

PRACTICE POINTS

Critically thinking



How we don't see situations as they are... until we do

BY DON QUINN DILLON, RMT

Why so often do we not see situations as they are, until we do? In Margaret Heffernan's book, *Willful Blindness: Why We Ignore the Obvious at Our Peril*¹ she provides both individual and organizational examples of how failing to look at what's in front of us

– to consider our prejudices, biases, assumptions – can have disastrous consequences. “Human beings want to feel good about themselves and to feel safe, and being surrounded by familiarity and similarity satisfies those needs very efficiently. The problem...everything outside that warm, safe circle is in our blind spot.” Describing further how we can become entrenched in our point of view, Heffernan asserts, “We consider the people who disagree with us to be the most biased of all.”

Conveniently, the COVID-19 pandemic has showcased our collective willful blindness on a global scale. Distrust of science, sensationalist and inaccurate news media, social media that facilitates a forum for anyone with an opinion (informed or not)... A progressive march by post-WWII generations towards materialism, individualism, and status is amplified by the entertainment of social media. In lockstep with a breakdown of families, community values and ubiquitous, real-time media that puts the whole world on television, these conflating factors contribute to a milieu infectious with ideology, conspiracy, the polarization and undermining of the social fabric that binds us. Subsequent generations

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have grown weary and suspicious of fundamental institutions we traditionally have turned to for reliable information – government, journalism, medicine, education, law and justice. Understandably we can be critical of corruption and errors made by these established institutions, but a shift to anarchy isn't the answer for such a social species as ours.

Massage therapy, like chiropractic, physiotherapy, medicine and other disciplines, has progressed along a continuum of professionalism. From origin theories and principles to application and empirical evaluation, to assembly and defining of the scope of practice of the discipline, to public attention and scrutiny, to regulation and a level of credibility. Even medicine had its shaky start. Before the current era of sophisticated diagnostics and evidence-based practice, patients went to hospitals to die, not recover. Practitioners interpreted humors (body fluids such as bile, phlegm and blood), applied blood-letting, and to treat epilepsy or mental disorders, trephining (drilling into the skull). Every profession necessarily suffers this humbling trajectory, and benefits from both intrinsic and extrinsic nudges towards a refined discipline founded in ethics, evidence, and efficacy.

Our field suffers its share of ideology and conspiracy. Some are suspicious of the medical profession and pharmaceutical industry. Some practice vaccine hesitancy and pandemic denial. There's regular debate whether the promotion of relaxation and body regulation is as valuable as biomechanical

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rehabilitation. Some subscribe to the notion certain trademark techniques are a panacea for all musculoskeletal ills. We argue all these subjects through the lens of bias, prejudice, and value identification. Working largely in isolation from each other as we do, with little opportunity to engage with colleagues and dialogue over our observations, compounds the problem. Our field remains flummoxed in working through philosophical differences, and in framing our responses in a considerate, judicious, and informed way.

The consequence is that our collective professional credibility is called into question every time one of us demonstrates non-critical thinking. If we're not regularly engaging our peers – in respectful, diplomatic ways guided by curiosity and mutual regard – we stunt our collective development and consistently fail to broaden and deepen our perspectives and agreements on professional matters. We require critical thinking as a pillar of our thought process.

In *Massage & Bodywork* magazineⁱⁱ, educator, author and retired massage therapist Ruth Werner outlines a process of critical thinking. Werner defines critical thinking as “the conscientious processing of reliable information, from various sources, to inform one’s choices.” Werner elaborates: “A critical thinker is able to deduce consequences from what they know. They know how to make use of information to solve problems, and to seek relevant sources of information to inform themselves.”

Pragmatically, how might we apply critical thinking to temper our inherent bias and set about thinking more critically? Werner suggests these progressive steps: 1) Define the

problem 2) Identify relevant variables 3) Challenge assumptions 4) Consider solutions and alternative actions to take 5) Plan and execute your decision and 6) Evaluate your results.

Consider how often, without critically thinking, your go-to approaches may fail to properly address the patient’s concerns. I recall a person presenting primarily with lower back pain, but mentioned as an aside their ankle was displaying some strain. I went to work diligently on the ankle, effectively addressing the contributing factors, which took much of our time. At session end, I asked how the ankle felt. “Great” the patient replied, “but my lower back still hurts.”

Here are questions a massage therapist may ask themselves while critically thinking through a case involving a complex of symptoms: What is the primary complaint? What is the whole of this person’s symptoms, impairments and experiences in relation to their presentation today? What physical, occupational, social, recreational and other factors might be contributing? What do I think is going on? What is the evidence to support my view? What am I not considering? What knowledge/information can I reference to help me? What interventions might I try? Alternatives if that doesn’t resolve the issue? What comprehensive plan might I draft to address this person’s concerns? What other practitioners or modalities might I incorporate? How might I measure progress? How (after intervention) did they respond? What might I change or do differently? The preceding questions help to focus our resources and challenge us to think about our thinking.

When in doubt, apply critical thinking.

Critical thinking is not an aloof approach only available to the well-educated. Author and educator Sandy Fritz affirms “critical thinking isn’t about knowing more. It’s about using information in a more sophisticated way.”

Werner cautions on the limitations of critical thinking. In our deliberations we can be subject to confirmation bias (we search for information that supports our position), decision paralysis (feeling overwhelmed at the volume or complexity of information presented, therefore failing to act), subjugating nuance for certainty (removing variables we might not fully comprehend for the psychological benefit of feeling “right”), balancing humility with expertise (remaining open to other opinions and perspectives, while trusting and asserting one’s acquired knowledge and experience).

While rationalist practitioners might eschew intuition as “woo woo,” Werner asserts it an important faculty in critical thinking. Intuition becomes “more accurate with (professional) experience.” Werner maintains “intuitive leaps” may be the ripe fruit of subconscious analysis. Fellow educator Pam Fitch, as if in response to the criticism critical thinking is a narrow, linear, unimaginative process, posits “Underpinning all critical thinking and critical reflection is curiosity.”

Critical thinking is an essential faculty in an increasingly divided public space, to prompt us in thinking about how we think, remaining open to the perspectives of others, and acknowledging our own bias and prejudice as necessary steps to making better judgements in our day to day lives.

REFERENCES:

i Heffernan, M.: *Willful Blindness: Why We Ignore the Obvious at Our Peril*. DoubleDay Canada, 2011. Pp 26-27

ii Werner, R.: *Massage & Bodywork (ABMP) May/June 2021*, pp 54-63