



Chiropractic Professionalization and Accreditation: An Exploration of the History of Conflict Between Worldviews Through the Lens of Developmental Structuralism



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Abstract

Objective: The purpose of this commentary is to describe the conflicts in the history of chiropractic's professionalization and conflict through the path of increasing educational standards and accreditation using the lens of developmental structuralism.

Discussion: Within the story of chiropractic's professionalization and accreditation lie the battles between competing worldviews. Gibbons proposed 4 periods of chiropractic's educational history; this article proposes a fifth period along with a new methodological approach to explore the complexity of chiropractic's history. The methodology draws upon constructive developmental psychology and proposes 5 levels of thinking common to the individuals from chiropractic's history. By using a psychological framework to analyze historical events, it appears that the battle within chiropractic education continues at present. Several important issues are explored: the Council on Chiropractic Education's origins in the medical paradigm and rational thinking, the pre-rational, rational, and post-rational critics of the Council on Chiropractic Education, the schools of thought that were reified or emerged from the history, as well as the more recent legal, economic, and social pressures, which helped to shape chiropractic's accreditation and professionalization.

Conclusion: A transrational approach, one that includes the partial truths of all perspectives, is a first step to allow for a richer understanding of how the interior worldviews, individual actions, and the exterior forces (legal, economic, political, and educational) brought forth the chiropractic clashes together. Viewing the conflicts within chiropractic from this approach may foster new educational structures to evolve.

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Introduction

DD Palmer's chiropractic philosophical paradigm was, in part, a response to the rationalization of society.¹ His philosophical approach was an early-systems view of the body as a dynamic system.^{2,3} According to Palmer, the adjustment of the vertebral subluxation impacted spirit, matter, and life; had a global impact on the spine and body; improved the person's health; and had the potential to transform society as a whole.⁴ His paradigm included a practice (the adjustment), along with a rational scientific approach to knowledge, which also expanded rationality into a more embracing and dynamic viewpoint. Palmer's philosophy represented an early postrational perspective without a clear strategic plan for how to bring it forth into the world.

One cannot fault Palmer for lacking a more strategic plan. His final years were spent battling his students to define chiropractic. After his death in 1913, a century of warfare followed between the "straights" and the "mixers." The "straights" defined chiropractic as focused on the analysis and correction of the vertebral subluxation to foster the fullest expression of the individual's innate intelligence. The "mixers" defined chiropractic more broadly. Some mixers were eclectic practitioners, medical doctors, osteopaths, homeopaths, and naturopaths, who not only added chiropractic to their armamentarium but in many cases redefined the term *chiropractic* to include their other practices.⁵⁻¹⁰ Palmer's writing stated that chiropractic should be distinct from all other methods.⁴ He wrote, "No, thank you, I do not mix, I give Chiropractic straight. If it were mixed with all the methods offered, it would soon lose its identity."^{4 (p80)} Thus, there was tension between these 2 viewpoints.

Strategic thinking in the profession's first hundred years was limited. Organized efforts that demonstrated strategic thinking were related to increasing educational standards or passing legislation. Those attempts often crossed boundaries of the factions in hopes of establishing short-term and long-term positive developments.¹¹ However, most educational initiatives were one-sided.

In 1974, the United States Department of Education (USDE) recognized the Council on Chiropractic Education (CCE), which unified the profession; but it also seemed to separate the 2 factions even more. The circumstances leading up to recognition and the decades thereafter led to infighting.^{11,12} This included lawsuits from schools and an investigation from the United States Department of Justice (requested by one of the schools).¹³⁻¹⁷ Since 1978, public meetings of the

CCE's renewal of recognition before the USDE have included hours of testimony for and against.^{11,18-20}

One can view this conflict as part of the historical conflict. For example, the original CCE standard (developed by the Council on Educational Standards) published in 1941 was based on the standards set by the American Medical Association (AMA).^{21,22} The inclusion of rationally focused medical perspectives was characteristic of the broad-scope ("mixer") faction and anathema to the postrationally focused philosophical ("straight") faction. Villanueva-Russell²³ writes, "The recognition of the CCE meant not only that chiropractic could now receive federal grants, students loans, as well as be perceived as having increased legitimacy in the system of professions, but also meant that the sponsors of this accreditation, the broad-scope mixers, were able to institutionalize their agenda and jurisdiction into the structure and curriculum of all of the colleges."

After CCE's recognition, new philosophical movements and dissenting schools developed.^{24,25} In this author's opinion, in the 40 years since CCE's recognition, a profession-wide flattening of chiropractic's philosophical tradition ensued. No systematic strategy was undertaken within the profession to strengthen the philosophical approach within academia,²⁶ even though chiropractic curricula include a variety of topics on philosophy and philosophy was still acknowledged as central to the profession.^{27,28} There is no systematic instruction in DD Palmer's paradigm throughout all of chiropractic education.

I suggest that reviving the philosophical knowledge of DD Palmer's paradigm could enrich the lives and practice of the current generation of chiropractic students and practitioners. Palmer directly challenged the overrationalization of society almost a century before postmodern critiques of social structures and practices emerged.¹ To the extent that the chiropractic profession can foster and develop the postrational essence of Palmer's philosophy, it might play a leading role in shaping the transformation of health policy and practices currently under way within the United States and across the world. Palmer's postrational stance currently subsumed into terminology like *vitalism*, *holism*, and *therapeutic conservatism*²⁹⁻³² may offer an opportunity to integrate the various competing schools of chiropractic into a coherent postrational strategic approach addressing the larger health issues currently raging in society. Drawing on Palmer's philosophy and building upon it with new insights could place chiropractic at the forefront of the emerging worldwide health revolution.

The clashing worldviews within chiropractic are far more complex than a simplistic divide between “straights” and “mixers.”³³ The conflict may be depicted rather as a continual clash of several competing worldviews.³⁴ One of the challenges of such a clash is that each worldview tends to assume that its own viewpoint is best, thus assuming that one perspective holds the most truth, whereas other’s claims to truth are suspect.³⁵ Furthermore, few worldviews use strategic thinking. Developed and integrated, Palmer’s philosophical approach offers an opportunity to integrate competing worldviews and develop a strategic endeavor that brings more depth and rigor to each of the worldviews.

It is my opinion that the complex problems within the chiropractic profession require strategic thinking. However, evidence of real strategic thinking in the general population is rare. Individuals who think and act as “strategists” comprise only 4% of the population.^{36,37} The strategist focuses on the short-term and long-term by generating personal and organizational transformation.³⁶ This level of complexity is similar to what Commons and Richards³⁸ describe as the paradigmatic order. Individuals acting from this perspective create new paradigms from seemingly unrelated metasystems by integrating diverse approaches.³⁹

Loevinger⁴⁰ considered the analogous autonomous stage of human development as a point when individuals recognize their own process of development. Ideas that seemed incompatible at earlier levels of self-complexity may now be integrated. It is this ability to apprehend one’s own earlier levels of thinking and being that is a hallmark of this level of consciousness.⁴¹ This ability allows one to think strategically into the present and the future.

By applying these insights, we may learn about the ways different worldviews interacted and clashed. Viewing the history of chiropractic from this perspective may help us embrace a more rigorous view of philosophy and how it was received, forwarded, developed, or thwarted. Using developmental research as a method may provide the necessary tools to discuss the complex issues surrounding the acceptance, rejection, or development of Palmer’s post-rational perspective.

In DD Palmer’s day, there was little access to information about the structures of human thought. Few articles in recent chiropractic literature make reference to constructive developmental psychology and adult cognitive development.^{1,42} This suggests a lack of depth in the literature about how chiropractors think and act.⁴³ Viewing the current situation in chiropractic philosophy, education, and accreditation from this perspective may foster a new level of strategic thinking and

elevate the dialogue to a new level of complexity. Therefore, this article uses the lens of developmental structuralism to explore the conflicts in the history of chiropractic’s professionalization, especially the conflict through the path of educational standards and accreditation.

Methodological Approach

The discussion in this commentary develops a simplified model of 5 levels of thinking from developmental psychology to explore the history of chiropractic’s professionalization and accreditation. These levels are explored at the end of each section and discussed when appropriate to provide perspective.

The historical timeline is divided into 5 educational periods. The first four were described by Gibbons: the Tutorial Period (1897-1905), the Classical Period (1905-1924), the Proprietary Period (1924-1960), and the Professional Period (1960-).⁴⁴ I expand this model to include a fifth time period to bring us closer to the present day. I suggest that the Professional Period concludes in 1986, with the first of the lawsuits against CCE by a chiropractic college. I suggest that the fifth period, the Litigious Period (1986-2003), begins at that point and ends with the last court case. History of the current period is yet to be written, so it is not included here.

For each period, I focus on conflict and the clashing worldviews to better understand the problems we are facing. From this, the need for a more strategic approach integrating diverse perspectives along a spectrum of complexity is described.

Developmental Worldviews

Constructive developmental psychology may help us to address the complexity of thought structures inherent within the chiropractic profession. The research into adult human development grew from Piaget’s⁴⁵ work, on the development of cognitive structures in children. He found that formal operational thinking, or the ability to think rationally in third-person perspectives, was the height of human development. Researchers following Piaget found several levels of post-formal operational thinking or post-rational levels of consciousness in adults.^{40,46-48}

New and more complex ways of thinking solve problems that less complex strategies could not solve previously. Kegan⁴⁶ describes this as the subject becoming object. What was subject to you at one

Table 1 Different Ways to Loosely Classify Vitalistic Thinkers^{31,146–148}

Level of Thinking	Approach to Vitalism
Postrational	Living systems are part of a nested hierarchy of wholes, which cannot be separated from body, mind, spirit, self, society, and culture.
Early postrational	The uniqueness of life is best explained thinking organismically, where the parts equal more than the whole.
Rational	Life has unique properties that cannot be explained strictly by chemistry and physics. Life may even be a property of matter.
Early rational	The brain is like a dynamo that generates energy, which travels over the nerves.
Prerational	A vital force comes from outside the body and animates it with life.

level of complexity becomes object to you at the next level. One cannot clearly see the level one is at because one is subject to it. This is where research and insight into adult human development help us to tease out the more difficult elements of the conflict within chiropractic.

Understanding the different viewpoints of the chiropractic factions, informed by developmental psychological research, may allow us to understand more about the interior dynamics of the chiropractic conflict. Thus, we should seek to gain greater insight about the individual chiropractors in the profession, how they integrate and disseminate knowledge, and ultimately how they may portray chiropractic to patients and the public (who also hold specific worldviews).

The research into adult human development is extensive. Researchers have explored the development of cognition,^{38,45} self,^{40,46,48} morals,⁴¹ values,³⁵ spirituality,⁴⁹ and several other lines.^{41,50} There is correlation among researchers in terms of generalized levels or altitudes of development.^{41,51,52}

By drawing upon the developmental literature to better understand the history and philosophy of chiropractic, a higher level of complexity is added to the discourse on chiropractic. In the author's opinion, this type of complex analysis is necessary for the profession to develop. Recent research on chiropractor moral development makes this even more relevant, which suggests that assisting chiropractors to develop their cognitive complexity and their moral complexity is one of the profession's greatest challenges.⁴²

Five Levels of Thinking

This article uses simplified terminology to describe 5 levels of thinking: prerational, early rational, rational, early postrational, and postrational. Prerational thinking is generally associated with dogmatic, uncritical, and fundamental beliefs. Early-rational thinking is generally associated with the reliance on logic and reason rather than science to solve problems. Rational thinking is associated with objectivity and the scientific

method. Early-postrational thinking is associated with early systems and holistic thinking (such as DD Palmer's philosophical approach). Postrational thinking has its own unique increasing sublevels of thinking. This is also referred to as *transrational thinking* because it includes rationality by expanding it.^{53,54} The first of the postrational levels is the strategic level described above. Individuals at this level develop an ability to navigate the levels.

Clashing worldviews have fueled disagreement between factions in the profession. The factions are often depicted as "straights" vs "mixers" or "vitalistic" vs "mechanistic." However, using worldviews may help us to understand that each of those approaches is viewed through a structure of consciousness. For example, someone could be a postrational vitalist, a rational vitalist, an early-rational vitalist, or a prerational vitalist; so "vitalist" is a type of thinking about reality (Table 1). Thus, "straight" and "mixer" may be viewed as types of thinking rather than structures of thinking or worldviews. A worldview affects the individual's definitions of words and interpretation of reality.^{55,56} Thus, individuals may have interpreted or misinterpreted DD Palmer and their colleagues based on whatever level of thinking they looked through.

The spectrum of thought complexity in chiropractic has always been diverse. This was an empirical strength of DD Palmer's postrational approach; he attracted a diversity of students from many perspectives.^{4,57,58} Some practitioners in the first decades of chiropractic's history embarked upon their studies with very few prerequisite requirements, often with little prior education.¹¹ Others entered their chiropractic careers as health practitioners, doctors, or tradesman.⁵⁹ Individuals throughout the history of the profession have viewed the world through rational, early-rational, and sometimes prerational perspectives. The insight that chiropractic history is comprised of individuals with worldviews allows us to navigate the history with a depth that is generally lacking in the literature.

Experts vs Achievers

Many of the conflicts within chiropractic might be framed as conflicts between early rational thinking and rational thinking. One way to describe these levels is as Experts and Achievers^{36,37} on both sides of the war.

Individuals within the first 10 years of entering the workforce might be characterized as Experts.^{36,37} The Expert maintains a conventional self, with traditional and often early-rational thought processes, emphasizing logic and often adhering to reified positions.³⁷ Experts seek to maintain the status quo and defend their position while dismissing or ignoring coherent counterarguments.

When the Expert is confronted by complexities that level of consciousness is no longer adequate to deal with, the Achiever level of consciousness emerges.³⁶ The Achiever draws more fully upon rational thought or what Piaget termed *formal operations*.³⁷ This level is characterized by the scientist and entrepreneur. Achievers are often unable to acknowledge their own agenda. Both levels are evident on both sides of the war and in most of the chiropractic clashes.

Without subjecting an individual to the rigorous research testing used to determine structures of thought, we cannot truly know an individual's structure.⁴⁸ Therefore, it is important to note that I use this approach "lightly." It is possible to intuit structures of consciousness,⁶⁰ and yet we must still be careful not to place individuals into these structures haphazardly. Thus, my discussion will focus on general arguments and not on trying to determine specific individual worldviews.

There are at least 2 other reasons not to place individuals into a category based on levels of consciousness. The first is that most individuals develop unevenly.^{51,61} A person like DD Palmer may have had profound cognitive insight that expanded into postrational thought processes, but his values or interpersonal skills may have been less developed. More research into Palmer's life is warranted to explore his various lines of development.

The second reason is that people tend to have a predominant worldview; they tend to gravitate to that perspective more often. Wilber⁶¹ refers to this as one's "center of gravity." For example, if an individual is mostly at the rational level, 25% of the time, they may be looking through postrational structures; and another 25% of the time, they may be using early-rational structures.

One of the hallmarks of postrational thinking, which is associated with the Strategist,³⁶ paradigmatic level,³⁹ and the autonomous stage,⁴⁸ is the ability to navigate between structures.⁴¹ By having access to all of one's previous levels, the individual may effectively

choose the appropriate level for any particular interactions. For individuals in the profession, this might offer new ways to further the profession.

Transrational Structures of Thinking

Finally, development happens holarchically (ie, nested hierarchy).^{41,62} Each new level includes the level below it. Each new structure of consciousness develops to confront a challenge that is too complex for the current structure of consciousness. Development moves forward to higher and more complex structures into adulthood.

It will take more complex structures that use postrational approaches to move the profession beyond our current conflict. Interestingly, the original philosophy also draws upon postrational perspectives. Thus, the developmental approach may allow for a postrational treaty to end the conflict and possibly reinvigorate and integrate DD Palmer's philosophical paradigm.

Chiropractic Professionalization

Chiropractic emerged as a profession with its own specialized accrediting agency, which was recognized by the USDE.¹¹ From DD Palmer's first school of magnetic cure chartered in 1896 to today's federally recognized educational standards provides an interesting story in the history of American education. In 1980, chiropractic historian Russ Gibbons writes,

"Chiropractic can declare itself to be the only professional group in America that has literally elevated itself from a limited, insular training school experience to an academic process that has won acceptance of the most stringent accrediting bodies in North America, and all without governmental funding or guidance. This exceptional "bootstrapping" experience has gone largely unrecognized by educational authorities and has not been fully understood or appreciated by much of the chiropractic profession itself."⁴⁴ (p339)

All chiropractic schools in the United States are accredited by 1 specialized agency, the CCE, which is recognized by the US Federal Government's Department of Education.⁶³ At present, all chiropractic colleges except 1 are accredited by regional accrediting bodies. Accreditation is recognized as one of the primary avenues to professionalization.

The medical profession set the standard for professionalization by upgrading their educational institutions,

which was influenced in 1910 with Abraham Flexner's^{64,65} report. Chiropractic's unique story is set within a much wider complexity of social forces. The chiropractic profession eventually upgraded educational standards by modeling Flexner's suggestions for medical schools.^{66,67} Villanueva-Russell²³ wrote, "Chiropractic faced a dilemma: professionalize enough to qualify for licensure, or face continued persecution, legal prosecution and structural isolation." Thus, chiropractic needed to professionalize through accreditation to survive as a profession.

Tutorial Period (1897-1905) and Classical Period (1905-1924)

The period between the Civil War and World War I was referred to as "the Age of Standards" by McConn.^{67,68} According to Gibbons, chiropractic went through a brief Tutorial Period (1897-1905) and then entered its Classical Period (1905-1924) of education.⁴⁴ It was not until after the Classical Period that chiropractic would embrace standards across the profession. By then, the divides in the profession were so vast that plans were developed to establish 2 different tracts of standards.¹¹ However, those plans never materialized.

According to Gibbons, the brief Tutorial Period was based on DD Palmer's early teaching approach. Palmer taught many students around the United States from 1897 until his death in 1913.⁴⁴ His curriculum was from 3 to 6 months and led to the doctor of chiropractic degree. Palmer wrote on the diplomas of his first students that he considered them competent to "teach and practice" chiropractic.⁴⁴

Many of his early students, some of whom were medical doctors, doctors of osteopathy, doctors of naturopathy, and eclectic healers, went on to form their own schools. Competition between schools for students and for the definition of chiropractic was intense. Early leaders of the profession included other practices, especially naturopathy, physical therapy, and elements of osteopathy within their definitions of chiropractic.^{10,11,69,70}

The Classical Period saw enormous growth in chiropractic education. The growing split around scope and definitions of chiropractic evolved into a schism about academic standards. Medical schools were in a similar situation; but after the report by Abraham Flexner, there was support and government investment in medical education. During this time, the

medical profession was on a clear path to higher standards.^{23,71} The chiropractic path to higher standards was longer, more difficult, and complex.¹¹

Within a few years, the chiropractic profession descended into what Gibbons called "internecine warfare."⁴⁴ (p342) This was most evident in the competition to influence legal statutes and in education reform.

Early Education Reform

It has been estimated that there were 250 schools in the chiropractic profession's first 100 years.⁷² In the earliest days, some of these schools were "diploma mills." Turner⁷³ suggested that individuals from the medical profession may have started schools to fuel the straight/mixer controversy. In 1916, BJ Palmer⁷⁴ wrote, "The curse of chiropractic is the army of scholastic pretenders, who, leech-like, have fastened themselves to the pedagogical phase of the vocation for the money there is in it." Educational standards were a significant problem to school leaders.

The first attempt at profession-wide academic standards came in 1917 with the formation of the International Association of Chiropractic Schools and Colleges (IACSC). Out of the 32 functioning schools, 19 joined. Tom Morris, legal counsel of the United Chiropractor's Association (UCA), was chairman of IACSC. Through this association, BJ Palmer sought to impose his model of chiropractic on the other schools. The IACSC recommended a maximum of 18 months of education.¹¹

Many of the broad-scope school leaders were not interested in Palmer's influence especially if it included a dictated "maximum" length of education rather than a minimum standard. A competing organization formed a few months later in protest.¹¹ The IACSC did not endure. Only 4 schools attended the first annual meeting. Willard Carver, president of the Carver School, suggested that there was no unanimity and little trust. Many schools were in active competition for students.^{11,75}

The First National Board of Chiropractic Examiners

In 1921, the first organization called the *National Board of Chiropractic Examiners* (NBCE) was formed. This organization was run by BJ Palmer's UCA. The NBCE was involved in school inspections and sought to develop a national examination with a national license, one that could replace some of the early state boards. Many state boards were vocally opposed to that

idea and broad-scope leaders did not want an examination controlled by Palmer.¹¹

Like the IACSC, the first NBCE set a maximum standard on curricular length. Other schools already had programs that were longer than 18 months. BJ Palmer opposed extended college programs. In 1919, Palmer explains,

“Time behind college walls is the great intermediary which kills right ideas, initiative, ability to think and reason, ability to do it. It has ruined many a good chiropractor by making a fool of a physician out of him; and, just as fast as we force Chiropractic schools into a “time” medical education system, just that fast will we be ruining many a good chiropractor.”^{11 (p38)}

Keating and others have suggested that BJ Palmer’s stance was pure anti-intellectual dogmatism. However, viewing the history through the lens of constructive developmental psychology, we find at least 3 types of anti-intellectualism. For example, assessing BJ Palmer from a rational perspective assumes that the statement is from a prerational stance. Dogmatic thinking is characteristic of prerational thinking. Anti-intellectualism is not only evident as an antirational dogmatic view, but may also be found at the Expert (early-rational) level. At this level, one may dismiss scientific arguments that do not conform to a preconceived idea. Finally, at the pluralistic (early postrational) level, anti-intellectualism may be a reaction to overly rational intellectual pursuits. All 3 of these approaches may accurately depict such an anti-intellectual stance.

There were economic and social factors influencing the desire to keep standards short and prerequisite requirements at a minimum. Some suggested that school leaders wanted to limit admission to students who would readily accept their philosophy without much critical thought.⁷⁶ Others, such as Ratledge, had the opposite viewpoint; he stated that students who rigidly adhered to a rationally focused medical view were difficult to teach.⁷⁷

BJ Palmer’s Cleaning House Policy

The UCA’s cleaning house policy was announced on July 16, 1922, by BJ Palmer in West Haven, CT. The title of his address was *Cleaning the House*.⁷⁸ The talk was in response to his frustration at the state of chiropractic.

In his talk, Palmer addressed the growing chiropractic schism in detail. Of paramount concern were the state associations, examining boards, and state laws.

Palmer graduates were not able to get licenses in some states because laws were being passed that required higher standards of curricular length than the Palmer School of Chiropractic (PSC) was offering. Palmer encouraged his graduates to break the laws, practice anyway, and challenge the law in court, preferably in a trial where the case could be made to the public.⁷⁹ Turner estimated that there were 15,000 prosecutions of unlicensed chiropractors for practicing medicine without a license between 1905 and 1925.⁷³ By 1922, Palmer had spent much of the last 18 years defending chiropractors in court cases around the country.^{78,79}

According to Palmer, up until that time, the UCA policy was to accept everyone and try to teach them chiropractic. This approach led to years of attempts at harmony between factions.⁷⁸ In 1922, that policy ended. Palmer⁷⁸ explains, “The mixer is increasing, the mixing schools have multiplied, Chiropractic has become a more diluted thing today than ever before. The mixer is in the ascendancy and he practically controls most of the associations, exhibits, legislation and licenses. Let this state of affairs go on fifty years and “Chiropractic” will be mongrel of the worst character and be as dead then as osteopathy is now.” Palmer asserted that many boards and organizations were comprised of therapists using the name *chiropractic*. Therefore, the UCA was no longer accepting broad-scoped practitioners.

The UCA developed model legislation and organized an advertising campaign in cities around the United States.^{79–83} The policy was to ask state associations to remove the mixers or else face competition from new UCA-sponsored state associations. By 1924, the UCA membership numbers declined by 1500.

As an apparent response to the UCA policy, the first American Chiropractic Association (ACA) was formed in 1922⁸⁴ and professed independence from any school. The ACA was open to straights and mixers alike; it opposed the UCA policy of going to jail for chiropractic, and focused on educational standards and legislative initiatives. The ACA president from 1924-1929 was Frank Margretts, DD, LLB, DC, a graduate of National College of Chiropractic (NCC). William C. Schulze, MD, DC, was president of NCC, and it has been suggested that he was behind the organization of the ACA.⁸⁵ The National School of Chiropractic (NSC), which later became the NCC, was founded in 1906 by John Fitz Alan Howard, DC, who graduated from the Palmer School of Chiropractic in 1906. The NSC was the chief broad-scope rival to the PSC. The ACA and the organizations that it grew into such as the National Chiropractic Association (NCA) and eventually today’s ACA were the vehicles through which NCC led the accreditation movement.⁸⁶

Worldviews in the Classical Period

Chiropractors from each of the levels joined the profession during this period and argued with each other about reality. Prerational students may have accepted the “straight” philosophy of chiropractic uncritically as dogma or the “mixer” philosophy uncritically as scientism. I propose that early-rational students may have been more likely to choose a side, thus becoming an expert in the arguments supporting that side’s perspective and reifying those positions. Rational students may have questioned the prerational elements of the philosophy especially the spiritual and anti-intellectual overtones and misinterpreted the early postrational elements. Howard used these differences as a way to attract students when he advertised the NSC as the “rational alternative.”⁸⁷

A developmental approach is essential to interpret statements such as the one from Palmer criticizing education. Viewed from a strictly rational approach, Palmer’s reasoning seems antirational or anti-intellectual. However, taking into account the increasing levels of complexity of human development, which includes healthy and unhealthy levels of development, another perspective on Palmer’s anti-intellectualism emerges. For example, when individuals develop into an early postrational level of thinking, it may be a reaction to an overly rational view of the world.

Developmental methods allow us to reframe the accusations in the past of anti-intellectualism,^{88–90} dogmatic thinking,^{91–93} and fundamentalism^{71,94,95} because those assertions were developed from overly rational perspectives.⁵⁵ In some cases, these critiques might be correct. Without a developmental approach, however, we have no methodology through which to determine that. The rational observer generally assumes that any form of anti-intellectualism stems from prerational thinking.^{35,54,96} In its extreme form, anti-intellectualism could slide into prerationality and even dogmatic fundamentalism; but it does not necessarily begin at that level.⁹⁶

The Classical Period was characterized by clashes between prerational, early-rational, and rational thinkers. The nature of these worldviews does not allow for mutual understanding and respect for the truths assumed by other levels.³⁵ Whether the individuals were “straights” or “mixers,” they would interpret chiropractic through the worldview that they currently held. The social and economic circumstances increased for each of these groups, which led to new power in society and added to the complexity of the conflicts. In this author’s opinion, power and prestige could reify any of those structures of thinking.

The Proprietary Period (1924-1960)

Gibbon’s describes the Proprietary Period as being marked by new directions for chiropractic education. The biggest change was the movement towards standardization and accreditation. From the political splits, which started in 1924 with the neurocalometer (NCM) debacle to the onslaught from the AMA, this period was marked by major transition and growth. Hallmarks were educational reform, school consolidations, more rigorous standards, and competing accreditation agencies. In the opinion of this author, because of ongoing pressures to professionalize, rational thinking dominated this era.

The NCM: A Watershed Event

At the 1924 Lyceum, the UCA’s and BJ Palmer’s problems expanded. BJ introduced the NCM into the profession as the first thermography instrument to objectively detect vertebral subluxation.⁹⁷ Palmer implored chiropractors to embrace “objective” measures in practice. Palmer offered the NCM for lease to the profession and advocated that all UCA members and all chiropractors use the new instrument. However, the other school leaders used this opportunity to assert their power and voted BJ Palmer out of office from the UCA in 1926.^{11,79} In this author’s opinion, there may have been a myriad of reasons this action by BJ Palmer caused a split in the straight movement, one of which may have been a reaction from early-rational thinkers to this new “rationally” focused approach to chiropractic.

The NCM debacle⁷¹ has been described from several perspectives.^{79,98,99} According to Gibbons, 1924 was a watershed year. He wrote that the impact “was significant enough to change the whole course of chiropractic education and politics for the rest of the century.”⁴⁴ (p346) Other authors suggested that BJ’s career peaked at that moment.^{44,71,79} However, in this author’s opinion, these views offer a limited perspective on Palmer’s legacy. W. Heath Quigley, DC, BJ’s nephew, suggested that BJ’s greatest legacy was the books he authored.¹⁰⁰ BJ Palmer continued as an active author, researcher, educator, and politician in chiropractic until his death in 1961.⁹⁹

Upgrading Standards by Necessity

In 1924, there was a secret meeting of the AMA in Chicago where the slogan “chiropractic must die” was adopted.¹¹ (p47) By 1925, chiropractic was legal in two-

thirds of the United States. The AMA was losing its attempt to stop chiropractic laws, so they changed their focus.¹⁰¹ The dual-focused attacks suggested that chiropractic adjustments were dangerous and that educational standards were inadequate. The AMA conducted inspections of chiropractic schools throughout the 1920s and published scathing reports.¹¹

In 1925, the medical lobby initiated the first of the basic science laws.¹⁰² All health practitioners were required to pass examinations designed and administered by professors at medical schools. Basic science laws were passed in 25 states including Washington, DC. These laws were eventually revoked, and the last of the basic science laws was repealed in 1979. Gevitz¹⁰³ suggested that one of the main goals of these laws was to eliminate chiropractors.

Because getting licensed to practice was difficult for most graduates in the late 1920s, the broad-scoped schools decided to raise their standards and meet the challenge. After all, William Alfred Budden, DC, ND, a former dean of NCC as well as president and owner of WSCC, felt that the examinations were fair.¹¹ National College of Chiropractic, Western States Chiropractic College (WSCC), and Los Angeles College of Chiropractic (LACC) prepared their students above and beyond the standard chiropractic curriculum so that their graduates could pass the examinations. Their strategy worked. Extending the length of the curriculum and emphasizing basic science courses enabled more and more chiropractors to get licensed.

Schools were forced to increase standards not only because of the basic science examinations, but also because of licensing laws with higher standards. State chiropractic associations were lobbying for these stringent laws.

Increasing Conflict in Chiropractic

Confrontations among the schools on prechiropractic requirements, curricular length, increasing diagnostic courses, and scope of practice became the central issues. Philosophical (straight) schools feared that the added science classes would be taught from medical perspectives. Broad-scope leaders used the increased standards to broaden their scope even further.

California was a main battlefront. The fighting went both ways. As early as 1915, Tullius de Florence Ratledge, DC, tried to influence legislation to restrict licenses from his rival school, the LACC. The war between Ratledge's school and LACC lasted for decades and was inflamed after LACC's Chirogram reprinted an article in 1931 by Stanley Hayes, DC, editor of the

Bulletin of the West Virginia Chiropractors' Society. Hayes wrote, "The schools have spoken. The radically straight chiropractor is doomed to extinction. The profession is definitely committed to broader drugless practice."¹¹

Consolidation, Organization, and Alphabet Soup

In the professions of law and medicine, accreditation standards were developed by 2 different kinds of associations: associations of school heads, such as deans, and associations comprised of practitioners. In law and medicine, these groups started independently and eventually collaborated.⁶⁷ A similar process unfolded for the chiropractic profession, but there were more than 2 groups at any given time.

There were many new chiropractic organizations in the 1930s and 1940s, but not all of them were involved in the accreditation process (Table 2). In 1931, the NCA was formed. The NCA was the result of a merger between BJ's UCA and the first ACA. BJ started his own Chiropractic Health Bureau (CHB) in 1926.

The merger of UCA and ACA was brokered by a new intercollegiate organization also formed in 1926, the International Chiropractic Congress (ICC). The ICC had some members from UCA and ACA, as well as heads of state examining boards and officers from state associations.

The ICC eventually merged into the NCA around 1935 for several reasons: a new NBCE was formed in 1932 as an independent organization linking state boards; a new state board association was formed known as the Council of State Chiropractic Examining Boards; in 1935, the NCA established the new Counsel on Educational Standards (CES); and finally, many of the officers of ICC were also officers of NCA.

Table 2 Chiropractic Organizations Formed in the 1920s, 1930s, and 1940s

Organization	Year
American Chiropractic Association	1922
International Chiropractic Congress	1926
Chiropractic Health Bureau	1928
National Board of Chiropractic Examiners (2nd)	1932
Affiliated Universities of Natural Healing	1935
Council of State Chiropractic Examining Boards	1935
Counsel on Educational Standards of the Chiropractic Association	1935
Associated Chiropractic Colleges of America	1935
National Chiropractic Association	1935
Allied Chiropractic Educational Institutions	1940
International Chiropractors Association	1941
Council on Education of the National Chiropractic Association	1947

The 1935 NCA Convention and Its Results

The creation of the CES by the NCA in 1935 was another watershed moment. Nineteen state boards sent representatives, but the initial plan to raise standards through board examinations was not viable. Therefore, reform through education was decided upon.²¹ Several educators led by Budden and Claude O Watkins, DC, convinced the CES members to standardize curriculum and start rating schools.¹⁰⁴

It was argued that the 18-month education program was not enough time to train diagnosticians and adequately prepare for basic science examinations. In 1935, there were only 1500 chiropractic students in the United States due to various reasons, including the economy and the basic science laws. Some Palmer graduates had to repeat their courses at other schools to get licensed.¹¹ Only a handful of straight schools still adhered to the 18-month curricula. Schools like WSCC and Lincoln Chiropractic College were already offering 36 months. Of the 41 states that now legalized chiropractic, many required at least 24 months of education.

The 1935 NCA convention was a benchmark. Most schools attended; however, Palmer and Ratledge did not. Many nonadjustive techniques were approved for a standard curriculum; short and long standards were considered for the 2 factions; and the NCA voted to stop insuring chiropractors who practiced “coagulation of the tonsils and dehydration of hemorrhoids,”¹¹ which they considered under the category of surgery.

To protest this last action, the short-lived Affiliated Universities of Natural Healing (AUNH) was formed. This organization was comprised of several broad-scoped schools and led by Budden. The AUNH deemed the NCA as no longer broad enough. The AUNH practitioners wanted to keep “higher and broader standards”¹¹ and lengthen curriculum to 4 years.

Many of the leaders of the philosophical schools viewed the increase in length of term, courses, diagnosis, and science as a veiled attempt to expand a medicalized and therapy-oriented curriculum. Confirming their fears, by 1941, the NCA unveiled the first standardized curriculum based on medical school education.

Perhaps in response to the AUNH and the CES, Cleveland, Ratledge, and Drain banded together to form the Associated Chiropractic Colleges of America (ACCA). The ACCA also included Kightlinger’s Eastern Chiropractic College, BJ Palmer’s PSC, Willard Carver’s school, Frank Dean’s Columbia Institute, and the O’Neil-Ross Chiropractic College. The ACCA became the Allied Chiropractic Educational Institutions

(ACEI) in 1940 and was aligned with BJ’s new International Chiropractors Association (ICA). The ICA formed in 1941 from BJ’s CHB. This new division of straight schools was a direct challenge to the NCA’s new Council on Education (CE), which was preparing to publically list its first provisionally accredited schools in 1941.¹⁰⁴

Nugent: State Boards and the NCA

John J Nugent, DC, emerged as the leader of the NCA accreditation movement. He was a Palmer graduate and was opposed to BJ Palmer’s philosophy. Nugent said in a 1953 interview, “I am the symbol of revolt against Palmer (fundamentalism) in this country ... and I am hated by many in chiropractic for that.”²¹ Nugent and Palmer were rivals ever since Palmer tried to expel Nugent from the PSC in 1922 for “disloyalty, disrespect and insult to the President and circulating statements derogatory to the welfare of the institution.”²¹ Palmer’s attempt to expel Nugent was overturned by faculty action.⁴⁴

Between 1941 and 1959, Nugent drafted the first standards, forced many schools to consolidate and become nonprofit, conducted school inspections throughout the United States, and acted as the NCA’s liaison to governmental bodies. He tried to initiate dialogue with the USDE on several occasions.²¹

Before leading the CES of the NCA, Nugent’s role as inspector for the Council of State Chiropractic Examining Boards (COSCEB) did not endear him to the faction of straight chiropractors. The initial push for higher standards with an emphasis on medicalization of the chiropractic curriculum came from the state boards and was adopted by the NCA. These efforts were led by COSCEB.¹⁰⁴

In response, according to Ratledge, the state examining boards were going to “crush” chiropractic by attempting to control the schools. He felt that the boards were run by the proponents of basic science laws. He considered them “the greatest menace we have ever had to meet.”¹⁰⁴

As of 1939, COSCEB moved towards creating standards, inspecting schools, and publishing lists of approved schools. This early connection between the state boards and the NCA’s CES (precursor to today’s CCE) was embodied by Nugent. Nugent inspected schools as part of the CES’s joint operation between COSCEB and NCA. He was president of COSCEB from 1938 until 1941, when he became the full-time Director of Education for the NCA from 1941 to 1961.

The First CCE Standard

When Nugent became the Director of Education of the NCA, he established the first accreditation guidelines, which some historians say “relied heavily upon AMA standards,”¹¹ replacing the surgery hours with chiropractic hours. Nugent’s first accreditation guidelines referred to chiropractors as *physicians*, a term that straight chiropractors abhorred. To them, it blurred the distinctions between chiropractic as a separate and distinct profession from the practice of medicine.²¹ Nugent also coined the term *chiropraxis* of which Gibbons wrote that it “suggested to some that the lofty NCA educator was also seeking to change the very name of the profession in keeping with his liberal use of medical terminology.”²¹ The Standards would go through 10 revisions over the next 20 years and eventually become the seed for the CCE Standard.²¹

In the Standard, Nugent suggested that the study of diagnosis, what the medical curriculum referred to as “the practice of medicine,”²² should conform to chiropractic principles of cause, diagnosis, and treatment. He suggested that the majority of clinical training should be spent on common complaints rather than obscure diseases. He suggested that the medical model of hospital rounds during the third year was not appropriate for chiropractic and that a well-developed outpatient clinic was ideal for training. He also recommended that standard medical textbooks be used.²²

With the release of the new standard and the establishment of a 4-year curriculum, the NCA’s Committee on Educational Standards was prepared to list schools as provisionally approved. By 1944, an accreditation system was in place. Every chiropractic school in the country had been inspected, and a list of accredited colleges was published.²¹ The NCA sought to coerce schools to comply by publishing yearly lists of approved colleges and offering financial incentives such as grants and student loans to approved schools.¹¹

The Allied Chiropractic Educators

The ACEI was formed in 1940 to fight the NCA’s CES. The straight schools were being financially threatened through the loss of students to schools that were approved. The last living students of DD Palmer, such as Ratledge, BJ Palmer, Carver, and Drain, issued an ultimatum entitled, “In the Matter of the Preservation of Chiropractic: An Address.”¹⁰⁴ The ACEI position embraced the original chiropractic paradigm and did not accept the inclusion of the medical paradigm in

chiropractic education. The ultimatum was issued weeks before the NCA convention.

The ultimatum exemplified a unified field of thought from the philosophical leaders in the profession. It attempted to define a boundary between the professions of chiropractic, medicine, and physical therapy. It also demonstrated the desire to “preserve” the original practice and principles of chiropractic. The ACEI address declared that chiropractic does not include drugs and surgery.

The NCA continued with its accreditation policies, amalgamation of schools (merging smaller for-profit schools with larger nonprofit schools), and publishing lists of fully accredited and provisionally accredited schools. These actions resulted in the success of Nugent’s overall efforts, but also seemed to hurt the smaller and straight schools.

By 1952, the straight schools had 2 new organizations: the ICA’s Chiropractic Education Commission, which inspected and accredited 8 schools by 1956, and the North American Association of Chiropractic Schools and Colleges. The North American Association of Chiropractic Schools and Colleges was a forum for the schoolmen to discuss problems without involvement from the professional associations (NCA and ICA).¹¹

Nugent’s Plan

Nugent’s first address as the director of education in 1941 included the following 7 points:

1. “We must send students to these ‘approved’ schools. The Alumni of these schools should assume the active responsibility for keeping their classes full.
2. We should do everything possible to prevent students from enrolling in ‘unapproved’ schools. This will save them many disappointments after they are ‘graduated.’
3. We should increase our contributions to the Student Loan Fund and restrict its use to ‘approved’ schools. Alumni associations should consider the foundation of scholarship and endowment funds.
4. Urge your State Board to recognize only ‘approved’ schools, since adequate educational standards are universally recognized as essential in any profession.
5. Urge your State Board to raise its requirements to the standards of your ‘approved’ schools. State associations and legislative committees in each state should plan to amend their laws accordingly.
6. Urge your State Board to cooperate in the formulation of standard examinations and requirements.
7. Urge your State Board to join the National Conference of State Boards of Examiners....”¹⁰⁴

After World War II and an influx of potential chiropractic students from the GI Bill, the ICA and NCA schools competed for students. Their selling points centered on accreditation standards and philosophy. This competition intensified in 1947 with the NCA's new consolidated CE, led by Nugent (who served on the governing Council and also as NCA's Director of Education).

By 1955, Nugent oversaw the transition of 46 of 51 chiropractic schools from private to nonprofit. Nineteen schools either closed or amalgamated with other schools, resulting in 8 nonprofit schools. As Gibbons²¹ observed, Nugent was disliked throughout the profession, not just by the straight leaders.

BJ Palmer summed up his thoughts on Nugent, using terminology consistent with his 1922 "Cleaning the House" address. Palmer¹⁰⁵ wrote, "Dr. Nugent aids, endorses, supports, and endeavors to drive Chiropractic to be less than it is and to drive medicine IN and make it more than it deserves. This is what HE calls 'broad enough.' By 'broadening' it to INCLUDE medical methods, he NARROWS Chiropractic by dilution." BJ Palmer felt that chiropractic was being diluted by Nugent's efforts.

In 1961, Nugent retired and BJ Palmer died. The NCA eventually became the ACA that we know today. The accrediting agency became the CCE and was led by Nugent's successor, Dewey Anderson, PhD. Anderson was a graduate of Stanford with connections in Washington, DC. Anderson eventually set today's standards for schools in the United States.

Worldviews of the Proprietary Period

This period exemplified the paradox of chiropractic. It became more and more difficult to include DD Palmer's philosophical paradigm in the educational structures. The addition of science and diagnostic courses and the use of medical textbooks directed programs to lean towards medical education based on rational thinking instead of chiropractic education based on postrational thinking. Many decades later, it was observed that the education of chiropractors during this period led to the medicalization of chiropractic's paradigm.¹⁰⁶

I interpret this medicalization as a profession-wide focus on the rational level of consciousness, which is an important distinction. Up until this point, many of the philosophical chiropractors relied on early-rational thinking to defend and support their positions to keep chiropractic pure. By reifying this position, they were accused of dogmatic thinking. And yet, during

this period, these leaders were fully immersed in the accreditation project. They were inspecting schools, writing standards, working with boards, and actively professionalizing chiropractic. Professionalization is a function of the rationalization of society.¹⁰⁷ There was always a strong contingent of rational thinkers on the straight side of the profession, but now they were needed as leaders. Thus, rationalization became the norm for the entire profession.

The Professional Period (1960-1986)

When Gibbons named the Professional Period in 1980, he did not give it a closing date.⁴⁴ I propose that this period closed in 1986 with the first of the major lawsuits against CCE by a school.¹³ By doing so, the period remains mostly how Gibbons described it, with the exception of a few important events. Gibbons emphasized the continued reforms, massive campus renovations, and the recognition of CCE by the USDE during this period. This article adds a few more important events like the new philosophical movements and the first major protests against CCE's recognition.

The Accreditation Wars

In 1963, the NCA became the ACA. Its research branch became the Foundation for Chiropractic Education and Research, and its accrediting branch became the CCE. Forty percent of membership dues to the ACA supported both of these entities. Funds were transferred through development grants and scholarships to approved schools. However, several attempts between 1953 and 1964 to gain federal recognition of the CCE by the ACA (and its predecessor NCA) were unsuccessful.¹¹

In 1968, the Study Group was formed in an attempt to create guidelines that the ACA accrediting body and the ICA accrediting body could agree on and abide by. The chairman of the National Commission of Accreditation mapped out the guidelines. According to Harper,¹⁰⁸ the proposal was "turned down cold by the CCE." This failed attempt at amalgamating into 1 accrediting agency led to the creation of the Association of Chiropractic Colleges (ACC), formed by 6 schools: Texas Chiropractic College; Cleveland Chiropractic College, Los Angeles; Cleveland Chiropractic College, Kansas City; Logan College of Chiropractic; Columbia Institute of Chiropractic (which later became New York Chiropractic College); and Palmer College of Chiropractic, Davenport. The ACC incorporated in 1969.

Harper's Texas Chiropractic College left the ACC in 1971 and joined CCE. There were various reasons for Harper's defection to the CCE, one of which may have been \$20,000 in development grants. Harper expressed dissatisfaction in one of his articles and to John Proffitt, the director of Accreditation at the US Department of Health, Education, and Welfare, that the CCE was "a deck stacked against the schools."^{11,108} Harper sought professional unity.^{108,109}

Recognition of CCE

In 1969, the CE of the ACA became the CCE. This development was an attempt to appease the United States Commission on Accreditation, which advised that "the COA needed to be expanded to represent broader constituencies of the profession" and that "no one group should constitute a majority in the COA."¹¹⁰ (COA stands for Council on Accreditation.) The CCE was incorporated in 1971 as "an autonomous non-profit national organization, sponsored and supported, but not governed by the ACA."¹¹⁰ The CCE sought to include other perspectives primarily to gain approval as the chief accrediting agency in the US. Keating et al¹¹ wrote, "the government made it clear that a viable accrediting agency had to be well established and national in scope." Its COA did not discriminate against schools with opposing philosophies as long as the schools met the CCE's educational standards.¹¹

The ICA and ACA each had their accrediting bodies, and each sought approval with the United States Office of Education (USOE) in 1973. Of this dilemma, Keating, Callender, and Cleveland write,

Increasing contacts between chiropractic educators and the U.S. Office of Education, made it clear that one important barrier to federal recognition of any chiropractic college accrediting agency was the divisiveness within the profession, and the lack of independence of proposed accrediting agencies from their respective sponsors (ACA and ICA).¹¹

An attempt at unity among the college presidents seemed to result in a deeper schism. The Office of Education critiqued the reliance of the accrediting bodies on the trade associations and the chasm in the profession. The CCE's rejection by the USOE in 1973 was in part because the CCE represented only 25% of the student body and only represented half of the schools.¹¹

Both ACC and CCE were inspecting schools and granting recognition; however, they did not agree on a scope of practice and had different structures for voting. The ACC was set up for school autonomy, with presidents and administrators of the schools controlling decisions about the schools. The CCE gave greater weight in its accreditation body to "extra institutional" individuals.¹⁰⁹

Both CCE and ACC applications to the USOE for recognition in 1973 were undertaken after an initial attempt at arbitration and possible merger. Both were turned down by the USOE. The 2 groups engaged in talks and binding arbitration. Guidelines were mapped out for merging the 2 groups into 1 accrediting agency on November 10-11, 1973.¹¹

Even though the 2 groups signed the agreed upon guidelines, the next day, on November 12, 1973, George Haynes, DC, ND, Chairman of CCE's application committee, requested that the USOE review the changes they implemented since the rejection. The ACC continued to pursue a merger but also sought to reactivate its application, just in case CCE was approved. The CCE was approved by the federal government on August 26, 1974, representing schools with 28% of the chiropractic students in the United States. The ACC, which represented schools with 72% of chiropractic students, soon faded away.¹¹

With federal recognition of the CCE came federal student loans as well as a concerted effort by ACA and Federation of Chiropractic Licensing Boards (FCLB) to implement laws and policies in all states. Laws focused on licensees needing to graduate from a CCE-accredited school.¹² From their perspective, this raised the standards of licenses and put more pressure on the unapproved schools to comply. As a result, many of the straight schools were soon accredited by CCE. The ICA joined the CCE board in 1980 by becoming a financial sponsor similar to ACA.

New Straight Movements

During the 1970s, 3 new straight schools were formed by Palmer alumni. Sherman College of Chiropractic was started by Thom Gelardi in 1973. Life Chiropractic College was founded by Sid Williams in 1975. Above Down Inside Out (ADIO) Institute was founded in 1977 led by Reggie Gold, then vice-president of Sherman.

Life and Sherman split the straight movement. In terms of philosophy, Williams emphasized the esoteric aspects of BJ Palmer's final writings. A central focus for Williams and his students was to develop the phenomenological skill to listen to an inner guidance known as *Innate thot-flashes* while focusing on the mission to correct vertebral subluxations in the

world.¹¹¹ Gelardi and Gold differentiated the Palmer's terminology of Innate and all but dismissed the esoteric aspects while emphasizing the organismic components.^{24,112} They sought to preserve the importance of correcting vertebral subluxations by emphasizing its biological consequence in limiting the body's ability to express its innate intelligence.

A line was drawn in terms of diagnosis. The new straight movement developed by Gelardi and Gold would explicitly focus only on the correction of vertebral subluxation and rely on the chiropractic terminology such as *analyze* and *adjust* instead of *diagnose* and *manipulate*.¹¹³ The Life school retained the traditional Palmer approach to symptomatology of noting signs and symptoms and referring when necessary.¹¹⁴ Life was granted accreditation approval by CCE in 1985.¹¹

Sherman's Attempts to Block CCE's Renewal for Recognition

Between 1974 and 1976, Sherman applied for candidate status with CCE but was denied. Sherman then appealed, with the appeal being rejected. The application for accreditation approval was denied, which resulted in a series of lawsuits and petitions against the renewal for recognition of the CCE by the US Commissioner of Education.

The initial complaints made by Sherman and ADIO were that CCE was biased and that it took sides in the doctrinal dispute. The first statement of opposition accused CCE of imposing "its educational philosophy on the academic chiropractic community" and that its "accreditation policies forced non-medico-diagnostic institutions to alter their curriculum drastically."¹¹⁵ The petition to stop recognition was followed up with a petition to investigate the ACA and CCE on antitrust violations by the US Department of Justice Antitrust Division.¹⁷ The antitrust investigation was closed after 2 years.

In 1978, when CCE was eligible for a continuation of 3 years of accreditation, there was extensive testimony against the CCE. The testimony claimed that CCE was acting as a political machine by not granting accreditation to schools with an opposing philosophy, such as Sherman College and the ADIO Institute (later to be named Pennsylvania College of Straight Chiropractic). Another 3-year reaffirmation was granted.¹¹⁶

Several members of the new Federation of Straight Chiropractors and Organizations gave testimony at the 1978 meetings. The stance that chiropractors do not

diagnose and do not refer was espoused. The Federation of Straight Chiropractors and Organizations, now the International Federation of Chiropractors and Organizations, has since moderated this stance and does recommend referrals of patients when indicators point to such need.¹¹⁷ The main focus of the group was to preserve the identity of chiropractic as the correction and adjustment of vertebral subluxation.

The straight movement was met with resistance from CCE and its proponents. In response to Reggie Gold's testimony against CCE's renewal of recognition in 1979, Orval Hidde, lawyer and a member of the CCE's accrediting commission, published a critique of Gold's testimony. Hidde cited legal precedent for use of the term *diagnosis* as one way to characterize subluxation. He wrote,

"One thing that few chiropractors (including the non-diagnostic straights) will disagree upon is that a vertebral subluxation is a deviation of a vertebra from its normal position. The subluxation may or may not be accompanied by lack of ease, pain or distress but it certainly represents an 'abnormal state', 'trouble', or 'disturbance' according to chiropractic philosophy and thus falls within the etymological meaning of the word 'disease.' A subluxation also falls within the literal common law definitions of 'disease-' cited earlier in this treatise. Even the most hard core non-diagnostic straight dogmatist would be hard pressed to argue that a subluxation is not a departure from an ideal of perfect norm of 'health' or a deviation from the healthy or normal condition of any of the functions or tissues of the body or 'a disturbance in function or structure of ... a part of the body.'"

"The inescapable conclusion then is that chiropractors who deal with subluxations deal with 'disease' in its literal sense. And what is the chiropractor's basic tool for dealing with the 'disease' called subluxation? It is the chiropractic adjustment, a method of restoring a vertebra to its normal position or, to put it another way, a method of restoring a diseased part of the body to a non-diseased state. The chiropractic adjustment then is a remedial measure to correct a subluxation (disease)."²⁰(p81)

Cited in the petition against CCE was an interview with then president of ACA, Phillip Aiken. In 1978, Aiken emphasized the future role of chiropractors as

portal of entry physicians. “When national health care arrives on the scene with cradle-to-grave insurance—if we are not part of it—I think that as a profession, chiropractic will die.”¹¹⁵ This line of thinking is similar to the broad-scope views of the profession today¹¹⁸ and consistent with other definitions of chiropractors as primary care physicians in the standards.^{119–123} In this author’s opinion, this perspective represents a rational-medical approach to chiropractic.

Sherman claimed that CCE, ACA, FCLB, and NBCE were engaged in a conspiracy to take over the profession for financial and doctrinal control. The Sherman College argument incorporated the history of CCE’s rise to prominence in the profession and not just that CCE was a new corporation started in the 1970s.¹¹⁵

Worldviews of the Professional Period

I suggest that, during this period, both sides lacked methodological tools with which to dialogue across the divide. The legal and economic stakes were high in terms of licenses of future chiropractors and referrals of new students; thus, it is doubtful that the profession was ready for a more strategic dialogue.

To many of the philosophical chiropractors, in the opinion of this author, it seemed that the very fabric of chiropractic’s paradigm was at stake. If they thought that the medical paradigm was taking over the profession, this could have reified their positions.

The changes in educational standards forced changes in philosophical positions. Joe Strauss²⁴ has suggested that the objective straight chiropractic movement began because of the CCE’s dominance of chiropractic education. The increasing schism of ideas was most evident around the approach to diagnosis as noted in Hidde’s response to Gold. Additionally, Sherman’s advocates redefined the traditional term *mixer*. The distinction was now upon diagnosis. The modern *mixer* focused on diagnosis and treatment of disease, not the more traditional definition, which defined *mixer* as those who included additional modalities or therapies as part of chiropractic.¹¹⁶ Some philosophical chiropractors fostered rational thinking more fully in relation to the philosophy itself and also included early postrational thinking. Gelardi¹²⁴ would exemplify this in his call to adopt the “Camelot resolution,” where each side respects each other’s rights and missions. And yet, others like Strauss continue to blend rational and early-rational thinking or science and dogma. Strauss¹²⁵ suggests that science should inspire philosophy to change, but the objective to “correct vertebral subluxations to enable

the innate intelligence to be more fully expressed is our dogma.”

Neither side of the profession fully embraced early postrational approaches that were sweeping academia and the culture at this time period. Ironically, in this author’s opinion, DD Palmer’s early postrational thinking may have played a role in transforming the culture in terms of views on health and postrational thinking in general. The chiropractic philosophy was taught throughout the country to patients, broadcast over radio waves as early as the 1920s, and impacted America in ways that are not readily apparent.^{79,95,126}

The Litigious Period (1986-2003)

I propose that the Litigious Period begins with the first of the big lawsuits against CCE by a school, when Sherman and the new Straight Chiropractic Academic Standards Association (SCASA) sued the CCE, ACA, NBCE, and Sid E Williams. The other lawsuits of this period included suits against CCE by Life and Palmer. I feel that this period is important because it demonstrates that perspectives and worldviews were still being fought over into chiropractic’s second century. I feel that it is also important for the profession to view these conflicts and to develop a strategy to finally move forward toward resolution.

During the Litigious Period, it is not apparent that the CCE ever acknowledged that its standards represent a philosophy. Philosophies emerge from worldviews, and any standard represents a worldview. Acknowledging that one’s own worldview may indirectly represent a philosophy is not obvious. As noted above, it is difficult for the Achiever (rational thinker) to acknowledge his or her own agenda. This kind of analysis is essential for the profession to move out of the war mentality.

Legal Warfare

In the last 40 years, much of the conflict from the early years of chiropractic shifted to CCE recognition meetings before the USDE and to the courtroom. Courtroom proceedings regarding the role of CCE in the ongoing doctrinal disputes provide several perspectives (judges, lawyers, and sworn witnesses). The insights from these parties, often obscured within court documents, shine a light on the positions still held by both sides of the dispute.

The official policy of CCE was that it was above the philosophical schism in the profession. However, it is my opinion that the CCE is a direct child of that schism. As the only recognized specialty accrediting agency for the chiropractic profession, the CCE is not supposed to take sides. Its official policy and many of its current standards attest to that. However, in my opinion, court documents seem to show otherwise.

This paradox is best explored with developmental methodology. The modern CCE was created from the rational-thinking level, which was strongly influenced by rational-medical approaches to health and healing. Thus, what is taken as normal for the CCE such as medical-rational perspectives on diagnosis is reflective of a worldview. None of the first 4 levels of thinking (prerational, early rational, rational, and early post-rational) recognize their own perspective, and the first 3 of those levels hardly see the truth in other levels of thinking. It is only at the post-rational strategist level that the partial truth in every view becomes clear. Taking such a view of the profession's recent history is one way to objectify these inherent assumptions. By doing so, the chiropractic profession may be able to integrate the many perspectives and move forward as a leader in health care, with diverse and unique perspectives that originated with DD Palmer's paradigm.

SCASA: The Straight Accrediting Agency

The SCASA was formed in 1978 and was recognized by the USDE in 1988, after the USDE changed its policy on accepting only 1 specialty accrediting agency for a profession. The SCASA accredited Sherman and gave candidate status to ADIO Institute (which became Pennsylvania College of Straight Chiropractic) and Southern California College of Chiropractic (also known as Pasadena College of Chiropractic). The SCASA's status was terminated by the USDE in 1992. Sherman was accredited by CCE in 1995.

There were many battles between SCASA, Sherman, and CCE. The arguments for and against SCASA in the literature are scarce.^{20,25,127,128} Some of the articles arguing against SCASA are biased and antagonistic; this includes Vear's¹²⁹ reference to the Department of Education's approval of SCASA as an "abomination of cruel proportions." The pro-SCASA literature of the 1980s includes a detailed contrast between CCE's Standards and SCASA's Commission on Accreditation.¹³⁰ Hudgens writes,

"CCE appears to be using its standards not to validate educational practices, but rather to mandate and steer chiropractic education toward a predetermined conclusion. Institutional autonomy and diversity are sacrificed in the process."¹³⁰

Hudgens suggests that SCASA's COA took a more qualitative approach and CCE's was a more quantitative approach. A historical comparison of the 2 standards should be undertaken to explore the veracity of this claim. The hallmark of the newest CCE Standard is a shift toward qualitative approaches to accreditation, with more power of the schools to dictate curricula as long as they stay within CCE's guidelines.¹³¹

Sherman Lawsuits

In a 1980 lawsuit from Sherman College to stop recognition of CCE by the USDE, a judge acknowledged that Sherman must pass a doctrinal test to be accredited.¹³² Nonetheless, the judge ruled against Sherman and acknowledged that the Federal Government could not intervene in the private domain of academia by adjudicating between an "intra-professional doctrinal dispute." The only role of the commission was to ensure that CCE was a reliable authority.

The CCE's response to this lawsuit was as follows,

"It is the position of the CCE that it does not deal with such concepts as mixer vs straight schools of chiropractic. Instead, it deals with institutions which meet its basic standards and eligibility requirements. It is not the position of CCE to interfere internally in an institution's school of thought; this is in keeping with private accreditation throughout the United States which traditionally has held the position that institutions of higher education, including chiropractic colleges, have the right to maintain their academic freedom, as long as basic, broadly stated, minimum standards of quality and responsible education to the student and the consumer is met."¹⁶

The essential points in this response have to do with CCE's definition of standards and quality. Based upon the arguments included in this paper, I propose that the CCE Standards have always been philosophically and doctrinally opposed to the straight factions in the profession. The CCE, however, does not consider its stance on diagnosis to be a philosophical perspective

arising from a worldview and thus may disagree with that assertion.

In 1986, Sherman and SCASA sued ACA, CCE, NBCE, and Sid Williams in federal court alleging antitrust violations.¹³ Williams was named in the suit mainly because of his testimony on March 15, 1979, at the meetings for CCE's renewal of recognition by the Commissioner of Education's Advisory Committee of the Health, Education, and Welfare department.²⁴ Williams stated that CCE did not hinder Life's objective or functioning contrary to their philosophy. The leaders of Sherman viewed this as a contradiction and as part of a wider conspiracy to drive Sherman out of business. The federal judge ruled in CCE's favor. The judge first acknowledged that none of the facts were in dispute and then wrote,

“Over the past ten to fifteen years, the pro-diagnostic forces have achieved dominance in the profession ... CCE will only accredit chiropractic colleges which subscribe to the pro-diagnostic philosophy.”¹³

In the antitrust suit, the judge ruled in favor of CCE primarily based on the Noerr-Pennington Doctrine, which allows for lobbying of government officials. The judge noted that antitrust laws are designed to protect competition and “not competitors.” The judge writes,

“Through lobbying efforts, ACA and CCE have persuaded most states to permit only graduates of pro-diagnostic schools to become licensed chiropractors.”¹³

The judge refers to the fact that most states will only accept chiropractors from CCE-accredited schools and that those laws were enacted based on coordinated and protected lobbying efforts in conjunction with policies of the FCLB.¹¹⁶

Unless the plaintiffs (Sherman and SCASA) could prove that the government officials were part of a conspiracy, which must include the complicity of government officials, then the antitrust laws did not apply. The judge acknowledged that the profitability of the antidiagnostic chiropractic colleges not approved by the CCE suffered.¹³ Soon after this court case, Southern California School of Chiropractic (ie, Pasadena College of Chiropractic) and Pennsylvania College of Straight Chiropractic closed their doors.^{11,73}

The new refinement of the nondiagnostic approach of Sherman and SCASA in the philosophy of chiropractic was viewed by the prodiagnostic side of the profession as antiscience and antirational. Using a

developmental structuralism approach, we can see that what may seem antirational to the rational-thinking observer may indeed represent postrational thinking. Nondiagnostic approaches to chiropractic may also be explored through postrational approaches.

Life and Palmer Lawsuits

In the early 2000s, there were 2 lawsuits against CCE from 2 different CCE-accredited chiropractic schools. One suit was from Life University College of Chiropractic (LUCC), and the other was from Palmer Chiropractic University.^{14,133} The lawsuits were unrelated, although both cited the same incident, a disagreement over a vote to change CCE's corporate status in 2002. This disagreement was central to the Palmer lawsuit and only 1 of 6 counts from the Life lawsuit.

This disagreement brings together several related elements. It highlights the rational thinking approach and Achiever type of mentality central to CCE. It also brings forth several statements from CCE about its neutral stance in the chiropractic wars, statements that seem contradictory when contrasted with comments from other objective observers.

The Corporate Status Controversy

At a meeting on January 13, 2002, the CCE board proposed to revise the bylaws to dissolve the corporation and to start a new corporation in Arizona. The bylaws dictated that the change required a two-thirds vote by the corporate members. According to Life and Palmer, the vote was in dispute for 2 reasons. The first was that they claimed that 2 of the straight schools (Cleveland Chiropractic College, Los Angeles and Palmer College of Chiropractic, West) were denied their right to vote based on a new rule from 2001, which board members were unaware of until March 2002. At the March 2002 meeting, the corporate board was asked to vote on the dissolution, which was decided upon by the governing board in January 2002. The second allegation was that the vote passed even though there was not a two-thirds majority.^{133,134}

The new rule established by the board in September 2001 stated that any campus that shared board members in common was now considered a “branch campus.” Thus, the 2 schools (Cleveland Chiropractic College, Los Angeles and Palmer College of Chiropractic, West), which historically were accredited independently with 1 vote each, would no longer be allowed to vote. Prior to this, there was no provision for branch campuses in CCE by-laws. Cleveland LA was founded

in 1955 when Cleveland Chiropractic College acquired the Ratledge Chiropractic College. Cleveland LA was accredited by CCE in 1985. Palmer Chiropractic College West was founded in 1980 after the Palmer College of Chiropractic merged with Northern California College of Chiropractic. It was granted candidate status by CCE in 1981 and fully accredited in 1985. One of the motivations for PCC to acquire an extension campus was to have another vote on the CCE governing board.¹³⁵ The new 2001 policy by the board established the branch campuses. Palmer West and Cleveland LA did not have an opportunity to vote on the new policy that took away their votes because the schools were corporate members, not board members.

The new 2001 policy was initiated by institutions represented on the CCE board, in part because PCC sought to open another extension campus in Florida. This would have given the Palmer schools 3 votes on the corporate board and more opportunities to rotate Palmer affiliated administrators onto the governing board. According to reviewer input on this manuscript, some of the institutions represented on the CCE Board felt that schools that shared members on a board should only get 1 vote. According to Gerry Clum, a CCE board member at the time who voted against the 2001 policy change (personal communication on October 21, 2014), "a vote was a property right and the removal of the same required consultation and due process. I lost the vote." Prior to the policy change, each campus had 1 accreditation process and 1 vote. After the policy change, campuses were given the choice between 2 accreditation visits or 1 vote, but due to the change, Cleveland LA and Palmer West were automatically considered branch campuses, so they were denied a vote at the March 2002 meeting.

In Lucc's 2003 complaint filed in the US District Court,¹³⁴ there was a meeting of the CCE corporation on March 12, 2002. According to the complaint, Paul Walker, executive vice-president of CCE, spoke for the chair of the CCE, James Winterstein, DC (president of the broad-scope National University of Health Sciences, previously the National College of Chiropractic). The complaint by Life attributes the following statements to Walker, and Lucc interprets this to mean that the voting block of straight schools was reduced:

"Walker, acting for the chair of the Corporation, ruled at the March 12, 2002 meeting that, because of a policy change adopted in September 2001, the representatives of institutions which had any board member in common would be considered one institution and would only have one vote on

the Corporation. This ruling reduced the number of votes of the Corporation from 16 to 14, and reduced the number of representatives of conservative schools from eight to six."¹³⁴

The CCE's answer to the complaint in January 2003 denied all facts put forth by Lucc in relation to violations of articles of incorporation and bylaws.¹⁴

The vote, which took place to dissolve the CCE corporation, was only 8 in favor of the move; but based on membership, 10 votes were needed for a two-thirds majority. Palmer West and Cleveland-LA were not allowed to vote because of the September 2001 policy change. The accusations of the Lucc and Palmer Chiropractic University lawsuits were that the votes were in violation of CCE's bylaws because votes for the change in corporate status did not comprise two-thirds of the members and that 10 votes were needed and not 8.^{14,133}

According to CCE, the board did not need a two-thirds vote. The CCE sent letters to that effect to members in April 2002.¹³³ In an open letter to the profession in November 2002, Reed Phillips, DC, PhD (CCE president and then president of LACC), and Joseph Brimhall, DC (COA chairman) stated that CCE was properly incorporated and functioned according to its articles and bylaws.¹³⁶ They make no mention of whether the vote in March was according to bylaws.

New facts about this vote came to light in May 2003. In its appeal to an injunction stopping the revocation of Life's accreditation in May 2003, CCE explained that the vote was 8-2, with 4 abstentions (including Life's vote). Referencing *Robert's Rules of Order*, the CCE claims that the vote was legal and indeed a two-thirds majority. CCE wrote,

"Consistent with the restructuring, in March 2002, the Corporation considered its dissolution. The CCE meeting minutes note that representatives from Palmer and Cleveland Colleges objected to not having two votes, as they had in the past, following the adoption in September 2001 of a policy change, consistent with good accreditation practices, that accredited programs with common directors or common administrators operating at more than one geographic location be deemed a single program. Eight of the fourteen CEOs voted for dissolution of the Corporation; two voted against; and four CEOs, including Life's, abstained from the vote. A question was raised whether the policy was required to be adopted by a two-thirds majority

vote, but whether or not a two-thirds vote was required, the resolution was, in fact, approved by two-thirds of the *members voting* (8-2 vote). Exhibit Envelope-Doc 12-Ex 7. See, e.g., Robert's Rules of Order Newly Revised § 43, at 396 (Henry M. Robert III & William J. Evans eds., Perseus Books 9th ed. 1990) ('A two-thirds vote means at least two thirds of the votes cast by persons legally entitled to vote, excluding blanks or abstentions[.]'); State ex rel. Burdick v. Tyrrell, 149 N.W. 280 (Wis. 1914) (majority computed on *members voting*, not *members present*).¹⁵ (p45)

The legality of CCE's corporate status rests on a rule from *Roberts Rules of Order* and the definition of whether a two-thirds vote is constituted by "members voting" or "members present."¹⁵ The 1999 Bylaws only state that "The Corporation shall constitute the members of the Corporation and shall, by two-thirds majority vote, decide matters pertaining to incorporation and/or revision of the *Bylaws*."¹³⁷ The tabulation was established based on *members voting*. If it were based on *members present*, then the corporation would be illegal.

In what may have been an out-of-court settlement, Palmer College of Chiropractic, West and Cleveland Chiropractic College, Los Angeles were granted their voting rights back. Bylaws since 2005 explicitly acknowledge these 2 schools as exceptions to the rule due to their history as voting members; however, campuses sharing administrators (like Palmer Florida and Palmer Davenport) had only 1 combined vote.

Life University Lawsuit

The Life lawsuit went beyond the issues of the 2002 corporate dissolution. That lawsuit, dated January 8, 2003, claims that because the new corporation is illegal, the COA it formed and its actions (such as attempting to revoke Life's accreditation in October 2002) were illegal. The suit claimed that Life lost in excess of \$100 million

because of the loss of students and names 6 counts against CCE¹⁴ (Table 3).

A 2002 open letter from CCE to the profession was released in response to the outcry against the *Life debacle*. The letter was written prior to the federal injunction to stop CCE's action against Life. Phillips and Brimhall attest to the "diverse and non-political makeup" of the COA.¹³⁶ The letter ends by describing why CCE "eschew(s) politics" and that the sole value of the CCE is credibility.

In 2006, at a USDE meeting to reaffirm CCE's recognition status, Dr Pruitt, President of Thomas Edison State College,¹³⁸ one of the committee members of the National Advisory Committee on Institutional Quality and Integrity, acknowledged that revoking accreditation does not happen often.¹³⁹ The disaccreditation was stopped by injunction by a federal judge in 2003 and settled out of court confidentially.¹⁴⁰ According to Lucien Capone, University Counsel for the University of North Carolina at Greensboro,

"[J]udges give accreditation decisions 'great deference,' and have consistently limited their review to whether the decisions were 'arbitrary and capricious' and whether they were supported by substantial evidence."¹⁴¹

As part of a presentation to the Association of Specialized and Professional Accreditors in September 2003 entitled *What, Me Worry? An overview of legal concerns for accreditors*, Capone, who was a lawyer not connected to the chiropractic profession, referred to Judge Moye's opinion that the decision makers were also competitors and thus had a financial stake in the outcome. He referred to this ruling in the LUC vs CCE case as "disturbing" and "scathing." In the section of his talk on *Substantive Due Process*, Capone noted that the decision makers were also competitors and thus had a financial stake in the outcome.¹⁴¹

Judge Moye's legal ruling captures the problems that faced the CCE in its decision and suggests that Moye felt that the corporate change may have been in violation of CCE's charter. Moye wrote that although deference is usually shown to accreditation decisions, in this case, the actors involved had conflicting financial interest, so deference should not be shown. He noted that there were attempts to recruit Life students and that 1 competitor offered to buy Life University while it was suffering significant financial losses due to the CCE decision. The Court initiated an injunction so that LUC would not face destruction. Moye writes,

Table 3 LUC vs CCE¹⁴

Count I: violation of common law right of due process
Count II: tortious interference with contract
Count III: breach of contract
Count IV: violation of articles of incorporation and bylaws
Count V: violation of Section 1 of the Sherman Act, 15 USC §1
Count VI: violation of Section 2 of the Sherman Act, 15 USC §2

CCE, Council on Chiropractic Education; LUC, Life University College of Chiropractic.

“[T]he fact that persons with competing financial interests to those of Life University made the accreditation decisions on Life University; the fact that the elimination of Life University as a chiropractic college would increase the number of students and money available to those competitors; that an aggressive group of leaders of the eight liberal chiropractic schools, who had only one-third of the chiropractic students, had undertaken a series of corporate manipulations in order to reduce the representation and dominance of the eight conservative chiropractic schools (of which Life University was one), who had approximately two-thirds of all chiropractic students; that these corporate manipulations, which may very well have violated CCE’s corporate charter, were calculated to give dominance to the liberal minority group over the conservative majority group; that the end result has been the disaccreditation of the largest of all the colleges of chiropractic and the turning loose of hundreds, perhaps thousands, of students to be attracted to the other schools. Actions which would violate the antitrust laws if incorporated in an accreditation procedure, per se, indicate a lack of due process...”¹⁴²

Moye refers to the broad-scope faction as the liberal minority and the philosophical schools as the conservative majority. In this author’s opinion, misuse of power and political structure are some of the weaknesses of the rational-level thinking.

Life’s philosophical approach to diagnosis was not congruent with CCE’s philosophical approach. Law professor Sherman Cohn, in his sworn affidavit before the court against CCE and for Life, noted that there were 12 violations that CCE cited Life with; all but one was completed at the time of the attempted revocation of accredited status. The 1 remaining violation had to do with philosophy of diagnosis. According to Cohn, the standard of accreditation protocols and practices were breached.¹⁴³

In CCE’s appeal to Judge Moye’s injunction, errors of the legal ruling and acknowledgement of the deficiencies in Life student’s training in diagnosis and primary care are cited. In their appeal in 2003, the CCE wrote,

“For decades, the chiropractic profession has debated the proper role of a doctor of chiropractic. Views regarding this topic range along a spectrum of thought. The ‘liberal’ school advocates that chiropractors are primary health care providers who, in addition to performing spinal analysis and manipulation,

should be able to diagnose other conditions. They contend the public is better served when chiropractors can identify possible medical problems and if necessary refer the patient to another health care provider.” *Sherman College of Straight Chiropractic v. Am. Chiropractic Ass’n, Inc.*, 654 F. Supp. 716, 718 (N.D. Ga. 1986), *aff’d*, 813 F.2d 349 (11th Cir. 1987). “The ‘conservative’ or ‘straight’ philosophy advocates that chiropractors should be limited to correcting misalignments of the spinal vertebrae. *Id.* Neither CCE nor its accreditation criteria advocates one philosophy over another.”^{15 (p17)}

This shows a paradox. In Federal Court, CCE took the position that it does not take sides on whether chiropractors are “primary health care providers”; yet CCE standards have considered chiropractors as physicians and, in recent standards, as “Primary Care Physicians.” These inconsistencies in CCE’s actions versus their espoused policies are at the heart of the conflict in this period.

The 2012 CCE Standard caused a big reaction in the profession.^{19,144} The changes in the CCE Standard, which resulted in part from the LUCG debacle,¹³⁹ reflect new qualitative components of the CCE Standards that schools might use to leverage more autonomy. This type of qualitative approach is similar to Gelardi’s “Camelot resolution”¹²⁴ in terms of representing an early postrational and inclusive approach.¹³¹

Worldviews in the Litigious Period

The Litigious Period shows that transparency is needed for the chiropractic profession. According to Gebser,¹⁴⁵ the Integral level of consciousness, which emerged around the time of chiropractic’s birth, may be understood with the term *diaphaneity*. To be diaphanous is to see through. By embracing at least an early postrational worldview, chiropractors may find a way to see value and truth in each other. A postrational worldview may allow self-awareness to emerge for individuals within organizations.

Conclusions

In my opinion, 3 important issues emerge from this article. The first is that the CCE has maintained that it does not represent a doctrinal side of the traditional dispute within the profession, although, in my opinion,

court documents and historical evidence suggest otherwise. However, viewing this information using developmental structuralism, we may see this paradox more clearly. An understanding of CCE's position may include that viewing chiropractors as "physicians" or as "primary care physicians" who emphasize diagnosis and broad-scope practices is based on rational perspectives that rely on the medical paradigm. The second issue relates to some critics of the CCE and broad-scoped chiropractic who take an either/or position of right or wrong. This extreme position represents an Expert worldview. Thirdly, with a postrational approach, these perspectives can be navigated to possibly end the conflict within chiropractic.

A transrational approach, one that includes the partial truths of all perspectives, is a first step to allow for a richer understanding of how the interior worldviews, individual actions, and the exterior forces (legal, economic, political, and educational) brought forth the chiropractic clashes together. Viewing the conflicts within chiropractic from this approach may foster new educational structures to evolve. By learning from this history through a developmental lens, perhaps the current period may one day be termed *The Strategic Period*.

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References

1. Senzon S. Constructing a philosophy of chiropractic: when worldviews evolve and postmodern core. *J Chiropr Humanit* 2011;18(1):39–63.
2. Gaucher P. *Chiropractic: early concepts in their historical setting*. Chicago: National College of Chiropractic; 1993.
3. Callendar A. The mechanistic/vitalistic dualism of chiropractic and general systems theory: Daniel D. Palmer and Ludwig von Bertalanffy. *J Chiropr Humanit* 2007;14:1–21.
4. Palmer D. *The science, art, and philosophy of chiropractic*. Portland, OR: Portland Printing House; 1910.
5. Zarbuck M. Chiropractic parallax: part 1. *Illinois Prairie State Chiropractors Association Journal of Chiropractic*; 1988.
6. Zarbuck M. Chiropractic parallax: part 2. *Illinois Prairie State Chiropractors Association Journal of Chiropractic*; 1988.
7. Zarbuck M. Chiropractic parallax: part 3. *Illinois Prairie State Chiropractors Association Journal of Chiropractic*; 1988.
8. Zarbuck M. Chiropractic parallax: part 4. *Illinois Prairie State Chiropractors Association Journal of Chiropractic*; 1988.
9. Zarbuck M. Chiropractic parallax: part 5. *Illinois Prairie State Chiropractors Association Journal of Chiropractic*; 1989.
10. Zarbuck M. Chiropractic parallax: part 6. *Illinois Prairie State Chiropractors Association Journal of Chiropractic*; 1989.
11. Keating J, Callendar A, Cleveland C. *A history of chiropractic education in North America*. Association for the History of Chiropractic; 1998.
12. McCoy M. The crisis in chiropractic education and practice: a review of history and opportunities for reform. *J Philos Princ Pract Chiropr* 2012:1–17.
13. Sherman College of Straight Chiropractic, Straight Chiropractic Academic Standards Association v. American Chiropractic Association, The Council on Chiropractic Education, Inc., National Board of Chiropractic Examiners, and Sid E. Williams. N.D. Georgia: United States District Court; 1986.
14. Life University, Inc v. The Council on Chiropractic Education, Inc. United States District Court Northern District of Georgia Atlanta Division; 2003. <https://pcl.uscourts.gov/>.
15. The Council on Chiropractic Education, Inc, et al. v. Life University, Inc., 2003, United States Court of Appeals for the Eleventh Circuit.
16. CCE. News release: Sherman College and SCASA sue ACA, CCE, NBCE, and Dr. Sid Williams in alleged anti-trust violations. Council on Chiropractic Education; 1981.
17. Dickstein S, Morin. Petition to investigate The American Chiropractic Association and the Council on Chiropractic Education. In: A.A.G.A.D.U., DOJ, editors. *Sherman Archives*; 1979.
18. Keating J. *Chronology of Council on Chiropractic Education*. National Institute of Chiropractic Research; 2004.
19. Edwards J. The death of the CCE cartel. *Dyn Chiropr* 2012;30(4).
20. Hidde O. Do chiropractors treat disease? *Digest of Chiropractic Economics*; 1979:80–1.
21. Gibbons R. Chiropractic's Abraham Flexner: the lonely journey of John J. Nugent, 1935-1963. *Chiropr Hist* 1985;5: 44–51.
22. Nugent J. *Chiropractic education: outline of a standard course*. Department of Education National Chiropractic Association; 1941.
23. Villanueva-Russell Y. *On the margins of the system of professions: entrepreneurialism and professionalism as forces upon and within chiropractic [dissertation]*. Columbia, MO: University of Missouri; 2002. p. 327.
24. Strauss J. *Refined by fire: the evolution of straight chiropractic*. Levittown(PA): Foundation for the Advancement of Chiropractic Education; 1994.
25. Keating J. Purpose-straight chiropractic: not science, not health care. *J Man Phys Ther* 1995;18(6):416–8.
26. Cleveland A. Teaching philosophy in chiropractic education today: evolving into the twenty-first century or doing more of the same? *Proceedings of World Federation of Chiropractic 10th Biennial Conference*; 2009 Apr 3 – May 2; Montreal, Quebec, Canada. Toronto: WFC; 2009.
27. McAulay B, Naylor G. *Philosophy in chiropractic education: a content analysis*. *Proceedings of the World Federation of Chiropractic Conference on Philosophy in Chiropractic Education*. Toronto: WFC; 2000. Fort Lauderdale, [Fla].
28. Colleges, A.o.C. *The ACC chiropractic paradigm*. Available from: http://www.chirocolleges.org/paradigm_scope_practice.html 1996.

29. Cleveland A, Phillips R, Clum G. The chiropractic paradigm. In: Redwood D, Cleveland C, editors. *Fundamentals of chiropractic*; 2003.
30. Coulter I. *Chiropractic: a philosophy for alternative health care*. Woburn (MA): Butterworth-Heinemann; 1999.
31. Koch D. Has vitalism been a help or a hindrance to the science and art of chiropractic? *J Chiropr Humanit* 1997;6:18–22.
32. Phillips R, et al. A contemporary philosophy of chiropractic for the LACC. *J Chiropr Humanit* 1994;4:20–5.
33. Senzon S. Constructing a philosophy of chiropractic I: an integral map of the territory. *J Chiropr Humanit* 2010;17(17):6–21.
34. Senzon S. *Five levels of consciousness in the chiropractic profession*. International Research and Philosophy Symposium. Spartanburg, SC: Sherman College; 2005.
35. Beck D, Cowan C. *Spiral dynamics: mastering values, leadership, and change*. Oxford: Blackwell Publishers; 1996.
36. Rooke D, Torbert W. Seven transformations of leadership. *Harv Bus Rev* 2005;83(4):66–76.
37. Cook-Greuter S. *Ego development: nine levels of increasing embrace*. Wayland, MA: Cook-Greuter & Associates; 2007.
38. Commons M, Richards FA, Armon C, editors. *Beyond formal operations: late adolescent and adult cognitive development*. New York: Praeger; 1984.
39. Commons M, Richards F. Four postformal stages. In: Demick J, Andreoletti CE, editors. *Handbook of adult development*. New York, NY: Kluwer; 2003. p. 199–219.
40. Loevinger J. *Ego development*. San Francisco: Jossey-Bass; 1976.
41. Wilber K. *Integral psychology: consciousness, spirit, psychology, therapy*. Boston: Shambhala; 2000.
42. Darroch L. Using chiropractic judgment vignettes interview to assess chiropractors' non-cognitive attributes: a generalizability study. University of Calgary; 2011.
43. McDonald W, Durkin K, Pfefer M. How chiropractors think and practice: the survey of North American chiropractors. *Semin Integr Med* 2004;2(3):92–8.
44. Gibbons R. The rise of the chiropractic educational establishment: 1897-1980. In: Lints-Dzaman F, Scheider S, Schwartz L, editors. *Who's who in chiropractic international*. Littleton, CO: Who's Who in Chiropractic International Pub. Co; 1980.
45. Piaget J. *The principles of genetic epistemology: collected works*. London: Routledge; 1997.
46. Kegan R. *The evolving self: problem and process in human development*. Cambridge: Harvard University Press; 1982.
47. Cook-Greuter S. Maps for living: ego-development stages from symbiosis to conscious universal embeddedness. In: Commons M, et al, editor. *Adult development. Models and methods in the study of adolescent and adult thought*. New York: Praeger; 1990.
48. Cook-Greuter S. *Postautonomous ego development: a study of its nature and measurement [dissertation]*. Ann Arbor: UMI; 1999.
49. Fowler J. *Stages of faith: the psychology of human development and the quest for meaning*. San Francisco: HarperCollins; 1995.
50. Gardner H. *Multiple intelligences: the theory in practice*. Basic Books; 1993.
51. Ingersoll E, Zeitler D. *Integral psychotherapy: inside out/outside*. Albany: SUNY; 2010.
52. Combs A. *Consciousness explained better: towards an integral understanding of the multifaceted nature of consciousness*. St. Paul: Paragon House; 2009.
53. Jakonen J. Beyond postmodern spirituality: Ken Wilber and the Integral approach. *Scr Inst Donneriani Aboensis* 2014;21:92–109.
54. Wilber K. The pre/trans fallacy. *J Hum Psych* 1981;22(2):5–43.
55. Wilber K. *Integral spirituality: a startling new role for religion in the modern and postmodern world*. Boston: Shambhala; 2006.
56. Kegan R, Lahey L. *The immunity to change: how to overcome it and unlock the potential in yourself and your organization*. Cambridge (MA): Harvard University Press; 2009.
57. Gromala T. *Women in chiropractic: exploring a tradition of equity in healing*. *Chiropr Hist* 1983;3(1):59.
58. Rehm W. *Who was who in chiropractic: a necrology. Who's who in chiropractic*; 1980.
59. Gibbons R. Physician-chiropractors: medical presence in the evolution of chiropractic. *Bull Hist Med* 1981;55:233–45.
60. Stein Z. *Intuitions of altitude: researching the conditions of the possibility for developmental assessment*. 1st Biennial Integral Theory Conference. Pleasant Hill, CA; August 2008.
61. Wilber K. Waves, streams, states, and self: further considerations for an Integral theory of consciousness. *J Conscious Stud* 2000;7(11–12):145–76.
62. Koestler A. Beyond atomism and holism; the concept of the holon. In: Koestler A, Smythies J, editors. *The Albach symposium; beyond reductionism*. New York: The Macmillan Company; 1969. p. 192–232.
63. CCE. *Accredited doctor of chiropractic programs/institutions*; 2013.
64. Flexner A, et al. *Medical education in the United States and Canada: a report to the Carnegie foundation for the advancement of teaching*. New York: Carnegie Foundation for the Advancement of Teaching; 1910. p. 346.
65. Johnson C, Green B. 100 years after the Flexner report: reflections on its influence on chiropractic education. *J Chiropr Educ* 2010;24(2):145–52.
66. Alstete J. *College accreditation: managing internal revitalization and public respect*. Palgrave Macmillan; 2007.
67. Altmaier E. *Setting standards in graduate education: psychology's commitment to excellence in accreditation*. American Psychological Association; 2003.
68. McConn CM. Academic standards versus individual differences—the dilemma of democratic education. *Am Sch Board J* 1935;91(44).
69. Beideman R. The role of the encyclopedic Howard System in the professionalization of Chiropractic National College, 1906–1981. *Chiropr Hist* 1996;16(2):29–41.
70. Howard J. The philosophy of chiropractic and reminiscences of its early development and growth. *J Chiropr Humanit* 1934/1998;8(1):27–37.
71. Wardwell W. *Chiropractic: history and evolution of a new profession*. St. Louis(MO): Mosby; 1992.
72. Wiese G, Callender A. How many chiropractic schools? An update. *Chiropr Hist* 2007;27(2):89–119.
73. Turner C. *The rise of chiropractic*. Kessinger Publishing; 2006/1931.
74. Palmer B. *The chiropractor*. Davenport, IA: Palmer School of Chiropractic; 1916.
75. Carver W. *History of chiropractic*. Keating J, editor. National Institute of Chiropractic Research; 1936/2002.
76. McCartney W. House cleaning from another angle. *Natl J Chiropr* 1922;11(5):4–7.

77. Smallie P. The guiding light of Ratledge; 1963 [Self-published].
78. Palmer B. Cleaning the house. Davenport, IA: Delta Sigma Chi Fraternity of Chiropractic; 1922/1997.
79. Keating J. B.J. of Davenport: the early years of chiropractic. Iowa: Association for the History of Chiropractic; 1997.
80. UCA. Efficiency is a question of method. The Commoner; 1922. [Lincoln, NE].
81. UCA. By merit alone: chiropractic. The Commoner; 1922. [Lincoln, NE].
82. UCA. Chiropractic: consists entirely of adjusting the movable segments of the spinal column to normal position. The Lubbock Avalance; 1922. [Lubbock, TX].
83. UCA. Is chiropractic scientific? The coconino sun; 1922. Flagstaff, AZ.
84. Keating J. The short life & enduring influence of the American Chiropractic Association, 1922-1930. *Chiropr Hist* 1996;16(1):50-64.
85. Keating J, Rehm W. William C. Schulze, MD, DC (1870-1936): from mail-order mechano-therapists to scholarship and professionalism among drugless physicians. *Chiropr J Aust* 1995;25:122-8.
86. Beideman R. In the making of a profession: the National College of Chiropractic 1906-1981. Lombard, IL: National College of Chiropractic; 1995.
87. Beideman R. Seeking the rational alternative: the National College of Chiropractic from 1906 to 1982. *Chiropr Hist* 1983;3(1):17-22.
88. McAndrews J. The knowledge of our knowledge. *Philos Constructs Chiropr Prof* 1991;1:14-7.
89. Jonas WB. Chiropractic: a philosophy for alternative health care. In: Coulter I, editor. Woburn (MA): Butterworth-Heinemann; 1999.
90. Donahue J. Philosophy of chiropractic: lessons from the past—guidance for the future. *J Can Chiropr Assoc* 1990;34(4):194-205.
91. Leach R, Phillips R. Philosophy: foundation for theory development. In: Leach R, editor. The chiropractic theories: a textbook of scientific research. 4th ed. Philadelphia: Lippincott Williams & Wilkins; 2004.
92. Charlton K. Data and dogma: the use and abuse of information. *Journal of the Australian Chiropractors' Assoc* 1987;17(2):46-8.
93. Keating J, et al. Subluxation: dogma or science. *Chiropr Osteopat* 2005;13(17).
94. Phillips R. Division of the vision. *Dyn Chiropr* 1997;15(15).
95. Moore S. Chiropractic in America: the history of a medical alternative. Johns Hopkins University Press; 1993.
96. Ferrer J, Romero M, Albareda R. Integral transformative education a participatory proposal. *J Transform Educ* 2005;3(4):306-30.
97. Palmer B. The hour has struck. Eighth Annual P.S.C. Lyceum; 1924. [Davenport, IA].
98. Dye A. The evolution of chiropractic: its discovery and development. Philadelphia: A.E. Dye; 1939.
99. Senzon S. B.J. Palmer: an integral biography. *J Integr Theory Pract* 2010;5(3):118-36.
100. Quigley W. The last days of B.J. Palmer: revolutionary confronts reality. 1989;9(2):11-9.
101. Vendetti MA. Chiropractic as a profession: a study of professionalization through time. St. John's University; 1984.
102. Nash J. The rise and fall of basic science laws. *Chiropr Hist* 2000;20(2):87-91.
103. Gevitz N. "A course sieve": basic science boards and medical licensure in the United States. *J Hist Med Allied Sci* 1988;43:36-63.
104. Keating J. Before Nugent took charge: early efforts to reform chiropractic education 1919-1941. *J Can Chiropr Assoc* 2003;47(3):180-216.
105. Palmer B. Answers; vol. 28. Davenport, IA: Palmer College; 1952.
106. McAulay B. Neo-institutionalization and professional socialization: the medicalization of "regular" chiropractic. *J Straight Chiropr* 1995;1:1-7.
107. Ritzer G. Professionalization, bureaucratization and rationalization: the views of Max Weber. *Soc Forces* 1975;53(4):627-34.
108. Harper W. Accreditation: the elusive dream. *Digest of Chiropractic Economics*; 1972:50-5.
109. Harper W. Autonomy. *Digest of Chiropractic Economics*; 1972.
110. Hidde O. Historical perspective: the Council on Chiropractic Education and the Committee on Accreditation, 1961-1980. *Chiropr Hist* 2005;25(1):49-77.
111. Williams S. Looking back to see ahead. Marietta, GA: Life College; 1994.
112. Senzon S. Causation related to self-organization and health related quality of life expression based on the vertebral subluxation model, the philosophy of chiropractic, and the new biology. *J Vert Sublux Res* 1999;3:104-12.
113. McGregor-Triano M. Jurisdictional control of conservative spine care: chiropractic versus medicine [dissertation]. ProQuest; 2006.
114. McDonald W, editor. Chiropractic peace. Victoria, Canada: Trafford Publishing; 2009.
115. Dickstein S, Morin. Statement of Sherman College and ADIO Institute in opposition to petition of The Council on Chiropractic Education for renewal of recognition of its accreditation program; 1979.
116. Moore L, Wise L. A report on chiropractic politics & education. In: Armstrong K, editor. Atlanta: Chiropractic Foundation of America; 1978.
117. IFCO. Position paper on diagnosis and referral; 2012.
118. Winterstein J, Jones R, Radford D, Seaman D, Richardson D. Chiropractic physicians and primary care. *ACA News* January 2012:29-31.
119. Education, C.o.C.. Standards for chiropractic programs and institutions. Scottsdale, AZ: CCE; 1998.
120. Education, C.o.C.. Standards for chiropractic programs and institutions. Scottsdale: CCE; 2000.
121. Education, C.o.C.. Standards for chiropractic programs and institutions and requirements for institutional status. Scottsdale: CCE; 2005.
122. Education, C.o.C.. Standards for chiropractic programs and institutions and requirements for institutional status. Scottsdale: CCE; 2007.
123. Education, C.o.C.. CCE accreditation standards: principles, processes, & requirements for accreditation. Scottsdale: CCE; 2012.
124. Gelardi T. The science of identifying professions as applied to chiropractic. *J Chiropr Humanit* 1996:11-7.
125. Strauss J. Our dogma does not change, our philosophy does. <http://chiropracticoutsidethebox.com/2012/04/11/our-dogma-does-not-change-our-philosophy-does/#more-53792012>.
126. Keating J. Chronology of radiophone station WOC: 1922-1932. In: N.I.o.C. Research, editor. Phoenix; 2008.

127. Armstrong K. A practical look at professional accreditation. *J Straight Chiropr* 1980;1(Fall):17–26.
128. Berus L. The case for a straight chiropractic accrediting agency. *J Straight Chiropr* 1980;1(Fall):55–60.
129. Vear H. A dichotomy in the accreditation process for chiropractic education. *J Can Chiropr Assoc* 1990;34(4):217–9.
130. Hudgens A. A contrast: educational standards of CCE and the Commission on Accreditation of SCASA. *J Straight Chiropr* 1980;1(Fall):61–72.
131. Southerland R. Redefining rules: the CCE changes its standards from quantitative to qualitative. *Today's Chiropractic Lifestyle*; 2011.
132. Sherman College etc. v. U.S. Commissioner of Ed, CCE. District of Columbia: United States District Court; 1980.
133. Palmer Chiropractic University Foundation, Palmer College of Chiropractic West v. The Council on Chiropractic Education, Inc., Paul Walker, James Winterstein, Reed Phillips, Joseph Brimhall (State of Wisconsin Circuit Court, Jefferson County, 2003). <http://wcca.wicourts.gov/>.
134. Life University, Inc., v. The Council on Chiropractic Education, Inc., The Council on Chiropractic Education Commission on Accreditation, through its Chair Joseph Brimhall; and Paul D. Walker (United States District Court Northern District of Georgia Atlanta Division, 2003). <https://pcl.uscourts.gov/>.
135. Keating JC, Johnson C. From Pacific States to Palmer West: The short life and legacy of the Northern California College of Chiropractic. 2001;21(1).
136. Phillips R, Brimhall J. An open letter to the chiropractic profession: November 8, 2002. Scottsdale: Council on Chiropractic Education; 2002.
137. Education, C.o.C.. Bylaws. Scottsdale: CCE; 2000.
138. College, T.E.S.. President George A. Pruitt; 2012.
139. NACIQI. The Council on Chiropractic Education, Commission on Accreditation Action for Consideration: petition for renewal of recognition: transcript of proceedingsIn: U.S.D.o. Education, editor. ; 2006. p. 17–52. Arlington.
140. DC. Life, CCE agree to settle legal differences out of court. *Dyn Chiropr* 2003;21(20).
141. Capone L. What, me worry? An overview of legal concerns for accreditors. In: ASPA, editor. ASPA Fall 2003 Meeting. Association of Specialized and Professional Accreditors; 2003.
142. Moye C. Life University, Inc. v. The Council on Chiropractic Education, Inc. Atlanta Division: United States District Court Northern District of Georgia; 2003.
143. Cohn, S., *Affidavit*, J. 22, Editor. 2003: Georgetown University Law Center.
144. Edwards J. Exposing the CCE Charade. *Dyn Chiropr* 2011;29(8).
145. Gebser J. The ever-present origin. Athens (OH): Ohio University Press; 1949.
146. Senzon S. What is life? *J Vert Sublux Res* 2003;1–4.
147. Reill P. Vitalizing nature in the enlightenment. Berkeley: University of California Press; 2005.
148. Phillips R. The evolution of vitalism and materialism and its impact on philosophy in chiropractic. In: Haldeman S, editor. Principles and practice of chiropractic. New York: McGraw Hill Companies, Inc.; 2005. p. 65–75.