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Changing chiropractic's subluxation rhetoric: Moving on from 'deniers', 'vitalists', and 'unorthodox', to realists, post-realists, and absurdists

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Abstract

Chiropractic rhetoric must advance beyond vitalists attacking subluxation deniers, and deniers holding firm to eminence over evidence. I am calling for clear and strong debate in which the issues and their evidence are examined in the manner of traditional philosophical debate.

The purpose of this paper is to present two behaviours that will each change the profession and discipline's narrative about subluxation, scilicet: (i) that an active, intellectual discussion occur and (ii) that it be published in any author's preferred journal of record, indexed by the Chiropractic Library Collaboration with terms that will connect the papers, and be open access for all.

To facilitate this change I present a palette of three terms with exposition to show how we can build our rhetoric into constructive argument from either a realist, a post-realist, or an absurdist view-point.

For the reason the post-realist and absurdist's positions are opinion, have not been thought-through, and show no appreciation of the paradox that they have no evidence at all supportive of that opinion, they should cease gaslighting the realists and anyone who opposes their position.

Chiropractic realism is the conventional position of the majority of the profession and of the discipline. The realists quite rightly demand to see and discuss the evidence, if any, held by the post-realists for their position.

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... is chiropractic practice an expression of discipline realism, while condemnation of it is a characteristic of a post-realist profession?'

Introduction

At times the chiropractic narrative gravitates into argument^[1] over DD Palmer's founding principles and tenets. I state my position as being one who continues to work to understand the meanings established by Palmer on his founding of the profession and this means I accept but continue to question and examine his essential idea that small dysfunctions in the spine have an association with health and well-being.

However my position seems at odds with some who openly or covertly deny the existence of the clinical entity called subluxation,^{[2][3][4][5][6]} no matter how entrenched it is in the medical literature from the time of Imhotep,^{[7][8]} and indeed I am even unsupportive of those who vigorously argue a greater role for subluxation in the care of the health of humankind than perhaps the idea can carry.^{[9][10]}

The ignoring of evidence

The common denominator of both extremes of chiropractic rhetoric is use of speculation in the absence of evidence. Those who make claims about values associated with correcting subluxation seem in my view at times to exceed reason, about which I am conservative. They happily accord great benefit to ideas like salutogenesis, a term emerging in the field of health promotion^[11] and yet to be addressed in the chiropractic literature with any sense beyond the work of Kent,^[12] and like genomics, similarly a term not well addressed in the literature of the discipline yet already proposed to become part of the curriculum.^[13]

On the other hand those who take positions such as that of the *General Chiropractic Council* (GCC) of the UK, scilicet '*programmes promoting and teaching unorthodox explanatory frameworks, such as life force, innate intelligence, vitalism and a belief that manipulating the spine to remove restrictions or 'chiropractic subluxations' can restore health more broadly, will not meet these Education Standards*',^[14] are also taking a position without evidence, and are impacting the chiropractic educational curriculum.

To me as a somewhat experienced chiropractic educator currently implementing their tenth curriculum, neither extreme is advancing acceptable argument for their positions, indeed the GCC statement can be seen as a caricature of evidence-informed behaviours; my point being that the proposed GCC standards have no relevance nor validity outside the rather parochial environment of the several programs in the United Kingdom. Assertion to the contrary will not make it so, nor would adoption of these standards by the WFC should they at all be considered for its WHO Benchmark project.^[15] I strongly recommend against this on the basis the WFC is representative of many countries at levels of

professional development in chiropractic that are different to that of the UK for which the GCC speaks.

However I do have a concern with this unlikely outcome of the WFC's Benchmark of training standards for the WHO and it is based on the WFC's endorsement of support for a nebulous group called *International Chiropractic Education Alliance*.^[16] I call this group nebulous as it bears a striking resemblance to the *International Chiropractic Education Collaboration* (ICEC),^[17] seemingly based at *Southern Denmark University* (SDU)^[17] and also at the *Canadian Memorial Chiropractic College* (CMCC).^[18] It follows the outgoing WFC President's position that it was *time to call out substandard training*.^[19] The ICEC position statement is overt in its rejection of subluxation as an inclusion in contemporary curricular:

'The teaching of vertebral subluxation complex as a vitalistic construct that claims that it is the cause of disease is unsupported by evidence. Its inclusion in a modern chiropractic curriculum in anything other than an historical context is therefore inappropriate and unnecessary.'^{[16][17]}

These words are a direct extraction from the flawed GCC position statement of 2010,^{[20][21]} yet there are some who find them attractive.

Wickes, President of CMCC is on the record as describing *anyone practicing in a subluxation, vitalistic model as "the gangrenous arm of the profession that needs to be cut off"*.^[22] These are brave words spoken from an absurdist position given the heavy reliance of CMCC on its alumni for funding.^[23] Yet this might not matter given the mixed beliefs of Canadian chiropractors^[24] and knowing that the '*Chiropractic program attended is a significant predictor of orthodox vs unorthodox faction membership and professional practice characteristics for Canadian DCs*.'^[25] I regret the use of an evidential statement which appears to validate the use of terms I object to, namely '*orthodox*' and '*unorthodox*'.

The remainder of this paper examines these situations.

My position as the writer of this paper

It concerns me that the WFC holds a Presidential position to '*call out substandard training*' (19) while now endorsing (16) what seems to be the same group (18) that echoes the GCC position of 2010 (20) and as currently stated (14) that subluxation should not be taught, a substandard position, at the same time it launches a project to '*Benchmark*' education and training standards. (15) The leap for the WFC to consider as '*substandard*' any program not meeting the position of the GCC and the ICEC would be significant cognitive dissonance.

I offer a peer-reviewed opposition to those intent on removing the idea of subluxation from the evidence-based chiropractic education curriculum. I do so in this paper which represents a new application of the peer-review process.

An online community called 'Qeios' ([\[26\]](#), Our Manifesto) has emerged with the manifesto to be *committed to Open Science and transparency. The principle we operate is that rather than censoring scientific discourse using an unreliable pre-publication peer review system, we promote post-publication open evaluation and discussion.* This paper was placed on that site and received a number of critical reviews, each being open (not blinded).

As the writer I found this a positive process of peer-review and one I may adopt in addition to submitting to the peer-review process of this journal. At this point I express my gratitude to the Qeios reviewers and this version of the paper is a result of their input. I may not fully resolve their concerns but I submit this is a much stronger paper because of this process. Qeios may be of use to those who join in the call of this paper for much greater debate in the chiropractic literature of contemporary issues, however as a pre-print service it may not be the best forum for arguments back and forth.

However before proceeding to give my lexicon there are two issues raised by the reviewers that deserve addressing. The first is straightforward and was thought to be an antagonism by me against the WFC. I must clearly state this is not the case and have re-written parts of this manuscript where that impression may have been taken as an interpretation.

For the record I broadly support the WFC as a representative association of which my own professional association is an active member. In fact, it was my Australian association which played a large part in establishing the WFC in Sydney in 1998. [\[27\]](#) As a Life Member of the *Australian Chiropractors Association (ACA)* I appreciate their, and thus my, support of the WFC. This stance does not render the WFC immune from critical observation and I trust that in those places where I am critical my evidence will speak for itself.

The second point raised by two reviewers was regrettably dismissive of this manuscript as merely *opinion*. I reject this assertion on the basis that I am writing as a philosopher and following the rules and commonly understood principles of philosophy that ground this writing in reality.

I reinforce this grounding with generously cited evidence available to all readers. However it is dubious whether there is such a thing as an isolated philosophical position. [\[28\]](#) The essence of philosophy lies in navigating context, and outside of a framework of interpretation some hold that any given philosophical position to the degree it retains any meaning at all is really just an opinion. However *'argument'* which I offer relies on facts or statements to support a proposition while an *'opinion'* is a belief that a person has formed about an issue.

It may surprise some that I hold no beliefs about the issues I am arguing in this paper. I would like to think I present argument supported by evidence rather than any imagined belief, and in this sense I reject the view that I am expressing my opinion.

An example of opinion is found in one reviewer relying heavily on Homola, a retired chiropractor who publishes frequently in on-line fora [\[29\]](#)[\[30\]](#) and rarely in the peer-reviewed indexed literature of chiropractic. In that reviewer's

opinion, Homola is a noted author while the evidence suggests he too is only offering opinion.

These points should be remembered when we read future extensions by others of my argument including their critical comment.

Lexicon and context

All discourse requires a lexicon and here I provide the context of my current writing and give my lexicon in Box 1.

Box 1. Lexicon with meaning and derivation of terms used in this paper

Term	Meaning and derivation
orthodox	Appears to have originated in McGregor's thesis of 2006 (37) attributed to a cohort of American medical orthopaedic practitioners who viewed chiropractic practice aligned with their medical thinking as 'orthodox'. Used now to describe the form of chiropractic which rejects the idea of subluxation.
unorthodox	Deriving from McGregor's flawed definition of orthodox and applied without critical questioning by some writers to describe chiropractors (and students) who recognise a role for subluxation in chiropractic.
conventional	A term generated by my research into the schools of thought in the discipline and profession of chiropractic to describe chiropractors who practice in the conventional manner described by the founder of the discipline and profession. See #31
concessional	A term generated by my research into the schools of thought in the discipline and profession of chiropractic to describe chiropractors who relinquish conventional ideas, such as that of subluxation, from their practice to take a concessional position less than the conventional ideas of chiropractic. See #31
realism	A term drawn from the canon of philosophy where a scientific realist places greater importance on giving meaning, by way of a story, to the data. The story must have sufficient credence drawn from observed evidence to be accepted as true. Synonymous in many ways with 'conventional'.
post-realism	A term drawn from the canon of philosophy where a scientific post-realists hold that truth can only come from their data, ultimately expressed as 'Evidence-Based Practice' in which ideas association as realism with conventional chiropractic are progressively relinquished.
absurdism	An end position when either a realist or a post-realist has removed or added ideas that are not credible and reaches a point of little semblance to realism as practiced by conventional chiropractors.
subluxation	See #7, 8, 32, 33. In these papers I clarify that I do not see subluxation as a thing, real or not, but as an idea embraced by realists to carry their clinical findings derived from real observations which in turn guides their therapeutic intervention. I give the pre-Palmer medical history of the idea. The flaw of the post-realists is their removal of any therapeutic target beyond spinal stiffness.
discipline	Chiropractic as the practice of trained chiropractors.
profession	Chiropractic as the collection of trained chiropractors plus others through some association who are not trained as chiropractors, including staff of clinics and associations.

The explicit context of this paper is that contemporary chiropractic discourse, which no matter how intuitively compelling its truth claims, is a form of rhetoric; a discourse used both to account for and to influence political decisions that impact the chiropractic profession. I contend it must become more vigorous, relevant, critical, and open.

Three terms from the broad field of philosophy and not yet used within chiropractic form the basis of my contention. My first term is '*realism*' and from it the people who communicate with a narrative of realism whom I will call '*realists*'. I consider conventional chiropractors ^[31] to be realists.

For those whose rhetoric is concessional where matters narrated by the realists are relinquished I will use the term '*post-realism*' with its speakers being the '*post-realists*' across the discipline. Here lies a fascinating distinction which must be made and which I address in Box 1. The distinction is between the '*profession*' of chiropractic, being that collection of people which hangs on to the discipline without necessarily being trained to practice the discipline, and the actual '*discipline*' of chiropractic consisting of people with training from an accredited institution to be considered appropriate to be licensed/registered and to practice chiropractic. The gulf will become apparent.

Another term I draw from the lexicon of philosophy is '*absurdism*', practiced by the '*absurdists*'. I hope to show that some post-realists reveal themselves to be absurdists, as do a few realists.

Other terms which will be used and which I have previously defined and explained in my papers include '*conventional chiropractic*', [31] '*perspectival truth*', [32] and '*subluxation*' as it appears as an idea of a small sprain about the spine. [7][8][33]

Next in Figure 1 I show a relationship among some of my terms. This diagram is drawn from my previously published research [31] which found the bulk of the profession to carry a conventional identity. These represent ~80% of the discipline, gathered about the mode with a negatively skewed left tail fading to statistical insignificance as '*concessional*' narrators.

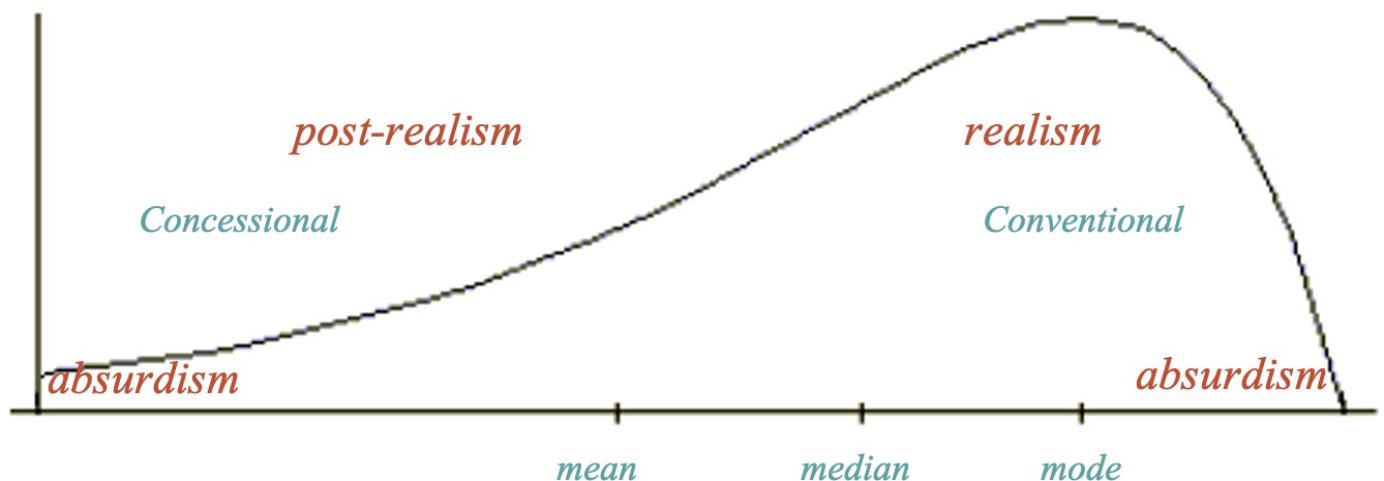


Figure 1. Predictive left-skewed distribution of chiropractic identity as previously published [31]

The final preparatory point to make is that within these pages I will offer the names of published writers across the profession, bearing in mind my distinction between one who claims to belong in the *profession* of chiropractic and one who proclaims to practice, legally, the *clinical discipline* of chiropractic. Chiropractic debate using philosophical tools is only able to proceed on the basis of free and open discussion about one's ideas and those of others. Thus my mention of a name is not to be seen in any way as *ad hominem*, rather it is me showing my regard for those I mention and their

arguments and positions. Each of course is equally expected to name me and either attack or enhance my arguments. This is something I welcome and perhaps it encompasses my wish for intellectual debate to become rampant within both the discipline and the profession of chiropractic.

There are a couple of instances where debate has been initiated but not really taken further. One example is from Mirtz who writes as a post-realist. His '*A treatise for a new philosophy of chiropractic medicine*'^[34] has been well read (4,960 accesses at 13 November 2022) and the metrics^[35] show it was tweeted 9 times, appeared on 3 *Facebook* pages and 1 from *Reddit*, and has 18 citations in *Mendeley*. My question is, why did this paper not draw a more considered debate? Is it the journal in which it appeared? Is it a mental block against Mirtz's anti-subluxation rhetoric?^[36] An example of which is:

'Regardless of popular appeal this leaves the subluxation construct in the realm of unsupported speculation. This lack of supportive evidence suggests the subluxation construct has no valid clinical applicability.'^[36], p. 6)

Or is it that chiropractors now consider *Twitter* a form of intellectual discourse? Or perhaps most chiropractors don't have time to reflect and write, which may be the case but one which does not exclude chiropractic academics whose responsibilities include scholarly writing.

Correcting the notion of orthodoxy

At this point I examine the sudden appearance of the term *orthodox* in the stream of rhetoric. It attempts to identify those who reject subluxation as being the '*orthodox*' part of the discipline. Puhl introduced this term in his paper^[25] co-authored with McGregor and in turn it seems the idea to assign orthodoxy to one particular viewpoint arose in McGregor's doctoral thesis.^[37] McGregor's cohorts included a sample of medical practitioners as a dominant profession, and of chiropractors as the lesser. It seems McGregor, a chiropractor, adopted the medical view that their perspective on chiropractic represented orthodoxy, and thus the medical view of chiropractors branded them as '*orthodox*' when they complied with medicine's view of what chiropractic should be.

It is surprising that any well-trained chiropractor would accept this imposition. The downside is the perpetuation of this flawed judgement to trust medicine's view of chiropractors as representing the orthodox benchmark *within* the discipline. Does chiropractic deserve to be categorised in this way by medicine, where those post-realist chiropractors who align with the medical view are considered '*orthodox*' chiropractors? And those with views aligned with the discipline's founding tenets which include subluxation become '*unorthodox*'? This has led to statements such as *'key practice characteristics in contravention of national radiation guidelines or opposition to evidence based public health policy are significantly more associated with non-orthodox chiropractic paradigms'*.^[38] To me, this is an overt gaslighting of the conventional, realist understanding of chiropractic, and its introduction by McGregor is now destructive to student confidence when raised to an offensive rhetoric with the introduction of the term '*magical thinking*' by Innes and LeBoeuf-Yde.^[39]

The danger of these descriptors lies in these authors' proposal to screen future chiropractic students for *Magical Health Beliefs* so that institutions could avoid enrolling such students in their education program. This is an application within the chiropractic discipline of China's Social Credit Score, [40] where those with views at odds with the state are punished. In chiropractic's case, those potential students with views at odds with, for example the GCC or ICEC or Wickes' position, would be excluded from buying an education and consequently from the profession.

Innes judges as *unsuitable* any belief among chiropractic students that is accepting of subluxation and wellness within chiropractic practice. [41] I suggest this is an elitist attempt to exclude students who hold beliefs different to his which is a far from a responsible contribution to the development of the profession and certainly not the behaviour expected of an academic.

I consider the promoters of these dangerous terms to be absurdists and it should not be a surprise that one of the less appropriate papers in recent times, a diatribe about chiropractors needing to divorce each other, [42] arose from this small group. Thankfully a well-grounded realist set the record straight, [43] echoed by me and my realist colleague. [44]

Another piece of nonsense from the realists and absurdists was a peculiar report about a global summit that may not have been all that was reported. [45] This too drew a calm but critical response from a realist. [46] At least we see in these two examples the seeds of debate emerging only to seemingly wither. My contention is that the post-realists and absurdists must actively engage with such comments about their flow of rhetoric and begin to defend it with reference to the literature.

While these matters demand ongoing discussion there is sufficient tension within the rhetoric, mostly from the defenders, [47][48] that is uncomfortable if not regrettable. Rhetoric which brands a putative leader of the profession (not the discipline) as a *'denier'* and *'drug pusher'* does little to advance the intellectual conversation within chiropractic. I contend it is preferable to be dispassionate in our comments, yet as truthful as truth needs to be.

For example my previously published comment [32] regarding the Secretary-General of the WFC states:

'The term "subluxation" ... is absent from the Secretary-General's proposition that 'Chiropractic is part of the solution to the world crisis in spine-related disability'. In another of Brown's papers, he positions "Spinal Health as the backbone of chiropractic's identity", however, the term "subluxation" appears only 5 times and in an historical, apologetic context.' [32]

In the original publication each statement of mine was supported by citation to Brown's published work as a better form of chiropractic rhetoric that is substantiated by citation of the work which is being commented upon.

From this position arises the specific purpose of this paper regarding the place of subluxation within chiropractic today. I expand my contention to include two things:

- i. that an intellectual discussion occur, and

ii. that it be published in any author's preferred journal of record and indexed with terms that will connect the papers with open access to all.

To best achieve this the chiropractic commentariat should use the established terms of philosophy to advance their positions.

The realists

By implicit default the original chiropractic realist was Daniel David Palmer.^[49] I can not see an argument against my identification of Palmer as the original chiropractic realist given it was he who not only founded chiropractic but named it, however Mirtz disagrees ^[1] and presents theological arguments. ^{[50][51]}

We owe much to McDowall for his rich evidential reporting of Palmer's thinkings, writings, and expressions of understanding ^{[52][53]} and it logically follows that those over time who accepted and enriched Palmers ideas would also be considered realists. I think of figures like Foster 1915, ^[54] Firth first in 1919 then revised in 1967, ^[55] BJ Palmer in detail in 1961, ^[56] Homewood in 1962, ^[57] Wardwell in 1992, ^[58] and Lantz in 1995. ^[59]

Most notable is Gatterman who examined subluxation's historical perspectives in 2009,^[60] argued her understandings as peer-reviewed papers in 1992 ^[61] and 2009, ^[62] as a letter in 2009, ^[63] and in 2 editions of a comprehensive textbook. ^{[64][65]} I must also include my contemporaries Kent^{[66][67]}, Leach, ^{[68][69]} and Rome & Waterhouse. ^[70] These commentators use real-world terminology to describe what subluxation could be as they understand it and in terms of what they perceive chiropractors do with it. Should I be so bold I would add Schwartz ^[71] who advanced the role of chiropractic in mental health in 1973, and of course I include those who advanced such notable institutions as the Spear's Hospital, ^{[72][73][74]} and Kentuckiana. ^{[75][76]}

I can not include Senzon's decatuech^[77] as these writings are more historical reportage than contemporary interpretative philosophical argument. Senzon has mounted argument based on a comparison of chiropractic to systems science ^[78] and as with Mirtz, ^[35] has attempted to construct a philosophy of chiropractic. ^[79] While Mirtz published his work as open access, Senzon published in a lesser known journal which requires payment of USD\$3000 plus taxes per article for it to be open access. ^[80] A key element of my call for greater philosophical debate is publication in open-access journals to ensure equity of access globally by both writers and readers.

My view of the calls by Mirtz^[35] and Senzon ^[79] for new philosophies of chiropractic is the same as my view of the call by Walker ^[81] for there to be a '*new chiropractic*'; namely that calls for new philosophies and for a new version of an established profession speak more to the inability of the speaker to engage in an appropriate manner with the reality of chiropractic as it exists and has existed for 127 or so years, than to any need to reconstruct the discipline.

The realist's view of chiropractic is one narrative, but one narrative with many forms reflective of chiropractic's reality across many sociocultural environments. ^[33] In some instances I consider the realist's canon to resemble more a linguistic bouillabaisse of over-statements and semantics than a consommé of common sense. However there is one

unified theme which is consistent in its presence within reports by realists of their clinical practice; in essence and as a rather minimalist summary the rhetoric of realists reduces to *'subluxations occur, affect health and well-being, can be identified and corrected, resulting in positive outcomes'*.

Rejection of this idea is denial of clinical reality which is of course, post-realism.

The post-realists

Any evolutionary epistemology must recognise that there always exist other knowledge processes.^[82] I now provide a context for my use of the term *'post-realism'* in describing the knowledge processes of the nihilistic left-tail of the distribution of thought in chiropractic (Figure 1).^[31] To cite from Quora *'post-real is what remains when the consensus version of reality is recognised as an illusion and put to one side - where absurdists may say it really belongs. Remove the meanings and purposes for living by which we're expected to make our version of reality accord with everybody else's, and "reality" is no longer real but post-real.'*^[83]

On the basis of my logic in naming Palmer as the original realist, I would consider Oakley Smith to be an early if not the first post-realist as he tried to claim Palmer copied chiropractic from others^[84] and went on to establish a discipline based on his own ideas.^{[85][86]}

The fatal flaw in the rhetoric of chiropractic's post-realists is their rejection of any epistemological processes other than their own narrow world-view^{[87][88][89]} published within their own journal.^[90] An important motivation seems to be their desire to centralise their perceived authority.

These actors within the chiropractic profession are guided by identities, interests, and values, and by social and cultural practices such as those of the *World Federation of Chiropractic* (WFC)^[91] and the *British Chiropractic Association* (BCA),^[92] neither of which has any inherent organisational intelligence but acts to claim and assert authority within the global field of chiropractic discourse.^[93] The Secretary-General of the WFC is the aforementioned Brown who has also led the BCA, a matter noted by Ernst^[94] who evoked Big Pharma as a possible cause for the BCA's anti-chiropractic rhetoric.

The most harsh expression of post-realism, published or not, is denial that chiropractic's realism of subluxation exists and instead is a relic of history. This is the position of the GCC,^[95] closely aligned with the BCA (the term 'subluxation' does not appear on their website)^[92] and of which Byfield^[96] and Newell^[97] are servants and about which I have commented.^[21] In particular I note Newell's rhetoric is that *'there is "zero" evidence for subluxation.'*^[98]

All post-realists hold that chiropractic's discourse is in error when subluxation is mentioned. It is this view which I hold to be chiropractic's current state of ignorance. I will now present my argument for this claim, starting with a recap of my expressions up until this time.

A short history of my rhetoric

A decade ago I published a little piece called *What's in a name?* [99] It was a response to what I saw as the growing post-realist movement in chiropractic fighting for a toe-hold in the field of chiropractic thought. It followed attempts by the emerging post-realists to stamp their ideology on the profession for which the *Mercy Conference* served as a source of 'guidelines' [100] which were promptly rejected by the realists. [101] Globally, the realists align more closely with the *World Chiropractic Alliance* (WCA) [102] than the WFC.

More recently I reported two historical papers [7][8] documenting a history of the idea of subluxation. These show that the idea of subluxation is neither 'dated' nor 'putative' as held by Newell [103] but 'timeless'; a very distinct difference. I have recently also provided a universal meaning of subluxation [33] drawn on this timeless characteristic which I found to be deeply cross-cultural.

In contrast Newell does not yet seem to have thoughtfully reported on subluxation, the concept of which he is a vocal critic yet a concept in which he is untrained as he is not an educated, licensed chiropractor.

My underlying contention is straightforward: the post realists either have evidence for their claim that subluxation is an irrelevant historical artefact, in which case they must produce their evidence that subluxation can not exist, or they do not and can not which I suspect was the case in 2010. [21]

Where realists, post-realists, and absurdists clash

Those who have rejected part, most, or all of Palmer's founding ideas and knowledge would constitute the post-realists in chiropractic, an early movement which led to therapists of assorted persuasions self-proclaiming as chiropractors without bothering about any education in chiropractic. I have analysed and reported this in depth using Australia as my example. [104][105][106]

In looking at the development of the profession around the 1940s there seems little option but to classify Nugent, the education reformist [107][108] as a post-realist, perhaps due to his personal grievance against BJ Palmer. [109][110] Nugent certainly did not justify his radical curriculum changes with evidence, just politics.

Not a lot has changed as we now have a *Committee of Deans* of the UK's *Royal College of Chiropractors* [111] offering education standards [112] without supportive evidence, and the GCC stating that programs based on vitalism, inherent in DD Palmer's founding concepts, will not be accredited by them.

As given earlier in this paper these proposed standards state:

'programmes promoting and teaching unorthodox explanatory frameworks, such as life force, innate intelligence, vitalism and a belief that manipulating the spine to remove restrictions or "chiropractic subluxations" can restore health more broadly, will not meet these Education Standards' [14][113]

This position has arisen from their post-realistic rhetoric which revolves around a belief paraphrased to be that

chiropractic must be evidence-based. Their internal contradiction is their inability to identify any evidence for their position against any role of subluxation within the discourse of the realists's.

This paradox is that the post-realists who insist on evidence are unable to present any let-alone a philosophical argument to support their subluxation-agnostic position. They hold the view that their eminence makes them speakers of truth.

These same post-realists are yet to report any examination of their null hypothesis *subluxation does not exist*. There are weaker null hypotheses which similarly lay unaddressed, for example *'the term subluxation is not used within the majority of chiropractors' clinical practice'*. The one they did address was that *'subluxation did not appear in the majority of chiropractic curricular globally'* which on finding that it did appear in the majority of curricula meant their null position was rejected. ^[114]

Given this reliance on eminence, we have little option but to categorise this *Committee of Deans* as a Committee of *post-realists*, if not *absurdists*.

Post-realists as absurdists

There is something obscene about using power to extract compliance from others on the say-so of a minority who are unable to offer an evidence-based position, while at the same time gaslighting those who have made the effort to understand subluxation by claiming the realists are the ones without evidence, and further gaslighting the realists to a deeper, more insidious degree by holding that they, the post-realists, actually have evidence (which they are yet to present). The Emperor stands very naked indeed.

In this sense a self-proclaimed member of the chiropractic profession, being one who is not trained and licensed as a chiropractor, can also be considered an absurdist. Here I include the writings of Newell, ^[103] and Chapman-Smith, ^{[115][116]} neither of whom is trained as a chiropractor yet through some affiliation is seen as a representative of the profession.

My work on the emergence of chiropractic education in Australia suggests a further category, being persons with a form of chiropractic education from an unaccredited institution who were grandfathered into the profession when registration commenced; Walker ^[81] is in this category.

There is a line of distinction to be drawn here as not all non-chiropractors who associate with the profession can be considered absurdists. I could not countenance consideration of Keating Jr, ^[117] Wardwell, ^[58] Rosner, ^[118] and Jamison ^{[119][120][121]} as absurdists; their writings, while at times provocative if not controversial and at all times perceptive and informative, consistently made positive contributions to the advancement of chiropractic thought in general and its philosophy in particular. I consider their discourse to be the rhetoric of realists.

Keating once described himself to me as *chiropractic's inside outsider* and his copious writings attest to his

understanding of both chiropractic the discipline and chiropractic the profession. Wardwell's knowledge of who chiropractors are as a profession is second to none, and both Rosner and Jamison, as non-chiropractors, have publications that attest to their understanding of chiropractic as a discipline and which I also consider to be second to none. I am yet to see evidence from Newell or Chapman-Smith or Walker about which I could state the same.

Chiropractic's state of ignorance

And here is chiropractic's *state of ignorance*, its rhetoric and not its position.

The post-realists' rhetoric which rejects the idea of subluxation is the behaviour of absurdists and becomes their two-edged sword of Damocles; they promote a claim without providing a skerrick of evidence for that claim, while rejecting the extraordinarily rich body of empirical evidence, both objective and subjective, supportive of the idea of subluxation. As an example, at the time of writing this paper (October 2022) the *Index to Chiropractic Literature* returned 2,937 articles as a ['Case Report' OR 'Study' OR 'Series'], 1,603 (54%) of which are sub-indexed with the term ['subluxation']. This is a body of literature from over a thousand individual chiropractors with 1,603 first-hand reports of their realism of chiropractic practice; it is evidence which can not be ignored, no matter its arrogant dismissal by the post-realists and absurdists.

In contrast the literature shows a small subset of about 10 chiropractors who completely reject subluxation in addition to the members of a former iteration of the *Research Committee* of the WFC.^{[122][123][124]} Those now unrelated to the *Research Committee* have been named^[125] as Kawchuk, French, Axén, Hartvigsen, Descarreaux, and Kolberg. They gave the reason for their departure as being no longer able to function as independent academics, a strange claim given one's role on such a committee is to bring independent academic nous to the table.

Perhaps it was their overt post-realist stance against subluxation at a meeting in Berlin^[126] which helped the WFC appreciate that the absurdist view against subluxation is not acceptable to the majority of the discipline whom I describe as realists and conventional chiropractors.

In addition to these, and Newell, Byfield and Walker, this subset includes Reggars,^[127] Simpson,^[128] Young,^[129] Perle,^[130] and Mirtz with Perle and colleagues.^[114] Walker and Perle hold influence as journal editors.^[131] Together with 37 self-proclaimed '*expert chiropractors*'^[132] and some 150 '*signatories*' to a specific position of chiropractic politics,^[133] there are about 200 outspoken concessional chiropractors and associates which represents an insignificant sect of about 0.2% of all chiropractors. Recognising (i) that publication by Australian academics has been reported as low but with the majority of academics having published,^[134] and (ii) that there is '*overall agreement between practicing chiropractors and academics across most research area domain items*' in Australia,^[135] it is difficult to accept the opinion of one reviewer of this paper that the actual number of outspoken concessional chiropractors, or post-realists, is many times greater than the 200 or so I have identified. Allowing for a factor of 10, the result is still an insignificant number of post-realists, ~2%.

Some also offer absurdist rhetoric similar to that from some of the former *WFC Research Committee*, however to

their credit they have published their commentaries with open access ^{[87][88][89]} while a stream of well-reasoned post-realist rhetoric is also evident. ^{[136][137]} Open publication of one's views is always preferable to hijacking a conference meeting.

I also contend that there is a tangential thread of Danish thought unravelling from what the literature shows is the conventional practice of chiropractic in Denmark. ^[138] In that nation the profession has developed regardless that 'government's dualistic action relative to the Danish chiropractic community' may have 'inhibit(ed) the spontaneous evolution of contemporary Danish chiropractic practice.' ^[139] Its characteristics include nearly half (47% in 2014) ^[140] of practitioners being trained locally at the country's only chiropractic training program delivered as 'Clinical Biomechanics' ^[141] and developed to build the profession's legitimacy. ^[142] As expected the management of mechanical low back pain accounts for around half (49%) of all patient visits. ^[143] Within the Nordic region both maintenance care ^[144] in the absence of evidence beyond 'reasonable consensus' ^[145] and infant care is common ^[146] including for infantile colic, ^[147] a practice cautioned against in Australia ^[148] with optimistic suggestion that such practitioners require 'a minimum 2 years of post-graduate training in paediatrics' and Board endorsement. ^[149]

The evidence shows that regardless of the post-realist rhetoric found within unravelled *Danish Thought*, clinical practice in Denmark and other Scandinavian countries seems very much to be the practice of realists, inclusive of maintenance care and paediatric care in the absence of evidence.

If nothing else this observation warrants investigation to determine why it exists. Is there a mass delusion among the realists of the discipline, or is there a deliberate ignorance of data by the post-realists?

Indeed, is chiropractic practice an expression of discipline realism, while condemnation of it is a characteristic of a post-realist profession? Is this the crux of the matter?

Or worse, are the GCC and other absurdists trying to impose their concessional post-realist belief system which logically is not and can not be rightly called chiropractic? Are they mimicking Oakley Smith's removal of Palmer's core concepts to be replaced with their own generic manipulation ideas, possibly drawn from the Bohemians? ^{[85][150]} Or given they are British, are they regressing to the 1820s manipulative style of Harrison? ^[151] Is the GCC proactively erasing the discipline of chiropractic as practiced by the greater majority of chiropractors globally? Who or what is behind their agenda? Could it be Big Pharma as suggested by Ernst? ^[94]

It is primarily for these reasons that I make this call for more frequent and vigorous debate in the open-access chiropractic literature. The post-realists have a duty to explain why and how they see their aerated version of chiropractic replacing the realist's substantive version, otherwise risk being absurdists compounded by their refusal to present evidence for their stance.

Chiropractic's state of ignorance is its intellectual silence

In a previous paper I reported ^[31] my findings of a skewed distribution of thought in chiropractic. In very crude terms it

is a unimodal negatively skewed distribution with a fading tail to the left.

Whilst I stand by that report on the basis of the evidence from which it was drawn, the discussion it generated has led me to now offer an interpretation of places on my chart (Figure 1) of thought distribution. I place realists about the mode and post-realists about the tail.

A third and blatant placement is for the untrained or partially-trained individual who offers critical comment within the chiropractic ecosphere. Their refusal to accept subluxation in the absence of any training about it means they have made a significant concession which places them to the far left and in an insignificant minority. This is indeed an absurdist position.

The two challenges are:

- i. trying to understand those to the left of the mean (Figure 1) who progressively extract elements from conventional realist knowledge to end up in the absurdist position, and
- ii. trying to understand why their concessional conversations seem to be louder and more persuasive with legislators.

Why does this matter?

Realists today speak the dialect of conventional chiropractors. By and large their training as chiropractors allows an understanding of the complexity of subluxation as a clinical entity expressed as a rhetoric which deconstructs this complexity into a language understandable within the patient's context.

Post-realists reject the conventional chiropractic rhetoric and in particular, the idea and concept of subluxation.

Absurdists are insidious in their gas-lighting of the profession. Some are not qualified to comment on chiropractic as the discipline.

It matters because the realism that conventional chiropractors are known to exhibit is actually a realism within which the idea of subluxation, however it is expressed, forms a guide to their practice, no matter what they may consider their practice to be; [32] here I mean the technique of choice ranging from Gonstead Methods to Activator Method[®] to CBF[®] to Applied Kinesiology (AK) to Thompson Drop and so on through all the different techniques identified by Cooperstein and Gleberzon. [152]

In the absence of any such guide it is valid to ask what is it that post-realist chiropractors address in practice? Indeed, are they *chiropractors* or *manual therapists*? If the latter, why not follow Oakley Smith and form their own professional grouping apart from chiropractic? Perhaps this could become the schism called for by Strahinjevich and Simpson, [128] or perhaps and somewhat frighteningly, Walker's '*New Chiropractic*'? [81] Except of course it could not be called '*chiropractic*'.

I contend that the surfeit of conventional chiropractors has been intellectually abused by the post-realist commentariat through ridicule of any and all claims in favour of the idea of subluxation. It fascinates me that while the existence of subluxation is rejected by the post-realists, the evidence shows good reliability in identifying the perceived existence of this clinical lesion. [153][154][155] A rather odd finding and difficult to explain for something claimed to be only an historical relic of no clinical value.

The abuse represents gaslighting as the post-realists deny that the conventional chiropractors hold evidence for their position while not producing evidence for their own position. I can see that we are now at the point where the majority of chiropractors are saying '*show us your evidence for why the idea of subluxation is dated, and for why 'subluxation has no clinical use in chiropractic today*'.

To Newell, Byfield, Walker and others in this self-important elitists' group, we are saying '*show us your evidence*', it has been claimed for such a time that it should not be too hard to produce. In fact it will be harder for the post-realists to admit they have no evidence than to produce it. Byfield has a record of publication dating from 1988, and Newell from 1989. Perhaps Byfield's ideas are frozen in that preceding period during which he attended chiropractic college. No such concession can be made for Newell as he is not trained as a chiropractor.

Byfield and Newell can only offer *opinion* which is sufficient for the GCC to warrant their perceived status in the UK profession, the epitome of *Eminence-Based Medicine*. As far as I can glean, neither have published on the topics of subluxation, [32][33] vitalism, [156] or tone, [53] so actually neither is qualified-by-publication to offer an evidence based argument one way or the other.

Yet they must still act to defend and justify their position to members of the discipline they are seeking to dismantle, and to do so in peer-reviewed papers in the open-access literature. To not be overt in their thinking allows suspicion of poor behaviours by the GCC. The GCC was denied the evidence they requested once before (2010), [20][21] and would be seen as negligent if not incompetent should it repeat that mistake. It must be remembered that the GCC is an '*independent statutory body established by, and accountable to, Parliament*' [157] Annually the GCC is reviewed by the *Professional Standards Authority* [158] and is reasonably expected to demonstrate that it makes evidence-based decisions.

What do we do about it?

Bold statements must be made because if chiropractic is to take any position on subluxation in education then it must

be a position based in evidence. The eminence-based stance of the *Committee of Deans* is fatally flawed because it has not one published paper to support it. Their documentation itself does not cite from the literature but is ‘*informed*’ by the educational standards of other disciplines. ^[113], p. 4)

The same applies to Brown and his positions^{[159][160]} especially when expressed on behalf of the WFC; in the absence of evidence they hold no substance. Brown must provide supportive argument, as mere opinion is the hallmark of eminence-in-action.

In my view the evidence is favourable for the positions of the conventional chiropractor, the realists of the discipline and profession. Paper after paper shows the majority of chiropractors base their practice around the idea of subluxation, no matter what they call it and no matter how they practice its identification and correction.

Conclusion

Chiropractic has moved on from a handful of British elites meeting over a pint in a pub and thinking it was a good idea to kiss subluxation goodbye, as seemed to have occurred in 2010. ^{[20][21]}

For the reason that their position is opinion, has not been thought-through, and shows no appreciation of the paradox that they have no evidence at all to hold that opinion, the post-realists and absurdists must cease calling on anyone who opposes their position to instead show their evidence and begin to offer their own.

The chiropractic realist, representing the conventional position of the majority of the discipline, quite rightly expects to ‘*see the evidence held by the post-realists*’.

Thus until the post-realists and absurdists in the minority left-tail of Figure ^[31] produce evidence supporting their position that subluxation has no contemporary clinical relevance in the practice of chiropractic and should not appear at all within the sphere of influence of the profession, chiropractic’s narrative will remain fractured into ‘*deniers*’ and ‘*vitalists*’, terms which do not enhance the discipline’s professional reputation.

It is time we collectively moved forward with courteous debate in the mode of philosophical argument from our respective positions as a ‘*realist*’, a ‘*post-realist*’, or an ‘*absurdist*’. There are no members of the discipline or of the profession who are entitled to utter evidence-free rhetoric as discourse used both to account for and to influence political decisions that impact the chiropractic profession.

I contend the expressions of the chiropractic narrative must become more vigorous, relevant, critical, and open.’

And grounded in evidence.

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