The ‘Isms’ Wars: Reflections on Philosophical Models in Health Care and Chiropractic.

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INTRODUCTION

Philosophy in chiropractic has a long and sometimes controversial history. For example, Dr Ian Coulter, a sociologist and former president of the Canadian Memorial Chiropractic College, has claimed that, "(c)hiropractic philosophy has no future. ... it is, in fact, a misnomer." Interestingly, the article he referenced in support of this statement is from a publication that would not be regarded in the intellectual world as particularly credible, especially as the article was re-published word for word from a very poor quality opinion piece in, of all places, a magazine titled “The Digest of Chiropractic Economics”. Coulter did not dismiss the involvement of philosophy in chiropractic altogether, but argued for the use of the term, “philosophy of chiropractic”.

In contrast, anthropologist AE Morinis, acting as the equal and opposite intellectual, used the term, “chiropractic philosophy” and argued that it is of vital importance to the chiropractic profession, stating that, "(d)ispossessed of its philosophy, chiropractic is disposed of its uniqueness, and perhaps its future.”

MacAuley has argued that a polemic has existed for many years in chiropractic, between the dismissive and the authoritarian approaches. The dismissivists believe that the ideas of philosophy in chiropractic are not productive and may hinder progress while the authoritarians reject the possibility that the tenets of chiropractic philosophy should evolve.

Philosophy in general has a much longer and even more controversial history in the Western world. For example, Socrates was condemned to death in 399 BC for his mode of practice of it. More recently British philosopher Sir Alfred Ayer declared that, “(t)he traditional disputes of philosophers are, for the most part, as unwarranted as they are unfruitful.” No wonder that Ladd observed that the essence of philosophy is that it is, “inexorably controversial.”

WHAT IS PHILOSOPHY?

The word philosophy comes from the ancient Greek roots “philos”, meaning love, and “sophia”, meaning wisdom. So, although it literally means the love of wisdom, it is taken to mean the pursuit of wisdom (of being wise). Thus it is distinguished from science, which
involves the pursuit of knowledge (facts), and religion, which is the quest for the values of the ideal life (beliefs).  

What is philosophy used for? This writer’s favourite explanation of the purpose of philosophy is that of Boston University’s Borden Parker Browne Professor of Philosophy Dr Stanley Rosen, that it, “seeks the best way of life for this present journey of existence.”  

Dr Virgil Strang, the former president of the Palmer College of Chiropractic, describes the function of chiropractic philosophy as, “… the piercing together of facts from the unending encyclopedia of scientific and clinical knowledge. [It is] concerned with explaining in highly specific terms the art and science of chiropractic. That explanation includes what the chiropractor does and why.”  

In our world of specialisation, there is confusion about the role of philosophy because it takes as its subject material all subjects. For example, physics studies the ultimate constituents of matter, chemistry the combinations of these, biology living things, anthropology living things called humans, anatomy how these are structured, physiology how they function, and theology how they understand the divine. Those involved in each of these tend to see they own trees only. The philosopher tries to see and consider the whole forest and how all the trees relate to each other and the whole cosmos – what is their meaning and significance.  

Even philosophers themselves have trouble defining philosophy – “[p]hilosophers still find the very definition of their field controversial. Those who study it disagree to this day on how they should define their field.” But they try. One set of definitions of philosophy is as follows:

• examination of basic concepts: the branch of knowledge or academic study devoted to the systematic examination of basic concepts such as truth, existence, reality, causality, and freedom

• system of thought: a particular system of thought or doctrine

• guiding or underlying principles: a set of basic principles or concepts underlying a particular sphere of knowledge

• set of beliefs or aims: a precept, or set of precepts, beliefs, principles, or aims, underlying somebody’s practice or conduct.

These definitions from this source have been chosen in part because they are those used by a lead speaker at the World Federation of Chiropractic (WFC) Conference on Philosophy in Chiropractic Education held in 2000.

Do these definitions apply to chiropractic? It is important to note that the first relates specifically to academic study. It is this writer’s opinion that study, teaching, learning, research and scholarship of philosophy in the chiropractic academy is, relative to the activities in the science and art (techniques) of chiropractic, neglected and is perhaps where activities in science were 30 years ago. Given foundational chiropractic philosophic concepts such as universal and innate intelligence, considerations of existence (ontology) and reality are entirely relevant and deserve attention.

Does the second definition above apply to chiropractic? Most certainly. Thinkers on chiropractic have taken various influences or modes of thought and synthesised them into particular systems of thought or doctrine, which in themselves contain various subsystems and sub-doctrines. In the case of chiropractic these stem from the model developed by DD Palmer, the founder of chiropractic.
For the third and fourth definitions above, the Palmer model and derivative systems offer basic principles or concepts underlying the particular sphere of knowledge that relates to chiropractic and beliefs, aims, precepts (rules for the performance of some technical operation) and principles that underlie the practice of chiropractic and associated behaviour.

Thus, by utilising these definitions, it can be seen that philosophy has substantial relevance to chiropractic in the development and use of related systems of thought, principles, concepts, beliefs and aims. These systems offer models, paradigms and conceptual frameworks that are not only useful for the basis of practice, but also worthy of academic study.

A principle has been defined as, “a fundamental, primary or general truth….” The philosophical principles of thought discussed, “at some length” at the WFC Conference included a group of what this writer, for the purpose of this paper, calls “isms”, due to their mutual endings. These were as follows, with brief descriptions from Coulter’s paper, in which they were presented,

- conservatism – “… tends to accept that the least care is the best care … [i]f the body is capable of healing itself, the role of the therapy is simply to initiate the process.”
- holism – “… health is related to the balanced integration of the individual in all aspects and levels of being: … [Holism] is contradictory to … reductionism since it holds that the whole is different from, and greater than, the sum of the parts.”
- humanism – “… individuals have immutable rights eg the right to dignity … there is extensive concern about the dehumanizing procedures and the dehumanizing institutions that have been created to care for the ill … [and] about the dehumanizing nature of medical technology.”
- naturalism – “… as the body is built on nature’s order, it has natural ability to heal itself, … this is reinforced by the use of natural remedies, … it should not be tampered with unnecessarily through the use of drugs or surgery, and … we should look to nature for the cure.”
- vitalism – “… all living organisms are sustained by a vital force that is different from, and greater than, physical and chemical forces.”

Coulter has posited these as “metaphysical principles” that are the key to the philosophy of complementary and alternative medicine and embraced by a diverse group of health care providers. It is noteworthy that these, plus critical rationalism, are the same philosophical sources from which Coulter believes chiropractic has drawn in its history.

It is a pity that the apparent focus on Coulter’s work at the Conference did not leave time for other “philosophical ideas” presented at it. These included American pragmatism, complexity theory, critical rationalism, ethics, logic, mechanism, post-modernism, reductionism, sociology of the professions, and systems theory.

**WHAT ARE PHILOSOPHICAL MODELS?**

The “isms” and other principles or ideas mentioned above might also be called models, paradigms or conceptual frameworks. Relative to philosophy, Lloyd has described models as “… representations of what we wish to understand or to be or to do.” Thus, in this context, models are representations of philosophical concepts developed and articulated to be used in discourse.

The use of some models, paradigms or conceptual frameworks with respect to
chiropractic has been addressed previously by this writer.\textsuperscript{31, 32}

THE ‘ISMS’ WARS

These mentions of wholism and reductionism explain part of the title of this paper, that referring to the “Isms wars”. Writing on issues relating to guidelines issued by the Chiropractic Board of Australia, Dr Tony Croke has referred to, “… the political wrestling match between wholism and reductionism within the chiropractic profession.”\textsuperscript{33} He presented and discussed differences he perceived between the philosophical approaches of the Chiropractors’ Association of Australia (CAA) and the Chiropractors’ and Osteopaths’ College of Australia (COCA), as reflected in differing political and practice approaches. The implication seemed to be that the CAA supports wholism while COCA supports reductionism. Certainly the concept of holism is mentioned in the CAA’s Core Value 4.\textsuperscript{34} But what are these philosophical models? In the context of chiropractic in Australia, should we regard CAA wholism as “good”, and COCA reductionism as “bad”?

(W)holism has been defined as, “the philosophical theory that wholes (which are more than the mere sums of their parts) are fundamental aspects of the real.”\textsuperscript{35} In contrast, reductionism has been defined as, “the tendency to make supposedly comprehensive explanations of complex phenomena simply by describing and analyzing their parts”.\textsuperscript{36}

Although knowledge of the concept of reductionism can be traced back to the atomism of Leucippus and Democritus, it is usually credited to Rene Descartes.\textsuperscript{37} He set out to ascertain “the true method by which to arrive at the knowledge of whatever lay within the compass of [his] powers” and arrived at the following four steps:

“The first was never to accept anything for true which (he) did not clearly know to be such; that is to say, carefully to avoid precipitancy and prejudice, and to comprise nothing more in (his) judgement than what was presented to (his) mind so clearly and distinctly as to exclude all ground of doubt.

The second, to divide each of the difficulties under examination into as many parts as possible, and as might be necessary for its adequate solution.

The third, to conduct (his) thoughts in such order that, by commencing with objects the simplest and easiest to know, (he) might ascend by little and little, and, as it were, step by step, to the knowledge of the more complex; assigning in thought a certain order even to those objects which in their own nature do not stand in a relation of antecedence and sequence.

And the last, in every case to make enumerations so complete, and reviews so general, that (he) might be assured that nothing was omitted.”\textsuperscript{38}

It can be seen that, while the second step reduced the whole as much as required to understand it, the third reassembled it. Accordingly, Descartes concluded that, “… all things… are mutually connected …”\textsuperscript{39}

Similarly, Descartes is often accused being the originator of the reductionist mind/body problem, but Plato had discussed it far earlier.\textsuperscript{40} Descartes wrote,

“I thence concluded that I was a substance whose whole essence or nature consists only in thinking, and which, that it may exist, has need of no place, nor is dependent on any material thing; so that ” I,” that is to say, the mind by which I am what I am, is wholly distinct from the body, and is even more easily known than the latter, and is such, that
although the latter were not, it would still continue to be all that it is.\textsuperscript{41}

But he also wrote that, “… the human mind is shown to be really distinct from the body, and, nevertheless, to be so closely conjoined therewith, as together to form, as it were, a unity.”\textsuperscript{42}

“[N]ature likewise teaches me by these sensations of pain, hunger, thirst, etc., that I am not only lodged in my body as a pilot in a vessel, but that I am besides so intimately conjoined, and as it were intermixed with it, that my mind and body compose a certain unity.”\textsuperscript{43}

So it appears that, if we search deeper into his writings, Descartes, the arch reductionist, was a closet holist too. Further, it is unlikely that BJ Palmer, the developer of chiropractic, with his “straight chiropractic” philosophical viewpoints, would be regarded as a pin up boy within COCA. Yet, according to BJ’s close relative W Heath Quigley, BJ himself had a reductionistic philosophy.\textsuperscript{44} Quigley recalled,

“While still a youngster, BJ overheard his father emphasize … how important to make ideas and concepts simple. DD declared that when he was a schoolteacher his task had been to understand the underlying principles in a system and then to reduce that knowledge to examples the student could grasp quickly. That idea took root in BJ, who began early in life to develop a reductionistic philosophy and took it to its limits and perhaps at times a little beyond … BJ came to believe that chiropractic understanding and practice were reducible to a simple explanation and to a progressively simple mode of practice.

Quigley notes that in 1906 BJ defined chiropractic in a 142-word sentence that included adjusting all 300 articulations in the human skeleton. By 1927 the definition had been reduced to 28 words and to 24 joints, and by 1932 to two joints. According to BJ’s signature summary, “It’s as simple as that.”

Thus questions arise as to whether holism and reductionism are indeed mutually exclusive, or are different sections on the same spectrum, each useful within different contexts. Perhaps Croke would agree with Quigley’s conclusion: “Reductionism then is a necessary tool to push the frontiers of knowledge forward but excessive reductionism can lead to serious error.”\textsuperscript{45}

HEALTH CARE MODELS

The philosophical bases of the following models relating to chiropractic practice were also discussed at the above-mentioned WFC Conference:\textsuperscript{46}

- the biopsychosocial model – proposed by Engel to supplement and correct the biomedical model, which he regarded as too reductionist and limited to physicochemical principles.\textsuperscript{47} It does this by recognising:

  1) the possibility of complex causes of disease or illness, rather than just biomedical defect
  2) various levels of activity or expression of disease or illness, and requiring consideration of possible contributing factors such as the psychological, social and cultural
  3) the individual variability of a disease, which can reflect these possible contributing factors.
• the condition-centered model – based on diagnosis and treatment of a condition. Subluxation is not a diagnosis due to questions regarding its definition and the validity and reliability of finding it.49

• the evidence-based model – this model was not specifically covered in detail, but is mentioned in 6) of the patient-centered model below.

• the patient-centered model – involves the following characteristics:

1) self-healing - recognition and facilitation of the innate organization (life force) of the person
2) holism – care should focus on the whole person
3) a humanistic approach - the patient’s interests, values and dignity predominate
4) the incorporation of disease prevention and health promotion into patient care
5) facilitation of the patient and practitioner acting as partners in decision making and encouraging the patient to take responsibility for their health
6) rational, evidence-based care - emphasizes clinically effective and economically appropriate care, based on various levels of evidence.50

• the vertebral subluxation-centered model – based on nine possible principles, “… the practice objective is to facilitate … the … location, analysis and correction of … vertebral subluxations … [T]he uniquely global/whole body possible physiological significance of the vertebral subluxation seems to lead … to the conclusion that framing … chiropractic practice within the limits of care for “sick” or actively symptomatic people only would fail to realize the full depth of potential benefits of chiropractic care.”51

The “Therapeutic Approach” and the “Non-therapeutic Approach” were also presented.52 53 Detailed descriptions and discussions of these can be accessed in the Proceedings of that Conference.

CONCLUSION

It is clear that within the conceptual framework of chiropractic philosophic thought there have developed multiple philosophical models and hence practice and research approaches. This situation offers fertile ground for those involved in the teaching, learning, research and scholarship in and of philosophy with respect to chiropractic.

Philosophic discourse in chiropractic can be controversial, as it has often been in history and wider societies. This should be understood as inherent in philosophy, and not as a reason for avoiding participation in this activity. One must hope that, as BJ Palmer wrote, “Conflicts clarify.”54
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[41] Descartes, R. p. 27.
[42] Descartes, R. p. 78.