Dysrationalia in Chiropractic by Dr. Christopher Kent

Psychology professor Keith E. Stanovich coined the term dysrationalia to describe the inability to think and behave rationally despite adequate intelligence. In so doing, he has attempted to answer the question of why intelligent people do stupid things. Stanovich notes two causes of dysrationalia. The first is that people tend to be "cognitive misers" who, while having the ability to employ complex cognitive mechanisms, tend to take the easy way out when solving problems. This often results in solutions that are illogical and wrong. The second cause is what Stanovich calls the "mindware gap." This occurs when people lack the specific knowledge, rules and strategies needed to think rationally.1

Now that I am entering my 37th year as a doctor of chiropractic, I continue to marvel at the rampant dysrationalia that permeates our profession. Despite being highly educated professionals who have completed at least three years of undergraduate study, four years of professional training, and passed a rigorous four-part National Board examination, a disturbing number of chiropractors continue to make many of the same bad decisions that characterized the behavior of their less-educated predecessors.

Causes of Dysrationalia

There are at least four major causes of dysrationalia in the chiropractic profession, each of which leads to faulty decision-making:

1. Susceptibility to charisma. Chiropractors are hypersensitive to charisma. From the earliest days of the profession, charismatic leaders have knowingly or unknowingly encouraged blind devotion and uncritical acceptance of their proclamations. This leads to the logical fallacy of argumentum ad verecundiam, or argument from authority. Instead of critical evaluation of claims made by the charismatic authority, the claims are accepted as valid, with the claimant exempted from criticism because of the personal qualities of the authority.

2. Reliance on self-referenced closed systems. This problem plagues many technique systems. Premises and conclusions become muddled, and the muddy waters become opaque when circular logic is added to the mix. Furthermore, the clinical objectives of the technique system may be evaluated principally or solely by using proprietary methods to assess such objectives. Add a hefty dose of charisma, and you have the bizarre world of technique dogma. Thankfully, a number of "brand" techniques are involved in independent research, documenting health benefits (or lack thereof) using accepted outcomes assessment instruments. This trend must continue.

3. Perpetuating acquired ignorance. A disturbing number of DCs in chiropractic education and politics continue to propagate statements that are obsolete or just plain wrong. For example, eponymic orthopedic tests remain sacred cows in chiropractic education and practice despite a conspicuous lack of scientific support.2 Some proponents of orthopedic tests have the hubris to denigrate practitioners who use other examination procedures, despite the fact that they have better scientific support. Other examples of perpetuating acquired ignorance include repeating and propagating unsubstantiated statements as if they were fact. Three examples follow:

Myth A: Back pain is second only to the common cold as a reason for physician visits. An Institute of Medicine report identified the top 20 diagnosis clusters making up the majority of non-referred ambulatory visits to U.S. office-based physicians. Note that "acute sprains and strains" account for 2.7 percent of non-referred visits, and low back pain 1.2 percent, behind acne and diseases of sweat glands. This runs contrary to the oft-repeated claim that low back pain is the second most common reason for physician visits. Other references provide evidence that the cold/back pain claim is obsolete or incorrect.3-4

Myth B: X-ray line drawing is not reliable. Thirty-six years ago, when I entered the profession, evidence of reliability for spinographic line drawing analysis was lacking. That's simply no longer the case. A review of literature involving 1,963 documents formed the evidentiary basis for the Practicing Chiropractors' Committee on Radiology Protocols (PCCRP) for biomechanical assessment of spinal subluxation in chiropractic clinical practice, which have been accepted for inclusion in the National Guidelines Clearinghouse.5-6

Myth C: There is solid scientific evidence supporting chiropractic care for low back pain. In reality, the evidence cited relates to spinal manipulative therapy, not chiropractic care, and the benefits are at best modest. According to the Cochrane Reviews, "There was little or no difference in pain reduction or the ability to perform everyday activities between people with low-back pain who received spinal manipulation and those who received other advocated therapies. This review of 39 trials found that spinal manipulation was more effective in reducing pain and improving the ability to perform everyday activities than sham (fake) therapy and therapies already known to be unhelpful. However it was no more or less effective than medication for pain, physical therapy, exercises, back school or the care given by a general practitioner."7

The American Physical Therapy Association claims that of 27 studies included in systematic reviews to support spinal manipulation for back pain, only five (18 percent) used chiropractors to provide the manipulation, compared with 12 (44 percent) studies that used PTs to provide the manipulation. The remainder of the studies used physicians and osteopaths. They further claim that "More recently, PTs have completed the vast majority of quality research demonstrating the effectiveness of TJM (thrust joint manipulation) for treatment of low back pain."8

I could cite a dozen more examples, but I'm sure you get the idea.

4. Lack of training in logic and critical thinking. Attorneys are trained to ferret out contradictions and logical fallacies. Chiropractors, like most health professionals, lack training in logic and critical thinking. Some educators and politicians claiming to be "evidence based" are among the more egregious violators of items 1, 2 and 3 above. Worse, the culture of the profession largely eschews critical thinking as unnecessary at best, preferring to default to the "cognitive miser" mode described by Stanovich.

Moving Toward Solutions

Fortunately, there is a way out, and the very survival of our profession may depend on it. Colleges should ensure that critical thinking is integrated into chiropractic college education. Shining a spotlight on logical fallacies should become an accepted part of our culture. We must be able to self-criticize and self-correct our premises and conclusions, lest our collective delusions come to haunt us when they are unraveled by outsiders.

Part of "guarding well" our "sacred trust" is having the courage to grow. As cell biologist Bruce Lipton has observed, "A cell cannot be in growth and defense at the same time."9 Neither can a profession.

References

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