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# Adjusting the Body: The Hermeneutics of Chiropractic Care

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## Abstract

This paper positions chiropractic care within a hermeneutic framework, drawing on several concepts of Hans-Georg Gadamer (1960/1997) including the *fusion of horizons*, dialogue, and interpretation to conceptualize the clinical encounter as an interpretive dialogue between practitioner and patient. Building on patient-centered chiropractic models that emphasize vitalism, holism, and partnership (Coulter & Khorsan, 2011; Russell, 2012; Villanueva-Russell, 1998), we also argue that the body can be understood as a living text—shaped by both biomechanical structure, neuromechanics, experience, and history—requiring skilled interpretation as well as manual adjustment. A narrative vignette illustrates how meaning emerges in practice when bodily signs are read in relation to the patient’s broader life context, allowing both symptom relief and the reframing of self-understanding. Methodologically, we demonstrate the value of hermeneutic approaches in chiropractic research, highlighting the interpretive act as central to both diagnosis and healing. In this view, every adjustment becomes not only a mechanical intervention but also an adjustment of meaning, realigning the patient’s capacity for movement, health, and engagement with the world.

## Keywords

Hermeneutics, chiropractic care, Hans-Georg Gadamer, dialogue, interpretation, fusion of horizons

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Chiropractic care can be understood as *hermeneutic* in nature when we recognize that it is not only just a technical “fixing of spines,” but a process of interpretation—of bodies, symptoms, and meanings—within a shared human encounter. Within this, the body is reading and interpreting itself with a connectedness in function, effect, and meaning and this, too, is a hermeneutic encounter. The body has a language of its own that is communicated within, and the connectedness of all functions, organs, and features of the body have communicative influence on other parts of the body in a dialogue that is unique and usually hidden. At times, the dialogue internally shuts down and outside intervention is required. One such practitioner that is intimate in reading the language of the body is the chiropractic professional.

### **The Body as Text**

In addition to being a communicating entity, the body is also a text to be interpreted. In hermeneutics, a *text* is not only words—it is any meaningful phenomenon open to interpretation. In the practice of chiropractic care, a chiropractor “reads” a patient’s posture, movement patterns, muscle tone, joint restrictions, verbal descriptions of pain, and restrictions. These observations are not *self-explanatory*; they must be understood in the context of the patient’s life, history, environment, and expectations. In chiropractic care, the body becomes a kind of living manuscript—creased, tense, and marked by the stories of a life—and the chiropractor, like a careful reader, traces its lines and margins in dialogue with the patient, together discovering new ways the story might move.

The iterative interpretation that occurs in this practice is similar to how a text yields new meaning; with each reading, a chiropractor continually reinterprets the patient’s condition at follow-up visits, responding to changes and new information. If we put this in Gadamer’s terms, chiropractic practice is a *practical hermeneutics of the body*: It is an interpretive engagement where the “text” is the lived, embodied self, and the goal is not just technical correction but understanding and restoring the person’s capacity to move and live well.

### **Dialogue and Fusion of Horizons**

The encounter between the patient and chiropractor is a form of dialogue at many levels. Hermeneutics emphasizes that understanding comes from a dialogic engagement (Gadamer, 1960/1997). In clinical practice chiropractors gather subjective information through patients’ narratives regarding their presenting symptoms (i.e., pain, tension, injuries or other health issues) including if they are symptom free and are attending for maintenance or wellness care. This includes when it started, how it feels, what worsens or eases it, and this exchange shapes the chiropractor’s interpretation and guides how they approach treatment. This is much like how a literary scholar’s interpretation is shaped by both the text and the reader’s own horizon of understanding. In addition, there is a dialogue happening within the body itself. The receptors in the body tell the brain about its surroundings and this information is how the brain makes decisions on how to best respond to its environment. When people have spinal misalignments or joint dysfunction—in chiropractic terminology this is referred to as a vertebral subluxation—the information from the receptors which afferently travel through the nerves and spinal cord and ultimately to the brain is inaccurate. When the information received is distorted, then the brain will make decisions based on this inaccurate input; this is the breakdown of the internal dialogue and of interpretation.

Gadamer (1960/1997) discussed the place of preunderstandings, historicity, and prejudices in helping take shape of individuals' formation of their own horizon, which is what can be seen from a particular vantage point. "Our horizon of the present – formed by the values, assumptions, concerns that condition how we look out on the world – is inextricably influenced by horizons of the past" (Moules et al. 2026, p. 49). A chiropractor brings their professional training, clinical experience, and assumptions (their *pre-understandings* and *prejudices*). The patient brings their bodily and emotional experience, beliefs about health, and expectations and, through engagement, the horizons of patients and chiropractors merge into a shared understanding of the problem and its possible solutions. When different horizons meet each other in the encounter between patient and chiropractor, a new understanding of the past and present is provisionally opened—both horizons have broadened in what Gadamer called a "fusion of horizons." In German, the word is *Horizontverschmelzung*. The fusion does not mean a hard melding of both horizons but more of a gentle melting. Philosopher, Theodore George, best described it as "(w)hat Gadamer had in mind, however, is that in our experience, our own horizons become less rigid, loosening, melting and flowing into larger and more complex streams of horizons of meaning thanks to our encounter with the other" (George, 2020, cited in Moules et al., 2026, p. 49).

This does not mean that either interlocutor surrenders their understanding to the other, "not that the fusion involves complete sublimation of both. In fact, there are many possibilities of combining and blending of prior understandings or holding on to differences – but in a new constellation in relation to each other" (Moules et al., 2026, p. 50).

The meaning that arises in this encounter exceeds mechanics. While chiropractic care involves manual adjustments, the meaning patients make of those adjustments—relief, hope, agency—is as important as the biomechanical and neurological outcome. Hermeneutically, the "healing" is partly the transformation of understanding: The patient comes to see their body, posture, and health differently, just as the chiropractor sees this history-filled body full of held memories and meanings (see Richard Kearney's "Touch" and Bessel van der Kolk, "The Body Keeps the Score").

In summary, chiropractic care can be understood as hermeneutic in nature in that it involves the interpretive engagement between practitioner and patient, where the body is approached as a living text. The chiropractor "reads" the patient's embodied expressions—posture, movement, pain behaviors—within the context of the patient's personal narrative and history. This interpretive process is shaped by the chiropractor's professional pre-understandings and the patient's experience, resulting in a fusion of horizons that informs diagnosis and treatment. Beyond the mechanical act of adjustment, the encounter generates new meanings for the patient regarding their body, health, and capacity for movement, making chiropractic care not merely a technical intervention but an ongoing dialogue of understanding.

### **The Archaeological Dig**

Another way to interpret chiropractic care is akin to an archaeological dig, where practitioner and patient carefully brush away the layers of tension and misalignment, unearthing the body's original architecture and the story it still longs to tell. In chiropractic care, the body becomes a living text, layered like an archaeological site, where the chiropractor and patient work as co-interpreters—brushing away the sediment of tension and habit, attending both to the structural "artifacts" of

dysfunction and the stories they hold—so that, through a fusion of horizons, new possibilities for movement and meaning emerge.

Understanding chiropractic care as a hermeneutic practice illuminates the ways in which bodily treatment is a form of interpretive engagement. The chiropractor does not merely restore function to joints and tissues; rather, they approach the body as a layered text, much like an archaeological site, carrying the sediment of lived experience, tension, and structural change. In this encounter, practitioner and patient become co-interpreters, bringing together professional expertise and personal narrative in a fusion of horizons that informs both diagnosis and treatment. Through this shared interpretive process, adjustments are not solely mechanical interventions but moments in which new meanings of the body, health, and possibility are uncovered (Svenaesus, 2001).

### Meaning Making in Chiropractic Practice

The following narrative illustrates this interpretive dimension in practice:

*Danielle arrived at the clinic hunched forward and moving slowly. She spoke of the injury in fragments – “can’t straighten up,” “too much time at desk,” “hard to take a deep breath” – and the chiropractor listened, watching how she guarded her movements, how her posture leaned forward, away from pain. As the treatment unfolded, they spoke of her recent move, the stress at work, the sense of being “out of place.” The chiropractor’s hands traced the tense architecture of her back, adjusting here and there, and Danielle remarked that she felt “more open” and “able to breathe easier” afterward – not only in her back, but in her sense of facing the week ahead.*

This encounter demonstrates the interpretive nature of chiropractic care: The body is not treated as an inert mechanism but as a meaningful, lived reality. Danielle’s guarded movements and partial narrative were understood in relation to the shifts in her life, enabling the chiropractor to address both the immediate pain and the broader disruption it signified. Such encounters suggest that chiropractic care, when understood hermeneutically, is not simply a technical correction of physical dysfunction but a collaborative act of meaning-making—one that opens space for reimagining movement, self-understanding, and engagement with the world.

From a methodological perspective, this account demonstrates the value of narrative examples in hermeneutic inquiry. By presenting the encounter in detail, the narrative invites the reader into the interpretive space between practitioner and patient, where meaning is co-constructed. Analysis, then, is not applied from the outside but emerges from within the event itself, revealing how professional knowledge and personal narrative continually reshape one another. In keeping with hermeneutics, the emphasis remains on understanding rather than explanation (Gadamer, 1960/1997; Moules et al., 2026), on openness to what the encounter discloses rather than on imposing predetermined categories.

Such a framing of chiropractic practice as a hermeneutic practice aligns with patient-centered paradigms in chiropractic philosophy, which emphasize vitalism, holism, humanism, and the primacy of the patient–practitioner partnership (Villanueva-Russell, 1998). These perspectives call for pluralistic approaches to research and practice, including interpretive and qualitative methods that can account for the complexity of experience in clinical encounters (Coulter & Khorsan, 2011; Russell, 2012). Within this view, hermeneutics offers a robust, though underutilized, possibility

for making sense of the clinical meeting as a dialogue of meaning rather than merely a site of biomechanical correction.

### Summary

Framing chiropractic care hermeneutically not only aligns it with broader philosophical and interpretive traditions in health care but also deepens its congruence with existing patient-centered models in the profession. By recognizing the clinical encounter as a co-interpretive act, chiropractic practitioners can expand its methodological repertoire to include hermeneutics as a research method that attends to the complexity of experience, dialogue, text, and interpretation. Such an orientation invites practitioners to see treatment as an unfolding dialogue—one in which bodily adjustments and shifts in self-understanding are inseparably linked. This interpretive stance has implications for both practice and research, suggesting that the profession's future development may rest as much on cultivating interpretive sensibilities as on advancing biomechanical and neurological expertise. In the hermeneutic view, every chiropractic adjustment is also an adjustment of meaning—an interpretive turning that can realign not only the spine but the story the patient lives within. In practice, this means that every spinal correction is also a narrative correction, helping patients move differently both in body and in life. Each adjustment, like a well-placed word in a dialogue, can shift the body's language and open new possibilities for how the story continues.

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