Commentary

The knowledge of our knowledge[☆]

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Abstract This classic article was published in the first volume and issue of *Philosophical Constructs for the Chiropractic Profession*. In this paper, Dr. McAndrews reviews the use of the term “philosophy” in chiropractic and urges the chiropractic profession to consider the use and misuse of this term. Reprinted with permission from McAndrews JF. The Knowledge of Our Knowledge. *Philosophical Constructs for the Chiropractic Profession*. 1991;1:14-17.
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What an irony: That the first credible journal in the chiropractic profession dealing with its relationship to philosophy finds its origins at The National College of Chiropractic. How could this be? After all, hasn't philosophy been one of the definers of our profession throughout its history? Perhaps even its cornerstone?

Hasn't the word “philosophy” even been written into many of our state laws (albeit that you can't legislate a person's philosophy, only the application of that philosophy, the practice)? And hasn't philosophy been debated by all sides when disputes concerning our function have arisen? Certainly the term is established in chiropractic, its use understood and accepted and its meaning crystal clear. Mustn't a journal published in 1991 be at least a secondary effort?

As soon as we begin to contemplate the above questions, we know instinctively the answers to those that would need answers are “No.” The meanings of the term philosophy are not, in my opinion, well understood by the profession. It has been so distorted by use in improper contexts, by use when assigned an inappropriate meaning and by being invoked when the subject had little or nothing to do with philosophy

(anecdotes about the effectiveness of chiropractic care) that an effort to trace its use back to a clear beginning is almost fruitless.

I did not need many days of activity in our organized profession to sense a misuse of the term philosophy. I recall an opportunity to address a large chiropractic audience in 1962 (at the time I was 29 years old and had been organizationally active only ten months) about the term “philosophy.” I recall trying to reduce, one strongly “philosophic” (vitalistic) in its makeup and the other, more substantive (mechanistic). I attempted to point out the possibility that when the former referred to “innate intelligence,” the latter was properly thinking, “A mechanism acting through the function of the central and/ or autonomic nervous systems which produces homeostasis (the most well accepted principle (doctrine) in human physiology).” Some in the audience laughed; some were offended.

Some years later, I addressed a group of doctors of chiropractic at a workshop sponsored by a conservative organization. At the end of the workshop I invited questions from the group of about seventy registrants. The subject of research and the development of relevant data arose. A question came from the back, “Why do we have to pour all this money down the drain for research; we know chiropractic works; we just have to get more people to understand our philosophy?”

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I answered by referring to all of the times (by this stage in my career) I had testified in the U.S. Congress only to have Senators or Representatives say, in essence, “My wife’s (or my sister’s, etc.) life was saved by a chiropractor,” or “My nephew couldn’t walk until he went to a chiropractor.” The statements, highly praiseworthy of our profession and its contributions to health in America were usually followed by the request, paraphrased, for “any type of data you have supporting the practice of chiropractic. We would very much like to help you and counter the attacks on your profession. We would like to include your profession in federal health care programs.”

Of course, there were no data. For many reasons we had historically neglected to develop scientific information that would be acceptable to the scientific community. The organized medical profession’s boycott, the control of the public health establishment by the medical establishment, the control of the health care insurance industry by the medical establishment *and the disinclination on the part of most of the “philosophers” in the profession to support anything scientific* had left us virtually barren in this regard.

The solid information supporting chiropractic began arriving in the early 70s demanding that all fair-minded chiropractors and detractors of chiropractors pay attention.

Dr. L. K. Griffin has authored a paper dealing with the possibility that chiropractic’s failure to progress at an ordinary pace may be due to our misuse of the language: D.D. Palmer’s *Science, Art and Philosophy of Chiropractic* vs. B.J. Palmer’s *Philosophy, Science and Art of Chiropractic*. Dr. Joseph Donahue has independently developed a similar thought in his paper, *“Philosophy of Chiropractic: Lessons from the Past-Guidance for Future.”* I feel both of these scholarly efforts set forth the essence of what has often seemed to be our self-inflicted paralysis. When some of us talk of “subluxation” as an entity that includes a neurological (not just a structural-mechanical) element, and others of us use the term as it is established in Dorland’s Medical Dictionary (without a neurological effect), then confusion reigns; when faculty in our leading colleges either do not agree on such a basic premise, or some claim to not even know what subluxation is, how can our profession, let alone the public, have a clear idea about our premises, our hypotheses, our theory(ies) or any principle(s) upon which our practice might be based?

In a paper titled, *Philosophy and the Future of Chiropractic*, Scott Haldeman, DC, PhD, MD, clarifies at its end that “... justification for scientific ignorance or poor practice methods on philosophic grounds will never be accepted.” The paper somewhat concerns me,

however, in its seeming defense of the historical reliance on “philosophy” by the profession—an improper reliance, in my view, that is largely responsible for an early abandonment of scientific endeavors and an excuse for continued ignorance of appropriate steps for professional development.

Fundamental to most of this confusion is the term “philosophy.” Philosophy has clearly established definitions such as: Pursuit of wisdom by intellectual means; The investigation of causes and laws underlying reality; Inquiry into the nature of things based on logical reason; The critique and analysis of fundamental beliefs as they come to be conceptualized and formulated; The investigation of natural phenomena and its systemization in theory and experiment.

It is true “philosophy” can also mean “the system of values by which one lives,” but this meaning is certainly not scientific or in any other way related to a scientific practice such as chiropractic, whereas the former definitions are clearly associated with such things as the purported underpinnings of our profession.

I was asked one day about how I thought a certain conservative organization “protected” chiropractic. My answer: I don’t think it does, it has long since abdicated its relationship to the science and art of the profession and has shrouded itself in what it considers to be philosophy’s garb which hovers over the ground like a puff of smoke, waiting to be blown away by the first strong wind. Since most chiropractic “philosophers” resist putting their thoughts in writing—because they could not survive the slightest intellectual challenge—it is difficult to think of them as anything but smoke.

Where are the data or references supporting the “philosopher’s” contentions? Even in undergraduate school a claim had to be supported by a footnote reference to its source. This was so even in subjects like history or literature. Why do we allow sweeping, unsubstantiated “philosophical” meanderings to continue to undermine our profession’s needs to organize itself? To systematize its knowledge? To present its hypotheses to challenge (by expecting all claims be submitted to refereed journals)?

I used to give seminars in motion palpation in the mid to late sixties and early seventies. I would begin each seminar with this statement: “The day I’m looking for in chiropractic is when people like you don’t believe people like me.” Because until “belief,” like “faith” is removed from our midst, then the person with the loud voice, the nice clothes, the four-colored brochure, the methods to compound our incomes will carry the day. But when we are educated (or disciplined) to say, “Wait a minute. Who did the study that permits you to say

that? In what journal was *that* study covered? Who said we should (or should not) use physical therapy in this case? How many patients were used as a control in the study that indicated *that*? I'm doing a study now right in my office—after I was advised to tighten the scientific controls—and it looks like it might disagree with *that* study. I intend to publish it as soon as I'm finished." This will be when we truly begin to make rapid progress.

But as long as a wrong notion of what constitutes "philosophy" dominates much of the profession, it will continue to do things like teach multiple adjusting techniques even while one technique may absolutely contradict another. This acceptance of the ridiculous is readily made in some quarters because "philosophy" as often traditionally used is so elastic.

You can either adjust a patient necessitating an audible result, or you can "introduce a force and let the body do the adjusting" or you can check out a surrogate or you can hold a potato and magnet over the body, or you can mentally communicate or you can "get in tune with the patient." Without evidence to support these contentions, the purveyor is probably most comfortable around his own kind, attending seminars attended by those who think as he or she does. These groups are sometimes able to obtain political support for their beliefs but the support of the scientific community (inside or outside the profession), *never*! But making charges against each other has never gotten us very far. Fortunately, the very point of this journal is to allow the development of critical and scholarly thought concerning the philosophy of our science (not "chiropractic philosophy"). For there is no physics philosophy, or astronomy philosophy, or chemistry philosophy or chiropractic philosophy. But there is a philosophy of the science of physics, or of astronomy, or of chemistry, or of chiropractic. It is tedious to develop a science like physics—or chiropractic. It takes very exacting and detailed study. It takes the discipline to avoid making inaccurate, unproven, or hasty claims. It takes the discipline of the understatement. It takes the antithesis of the circus barker trying to sell his or her elixirs to anyone within shouting distance.

Thank heavens we have an increasingly emerging group (active essentially since 1976) which collectively says, "We've had enough." This latter group can support the new journals, begin to read them, begin to quote them, begin to reject the smoke of the past, begin to demand that the language be accurate. Eventually, the misuse of "chiropractic philosophy" will disappear and we will find the "philosophy of the science of chiropractic" in its place. It already sounds stimulating.

Many of our seminars are certainly within their competitive rights to "sell" attendance by advertising unprofessionally the income levels of previous attendees; others are within their rights to continue "selling" their brand of misbranded "philosophy." But hopefully, these activities will lessen until they cease to the betterment of the entire public, not just our patients.

For the first 75 years of the profession's existence, its "philosophical concepts" appeared largely rooted in bedrock. While there have always been idealists, schemers and dreamers who have sought to adapt the early "philosophical concepts" to coincide with the evolving dictates of science, it has been within the last 20 years that a consensus has begun to develop that true philosophical concepts must be ordered so as not to contradict the evolving body of data resulting from scientific experiments, observation, logic and reason.

One might add that the current divisions in the profession would, in all probability, disappear if the profession had an adequate data base on which to predict with accuracy the results or limits of the services chiropractors and chiropractic offers in the health care field.

Assume, for the moment, that elaborate and scientifically valid studies indicated precisely which respiratory problem responded to what neuromechanical stimuli, and which respiratory disorders were affected not one wit by all the spinal adjusting in the world, no matter how artfully applied. Would one expect that the dichotomy between the "subluxation correctors" and the "disease treaters" would still exist—at least as to the subject of respiratory disorders?

Simply stated, the inadequacies of the "chiropractic philosophy," have been directly proportional to the lack of meaningful scientific data to explain the who, what, where, how and why of chiropractic health care.

Charles Nisbet, an Eighteenth Century religious thinker, stated: "The modern skeptical philosophy consists in believing everything but the truth, and exactly in proportion to the want of evidence; in making windows that shut out the light, and passages that lead to nothing."

How many of our chiropractic "philosophers" cripple the profession by "making windows that shut out the light" and create "truth ... exactly in proportion to the want of evidence?"

Perhaps the greatest impact that our profession suffered from was the conspiracy of the American Medical Association and its members. To destroy the profession of chiropractic was the "preoccupation with survival" forced on doctors of chiropractic everywhere. The isolation or ghetto mentality created a fear that if

one pebble of the wall of “chiropractic philosophy” was dislodged, then the whole wall would quickly follow since the individuals beating on the wall were not trying to improve its image but, rather, were seeking to leave no traces of its existence.

First, our patient’s tenacity and then the courts proceeded to lighten the load from the AMA’s damnable and illegal acts and thus allowed intellectual curiosity to challenge the old shibboleths and dogmas. The profession has haltingly admitted that speculation must give way to demonstrable fact. That subtle shift in emphasis has accelerated the search for meaningful data and, in turn, the acquisition of data has emboldened the chiropractic community to request, even demand, more data and more validation to justify and predict the consequences of our health care discipline. There are even some enlightened fellows in the profession (happily a growing number) who would now agree with Freidrich Max Muller who, over 100 years ago, stated: “Philosophy has been called the knowledge of our knowledge; it might more truly be called the knowledge of our ignorance, or in the language of Kant, the knowledge of the limits of our knowledge.”

To the extent that we can smile when we admit our ignorance then the quick expressions like “the big idea;” “above, down, inside out;” and other jargon of our trade will be understood as representing a make-shift bridge or disguise for the glaring lack of knowledge (or data) that we, as well as other health care providers, share.

It is interesting to note that the chiropractic profession’s ascendancy in the quest for data corresponds gloriously with an emerging awareness by the medical profession that there are monumental gaps in that discipline’s knowledge of what they should do and why they should do it.

To those who have previously felt comfortable with unsubstantiated claims, try to remember your undergraduate education, where your exposure to subjects like biology, chemistry, physics and psychology began to teach you how to view the discipline of science. The fact that you have lost precious ground since then, by being influenced by reactionary elements in the profession does not prevent you from returning to your earlier understandings.

The methodology of science is *very* exacting. Its process is a result of the proven ability of the mind to fool itself, and to be fooled. The simplest paperback book on such methodology sets forth its requirements. Chiropractic (a science) philosophy is shown, upon the reading of such a book, to be an oxymoron, one word not belonging in the immediate presence of

the other; at least not in the sense of the traditional uses of their juxtaposition.

The philosophy of the science of chiropractic refers to the explanation of the science of chiropractic. Since, as D.D. Palmer rightly contended, *science* is ever developing (and thus changing), so also does the *philosophy* of chiropractic develop (change) with it. The two not only go hand in hand with each other, they essentially *are* each other. This is why chiropractic cannot ever be thought of as a “principle” (it is not). It is a set of principles, like osteology, neurology and physiology, reduced to a system. If a principle is involved in terminology surrounding chiropractic, it is *only* when we refer to the principle upon which one of the chiropractic hypotheses may be based, the principle of homeostasis. In the scientific world, homeostasis is the most well accepted principle in human physiology, not because it has been observed as a phenomenon, but because so many carefully controlled experiments have upheld this seemingly observed bodily function. Homeostasis had to first be tested as a hypothesis; then, when so many experiments showed it to be correct it was scientifically classed a *theory* and when further, more refined and more demanding experiments showed it consistently to be what it was theorized to be, it was elevated to the level of principle doctrine. Is homeostasis an expression of some innate intelligence in the body? It may be; it may not be. When was the last test we conducted to move such a subjective claim to the laboratory for testing?

Philosophy has too often (not always) been an escape hatch for the anti-intellectual. The processes have begun to put this destructive element back in the metaphysical box where it belongs, probably with magnetic healing, dragons and the yellow brick road. Science (not medicine—although there are many good scientists active in the medical profession) already is shining some much needed light on our profession. The shadows of ignorance, too often created and maintained by a misuse of philosophy, are being pushed back by the light of an ever increasing amount of research. The illumination is enlightening.

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