to purely business considerations (how many modules can we fit into a three-year training course?) and sometimes due to ideology (when does narrative review become pure narrative?) Who can draw the line, and who can speak of its potential to skew not only results, but more critically, practise on real people – in whichever field? Who decides whether physiotherapists aiming to work in rehabilitation, for example, should receive equal training in respiratory rehabilitation as well as in musculoskeletal functionality, or whether the one should be given primacy over the other for the sake of economy? Who decides whether osteopathy should focus on evidence-based teaching and practise, or whether the techniques should be subject to experiential factors too? And how does one speak of these matters?

These are just some of the concerns that spawned this journal and its character; the understanding that in the context of the health sciences in general, the bodywork therapies in particular, the whole is more than the sum of its parts, and that civilised, earnest dialogue is needed in all directions. This is coupled with the recognition that to conduct such dialogue within a respectable scientific setting, proper scientific methods, research, and their conveyance through the established methods of health research reporting and peer review must be adhered to absolutely. There is no place in the health sciences for ideologies nor for personal ambition; these should be what the grandfathers of modern

medicine called a “parergon” (a by-product) of honest and transparent research according to the Hippocratic dictum to “do no harm” and to heal where one can.

As a new age dawns for JBMT, these founding principles form our framework and path. The intention has always been to provide a venue for the many professions encompassed by our title to enter into dialogue, to learn from each other in a collegial spirit of mutual exchange, and to uphold scientific rigour in tandem with the need for holistic thinking and clear communication. Most of all, we acknowledge that there can be no absolute knowledge. A scientific law is proven by repeatability only until it is disproven by a new set of parameters. The moment we close our minds to the possibility of error, omission, and most importantly, our own assumptions, we have failed in our objectives. It is for that reason that there is no place for ideology in science; and this is where understanding the history of science may serve us best: we must always be students, always seekers, always open to the possibility of both change and improvement.

In the very first editorial to the first issue of this journal (1996), founding editor Leon Chaitow wrote:

“Many skilful therapists/practitioners continually engage in a process of appreciating, probing, experimenting, assessing and evaluating what is being done, and which can only imperfectly be described. They seem willing to embrace error, accept confusion and reflect critically on previously unexamined assumptions even

though they are uneasy at their inability to describe what they know how to do. One of the primary objectives of the Journal of Bodywork and Movement Therapies will be to offer material which can both increase our knowledge base while also encouraging creative, intuitive, improvisation in the individual and collective professional evolution of those engaged in health care utilizing manual and movement methods.” (Chaitow, 1996, p. 1).

In this, very first issue without Leon Chaitow at the helm, this is precisely how we mean to continue.

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