Dynamic Chiropractic



Advertisement for the UCA appearing in popular magazines in the 1920s.

CHIROPRACTIC (GENERAL)

Ain't Got Enough Philosophy

Joseph Keating Jr., PhD

The original so-called "chiropractic philosophy" was the brainchild ofthe Palmers. D.D.'s

mechanical theories and technique were coupled to avital force, circa 1904, and the concepts of innate, educated and universal intelligence made their appearance in the chiropractic literature. Chiropractors, it was said, were only interested in the nervous system, through which, B.J. Palmer explained, the innate intelligence sent its mental impulses to end-organs; osteopaths were only interested in the circulation. It was a falsedistinction, but it prevailed in the courtroom in La Crosse, Wisconsinin 1907, winning an acquittal for Palmer graduate Shegataro Morikubo, who had

been arrested for practicing without a license.² Theseparate and distinct "philosophy" and practice of chiropracticadvocated by Palmer's Universal Chiropractors' Association (UCA) took onnew meaning: a way of staying out of jail!



Advertisement for the UCA appearing in popular magazines in the 1920s.

So impressed was young B.J. Palmer in the utility of philosophy that the following year, he had his faculty award him the first-ever Philosopher of Chiropractic (PhC) degree. Philosophy became sacred and significant because it served a practical purpose in the courtroom, and would later form the basis for petitioning legislatures for separate and distinct chiropractic statutes.

B.J. added new dimensions to chiropractic philosophy. A 1915 pamphlet rejected the inferential reasoning of the scientific method in favor ofthe truths derived exclusively by deduction from "true" first principles.³ This anti-scientific epistemology was reinforced by Palmer philosophy instructor Ralph W. Stephenson, DC, PhC, whose *Chiropractic Textbook*⁴ declared chiropractic a "deductive science," and would become required reading for generations of students at the Palmer and various other "chiroschools." Stephenson's deductive science of chiropractic would eventually give rise to the "purpose-straight" (also referred to as "objective-straight" or "super-straight") ideology.^{5,6} Coupled with "spizzerinctum," (a special chiropractic *joie de vivre*)⁷ chiropractic philosophy became a vehicle for rallying the troops and generating hope in the profession's arduous struggles with political medicine.

Stephenson offered 33 tenets of chiropractic philosophy, all of which were supposedly derivable from the first or "major" premise, to wit: "A Universal Intelligence is in all matter and continually gives to it all its properties and actions, thus maintaining it in existence." God was firmly positioned as the fundamental principle of Palmerian thought, and with universal intelligence, all of the cosmos were seemingly explained, and God's agent in each of us, innate intelligence, seemingly provided explanation for all things biological, and justification for chiropractic methods. When physiologist Walter Cannon later described his concept of homeostasis in a book, *The Wisdom of the Body*, dogmatists latched on to the metaphor as biological truth.

Palmerian philosophy was unabashedly doctrinal, and those who disagreed with the grand cosmology of innate and universal were heretics, consigned to excommunication as mixers, "medipractors," or diagnosing fools and worshippers of godless allopathy. There also were the dissenters. At the National College in Chicago, faculty and students sought a more "rational chiropractic," one that initially paid greater lip service to scientific rationales, and eventually, under the leadership of Joseph Janse, DC, ND, spawned a critically reviewed scientific periodical, the *Journal of Manipulative & Physiological Therapeutics (JMPT)*.

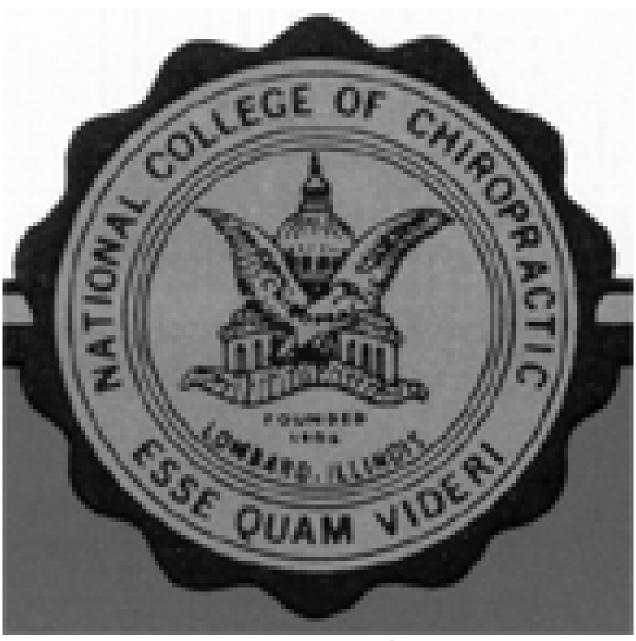


Dr. Ralph Stephenson, 1927.

While B.J. sought to purge the mixers from the dominant national membership society of chiropractors (UCA), one early National alumnus suggested, "We must agree among ourselves before we can command the respect of the world, and we can never agree among ourselves as long as so much of the silly piffle that is put forth by this school or by that school as chiropractic

philosophy is believed in as gospel truth by so many."12

John Monroe, AM, DC, who served as director of research for the American Chiropractic Association (ACA) in the 1920s, was among the few serious philosophers in early chiropractic history who disputed Palmer's dogma and insisted, "The scientific chiropractor refuses to become a slave to any theory." Monroe rejected the personification of homeostasis implied by the innate construct, and called for an appreciation of the roles of inferential and deductive reasoning in the epistemology of a science of chiropractic. Ironically, it would be a 1925 Palmer graduate, C.O. Watkins, DC, who most squarely challenged the anti-scientific rhetoric of the doyen of Davenport, and called for clinical research as the basis for the practice of chiropractic. His ideas would go largely unrecognized in his own time, but have found some measure of respect in recent years. 17,18



Early emblem of National College's JMPT, 1978.

Despite all its dogma, traditional chiropractic thought held several valuable nuggets at risk of being discarded with the proverbial bathwater. The conservatism of chiropractic ideology, reinforced by the profession's relatively limited scope of practice, encouraged respect for the recuperative powers of the body. As metaphor, innate brought greater appreciation of the role of the patient in maintaining his or her own health and in recovering from illness. While the vitalism inherent in innate intelligence came with the risk of what Oliver Wendell Holmes had referred to as

the "nature-trusting heresy," it also encouraged holism and attention to the potentially strategic value of intervening in the central nervous system in health and disease. Even subluxation, posited as incontrovertible truth, rather than hypothesis, served the heuristic purpose of directing attention to the manipulative arts, which, in recent years, have enjoyed increasing respect as a consequence of controlled clinical trials.

However, for most of "chiro history," dogma has masqueraded as philosophy. "Ain't got enough philosophy" might be translated as "lack ssufficient conviction about chiropractic ideas." Certainly, this was the meaning that fiery straight chiropractor T.F. Ratledge,20 founder of the Los Angeles school that became Cleveland Chiropractic College, mean twhen he opined:

"It seems to me that the most important part of the chiropractor's education is to be thoroughly convinced that chiropractic is a science. If all doubt about the applicability of chiropractic to human health needs is erased from his mind, he goes out into the world of health service with the highest respect for his professional fellowman and for himself. And with that vibrant enthusiasm inspired by knowledge and belief in his science and in his ability to apply its principles, he is prepared...²¹"



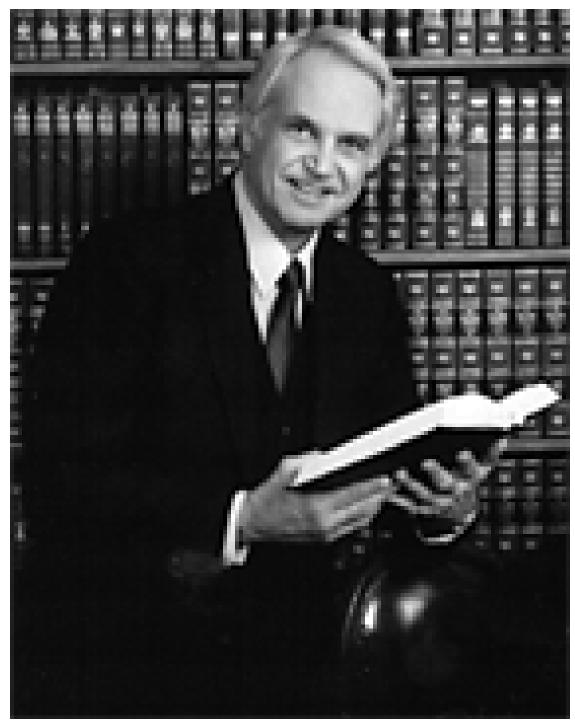
Dr. C.O. Watkins, circa 1935.

Ratledge was a hardcore dogmatist, and his unquestioning belief in chiropractic theories and methods leave much to be desired for a science and art of chiropractic. And yet, his concern to instill a level of confidence in clinicians is one that cannot be dismissed lightly. The late Robert W. Dishman, DC, ND, MA, a 1942 graduate of one of the broad-scope schools that later merged with the LACC, recalled the cacophony of ideas about healing he encountered at the Southern California

College of Chiropractic (personal communication), and the confusion that resulted there from.

Part of the confidence-building that a more coherent philosophy of chiropractic (i.e., principles) might bring to the practitioner is a clearer sense of what his or her mission as a doctor is. Today, as in those earlier times, the student (and the public) is confronted with a smorgasbord of potential roles for the DC: the chiropractor as primary care physician, as musculoskeletal practitioner, as subluxation-syndrome detector and adjustor, and as a nondiagnosing, spinal-subluxation-only-adjuster-'cause-it-just-makes-sense-that-your-body-is-better-off-without-nerve-interference doctor. Whew!

Clarence W. Weiant, DC, PhD, a Palmer alumnus, anthropologist and longtime dean of the Chiropractic Institute of New York, urged us to consider chiropractic philosophy the "misnomer that plagues the profession." That which had been referred to as "philosophy" was better construed, he suggested, as principles and theory. Unfortunately, although he valued many of the principles and hypotheses to which chiropractors were heir, he seemed to suggest that chiropractic should advance by scientific developments, as though philosophy played no legitimate role in this health-care profession.



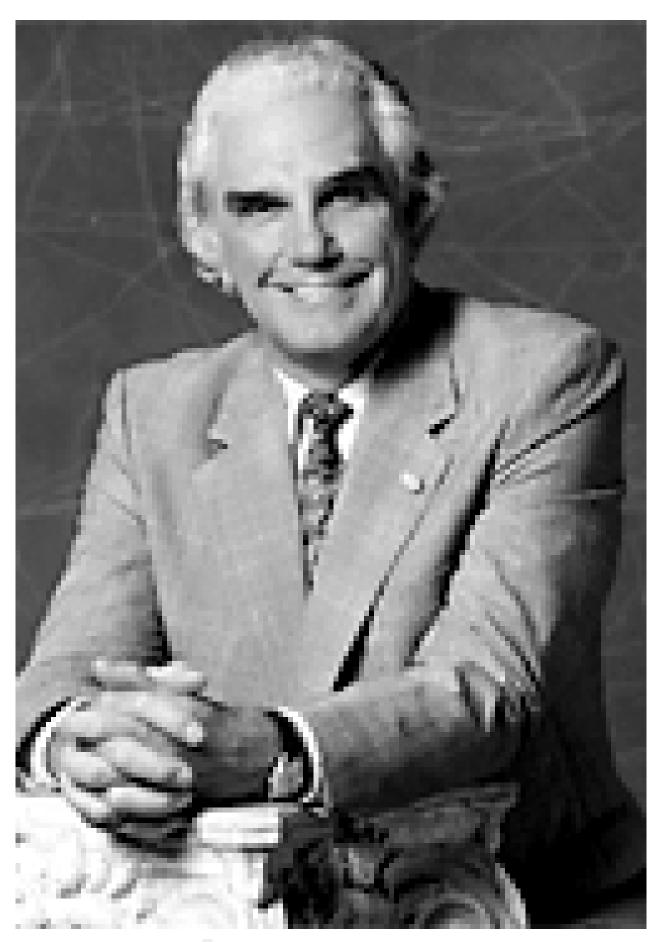
Dr. Robert Dishman, circa 1990.

"Ain't got enough philosophy" or "ain't spent enough time philosophizing" about which principles chiropractors ought to accept and which should be modified or discarded? Don't yet appreciate that philosophy and science are complementary, and both are modes of inquiry, rather than sets of rigid principles? Perhaps we not yet differentiate between principles (including metaphors, heuristics and ethical values) that may serve as legitimate guides to professional conduct, versus hypotheses that need to be scientifically tested so as to improve understanding and the services rendered to patients? Finally, we may have too much "phooolosophy": unchallenged beliefs and bluster that hold us back from developing a first-class science and art of chiropractic?



Dr. Clarence Weiant, circa 1958.

Although Sid E. Williams, DC, has described traditional chiropractic thought as "the road less traveled," it may alternatively be suggested that philosophy, in the classical sense of a probing, doubting, skeptical attitude about principles and hypotheses, is a path all too infrequently taken by chiropractors.



Dr. Sid E. Williams.

True enough, a science of chiropractic has been growing in recent years, in the sense that a heartier research literature has developed,²⁴ but it seems now to coexist with the dogma of old.²⁵ Trapped in a continuing struggle with organized medicine and isolated from the skeptical orientation of academic philosophy, the profession has not been inclined to lower its guard sufficiently to permit critical self-evaluation of cherished beliefs.²⁶ In this sense, truly, we ain't got enough philosophy, or perhaps more accurately, we don't do enough critical philosophizing.

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