

Chiropractic Paranoia and Insecurity

Fred Barge, DC, PhC

Dr. A.E. Morinis, medical anthropologist, made this statement:

"Dispossessed of its philosophy, chiropractic is dispossessed of its uniqueness and perhaps its future. The change in emphasis away from chiropractic theory in favor of technique has been a response to external pressure. Another result of this pressure has been the growth of what could be called chiropractic practitioner paranoia and insecurity. For fear of being labeled quacks, chiropractors have generally diminished the role of philosophy in their practice, and as a result, it seems to me, have themselves lost faith in the philosophy. Healers without confidence in their own methods are unlikely to achieve the full potential of their methods, knowing as we do that there is so much more to healing than mechanics."¹

I agree with Dr. Morinis and to his last sentence in the above quote, I commonly state:

"Healers lacking confidence in their own methods will have meager practices." -- Fred H. Barge, D.C.

Today, the chiropractic profession is plagued with a rejected self-image, paranoia, and insecurity which have brought forth a deep-seated inferiority complex in many practitioners. When did this all set in? It was not there in the 50s! I believe it set in when we began to believe the medical attack that our educational process was inadequate. When we were told we must follow the medical model of education. When we were told we needed instructors with master's degrees and Ph.Ds. to teach the basic science subjects. When we brought these professors and instructors into our institutions to teach, they introduced their own perspective of our science to our students, which at times was quite negative. Not being healing art practitioners themselves, their entire perspective of chiropractic came from a different base. It is a distinct advantage to be taught by practicing doctors as most students in chiropractic college were prior to 1960. Dr. William J. Mayo, M.D., one of the founders of the great Mayo Clinic, made a very succinct statement addressing this matter:

"Every teacher was a practitioner of medicine and every student was taught to practice medicine."²

The error was not so much in the fact that we brought non-chiropractic instructors into our colleges but that our colleges did not have an intensive introductory program for these individuals prior to their hiring. Unfortunately most of our colleges today still do not have a program to thoroughly teach and indoctrinate new non-chiropractic professors on just what chiropractic is all about and what is expected of them as teachers in a chiropractic institution. I have often spoken to teachers and instructors in numerous chiropractic colleges and they related that they had no such training or experience prior to their employment.

A student is a product of training. Many students today are attracted to the profession often without ever having been under the care of a chiropractor. Most of them have been "brought up and raised in a medicine cabinet" as B.J. had often said. We have a virtual army of DCs out there today who are very unsure of themselves. They question our principles and our doctrines. They themselves use drugs and have their children artificially immunized by medical doctors. Is it any

wonder they seek success courses, trying in vain to bring forth that which can only come from confidence in one's own methods?

This was not the case in the pre-1960 era. Then chiropractors and chiropractic colleges had a clear vision of what chiropractic was and how chiropractors should practice; this is not so in the profession today. Some chiropractors and some chiropractic colleges even want to include pharmaceuticals in chiropractic practice. Graduate education courses through our colleges are given in pharmaceuticals and spinal manipulation under anesthesia. Must we be again reminded that there already is a healing arts practitioner who manipulates, gives drugs, anesthetics, and provides minor surgery -- an osteopath, and we all know what has happened to that profession.

Is it no wonder why we have paranoia and insecurity when the profession itself has come to question its own philosophy in health.

Fortunately, there is still a majority of chiropractors (albeit a small majority) that hold to our original concepts. Will we prevail? It depends upon our institutions. "Standards of Care" can only come from "Standards of Practice" and "Standards of Practice" come from "Standards of Teaching." Want to solve our inferiority problem? Look well to the cause. Many of our colleges are subluxated.

Let me end this article as I began it, with a quote from Dr. Morinis:

"The 18,000 chiropractors in North America would do well to accept that they have achieved a measure of security as a sociomedical group. They can then orient themselves to pursuing the health care ideals of chiropractic philosophy, a goal with the additional benefit of preserving the unique character of chiropractic."¹

He said this in 1980, and we have a goodly number of more chiropractors now. But do they understand chiropractic? Our future will depend on it.

References

1. Morris EA: Theory and Practice of Chiropractic, an Anthropological Perspective.
2. Aphorisms of the Drs., Mayo, 1951.

Next month: The Word "Thon."

Fred H. Barge, D.C., Ph.C.
La Crosse, Wisconsin

JULY 1992