Vitalism and Value in Undergraduate Chiropractic Education

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Research Proposal

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Executive Summary

Vitalism is a philosophical viewpoint with ancient origins. In more recent times it has been discussed as a reaction to dominant reductionist and mechanist models in science and health. A ‘new vitalism’ incorporates recent developments in philosophy and science.

Demographic changes, particularly ageing, are occurring in many societies. These changes and the rise of non-communicable diseases resulting from unhealthy lifestyles challenge biomedicine’s ability to address them and societies’ abilities to pay for treatment of them.

Chiropractic was founded on and continues to involve vitalist thinking. A vitalist approach by chiropractors might offer solutions to these challenges. Such an approach would require knowledge and behaviors by chiropractors congruent with and informed and driven by appropriate undergraduate education that includes vitalist understandings.

This proposed research will investigate the history of vitalism and its current manifestations; how vitalist thinking and practices might offer solutions to these health and fiscal challenges; whether vitalism is or can be operationalised in ways that apply to chiropractic; whether the profession does or would support this; whether such operationalisation could offer value to the services chiropractors offer; and how vitalism might be embedded into the curricula of undergraduate chiropractic programs in ways that could enhance that value.

A detailed proposal is attached.
Introduction

Vitalism is a philosophical viewpoint based on the premise that living organisms are fundamentally different from non-living entities. The essential difference is the presence or absence of ‘life’.

Vitalism has ancient origins, and has often included the concept of some special force, such as life force or spirit, in living things. During the emergence of modern science during the 16th and 17th centuries, Descartes, Newton and others developed reductionist and mechanistic explanations of natural phenomena and extended them to biological systems. Vitalism then reformed as a reaction to this mechanistic viewpoint, arguing that it could not fully explain life. (Bechtel & Richardson 2005)

DD Palmer (1910) founded chiropractic in 1895 and infused it with vitalistic concepts. Philosophical tenets of vitalism continue to be reflected in contemporary society and some health care approaches, including chiropractic. (Beinfield & Korngold 1992; Coulter 1999, pp. 37-39; Hawk 2005; Koch 2008; Life Octagon 2009; Peters 2003) This is partly a reflection of a continued reaction against dominant reductionist and mechanistic models in society, science and healthcare; ongoing support for and discussion of the traditional philosophical bases of the vitalistic approaches; and the successes and popularity of these approaches when they are applied to various activities in everyday life, including healthcare. (Brown et al 2013; Joliot 2006; Normandin & Wolfe 2013; Sarnat, Winterstein & Cambron 2007) A ‘new vitalism’ has been described as “… a recognition and respect for the inherent, self-organizing, self-maintaining, self-healing abilities of every individual.’ (Life Octagon 2010, p. 11 of 59)

This reaction is not merely a philosophical one but has potentially immense practical implications. Worldwide, many populations are ageing, with the large ‘baby boomer’ demographic cohort reaching retirement age and expecting taxpayers, governments and insurers to fund expensive medical treatments of their non-communicable disease conditions, which result mainly from unhealthy lifestyles. Birth rates have dropped, so there will be relatively fewer workers whose taxes will fund this expense. (Richards 2008) Western-style biomedicine, based on reductionist and mechanist foundations practised as expensive drug, surgical and device technologies, struggles to safely, effectively and cost-effectively address these epidemics. (Minister of Supply and Services Canada 1981; The Treasury 2007)

The sustainability of the current situation has been questioned and solutions in ‘new models of care’ called for. (AGPC 2005, p. XIV) Wholistic life-based approaches, founded on vitalist premises, might offer solutions. (Campbell & Campbell 2006, Campbell & Campbell 2013; Chan 2008; Coulter 1993; Jamison & Hawk 2010; Richards 2008; Richards 2009)

A recent exercise attempted to look into the future and to ask where the chiropractic profession in the US might be in twelve years time. It offered four different scenarios, claiming that, given developments in chiropractic and other areas, they reflected
opportunities and challenges for the profession. One scenario, titled ‘Vitalism and Value’, sees vitalism having made a major comeback as contemporary vitalism, and involving the study of energies in healthcare, as well as traditional vitalist concepts to do with supporting the life force and the healing power of nature. (Institute for Alternate Futures 2013) This and other scenarios proposed in this exercise are being discussed in chiropractic educational, political and practice circles. (Life Octagon 2012; Life Octagon 2013)

**Defining the problem under consideration**

The health and fiscal challenges described above are real and substantial. A vitalist approach by chiropractors might assist with solutions to them. Such an approach would require knowledge and behaviors by chiropractors congruent with and informed and driven by appropriate undergraduate education that includes vitalist understandings. (Barcelona College of Chiropractic, n.d.; Life University, n.d.) What would such undergraduate programs look like?

**Aims and objectives of this research**

1. To explore and document the history and nature of vitalist philosophical models and practices in general and in health care and chiropractic in particular in order to develop a comprehensive theoretical framework for the project.

2. To investigate whether and how vitalist thinking and practices might offer solutions to the health and fiscal challenges outlined above.

3. To investigate if theories of vitalism are or can be operationalised in ways that would have application to chiropractic.

4. To investigate whether a significant portion the chiropractic profession supports such an application of vitalism to chiropractic.

5. To determine whether the deliberate embedding of vitalistic concepts into chiropractic thinking and practice can add value to the services chiropractors offer the public and health care systems.

6. If so, to explore how vitalism might be embedded into the curriculum of undergraduate chiropractic programs in ways that could enhance this value.

**Tentative research questions**

Q 1. How is vitalism understood by the chiropractic profession?
Q 2. How has vitalism been measured in the past and how might it be measured and operationalized in the present?

Q 3. Is vitalism relevant in a world dominated by reductionist and materialist science?

Q 4. If so, how is it relevant?

Q 5. To what extent is vitalism currently incorporated into the curriculum of chiropractic educational programs?

Q 6. Should vitalism be embedded into the curriculum of chiropractic educational programs? If so, how can that be done effectively to add value to chiropractic practice?

The significance of this study

Rates of lifestyle-related non-communicable diseases are rising in many countries. Health care systems based on mechanistic thinking are struggling to address this. This threatens the fiscal sustainability of health care funding and new models have been called for. Accordingly, interest in moving from focus on treatment of disease to promotion of wellness is arising.

The numbers of chiropractors and the use of chiropractic are expanding in many parts of the world (Phillips 2013). A portion of the chiropractic profession subscribes to vitalistic philosophic and practice models (Richards 2008). Broader use of these models may be of value in addressing the health and fiscal challenges described above. It would be useful to determine whether the profession supports this hypothesis, and, if so, how that could be operationalized into practice and supported by embedding these models into chiropractic undergraduate education.

Seminal authors in this area

Palmer (1910, p. 35) stated that living beings were endowed with certain powers and functions not associated with inorganic matter. These were part of life, which he described as a ‘vital force’ (Palmer 1910, p. 35). That life-force was transmitted through the nervous system. Interference with this force caused either too much or too little action in organs, disturbance of normal function, and disease.

Stephenson (1948) published 33 foundational principles of chiropractic. The first was that a Universal Intelligence in all matter gives it all its properties and actions, maintaining it in existence. The expression of this intelligence through matter was the chiropractic meaning of life. Life is the union of intelligence and matter.

Strang (1988) addressed the mind/body problem and associated controversies concerning vitalism. Events in science had contributed to the demise of materialistic
mechanism. Understanding that ‘material’ is actually patterns of energy enables an explanation for the apparent intelligent organisation of the human being.

Coulter (1999) wrote that the philosophy of chiropractic has partaken of many intellectual sources, including vitalism. Vitalism has a long history in health care, and the perceived patterns of life and their apparent logic suggest the existence of a higher intelligence. The healing power of nature is an expression of this intelligence.

Peters (2003) pointed out that vitalism has historically been a reaction against scientific materialism. Tenets of biomedicine – the analysis of man as a biological machine or object and the relentless progress and infallibility of science in establishing truth, have been questioned. There are other competing and perhaps complementary beliefs involving wholistic synthesis, energies, vitality, and well-being. In a post-modern world, in which multiple viewpoints are considered, might changing understandings in science ask whether there a scientific basis for vitalism and, if so, might this contribute to more integrated models of health?

Hawk (2007) argued that the shift in health care away from focus on disease to emphasis on wellness is congruent with the traditional chiropractic approach, complex systems theory and whole systems research. Rather chiropractic research based on the reductionist, disease-focused model, questions should be framed from a wholistic, wellness perspective that reflects vitalist principles.

Koch (2008) critically analysed and reformulated of Stephenson’s 33 principles, updating their wording, ordering and logical consistency. He proposed that, in matters of health, we should look to the inborn wisdom of life, and the body’s own natural vitality, adaptive potentials, and ability to organise, maintain and heal itself.

**Current research in the area**


Selective theses investigations


Criticisms of vitalism

Vitalism does not fit well into the dominant reductionist, mechanist, positivist paradigm of science. In part, this is because it is difficult to define, analyse and study ‘life’ using the empirical methods of science. It has thus been dismissed as ‘unscientific’, outdated and no longer needed as an explanation for the phenomena of life, which are stated to be no more than effects of physics and chemistry and thus explainable by them.

However, this has never been proven and, after discussing concepts of vitalism and mechanism in the light of postmodern thought, Hawk (2005) has argued that there is a role for vitalism in chiropractic research and patient care. Stuber (2007) has supported this perspective, arguing that postmodern approaches to research are more suited to vitalistic and holistic chiropractic perspectives and practices.

Tentative research design

A mixed method design is proposed, following one of the taxonomies outlined by Creswell and Plano Clark (2007) and Teddlie and Tashakkori (2010). Methodologies will include interviews and a quantitative email survey. Data generated will be analysed using rigorous qualitative and quantitative statistical techniques.

Delimitations and significance

This project will not involve empirical research, such as via a practice-based research network, into whether or not chiropractic practice based on vitalism is safer, more effective, or more cost-effective than other styles of practice. The outcomes of this project might lead to and inform such research.

Proposed time line for the project

Research to commence on admission to the PhD program.
Literature review to be completed by end 2014.
Proposed research design and methodologies to be completed by early 2015.
Fieldwork to commence 2015 after ethical clearances.
Analysis of results and conclusions by end 2016.
Thesis submission late 2016.

**Funding for the research**

Funding will be applied for in the first round of CQU RHD scholarship applications, closing 31 October, 2013.
References


Stephenson, RW 1924, *Chiropractic Text Book*, 1948 edn., The Palmer School of Chiropractic, Davenport, IA.

