

## Chiropractic's "Critical Mass"

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In my last two articles to appear in *Dynamic Chiropractic* (March 24 and May 5, 1997), I reviewed "signs of the times" and the issue of "cultural authority." Each of these areas is important and meaningful to our profession. Taken together, they serve to produce another important cultural circumstance, something that may be referred to as "critical mass."

Webster's defines critical mass as the "minimum amount of fissile material that can sustain a nuclear chain reaction under a given set of conditions."

Virtually everything in life requires a critical mass or critical elements for a change to occur. It doesn't matter whether you are starting a fire in your barbecue or building an atomic weapon. You need critical resources and you need them in precise relationship to each other. This is true for the changes we are experiencing in the chiropractic profession. We have been gathering and developing our critical resources, and we have been doing so within the context of a given set of conditions. Our critical mass is being approached or already has been achieved.

This phenomenon has not been achieved in a vacuum, but rather as part of a continuum of social and cultural change that has been underway for decades. Let's think about a few changes that have gone on in our society over the years, specifically the civil rights movement and the women's movement. Our nation was founded on the premise that all men are created equal. Nonetheless, it took centuries for that spirit of equality to be extended to people of color and to women. We need to consider what happened to evoke the changes. We have seen it in the last 30 years in each of these areas, changes that have helped set the stage for our emergence in American culture.

The simple reality is that the nation began to become uncomfortable with how we addressed matters of race and gender, and the people disadvantaged by these attitudes decided they weren't taking it any longer. The sacrosanct nature of the old arguments was called into question, and issues of accountability and fairness began to permeate the discussion.

What changed from 1940 to 1964? In the 1940s we saw African-American soldiers go to war for their country, but they did not go in so-called "colored units." We saw women leave their homes and go to work in factories in support of the war movement. But after the war, everything returned to its pre-war state: mom was back in the kitchen and people of color were in the back of the bus. In 1964, we saw the passage of the Civil Rights Act, and we saw the more demonstrative signs of the emergence of the women's movement. Why? Critical mass.

It took until the early 1960s for enough people to consider racial inequality a major concern. When it was so recognized, the public demanded changes and the movement toward greater equality was underway. Did 51% of the American public decide that racism was a bad thing? Did we go to the polls and vote it out of existence? No, but culturally, we began to make it inappropriate and wrong and, further, we began to penalize each other for actions taken in the spirit and intent of racism.

The women's movement emerged in a different fashion but the path was similar. A critical mass of people who were concerned about the status of women in America was developed, nurtured and grown. Concepts were being reconstructed. The world began to realize there was a role for women beyond child bearing and home tending. Gradually, we began to question the status quo and we saw dramatic changes in public attitude and perspective toward women.

In the 70s, Ken Keyes wrote *The Hundredth Monkey* in which he detailed a study in the South Pacific about the habits of a species of monkey. It seems a given pod of monkeys began to develop a method of finding, cleaning and eating a form of sweet potato. As the behavior spread in the immediate area, it reached what Keyes called "the 100th monkey." Keyes was referring to the point where there was a concentration of monkeys, a critical mass, which demonstrated the specific behavior in question. When this point was reached, monkey pods removed from the original group began to demonstrate the same behavior -- never having seen it performed, never having had it demonstrated in any way. In a later effort, *A Handbook for Higher Consciousness*, Keyes went on to relate the 100th monkey phenomenon to nuclear war. He theorized that if enough of us considered nuclear war a possibility that we would reach a level of critical mass, or "the 100th monkey," which would instantly increase the probability of nuclear war.

Racism, feminism, monkeys, nuclear war and chiropractic -- what is the link? Critical mass. In each of these examples, the changes did not occur because injustice was recognized, or because science said a change was needed, or because logic dictated that a change must be made. The reality is that a populist groundswell emerged that drew upon the experience of each person involved and eventually a critical mass of thought was developed. When this groundswell reached a certain point, its critical mass, it was then recognized as virtually undeniable. In 1997, who would argue that we need to return to discrimination based on race and gender, or that nuclear war is a reasonable alternative to world problems?

Enough of the public has been exposed to what we do and why we do it to reach critical mass. As in the examples cited above, when critical mass is achieved, changes in circumstances will occur almost instantaneously. What Keyes wrote of as "the 100th monkey" has occurred in the chiropractic world. We have achieved a level of market penetration and public appreciation that has translated to the entire population regardless of whether they have ever had a direct experience with chiropractic care. The population in 1997 has an understanding and appreciation of chiropractic concepts and chiropractic care that exceeds the experiential base upon which to logically formulate such knowledge. The public appreciates the natural, non-drug approach of the profession; the public has awakened to the concept that the body has tremendous healing capacity. The simple logic of the relationship of the nervous system to health and the ability of the nervous system to be compromised at a spinal level is obvious to the public.

Think of what it was like a few years ago in the chiropractic profession. We had to argue for our very existence. The value of chiropractic care in one situation versus another was not the debate. The discussion was, "Is there any value to chiropractic?" What we see today is the widespread acceptance of the doctor of chiropractic as a valuable and desired resource in the public's health care armamentarium. Twenty years ago, you were of questionable intelligence if you sought chiropractic care; today, it is fashionable to have a chiropractor!

The idea of critical mass is not limited to utilization and acceptance levels alone. It includes a very important variable: it is dependent on a "given set of conditions." No one in North America would

argue that the "given set of conditions" associated with health care is changing as we speak.

Our present situation in health care is the result, in part, of changes in public attitudes and expectations regarding health care. It is also the result, in part, of the public's willingness to question previously unquestionable areas. In a fashion similar to healthcare, matters related to racism and feminism were often dealt with by the public as matters of assumed knowledge rather than logical discourse. Until the public was given the license to discuss these matters openly, they remained culturally off-limits for all but a few daring and intrepid souls. Once the questions could be asked, the absurdity of the previous positions was obvious.

We are benefiting from the ability to question the previously unquestionable. As a child, there were two people that held great sway with my parents: the pastor at St. Paul's Church and the family pediatrician. When either spoke, Mom and Dad listened and reacted. For better or worse, it is not the same in 1997. First as individuals, and now as a culture, we are asking questions and all too often the answers are found to be wanting.

The effect of the questions has been to loosen the grip of the old guard of health care and to allow a wider search for acceptable and reasonable answers. Those answers are presently labeled as "alternatives." This is because the public is not yet truly comfortable with its newfound ability to question and is, therefore, not ready to take responsibility for the answers they formulate. This will change very soon.

How, when and where did these changes take place? They occurred because a "critical mass" was achieved in each of these areas and once achieved, it took on a life of its own and became a force within the society.

So what of our good fortune? The unfolding of our culture and the introduction of our concepts of health care are on a fortuitous collision course. The outcome will be a different environment for the health care consumer and a new environment for the doctor of chiropractic. The brave new world we find ourselves a part of sees us in a different light than prior to the realization of critical mass, prior to "the hundredth monkey" being adjusted. Our understanding that a change has occurred and that the expectations of the public have changed will determine what role we will play in the process over the decades to come. The good news is that the changes we need to make are not costly or difficult. They are matters of intention and viewpoint. More about this in my next column.

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