Toward a clinical philosophy within the discipline of chiropractic

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Much has been said over the years about philosophy in chiropractic. However, the words of Blaise Pascal ring true now as they did in the seventeenth century:

> *True eloquence pays no attention to eloquence;*
> *True morality pays no attention to morality;*
> *And he who pays no attention to philosophy,*
> *is most truly a philosopher.*

I am also reminded of what Vasily Theodorakis had to say about Greek philosophy: "You live, you die, and in between, if you're lucky, you get to experience Greece." What these two quotes say to me is that perhaps we'd be better off if chiropractors stuck to the already immense and difficult task of getting sick people well, and left the business of philosophy to those well-trained in its practice. However, since our history shows that we've never shrunk from the task before, perhaps, if there is a chiropractic philosophy, it ought to be about that very thing – how do we get sick people well?

Our great thinkers continually speak of three aspects of chiropractic – its philosophy, its art, and its science – as if these were separate and exclusive domains, forever distant and impossible to integrate. However, the articles in this issue of the Journal by Donahue and Leach demonstrate eloquently that the *discipline* of chiropractic is wholistic in that its art, science and philosophy must work together. These two articles demonstrate the way two of these fundamental aspects should work together toward a philosophy of science in chiropractic and how this development will proceed toward the 21st century. The combination of these two seems to be very effective in "taking the edge" off each separately. The older polarized situation of "you can't have one if you have the other" is, happily, being replaced by a recognition of the mutual enhancement each provides the other. Science needs a foundation, and philosophy needs to be tested in reality; so much the better for each!

In fact, the great debate about Innate in chiropractic may be over! As Ian Coulter has said, that which was once metaphorical for us and which, therefore, tended to isolate us by its use from the mainstream, has translated quite nicely into the newly emerging and accepted models of mind-body unity, wholism and psychoneuroimmunology.[1] In a recent article, a medical practitioner of what has come to be called "mind-body medicine" said: "Inside of us there must be a "thinking body" that responds to the mind's commands. But where could it be, and what is it made of?". Chiropractors ought to take great comfort in knowing that one of their great guiding ideas, that of an innate healing capacity, arose only 100 years too early. Some ideas take thousands of years before they are accepted. We should "come out of the closet" now on "innate", reclaim ownership of this important concept and get on with the business of understanding how having this concept as part of the philosophical basis of our science, helps us get sick people well.

That is why we must proceed with the final synthesis from the original triune – the development of a philosophy of our art. The traditional interpretation of the art of chiropractic has been the total system of treatment techniques and practices devised and used by our practitioners. I do not hold this view. To me, this describes the craft of chiropractic, and while the craft may be practiced artfully, the art itself must be understood differently.

The central dynamic of art is creativity, and the study of creativity is known as aesthetics. Therefore the central philosophical question in aesthetics is not "what are you doing?"; rather it is "what are you creating". In order to answer this question in chiropractic, we need a discipline of clinical aesthetics, or a clinical philosophy.

Some time ago, I posed this question in a published letter: "What is it that we create when we practice chiropractic?".[2] I said in that letter, that in order to answer that question, it was fundamentally necessary that we accept the notion of an innate healing ability – what Roberts has recently called the "placebo ability",[3] but what Palmer had called Innate Intelligence. That being the case, my answer to the question above is that what chiropractors create are conditions which enable the innate healing ability to work.

The "innate" concept then becomes one acceptable (if not difficult-to-test) hypothesis within this clinical aesthetic. Others, however, are equally plausible (if not easier to test!). There may be physiological theories such as the homeostatic model; psychosomatic model; and the model proposed by Coulter[4] and by Coulehan,[5] which I call social interactionism, in which the context of care giving is emphasized. Coulter and his colleagues[4] have called this the "chiropractic healing encounter", emphasizing the total context of care delivery and the importance of the distinct *attitudes* (read: philosophy) that we have about our patients as people.

We should strive to study these phenomena to better understand the clinical art form contained in chiropractic. This discipline of clinical aesthetics should also embrace the philosophical attitudes which we as healers have toward those who are in need of healing – our patients. Here a moral dimension enters the picture as we recognize and validate our patients' pain and suffering. Surely, if pain is the leading reason for people to seek the care of chiropractors, then we should have a well-founded philosophical attitude towards pain, and we should seek to understand as much as possible about it.

The predominant philosophical attitude in modern biomedicine towards pain derives from the Cartesian mind-body dualism. Mechanistic thinking in biomedicine separates these two dimensions, and places "real" pain in the body – as a physical process; and "non-real" pain in the mind. Many a patient has been served poorly by this attitude.

In a clinical philosophy, we can ask the question "does chiropractic adhere to this view of things?". If not, how is it different from medicine? If chiropractic is different from medi-

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cine, how does that difference influence the way we care for sick people? Cherkin and his colleagues have recently provided important data showing that differences in beliefs and attitudes between D.C.'s and M.D.'s produce very different treatment responses in their low back patients – responses which favour chiropractic.[6] Cherkin says, that not only is "what we do" important, but also, "the way we do it" is very important.

How does it come about that we "do things" the way we do? Surely, a philosophy of our art will help us frame conceptual models of these important dimensions of our discipline. I dare-say that, since the study of our *treatment* – manipulation – no longer belongs exclusively to us, that the study of our form of care – our clinical art – might afford chiropractors a unique opportunity to offer something of great value to the study of health care in our society. Perhaps that is the challenge for the 21st century!

It is the hope of the editors of the JCCA that the works of Donahue and Leach published in this issue will be thought-provoking and that they might stimulate you to respond to this renewed and important interest in philosophy within the discipline of chiropractic.

References

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