

# **ON 'GRANDFATHER' OSTEOPATHS IN VICTORIA AND THE REGISTRATION PROCESS**

**Interview with Vincent Di Stefano  
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Interviewer: M.H.Sc. (Osteopathy) student  
Victoria University  
Melbourne**

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**Shall we launch into it?**

Sure

**Well, the first question that I wanted an answer to is what exactly does osteopathic philosophy, in particular Still's philosophies, mean to you? So any history you can give me on how you were trained and how you were taught them, and why you believe so strongly in them would be appreciated.**

In terms of osteopathy, in terms of Still, I suppose I became aware of Andrew Taylor Still's work before I really had any sense of what osteopathy was. Looking back to the middle seventies, for me, it was a time when there was no formal training program apart from short courses that, at least in Victoria, tended to be attached to naturopathy programs. So I suppose I first became aware of Still's existence through the writings of Edgar Cayce. Do you know of his work?

**No, I haven't heard of him.**

OK. Well he was an interesting fellow who used unorthodox means of diagnosis and he had some pretty interesting ideas regarding human nature. In his writings, in his readings rather, he spoke quite a lot about the work of Still, especially in osteopathy, so it got me very interested in what was going on in that area. So I chased it up with what I could find because there wasn't too much around in those days and came to a sense that I really valued the fact that Still had sought to make an original contribution. He got right back to basics in terms of physical stuff. Do you want me to keep talking?

**Absolutely, if you're happy with that.**

I am. If anything comes up, if you're going to get anything out of this, we can, you know, meander down some side issues.

**Yeah, sure**

That might get us closer to the point. It's a tricky thing over the phone. That's why I spoke to Gary and said that face to face is the way to go with this sort of thing.

**Yeah. It's just difficult with the number of grandfathers [i.e. senior practitioners] left in Victoria. The majority of people I have spoken to already are in New South Wales, and obviously time and money constraints . . .**

Yeah. Anyway, getting back to it, I suppose that as a result of a few changes in my life circumstances, I had a chance to plug into a course in natural medicine, in naturopathy, at the Southern School. This is in the middle 1970s. I had a special interest in the Western herbal medicine tradition at that time, but what they also happened to be offering was a qualification, a diploma in osteopathy. Which was handy because it enabled me to get a deeper sense of the work that Cayce was referring to when he spoke of Still's influence.

So yeah, basically I did that course at the Southern School at the time and came out with a very rudimentary basis for clinical practice.

**What do you mean rudimentary?**

Well, it was very thin on the ground. I mean, it wasn't anything like the sort of programs that are established now at VUT or RMIT, you know.

**So it wasn't in the traditional sense, medical based like I suppose we are now?**

Well, I think it was actually *more* in the traditional sense, in the true sense of traditional, and by that, I mean going back to Western traditions, early Western traditions. Biomedicine isn't traditional medicine. Biomedicine is a newcomer. I mean, it has only been around for a hundred years or so. So in that regard, Still was drawing on qualities and influences that were even outside of his own medical framework. I mean he was trained as a doctor - as you know - at the time. But his old man was a minister, and I gathered sort of between the lines that he was one who was filled with the spirit, so that was probably quite an influence on Still's appreciation.

**Yeah, I did get from reading his books that he was quite, not religious, but very spiritual.**

That's another thing that attracted me to Still. And, I suppose, his personal story as well, I mean the tragedy of losing his three sons, and his reaction to that catastrophe which was essentially to close his medical practice and retreat and to look for something that he felt was more useful than the medicine that he was inducted into. And he did it through immense personal hardship and a detailed study of anatomy and came out with his system as such.

**Did you ever consider doing orthodox medicine?**

I studied medicine for three years when I came out of high school. So yes, I had been down that track and decided at the end of those three years that there was too much else in the world that I was totally ignorant about that I needed to find out.

So I changed midstream shall we say and pulled out of that aspect and spent a bit of time . . . I taught science and maths for a little while, studied philosophy and psychology for a couple of years . . .

## **Very well rounded**

. . . and travelled for a little while. So when I came back to . . . came into the sort of situation that reintroduced me to the Western tradition of medicine - and I mean that in a more formal linguistic sense . . . we speak of biomedicine as traditional medicine. It's not traditional medicine at all. When I say traditional medicine, I'm looking at the medicine of Greece, looking at how things changed in Europe around the fifteenth and sixteenth centuries, and particularly the big changes that happened after the so-called Enlightenment in the eighteenth hundreds.

So yeah, that was the catalyst that enabled me to realise that there was more to medicine than biomedicine. There was more to medicine than pharmaceuticals. There was more to medicine than high tech and sexy medicine. And that's when I began to take a more active . . . I initially returned to this area I suppose as a result of wanting to come to terms with the more traditional forms of medicine like herbalism, like hygienism. And osteopathy was one of the great bonuses that was thrown in. And I suppose, because of my earlier experiences - I had dissected for two years so my anatomy was fine - I was able to piece it together in combination with clinical experience once I got out. And some very, very valuable time with a few old timers in I suppose a semi-apprenticeship type system that enabled me to get a little bit closer to the heart of it.

**As far as your training goes, compared to what is available at the moment, do you see huge differences the recent graduates, their osteopathic philosophy and practice, and what you use?**

In terms of the training, there is a huge difference. In terms of philosophy and practice, yeah . . . Look, having had some time at VUT in a formal sense . . . I was there as a clinical supervisor and taught into a few of areas . . .

**Yeah, I had you as a lecturer there for a while in second year**

OK. Well, what I've seen happening a VUT was very, very different, radically different to not only my own education, but I suppose to my own sense of what osteopathy represents as a modality.

**Can you explain that?**

It's pretty obvious that the education process has gone very strongly down the biomedical track. Although that has been enormously helpful in coming to terms with the knowledge base, the existing knowledge base, I felt that it wasn't balanced with an equal emphasis on those, shall we say, less rigid formalistic, mechanistic principles that have always been a part of - at least in my own understanding - always been a part of osteopathy since it was first enunciated by Still. And Still spoke in terms . . . in quasi-mystical terms at times, if you go into it and look at his writings.

Admittedly, he didn't have the great advantage of the knowledge base that we have today, so there were a few misunderstandings, there were a few false understandings rather. For example, he spoke in terms of treating goitre osteopathically. So you know

there wasn't the knowledge base then that goitre was a problem of iodine deficiency, yeah? But in a very general sense, I think he had a totally clear understanding that our bodies, our energies, our spirit, our minds are integrated, are a total function.

I see osteopathy in essentially holistic terms - and not necessarily in the broad sense that holism is used for just about everything, man, universe, and just about everything else - but in the sense that the body is an integrity, the body is a whole functioning unit. It has its own intelligence that is subject to changes that will limit the quality of experience a person will have. I'm speaking in terms of structural restrictions and things of that nature. What has happened culturally is that osteopathy and chiropractic have become identified as treatments you have if you've got a sore neck or a bad back. I think that is a very, very impoverished . . .

### **Very limited**

. . . view of what osteopathy could become. Well actually, what it *is* from its beginning, in its origins. But I don't know whether it has drifted away. It certainly has in America. It's totally unhinged. It has lost its roots completely and in fact has sold over to biomedicine. Locally, I feel that it is largely as it was in my time. It's largely up to the individual. It's largely up to the individual student and practitioner.

Once you're out there, you basically have to reinvent yourself and in a way, shake off the dust of the formal academic bullshit that a lot of students have to go through. There is great value if you are inclined to pursue an interest in embryology. There is also a great interest and value if you are inclined to pursue histology and the minutiae of biochemistry and of pharmacology, but my God, in actual practice these things will be of only limited benefit. Yet there are major, major elements that *are* consequential and would be very, very useful to have a grasp of and these are more . . . I suppose it relates more to the qualitative side of things. You know, looking at qualities rather than quantities. Looking at the nature of pain. Looking at how you as a physician and how your interactions, just your being with another person, has an effect on the healing process.

It's not just about lining up the patient. It's not just a matter of identifying where the lesion is, lining up the patient and delivering a precise thrust at a certain angle. You need to lock into your patient's whole rhythm. It's a matter of . . . it's a whole somatic empathy that needs to be established if the treatment is going to truly be transformative. And by that, I don't mean just a matter of freeing up a tight neck but enabling a reintegration and a restoring of a person's total function. And this is where it is important. I mean, if the practitioner is uptight, if the practitioner can't get on with the patient as another human being, and is jittering around, and trying to come up with a diagnosis in the shortest possible time, it's not going to do very much in terms of creating that space, that mutual space, where these sorts of qualities can begin to manifest and to open up.

### **What do you think the grandfathers as a group could offer to the graduates, that we don't get at uni if at all?**

Well it's up to the universities to offer the grandfathers the opportunity. And I don't think that's been done.

**And you don't think that's been done?**

No I don't. In fact, what has happened . . . Post-registration there was a massive slaughter of the osteopaths, of those practising osteopathy who had been through the only available course here in Victoria. The only ones who were registered were the ones who had done the [B.S.O.] course in the U.K. and a couple who had picked it up in America. If you had a look in the phone book in those days, and we're talking about the late seventies, you would have found 60, 80, maybe even 100 – it's probably worth checking that one out – people listed under Osteopathy in the Yellow Pages. After the registration process, it cut back to 8 or 10.

**Yeah, my grandfather was one of those that called himself an osteopath before registration, but didn't gain registration.**

Who was that?

**He practised out of Shepparton.**

Have you talked to him about it?

**He is quite vague about what went on, because he didn't go through the course that was available. He learnt from a British osteopath I believe. They didn't even look twice at him. And I think he was that annoyed with the whole situation that he doesn't like talking about it.**

Understandably. It was a piece of political brutality that hasn't been documented and hasn't been recorded. But like all things, these things get swept under the carpet and we just go on our merry way. But in terms of what grandfathers . . . I mean, what does that term mean? What could they offer? It's a really difficult question because of the nature of the power relations between those that went through [university-based programs] . . . Unless they [the grandfathers] have a pretty strong sense of themselves and their own capacities, the university, the university environments are very intimidating places. And even students [in university-based programs] could be intimidating for some because the students have all the latest information, they have wet labs, they know their anatomy, they have Greenman, they have Fryette, they've got everyone and they know all the techniques and all the manipulations, whereas for an old-timer, it's more likely all he will really have is a pretty vague educational base and a heap of experience.

**And palpation that is beyond imagination**

Sorry?

**Palpation beyond imagination. My grandfather is just amazing with his hands**

Well that's the thing. You develop a somatic intelligence. You can develop a linear intelligence through this formal educational process, but the bodily intelligence is something very, very different. And that's the sort of stuff that access to the grandfathers might just tune younger people coming through to these realities. You

know, it's not just in your books, or in your head. There are degrees of subtlety, interactional subtlety that are just as important as knowledge of technique. I mean, you can have the technique, the textbook technique down to a fine art, but if your patient is tense, you're not going to get anywhere. And this is where . . . I mean, you can force the adjustment and create a massive aggravation . . . I mean you might get it moving again but the poor person will be in a sorry state for a while. It gets back again to what our understanding of physicianship is. What is it to be a physician? That's the wrong term. Even doctoring is. I'm looking for a term . . . but it gets back to . . . I mean, I'm comfortable with *healing*. A lot of people aren't comfortable with that term. Healing is to be totally within a situation. Healing, whole, holism, they are all related terms and concepts, yeah? I mean, that's what it is.

When you walk into a clinic, you're walking into sacred space as far as I'm concerned. And it's very, very different to what goes on in our regular social lives. And that side of it I'd like to see opened up a little more. And this is perhaps where the old timers might be able to contribute, but it would have to be . . . I mean . . . I think it's a bit too late frankly. The opportunities were thrown away, they were squandered years ago in an extraordinary travesty that just discarded those that didn't make the grade – in inverted commas – and worked with state of the art biomedical knowledge. And also, there's a sub-text operating in this whole process as well, a little bit like professional ascendancy, you know, to identification, identification by association. If you know the language, if you've done all the biomedical stuff, then you can be up there with *them*. And I think this is crap, because it's not a matter of being up there with them.

But osteopathy and holistic medicine, and I mean that in a broad sense, you can call it complementary and alternative medicine, that's the fashionable term these days . . . but *sensitive* medicine, the practice of sensitive medicine is very, very different. I mean, this isn't to can biomedicine. In it's technical areas, there has been nothing like it historically ever. But in its street level practice, there are major, major problems. And this is why I think all these other modalities have hit the big time over the last 10 . . . well, 20 to 25 years now. And it's not because they are inherently powerful, even though in the right hands they are . . . but I feel it's equally a response to terrible inadequacies that have slipped into the way doctors, biomedical doctors practise their craft.

**Do you see that osteopathy as a whole will eventually lose its identity due to the push for evidence based – in inverted commas – medicine?**

I don't think it will ever lose its true character and its true nature because that character isn't carried in an institution. It's carried in individuals. And that will always be, regardless of the training that you have received. Human nature is very flexible, yeah? There's stuff that young kids going through medical school have to cope with - not so much these days because it's starting to open up – but say 10, 20, 30 years ago, that was woeful. Yet out of all of them who went through the same educational process, some of them woke up. Some of them realised that there were other ways. And this will always be the case.

I think it gets back to a personal awakening in many ways and I suppose my thought is that with more conscious teaching, with more conscious education, if the

educational process was a little more open, *that* would facilitate that awakening process in students far more than is actually happening today.

**So by more open, do you mean giving us a chance to go out and observe these grandfathers?**

Well, that's one element. But it isn't going to happen because they were pushed out, they were pushed overboard to begin with. They were discredited, they were dismissed, they were disenfranchised, they were deprofessionalised, they were . . .

**I suppose it's going to be up to the individual who goes out there and tries to contact and tries to see . . .**

Look, in terms of grandfathers, you don't need an osteopath. Wisdom is universal. And in that regard, you could . . . There are biomedical doctors out there that are fountains of wisdom, and you could spend a bit of time with them. You may not learn techniques, but you will learn a hell of a lot that is going to empower you as a healer. Similarly, you can talk to priests, you can talk to nurses, you can talk to mothers and grandmothers, and find those qualities. Not that I'm saying that university programs should suddenly become domesticated, but what I'm saying is that there has been too great an emphasis on facts and figures and . . .

**Results from testing**

Well, evidence based medicine in many ways may prove in the longer term to be a really limiting influence on the restoration of medicine. There's a lot that goes on in this world that simple can't be quantified. If we operate according to a totally materialist paradigm, then these phenomena, these processes don't come into the picture.

What I would like to see is anyone describe what healing truly is. We know mechanism, we know about mechanisms, we know about biochemical pathways, but tell me what healing is, in the sense of, what is the healing process? OK? In terms of antibiotics, this person has meningitis, endocarditis, or a fulminating infection. Then there are very, very powerful methods. They are immediate and they will deal with it, yeah? But these are the obvious things. More often than not, it isn't about propping the patient up with the right sort of chemicals, it's a matter of saying, what is it in your life that is causing you to behave in such a destructive way?

**And it could be an accumulation of a lot of things, not just one specific thing.**

Well, this is where, you know, the notion of specific aetiology has driven medicine. It has been a real problem because it has tended to overlook the extraordinary constellation of influences that we are all subject to, that colour our strengths and condition our weaknesses.

**I think that is basically all I really needed from you. Do you think my phrasing of what a grandfather is, is adequate or can I improve on that? Because it has been one thing that I've found people have pulled me up on.**

Well, what is your phrasing of a grandfather? Fill me in.

**Someone that didn't undertake an approved course before 1978 but was registered under the grandfather clause because they had been practising for four years successfully before the introduction of registration.**

Look, I think . . . I would broaden that. I would say being a grandfather is not so much a matter of . . . I mean, there are real grandfathers . . . I see myself as being in the middle ground. I was between the true grandfathers and you lot. But I suppose looking at . . . being pragmatic about it, I think anyone that went through the non-accredited or the non-institutionalised ways and managed to get on their feet as an osteopath, anyone who didn't do a university-based osteopathy program whether at RMIT or at VUT, who got through before those days and who got onto their feet is a grandfather as far as I'm concerned. Because what they are carrying . . . what you're looking for here is principles, you're looking for a sense of what it was like for those who didn't have all this stuff that you guys have. And I think this is the essential criterion rather than measuring it in terms of a four-year course here or a three-year course there. Is that helpful?

**Yep. Thank you so much for your time. I really appreciate it.**