Trust as a Challenge in Chiropractic Medicine

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Abstract

This article explores how the sociological concept of trust, both externally and internally, presents challenges to the legitimacy and credibility of the chiropractic profession. This ethnographic study consisted of systematic observation and interviews of 40 chiropractors in South Carolina from Fall 2016 to Fall 2017. Additionally, interviews were conducted with staff members, patients, and other medical providers, such as physicians, physical therapists, massage therapists, and representatives from the insurance industry, about their understanding and experiences with chiropractic medicine. Phone interviews were also conducted with deans and provosts at seven chiropractic colleges around the country. In total, over 100 interviews and informal conversations occurred during the course of the project. All identifiers of participants and chiropractic colleges in the study were removed to ensure anonymity. Instead, pseudonyms were created that were known only by the author of the study. Additionally, data from the South Carolina Department of Labor, Licensing and Regulation was obtained to document changes in the number of chiropractors who are no longer in practice in the state between 2016 and 2017. The data from this study suggests that there may be a number of trust issues between the public and chiropractors, between chiropractors and physicians, and among chiropractors themselves. For example, comments and observations from respondent interviews suggests many patients do not fully trust their provider. Additionally, physicians claim the reason for the lack of trust is due to the absence of any meaningful accountability measures to control rogue chiropractors and the wide variance in types of treatment they offer. Among chiropractors themselves, there appears to be an absence of trust, as many providers see their colleagues as competitors and potential threats. Trust is a key component to the success of any social relationship. Given the inability or unwillingness of the chiropractic profession to hold members accountable for questionable practices, along with the perception that chiropractic treatments may not be effective, the public, patients, and the medical profession will likely continue to view chiropractic medicine with suspicion.

Keywords: trust, sociology, social theory, public perceptions of chiropractors, perceptions of chiropractors by physicians, internal strife in chiropractic medicine, health care reform

From its very beginning, chiropractic medicine has faced challenges about the scientific validity of the treatment of patients and the credibility of its practitioners. Since those early years, many of these criticisms have remained, but legislation, licensure, and litigation have created an environment where chiropractic care is allowed in all 50 states, and licenses are required of all chiropractors who wish to treat patients. As the data indicates, chiropractic care in the United States has become a $14 billion a year industry, particularly for back and neck injuries (English and Keating, 2015) and chiropractic treatments are more commonplace in recent years as a form of alternative treatment (Lisi and Brandt, 2016; Magner and Barrett, 1995; Long, 2013). For example, recent data indicate that half of adults in the U.S. have had some experience as a patient of a chiropractor within the last five years and about 14% (approximately 33 million people) have visited a chiropractor in the last twelve months (English and Keating, 2015). Further, about two-thirds of U. S. adults believe that chiropractors have their patient's best interests in mind, and slightly more than half of adults surveyed believe most chiropractors are trustworthy (English and Keating, 2015). Still, many critics contend that chiropractic care lacks scientific rigor and amounts to quackery, fraud, or simply is no more effective as a form of treatment than traditional remedies (Magner and Barrett, 1995; Singh and Ernst, 2009).

Sociology and Chiropractic Medicine

A review of the literature shows a handful of studies about the sociological dimensions of the chiropractic profession or its providers (Wardell, 1952, 1955, 1961, 1968, 1976, 1978; McCorkle, 1961; Roebuck and Hunter, 1972; Lin, 1972; Rosenthal, 1986; Villenueva-Russell, 2005, 2008, 2009, 2011; Briggs,

Hay, and Mireau, 1997; Yesalis, et. al, 1980; Wild, 1978; Kelmer, Hall, and Coulter, 1980), most of which occurred in the 1970s and 1980s. However, very little research has been done since 2000 and no studies have been conducted about how the changes in medicine, particularly as it relates to health care reform in the United States, impact chiropractors and their practices.

This lack of sociological research is a bit odd, given the many issues and challenges in health care as well as a growing body of literature on alternative medicine. Even the unethical practices of some medical providers, which would likely attract criminologists and those who study deviant behavior, would likely generate some sociological attention, not to mention medical sociology as a subfield is the largest one in the discipline. However, this has not been the case. In fact, a review of medical sociology textbooks shows scant attention devoted to chiropractors and chiropractic medicine, often just a few paragraphs (see Cockerham, 2017). Far more attention is paid in these textbooks to faith healers and more obscure practitioners.

The earliest sociological studies on chiropractic medicine were those by Walter Wardell (1952, 1955). In his book *The Sociology of Chiropractic*, Rosenthal (1986) pointed out that until 1950, there were only seven sociological studies on chiropractic medicine. Much of what had been understood about the profession during a period that spanned almost twenty years was based only on Wardell's work.

These initial sociological explorations of chiropractic medicine were linked to the study of deviant behavior and this was the framework in which sociology began to examine chiropractic medicine. In the 1950s, Wardell offered insight into chiropractic medicine in terms of its marginality. As he described it, marginality as a concept carries with it challenges to legitimacy and credibility, along with questions about competence and inferiority. This marginality comes as a result of comparisons to traditional medicine. At the micro-level, Wardell (1952; 1955) also found a good deal of role ambiguity among chiropractors and role strain in their actual performance.

Research in the 1960s and 1970s

Dimensions of the marginality of chiropractic medicine was found in work by McCorkle (1961) as well as by Roebuck and Hunter (1972) who provided insight into the dubious and outright fraudulent practices by chiropractors. Interestingly, the total number of studies published between 1950 and 1972 consisted of seven articles, four of which were authored by Wardell (1952, 1955, 1961, 1968). Sternberg's (1969) doctoral dissertation was a sociological study of chiropractic students and it too focused on the marginality of the profession. Lin's (1972) dissertation was the first to really question the stigma and deviant label attributed to chiropractors and he wondered if this was ever a fair appraisal of the profession.

Research in the 1970s-1990s

Throughout the 1970s and into the 1990s, the research began to focus less on chiropractic medicine's place in the occupational scheme and more on what chiropractors actually did and how they did it (Rosenthal, 1986; Wild, 1980; Yealis et. al, 1980; Kelner, Hall, and Coulter, 1980). For instance, in an ethnographic study of chiropractic medicine, Cowie and Roebuck (1975) offer insight into the nature of social interaction within a chiropractic office. Serving as a member of the staff, Cowie was able to observe how and in what ways the front office learned about the patients' needs, interests, and issues, and then relayed them to the doctor prior to receiving their treatment.

Drawing heavily on a Goffmanian framework, particularly as it relates to the notion of impression management and controlling the patient's understanding of the role of the chiropractor, this study offered insight into how marketing efforts are employed, where staff members routinely encouraged patients to refer their friends and relatives to the office for care. While this may also occur in a traditional physician's office, Cowie and Roebuck (1975) point out that there is an intentionality and intensity to this type of self-promotion that can create an uncomfortable atmosphere and cause patients to question the motives of a chiropractor. At the same time, chiropractors also attempt to provide a distinction in the type of care they provide compared to physicians. By providing a safe and sympathetic atmosphere, one that is often at odds with the patient experience in traditional doctor's offices, Cowie and Roebuck (1975) conclude that there is an element of trust that is created between the patient and the provider, including the office in general, that allows them to thoughtfully consider the advice offered by the chiropractor during their visits.

As Rosenthal (1986) points out, a second view of chiropractic medicine, which began in the late 1970s, centered on chiropractic's tension with the American Medical Association in general and physicians in particular.

Rosenthal takes a slightly different approach to this perspective by applying a framework borrowed from organizational deviance to chiropractic medicine based on his study of chiropractors in Nebraska.

In the 1980s, there was also an increased interest in sociological inquiry of chiropractic medicine outside of the United States. In Canada, Kelner, Hall and Coulter (1980) took issue with Wardell's position on chiropractic medicine and attempted to clarify some of the inaccuracies about the profession. In contrast to much of the sociological literature on chiropractic medicine, which is admittedly sparse, Coulter's work (1983, 1991, 1992, 2004) is particularly noteworthy as he raises questions about the sociological understanding of chiropractic medicine and the profession.

For instance, Coulter is consistently critical of Wardell's work that characterizes the chiropractic profession as marginalized or deviant. Coulter also argues that this conceptualization, which is based more on comparing chiropractic medicine to traditional medicine than any actual data indicating marginalization, had a resonating effect on subsequent sociological studies of chiropractors and the profession. In fact, Coulter (1991, 1983, 1992) argues that such a portrayal could have shaped the general public's understanding of the profession. Such a perspective, which calls attention to the ability of researchers to discover notions of objective truth, raises questions about the "taken for granted" approach sociology has used with regard to the study of chiropractic medicine.

Research in the 2000s

Like Wardell's work in the 1950s, a few sociologists have dominated the chiropractic discussions since the 1990s. However, unlike the criticisms offered by Wardell, these researchers attempted to identify key issues within the profession, particularly as they relate to health care as well as challenges within the profession. For instance, Villenueva-Russell (2005) offered insight into how chiropractic medicine has responded to the growing trend towards evidence-based practices as an assessment protocol.

She points out that as guidelines were being developed for evidence-based medicine, all complementary and alternative-based medicines, but particularly chiropractic, with its emphasis on concepts such as "vitalism" and "innate intelligence" struggled to find a place in the discussion. Consequently, chiropractic medicine's credibility and professionalism within medicine continued to suffer. The lack of evidence about chiropractic treatment also created challenges as it related to insurance reimbursement under the managed care model. Recent research supports the idea that many chiropractors, even those who are in training at chiropractic colleges, are not as familiar with evidence-based treatment as they would like. A 2015 study of nearly 1,500 chiropractors, two-thirds of whom had been in practice for more than ten years, found that while providers had favorable attitudes towards an evidence-based approach, far less actually practiced it, citing a lack of time to develop an understanding of how to use it (Schneider, 2015).

Briggs (1997), a sociologist at the University of Saskatchewan, studied the philosophy of chiropractors in Canada. Despite the fact that most were trained at a single chiropractic college, the Canadian Memorial Chiropractic College in Toronto, Briggs found significant differences in chiropractors' philosophies and scope of practice. She found, for example, that about 18 percent of respondents rejected the traditional chiropractic philosophy espoused by D.D. and B.J. Palmer, and placed greater value of the scientific validation of chiropractic concepts within a narrow scope, such as musculoskeletal problems of the neck and back. Briggs also found significant differences in chiropractic philosophy and scope of practice by province, with Quebec chiropractors more likely to espouse traditional views while Saskatchewan chiropractors holding more progressive approaches to chiropractic medicine. These are significant findings since, as she points out, it inhibited the ability of the country and the profession to develop effective and consistent guidelines for the treatment of patients (Briggs, Hay, and Mireau, 1997).

While there has been some effort to enhance the credibility of the profession, significant challenges remain. For instance, Villenueva-Russell (2008, 2009) discusses a number of fundamental and historical challenges within chiropractic medicine, where there exists a school of thought that takes a more profit-centered approach to the profession than establishing its scientific credibility. As she points out, this entrepreneurial perspective was the central focus in the development of chiropractic medicine and impacted the public's trust by not following the more conventional processes used by traditional medicine to garner credibility and legitimacy. As she points out, in what could be argued as a misguided attempt to redefine professionalism and its benchmarks, chiropractic medicine may have hampered its ability to achieve its original goals, namely to be considered equal to traditional medicine and physicians.

In addition to the issue of shifting its focus away from profits as a goal, chiropractors continue to wrestle with questions of credibility in the minds of the general public. For example, Villenueva-Russell (2009) offers insight into the continued understanding of chiropractic in her work on the public's perception of chiropractic medicine based on media reports. Calling attention to the notion of moral panics and the subsequent fear that such a movement generates, she points out that highlighted cases of injuries to patients by chiropractors, particularly strokes suffered as a result of cervical manipulations, only serve to perpetuate the perception of chiropractic treatments as questionable.

This negative perception is reinforced by the profession's lack of organized response in refuting these claims and creates a type of fear that impedes chiropractic medicine's ability to be seen as legitimate. As she points out, that many more patients die at the hands of medical doctors each year is overlooked or managed more effectively by the medical profession should not be lost on chiropractors. However, the public understands of the profession and of its treatments are skewed by its lack of access to more detailed information.

Since the 1990s, there remains a lingering negative perception of chiropractic, largely due to the questionable practices of some providers, who push the boundaries of a reasonable standard of effective care, and in part because of the inability of the profession to organize itself in a meaningful and consistent way. Villenueva-Russell (2011) offers insight into the cultural and social issues within the profession, particularly as efforts by chiropractic colleges and the profession attempt to integrate with traditional medicine.

Such an approach clashes with practitioners, who are often opposed to such changes, believing it would cause chiropractic medicine to be absorbed by traditional medicine and lose its distinctiveness and viability. Further complicating the debate between the practical side of chiropractic and its academic side is the issue of which organizations, if any, have the authority to dictate the boundaries of what is considered acceptable practice. Other studies focus on the self-perception of chiropractors in their ability to treat patients. One study of experienced chiropractors in Texas offers insight into how chiropractors see their ability to treat an assortment of illnesses and injuries, such as asthma, pregnancy, liver and kidney ailments. Part of the success, as these respondents see it, is based on the close relationship and trust that is developed between patient and provider, something that participants believe happens less frequently with traditional medicine (Langolis, 2004).

It was also during this period that many books were written that heavily criticized the profession, particularly those written by chiropractors themselves. While not sociological in scope, and while these authors did not provide substantial data to document their criticisms against the profession, there were sociological elements and concepts to consider in these texts. For example, in the book entitled *Spin Doctors*, Benedetti and MacPhail (2002), two investigative journalists, offer a scathing overview of the chiropractic profession and its lack of scientific validation. They also dedicate a significant amount of attention to chronicling the fraudulent, questionable, and even dangerous practices performed by chiropractors. Similarly, other accounts offered by chiropractors and other authors provide a platform of criticism of the profession and the lack of proof about chiropractic medicine as a legitimate form of treatment (See also Magner and Barrett, 1995; Long, 2013; Singh and Ernst, 2009).

With the exception of Villenueva-Russell's work (2005, 2008, 2009, 2011), sociological studies since the late 1990s are largely absent in the literature. In fact, much of the research on chiropractic medicine now focuses on the clinical trials (or those studies that lack sufficient methodological rigor) on the effectiveness of spinal manipulation treatment (SMT) compared to other forms of treatment. The qualitative data from the present study indicates that there is a challenge relating to the establishment and perpetuation of trust: between the public and chiropractors; between chiropractors and physicians; between chiropractors and insurance companies; and even among chiropractors themselves. Trust is a critically important sociological concept, particularly as it relates to social interaction, the stability of relationships, the creation of a sense of cohesion and morality, as well as maintaining the legitimacy of professions.

Methods

This ethnographic study used classic techniques of systematic observation and unstructured and semi-structured interviews (Lecomte and Schensel, 2012; Taylor, 2002) of South Carolina chiropractors, their staff, and patients to learn more about the nature of chiropractic care and how the proposed changes in health care impact the profession's viability.

Time was spent in numerous chiropractic offices learning about the procedures used in operating a practice, observing interactions between staff and patients, as well as the role of the chiropractor within the practice. The author also underwent chiropractic treatment at various times during the study to understand the patient's perspective about chiropractic care. Formal interviews were conducted with staff members, patients, and providers, along with informal conversations that occurred as a normal part of the ethnographic approach. Visits to various chiropractic offices occurred twice to three times a week for the duration of the project, which lasted approximately three to four hours.

Additionally, phone interviews were conducted with provosts, deans, and faculty at seven schools of chiropractic medicine to learn more about the differences in the techniques and the training that students receive as well as to gain insight into the presence of franchises such as the Joint in the marketplace. Numerous informal conversations also occurred with physicians, physical therapists, massage therapists, and others associated with the medicine over the course of the project, including those in the insurance industry and Medicare to better understand the issues relating to reimbursement.

In total, approximately 100 interviews and conversations occurred with parties connected to chiropractic medicine from Fall 2016 through Fall 2017. In the interest of maintaining confidentiality and anonymity, all identifiers of participants were removed. In their place, pseudonyms were used. The formal interviews were taped, transcribed and analyzed using *The Ethnograph*, a statistical software package that allows researchers to search and identify patterns and trends in texts and other documents.

Additionally, statistical information was collected on the number of chiropractors who renewed their licenses in South Carolina during Fall 2016 and Fall 2017. This information was obtained from the Department of Labor, Licensing and Regulation, which provides administrative oversight of the licensure of chiropractors in the state. Interviews with administrative staff from this agency were also collected, who offered insight into the possible reasons for the significant decline in providers.

It is important to note that the conclusions offered in this article are a product of the collection of the interviews, observations, conclusions, and commentary of the participants in this study, many of whom are chiropractors themselves. In other words, the data, as with all social science research, captures a snapshot of the profession from the point of view of those chiropractors and others in the medical profession willing to participate in the study, as they understand the issues. No attempt is made to generalize these findings to the larger population of providers, although many of the comments made during the interviews and conversations are reflective of larger national trends in health care and chiropractic medicine.

Results

The notion of trust is critical to the sociological understanding and conceptualization of society. It is also important in understanding the ability of people to develop some level of morality that guides their thinking, actions, and fulfilling their obligations and duties to each other. Only when such trust exists can a reasonable and meaningful social order emerge. However, this is increasingly difficult to accomplish as society becomes more sophisticated and technologically advanced. Sociologist Emile Durkheim, writing about the changes in society brought on by the Industrial Revolution in the 1800s, offered insight into the nature of trust. He argued that the changing nature of society, brought on by the division of labor, actually led to the increased solidarity among citizens based on their differences. As people began to occupy many different roles, they had to rely on others to meet their needs. Thus, while solidarity and the *collective conscience* would normally be seen as diminishing as society evolves into something more complex, Durkheim describes an opposite effect, where people have a higher level of reliance on others and must trust them to perform their roles successfully. Thus, the idea is that the benefits of life in societies characterized by what he describes as *mechanical solidarity* in previous times will be transferred to more advanced societies characterized by *organic solidarity* in that the collective conscience will remain strong based on need rather than similarity (Durkheim, 1997).

Seligman (1997), who dedicates a significant portion of his book to analyzing Durkheim's ideas, suggests something different. Instead of arguing for increasing levels of trust among citizens, the modern society, with its significant and increasing role differentiation, results in a loss of trust, or at least a dramatic shift in how it is seen. Seligman (1997) argues that the moral fabric of society that is created by the division of labor results in a less compelling collective conscience, where people base their trust on familiarity and function, not on any strong sense of morality or collective unity.

Because people are not necessarily in agreement with a particular way of life, they increasingly rely on legal norms to solving interactional conflicts. In other words, the strength of informal social control weakens as society evolves and there is greater reliance on formal mechanisms of control to guide people's behavior. A heavy reliance on formal social control also changes the general tone of social interaction, in that people may become more compliant with the rules, but they also generally become more focused on the letter of the law rather than on the larger intent of its creation.

In his book, *The Problem of Trust*, Seligman (1997) offers an illustration of this important point. As he describes, prior to the legal ban on smoking in public places, a man, a cigarette smoker, might typically ask patrons of a given area for permission to smoke there. In those instances where people did not want to be exposed to smoke, the man would likely refrain from doing so out of consideration for them as an attempt to coexist peacefully with others. However, once a ban on public smoking occurred, the man likely complied with the law and refrained from smoking in those areas where it was prohibited. However, in those areas where smoking was not restricted, the man would not likely feel the need to seek permission or honor the request of fellow patrons (because the law outlined the boundaries of where smoking was and was not permitted). Seligman argues that the rules and regulations regarding smoking formally established the notion of trust among citizens (because it was illegal to do so in certain spaces) but it was not based on any agreed upon social contract or consensus about what was appropriate or morally correct. What it also accomplished was to create a sense of legalism and a narrow definition of what constitutes trust.

Thus, much of the decline of trust in society is based on the idea that people dedicate an enormous amount of time attempting to find loopholes in the law rather than adhering to a sense of morality and trust in social relations. In other words, Seligman (1997) argues that this reliance on legal norms to solve social disputes and problems has transformed the nature of trust away from agreed upon ideas to one that either focuses entirely too much on the letter of the law to define social interaction, or it creates a climate of "gaming" the system, where people look for opportunities to skirt their obligations to others.

Karen Cook's (2001) work, entitled *Trust in Society*, also offers important insight into the nature of trust. As part of a series by the Russell Sage Foundation, in this edited collection of articles from sociologists, psychologists, political scientists, and economists, Cook's work explores the importance of trust in sustaining relationships and the process by which people decide to trust others. This is important as society increasingly becomes interdependent as a result of globalization, the need to trust others in a host of situations becomes imperative. More specifically, Cook's (2001) work explores the public's decreasing trust in physicians, attorneys, spiritual leaders, politicians, scientists and teachers, which could have a significant impact on social life in the future. Thus, the breakdown of trust as a social phenomenon, along with the ways in which trust can be restored, are crucial to the sense of social cohesion of any society, but particularly in the United States.

Similarly, Hardin's (2002) book, *Trust and Trustworthiness*, examines how trust is engendered and the factors that lead people to trust others, including their trust of institutions in society. Hardin's main argument is based on what he calls *encapsulated interest*--that we trust people based on our belief that they have strong reasons to act in our best interests. The logic, of course, is that the incentive for people is that they want an on-going relationship with us—the reasons for which may be financial, personal, love, friendship or other motives. But social relationships can only be sustained when there is trust, meaning a reliance on others to do what they have promised in a given situation.

Most important, however, is the development of trustworthiness, which goes beyond a given transaction and moves towards the development of an on-going relationship, where parties can rely on others in a host of circumstances, especially when someone can be relied upon even if they do not benefit from a given transaction. It is only when enough situations like this occur that there can be any meaningful sense of social solidarity and predictability in relationships (Hardin, 2002).

Trust and the Chiropractic Profession

Durkheim's ideas about the collective conscience, social solidarity and trust, along with insight offered by Cook, Hardin, and Seligman can be used in understanding the current state of affairs in the chiropractic profession. As has been noted throughout this study, there is a consistent theme of mistrust in the interaction with chiropractors, where about half of the population in the United States do not trust them (English and Keating, 2015). Even among those who regularly use chiropractors, there can be questions about their trustworthiness.

As, Connie, a chiropractic patient stated: "I have these mixed feelings about my chiropractor. I want to think that he is honest and acts ethically in treating patients, but I'd be lying if I said I didn't wonder at times if he was really being totally honest all of the time. I know a little about how insurance plans work, but I'm no expert. Still, it sometimes feels as though my chiropractor tries to push the boundaries a bit. Every time I come in, I get the same exact treatment no matter what I tell him is going on. And then he tells me that my insurance doesn't cover some of the treatments. It just makes me wonder if I really need that every single time."

The comments offered by this patient are reflective of those found among many other chiropractic patients interviewed in this study. While many stated that they like their provider and believe he or she is helping them, at some level there is a concern about whether the chiropractor is really acting in their best interests. As Connie points out, some patients sometimes felt like they were being "worked" or manipulated in some way, especially when it came to maintenance care.

The fact that many patients said they wondered if maintenance care was not a marketing strategy or an attempt to "churn" them, raises questions about whether their chiropractor is completely trustworthy. It is not known, of course, but one wonders if these same patients would react similarly if their physician or dentist informed them of this development. Of course, as was noted, the data shows that people who do not see a chiropractor have trust issues with the profession, which may be the reason why they do not seek treatment from them (English and Keating, 2015). Again, this is not to say that chiropractors are not trustworthy, just that from the patient's point of view, there are questions about the extent and degree of that trust.

In addition to the provider-patient relationship, many chiropractors in the study noted they felt that physicians did not trust them. During the interviews, a common lament by chiropractors was that they felt discriminated against by doctors who will not refer patients to them for treatment. Other chiropractors believe that doctors understand the value and benefit of chiropractic medicine, but refuse to refer patients out of a fear that they would lose revenue from their own practices. Jim, a physician, sharply disagrees with this assessment. He says: "Listen, while there was a lawsuit many years ago because the AMA tried to shut chiropractors down, there remains this feeling that all doctors are against chiropractors or that physicians somehow feel threatened by what they do. I don't feel threatened since they are not going to take away patients from me…some of the things that I do can't be done by chiropractors and even if they could, there's no way they are going to be a threat to me—I have more work than I know how to manage as it is. But this perception that the medical community is threatened by chiropractors and so we try to cut them out of the industry is all in their heads. Maybe that's what they do to each other or that's what they might do if they were in our position, but the problem really feels to me like an example of their own inferiority complexes and they are looking for someone to blame for the fact that they haven't done what they needed to in order for society and other professions to look at them with respect. This notion that we know what chiropractors do and the only reason we don't refer to them is because we don't want to lose the fee? That's nonsense. If we can find a way to help the patient, why wouldn't we explore that? I refer patients to physical therapists all the time, technically I'm "losing" money on that unless I own that PT practice. So it's not a matter of some conspiracy or we are so economically motivated that we want to cut people out of the business. We just don't know what business they are actually in and aren't able to get good answers when we ask them."

Physicians who make referrals to chiropractors also raise some concerns. Questions about the wide variance in treatments and whether or not their patients would be exploited by unscrupulous providers creates tension between the two groups. As one physician pointed out: "I can't refer patients to a chiropractor because I have no idea what type of treatment they will receive. Some guys know what they are doing in terms of treating some types of neck and back injuries, but a lot of them are way out there and do goofy things that have no basis in science and don't help the patient. In fact, some of these guys could make the injury worse for that patient. I can't let my reputation be affected by that nor do I want patients getting hurt. It's not that I have anything personal against chiropractors, but the only way I am going to refer a patient to one is if I know what this guy is going to do once my patient gets to his office. And since I don't have time to investigate every chiropractor to separate the good ones from the weird ones, I simply can't take that chance."

Many physicians, particularly specialists, also say the reason they do not refer patients to chiropractors is due to the fact that the industry is not sufficiently regulated—there is a lack of trust of the profession or those in it. An orthopedic surgeon who refers patients to chiropractors offers this as a testimony to the problem. He says: "I have so many patients right now, and I have so much work, I could care less about losing some to chiropractors. If they think they can help a patient, by all means.

But to suggest that we don't refer patients to them is laughable—I am one of the few that I know that will in fact refer certain types of patients to chiropractors. And I have my own physical therapy practice so if it were just about the money, I'd be sending them to my people. But there are some patients, like an older woman, who isn't going to do the exercises the physical therapist prescribes, where going to see a chiropractor might help relieve some of her pain. But to say that we don't refer because we have something against them sounds a little paranoid. More than likely is the reason that most doctors have no idea what a particular chiropractor is going to do if a patient is sent to them—maybe if there was some sort of reasonable standard being used, there might be greater willingness to use them. But I don't have time to figure out what a particular guy is about—I'm fortunate to have a chiropractor that I know, am friends with, and trust that he's going to do the right things for a patient and he's not trying to milk every single one for every dollar he can. But these other guys? No way. And most of my colleagues won't even consider taking the time to try to find someone because it is such a small part of the practice to begin with."

Finally, there is mistrust within the profession. As was noted in the accounts by chiropractors themselves, chiropractors cannot seem to agree with each other at a collective level about issues relating to scope of practice, philosophy of treatment, or even whether the vertebral subluxation exists. As Jim, a dean of one of the chiropractic colleges noted: "We want our graduates to be able to speak the language of modern science, we want them to be critical thinkers and not be led astray by bizarre philosophies or cult-like ideas that have been a part of the old chiropractic profession. So we want to make a clean split with them. And we've even gone so far as to get away from the idea of bone displacement in the spine. A lot of our fears, we call it *BOOP* around here, which stands for *bone out of place*.

And this has been the source of a great deal of problems for the profession with its interactions with the medical field because when they see us using this outdated terminology like this they feel like we must believe in it and buy into these cult-like ideas as well. So we've actually restricted that we use the term that the osteopathic field uses, which is "somatic dysfunction." And we call it, the subluxation, we call it the" S" word. And we only use the "S" word here when we actually and legitimately mean it as a term in its anatomical meaning. So that's the position we're taking, an evidence-based program that seeks integration with healthcare at large. We also put on our one-page brochure we put no longer alternative medicine. We don't want to be an alternative field. Alternative medicine implies iridology and reflexology and all those things. Chiropractic care, as a conservative form of musculoskeletal care, is about as validated as supported by literature as anything that's out there. It's far from alternative, by many standards and guidelines that have been published, it's quite mainstream.

But when guys start talking about Innate and sublimations, all the progress we've made goes out the window. Our history is important to us as a profession and we should learn the lessons from that history, and we can even celebrate it, but we have to mature as a profession and there is a faction within our group, for reasons that I just can't understand, that won't do that. I like to think people are generally reasonable and someone who has gone through doctoral level study in a scientific field should be willing to listen to reason and logically conclude that some of what we do may not make sense, but it is having an effect."

As Tom, a dean at one of the chiropractic colleges noted: "So I think most schools have jumped on to being more of a primary care spine specialist. Patients are coming to us because of spinal complaints. That's what brings 90% of patients into a chiropractor's office. If a patient is coming to us for nutritional counseling, they've been to a chiropractor before and they know they do nutritional counseling. And I think what the schools are trying to do is latch on to what the public wants and thinks we do…and how do we prepare students to get them ready to serve them based on how they see us. I mean, we as chiropractors can say all day long what we think we should be doing, we are effective in treating Irritable Bowel Syndrome, we are effective at treating migraines, but if you have Irritable Bowel Syndrome, we're not your first thought.

Now, eventually, you may get to us, and we might be effective in treating it, but we're not your first thought. So I think a lot of schools are moving much more towards that. *JAMA* [Journal of the American Medical Association] just published an article that says spinal manipulation therapy is effective in dealing with back pain, which is a huge thing for us because for the longest time *JAMA* has been dead set against chiropractic. Partially it's our own fault though because we weren't providing the evidence. Now we are starting to provide the evidence, they did a Cochran review and all of a sudden, we're popping up and people are starting to say 'Hey maybe these guys aren't as crazy as we thought they were.' I think that's the maturing process…we realize what we have to do. A lot of the knocks against us are our own fault. To be fair it's not our fault that we didn't have data for 120 years.

I can't manufacture it. And you can't generate data when all the research institutions say we're not going to work with you. How do we get there then? And where is the funding coming from? We can't just prove it on a dime, nor can we get it right away."

As Doug, a chiropractor with a small practice, points out: "I think the rift between the groups is causing more harm to the profession, quite honestly. Straight chiropractors see things in black and white while the Mixers tend to see the fact that this bone on a nerve model isn't really defensible, so they're trying to take a more holistic approach just so that we remain relevant in the conversation. But Mixers think Straights are nuts and Straights think Mixers are diluting the profession and are traitors to the cause. And Reformers? Nobody seems to know what to do with those guys because they want to think of themselves as M.D.s and are practicing like doctors."

Providers have also talked about the dubious and outright fraudulent practices of their colleagues or the use of practice building seminars that teach chiropractors how to make money, but not necessarily place patient care at the top of the priority list. Other providers talk about not sharing information with their colleagues out of a fear of them stealing their marketing tips and ideas, or of poaching patients and employees, who often take patients with them.

Still other chiropractors show a significant level of disdain and mistrust based on the issue of scope of practice or the splintering state of the profession; with some groups attempting to become more like physicians and primary care physicians while others refuse to consider the importance of the evidence and research surrounding the vertebral subluxation. As Clyde, a chiropractor, offers his experiences with the profession, one begins to get a sense of how some chiropractors feel about how their colleagues operate a practice, where ethics can play a secondary role in how they operate. He says: "Well, I used to be really involved in the profession. I was a member of the state association, went to the national conferences, got involved in all sorts of ways. But over time, I just had too many bad experiences. The state association doesn't seem interested in the real issues and is afraid to do anything to anyone—and there aren't that many members to begin with. I also had a lot of bad experiences with chiropractors and other providers. People would come work for me and then leave because another chiropractor hired them at a better salary or easier workload and they would convince my patients to go with them. The Association should have put a stop to that immediately, but everyone is trying to make money, so they turn a blind eye to it. Or if I came up with something new or a good way to bring patients to my practice, these guys would steal my idea and then use it—I mean I know we are all basically in competition with each other, especially here with so many chiropractors, but stealing patients, ideas and marketing suggestions? Are we that desperate? So once I realized the state association wasn't going to do anything and once I realized I couldn't trust my colleagues, I basically just stopped communicating with everyone. I hire a part-time guy now and then when I have to be out of town, but even he complains and wants more than he's worth…only a few of my patients will be seen by him-they just wait until I get back to be treated. So what am I paying him for? And then he complains that he doesn't get paid enough? It's a very isolating profession. I can't trust anybody to do the right thing."

As Doug, a chiropractor, points out: "There are problems with people in the profession making it hard for those of us who want to live ethically and gain some respect from the medical community. I mean we are really living hand to mouth. The only way we make any money is to get patients who have a good experience with us to refer us to someone they know. But that means you have to have patients to begin with and that's not always easy to do. I've been in the business for ten years now and I can tell you there are some real shady characters out there. Guys who will scare patients by saying that they have to be treated or they're going to die or have major health problems in the next six months. It's crazy. But some of these guys are smooth and can convince people that they need all this extra stuff that the chiropractor then charges them for."

Josh, a chiropractor, points out: "I don't share information with other chiropractors about anything. I don't give them tips on what types of advertising works for me, I don't talk specifics about any supplemental treatments I might do, I don't share anything and I only talk in terms of generalities when I go to meetings or meet other chiropractors. [Why?] Because you never know if someone is going to use that information to their advantage. Let's be honest, we are colleagues but we are all in competition with each other. So why would I give my competitor an edge voluntarily? I don't owe them anything and they will be the first ones to steal a patient if they get the chance. We are all struggling here and every patient counts. So you just can't be open and honest with people."

The scope of mistrust within the profession is perhaps one of the most salient features of the study and while every provider or individual who participated in this project lamented the problem and the need to remedy it, chiropractors as a group do not seem willing to hold their colleagues accountable for misdeeds and continue to remain dislocated in their ability to reach any type of consensus in how to regulate the profession. The end result is that not only does the profession lack a meaningful identity, the public's understanding, along with the medical community's position, suggests that perhaps something is amiss with the entire industry. Kathleen, a recent graduate of chiropractic college says: "But when you were talking about the main issue in chiropractic? I think it's chiropractors. It's the infighting and the lack of unification, that's the biggest threat to the profession. I mean we can't agree on scope of practice…you have people from Life and Sherman that are just about adjusting and subluxation and we can cure everything with adjustments, and we have people from National who are like 'I want my chiropractor doing gynecological and cardiology exams on patients.' I mean both are a little ridiculous...and when you are that far to the extreme, you aren't going to get anywhere close to the middle. I think one of three things is going to happen with chiropractic. It's either going to die, and manual therapy is going to go to physical therapists and osteopaths, or we're going to get our shit together and figure out what our scope of practice is going to be and go that way, or we're going to lose our status as providers and just be technicians…that's what I think. [Will that be difficult because a lot of MD's aren't going to want to refer?] Exactly. So two of those scenarios, chiropractic doesn't exist anymore."

Discussion

It seems apparent from the accounts offered in this study that the need for autonomy is a critical component to understanding why so many providers are unwilling to allow their profession to be regulated. It also seems apparent that, in Durkheimian terms, there is no collective conscience, no real sense of solidarity, and there remain questions about the trustworthiness of chiropractors by patients, the public, the medical community and even among chiropractors themselves.

Chiropractors in this study also point to some level of persecution by insurance companies—indicating that others in medicine engage in inappropriate billing and fraud, but that insurance companies target chiropractors because of their limited ability to stand up to them. While there may be some truth to these criticisms, there is also evidence to indicate that the identification of chiropractors for audits may be justified. For example, in a 2016 report by the Office of Inspector General, a division of the U.S. Department of Health and Human Services, the agency responsible for overseeing health programs like Medicare and Medicaid, of all the providers who were cited for fraud, abuse, and errors in Medicare billing, chiropractors were overwhelmingly the largest set of offenders (Department of Health and Human Services, 2016).

In fact, the report showed that for 2013, an estimated $359 million in Medicare payments for chiropractic services did not comply with Medicare requirements. Thus, as was pointed out in the report, one of the primary reasons for the creation of Medicare accountability teams is because the data indicated that chiropractors are at the center of the problem when it comes to inaccurate and fraudulent billing for treatment (Department of Health and Human Services, 2016).

The sociological literature points out that the development and enhancement of trust is a crucial component to establishing and sustaining social relationships, and thereby creating a sense of solidarity and morality. To the extent that chiropractors can better foster the development of trust, they will likely earn the respect of their colleagues in medicine and not be seen in a negative light by the public or their patients. This is accomplished, of course, by setting reasonable expectations of what chiropractors can legitimately do and holding the members of the profession accountable in adhering to those standards.

References

Benedetti, P. and McPhail, W. (2002). *Spin Doctors*: *The Chiropractic Industry Under Examination.* New York: Dundurn.

Briggs, L.; Hay, D.; Mierau, D. (1997). "Canadian chiropractors' attitudes towards chiropractic philosophy and scope of practice: implications for the implementation of clinical practice guidelines." *Journal of Canadian Chiropractors Association,* 41(3):145-154.

Cockerham J. (2017). *Medical Sociology 11th edition.* New York: Taylor and Francis.

Cook K. (2001). *Trust in Society.* New York: Russell Sage Foundation.

Coulter I. (1991). "Sociological studies of the role of the chiropractor: an exercise in ideological hegemony?"*Journal of Manipulative Physiological Therapies.* 14(1):51-58.

_____. (1983). "Chiropractic observed: thirty years of changing sociological perspectives."*Chiropractic History,* 3(1):43-48.

_____. (ed.) (1992). *Sociology of chiropractic: future options and directions.* 1992.

_____. (ed.) (2004). *Competing views of chiropractic health services: research versus ethnographic observation.* New York: Altamira Press; 2004

Cowie, J, and Roebuck, J. (1975). *An Ethnographic Study of a Chiropractic Clinic.* New York: The Free Press.

Durkheim E. (1997). *The Division of Labor in Society.* New York: Simon and Schuster.

English, C.and Keating, E. (2015). *Majority in U.S. say chiropractic works for neck, back pain.* Palmer College of Chiropractic. Available at: http://www.gallup.com/poll/184910/majority-say-chiropractic-works-neck-back-pain.aspx

Hardin H. (2002). *Trust and Trustworthiness.* New York: Russell Sage Foundation.

Kelner, M.; Hall, O.; and Coulter, I.(1980).*Chiropractors: Do They Help?* Toronto: Fitzhenry and Whiteside.

Langolis J. (2004). "A living history: a qualitative study of experienced chiropractors treating visceral conditions."*Forum for Qualitative Social Research*, 5(3):17.

Lecomte, M. and Schensul, J. J. (2012). *Desigining and conducting ethnographic research.* New York: Rowman and Altimira.

Lin, P. (1972).*The Chiropractor, Chiropractic and Process: A Study of the Sociology of an Occupation.* Doctoral Dissertation: University of Missouri.

Lisi, A. and Brandt, C.A.(2016). " Trends in the use and characteristics of chiropractic services in the department of veterans affairs."*Journal of Manipulation and Physiological Therapies,* 39:381-386.

Long, P. (2013). *Chiropractic Abuse: An Insider's Lament.* New York: American Council on Science and Health.

Magner, G. and Barrett, S. (1995). *Chiropractic: the victim's perspective.*New York: Prometheus Books.

McCorkle, T. (1961). "Chiropractic: a deviant theory of disease and treatment in contemporary western culture."*Human Organization*, 20:20-22.

Roebuck, J. and Hunter, B. (1972). "The awareness of health care quackery as deviant behavior."*Journal of Health and Social Behavior*, 13:162-166.

Rosenthal, S.(1986). *A Sociology of Chiropractic.* New York: Edwin Mellen.

Schneider, M. (2015). " U.S. chiropractors' attitudes, skills, and use of evidence-based practice: a cross-sectional national survey."*Chiropractic and Manual Therapy*,23(1):1-12.

Seligman, A. (1997). *The Problem of Trust.* Princeton, NJ: Princeton University Press.

Singh, S. and Ernst, E. 2009.*Trick or Treatment: The Undeniable Facts About Alternative Medicine.* New York: W.W. Norton and Company.

Sternberg, D. (1969). *Boys in Plight: A Case Study of Chiropractic Students Confronting a Medically-Oriented Society.* Doctoral Dissertation, New York University.

Taylor, S. (2002). *Ethnographic research: a reader.* Belmont, CA: Sage.

U.S. Department of Health and Human Services, 2016. *Hundreds of Millions in Medicare Payments for Chiropractic Services did not Comply with Medicare Requirements.* 2016. https://oig.hhs.gov/oas/reports/region9/91402033.pdf

Villenueva-Russell Y. (2005). "Evidence-based medicine and its implications for the profession of chiropractic."*Social Science and Medicine*, 60(3):545-561.

_____. (2008). "An ideal-type development of chiropractic, 1895-1961: pursuing professional ends through entrepreneurial means."*Social Theory and Health*, 6(3):250-272.

_____. (2009). " Chiropractors as folk devils: published and unpublished news coverage of a moral panic."*Deviant Behavior*, 30(2):175-200.

_____. (2011). "Caught in the crosshairs: identity and cultural authority within chiropractic." *Social Science and Medicine*, 72(11):1826-1837.

Wardell, W.(1952). "A marginal professional role: the chiropractor."*Social Forces*, 30:330-348.

_____. (1955)."The reduction of strain in a marginal social role."*American Journal of Sociology*, 61:16-25.

_____. (1961). "Public regulation of chiropractic."*Journal of the National Medical Association*, 53:166-172.

_____. (1968). "Chiropractic among the healing professions."*The ACA Journal of Chiropractic Medicine*, 5:13-19.

_____. (ed). (1976). *Orthodox and unorthodox pracctitioners: changing relationships and the future of chiropractic.*New York: The Free Press.

_____. (1978). " Social factors in the survival of chiropractic: a comparative view." *Sociological Symposium*, 22:6-17.

Wild, P.(1978). " Social origins and ideology of chiropractors: an empirical study of the socialization of the chiropractic student." *Sociological Symposium*, 22:33-54.

Yealis, C. (1980). "Does chiropractic utilization substitute for less available medical services?"*American Journal of Public Health*, 70:415-417.