Dynamic Chiropractic

DIAGNOSIS & DIAGNOSTIC EQUIP

Somatotyping: An Adjustive Chiropractic Tool

What does a patient's body type reveal? Although the chiropractic physician is particularly attentive to the correlation between structure and function, the seminal work of Ernest Kretschmer (1925) set the stage for this area of interest. In his first edition of Physique and Character: An investigation of the Nature of Constitution and of the Theory of Temperament, he concluded that individuals who share morphological similarities can be classified into three major groups: (a) asthenic (slender, bony, narrow body); (b) athletic (muscular body); and (c) pyknic (fat body).

In 1939, Ernest A. Hootoon, a Harvard anthropologist also pursued the structure-function relationship. Based upon a study of 15,000 subadult males incarcerated in 10 states, he published his impressions of the anthropology of the American criminal. Essentially, Hootoon sought to correlate the criminal's body type with the crime committed.

Standing on Kretchmer's and Hootoon's shoulders, in 1954 William H. Sheldon established an empirical practice he called somatotyping. Although Sheldon's work has sustained some criticism, especially with regard to his experimental methods, conceptualization of temperament, and mathematical calculations, the direction in which he pointed the researchers to follow remains invaluable.

Sheldon identified individuals as falling into three categories: (1) those with rounded, oval-shaped, and usually heavy, but not necessarily obese bodies -- endomorphs, (2) those with triangular shaped bodies, muscular, broad in the shoulders and small in the hips -- mesomorphs, and (3) those whose bodies are bony, angular, lean and wiry -- ectomorphs. His scale for making such determinations ranges from 0 to 7. Consequently, if an extremely overweight patient came into your office, he might be classified as a 7-1-1; a heavily muscled body-builder, a 1-7-1; and a very thin patient, a 1-1-7. Since few people are pure types, most are judged to be a somatotypical mixture. Consider yourself. If you were rather well-muscled (but not Mr. America), had a moderate amount of fat, and no hint of thinness, you might be classified as a 2-5-0. If you were fifteen or twenty pounds overweight, and had some underlying muscle from your college days, you might be a 5-5-1. Be advised, however, that such designations are not to be taken as expressions of an exact science, but rather approximations.

In 1966, Cortes and Gatti developed a survey instrument by which the relationship between body type and temperament could be evaluated. For example, endomorphs tend to characterize themselves as slow, sociable, submissive, forgiving, and relaxed; mesomorphs as dominant, confident, energetic, competitive, assertive, and hot-tempered; and ectomorphs as tense, self-conscious, meticulous, precise, sensitive, awkward, and withdrawn.

It has also been suggested that individuals' body shapes correspond with their own psychological description of themselves. Moreover, it has been shown that we describe others in much the same way that they describe themselves.

Since we live in a body-conscious society, people by the millions have taken up weight training, jogging, bodybuilding, or aerobics as a serious way of life. Health clubs have sprung up everywhere. There appears to be little doubt that our culture has developed a compelling interest

in mesomorphy. Even more amazing is the interest many women have expressed in pumping iron. The muscular size and definition some of these women exhibit in competition is phenomenal.

In close competition with mesomorphy is ectomorphy. Weight-loss programs have achieved near epidemic proportions; practically everyone you meet these days is on some kind of a diet to lose weight. Those in the modeling profession represent the prototype of an ectomorph; a few extra pounds could make the difference between working and not working. Thin is definitely in!

According to G.I. Patzer (1985), in his book, The Physical Attractiveness Phenomenon (1985), he suggests that Americans seem to have a more detailed notion of what constitutes bodily beauty for women than for men. For females, slenderness is the watchword; i.e., that waist and hip width correlate negatively. The bigger these measurements are, the more unattractive the woman is taken to be. For males, the emphasis for attractiveness is usually predicated upon broad shoulders and a muscular chest.

In the public mind, when it comes to the question of attractiveness, endomorphs usually end up last. Few of us aspire to be fat; it is aesthetically unattractive and physically unhealthy to be an endomorph. Hence, whether the context is romance, employment, or simply friendship, the overweight individual is at a serious disadvantage.

Let us now concentrate on the chiropractic patient. From a manipulative or adjustive perspective, ectomorphs are usually easiest to adjust. They incline to be more flexible and can change position on the table with less difficulty. The next easiest group are the mesomorphs. Unless they are tremendously overdeveloped, they too adjust rather easily and change positions with minimal effort. The most difficult are the endomorphs -- especially when they incline toward obesity. This of course, is a sweeping generalization that should be tempered with the realization that there are always exceptions.

A doctor's somatotype also deserves attention. The first impression doctors give their patients definitely includes their physique. A mesomorphic doctor instills greater confidence than an endomorphic one. Notwithstanding other variables, physical appearance does exercise a positive correlation with credibility. An overweight doctor telling a patient to lose weight is an excellent case in point, i.e., "Physician, heal thyself."

Then, there is the matter of technique. Because of body type, certain chiropractic techniques are more easily executed than others. Picture a full-fledged endomorphic doctor delivering a lumbar roll on a full-fledged endomorphic patient. While such moves can be performed, they are not without the use of some additional effort. In all probability, any endomorphic doctor reading this column knows of at least one or two techniques that present some difficulty because of their body type.

Just as the dispensation of vitamins must be compatible with each individual patient's tolerance and need, so must the application of chiropractic techniques. Somatotyping enables us to make such determinations. What do we do when a patient complains of not being able to lie face down because of a large abdomen? We must be diversified enough to find an alternative technique to achieve the desired structural result. Responsible practitioner must take into consideration not only their own body type, but the patient's as well.

Although there are an almost unlimited number of communicative functions associated with a patient's personal appearance, how he or she responds to treatment must not be overlooked. Consider the integral relationship between self-concept and body concept. Numerous studies have confirmed the significant body image/self-concept/behavior linkage. The more positive the patient's

body image/self-concept, the more likely he or she is to respond favorably to chiropractic treatment. While taking a case history, listening carefully for poor body-image/self-concept indications can be very helpful in the establishment of a reliable prognosis. Every experienced clinician should have comparatively little difficulty detecting those patients who will not respond to treatment.

Body cathexis is the concept that reflects how satisfied or dissatisfied patients are with their bodies; to the extent that they are unsatisfied with the appearance or function of their bodies, the more apt they are to engage in body distortion, i.e., misrepresent their perception of how it looks or feels. Before almost every treatment, the DC will ask, "And how are you feeling today?" Some patients consistently answer in the negative. No matter what is done for them, they fail to acknowledge any improvement. This propensity should be duly noted by the doctor and not taken to mean that no improvement is occurring. More bluntly put, patients who have poor body-image/self-concept incline to respond less favorably to treatment.

Conversely, the doctor's body-image/self-concept can also influence the outcome of treatment. Whereas a positive self-concept appears to breed professional optimism in most health care givers, a negative self concept breeds just the opposite -- pessimism.

In conclusion, whatever diagnostic information somatotyping may yield, it will provide the attending doctor with greater insight and awareness into a patient's ability to get well. To quote Aristotle, "As is the mind, so is the form."

Abne Eisenberg, DC, PhD
Croton-on-Hudson, New York

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