

Post-paradox: Room for View

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Do we mix our ways of thought in collaboration? Closely guarded views can lead to isolation. This piece explores the notion of post-paradox as an inclusive worldview across disciplines. Essential to critical thinking, worldview influences all levels of research, education and practice in general but also acupuncture and Chinese medicine.

Not a recommendation of method, I consider worldview related to how we think, create and present knowledge. Neither do I bias against quantitative proof, nor the hard 'proofiness' of randomized controlled trials. I seek a third, inclusive point of view that unifies qualitative and quantitative, subjective and objective, specific and general, calling it post-paradox.

Skills in research methods do not assure awareness of worldview, which operates in the background, forming knowledge and informing decisions.

There are research methods that could employ a worldview of post-paradox including Mixed Methods, Action Research and Grounded Theory^{1,2}.

Or, take for example this rant from viewpoint of Critical Theory³: Science has pursued a belief in the primacy of the objective for too long. A researcher's choice of topic, method, analysis and presentation are embedded within the subjective. Further, the cultural frame in which the researcher operates influences these features. It is time to reveal self from behind the impersonal 3rd person writing of science⁴. When the researcher articulates their subjective stance, it allows for a more genuine presentation of research. We must fully own our biases and communicate them in the spirit of transparency. Introducing complexity and uncertainty: I could be wrong.

Post-paradox

Post-paradoxical has affinity with and roots within the ideas of transdiscipline. The prefix "trans" in transdiscipline suggests that which is at once between, across, and beyond disciplines. I adopt post-paradox as a direct statement of the view, with the goal of understanding the present world as a unity of knowledge⁵. Resolving dualities, a post-paradoxical view brings a perspective that transcends the objective and the subjective, embracing both from a third place⁶. The keystone of post-paradox lays within the unification of the meanings that traverse and lay beyond different disciplines⁷.

Post-paradoxical thought includes levels of reality, logic of an included middle (the center of paradox), and complexity. Shifting logic can bring a change in perspective⁷. New knowledge emerges when disciplines encounter each other, inviting a new vision of nature and reality, posing a framework for what we believe to be true. Tools of knowledge include the admitted involvement of the researcher in the process of inquiry, and an awareness of the degree to which knowledge is constructed⁶.

The post-paradox view allows the practitioner and society to better meet the needs of building an inclusive body of evidence, one that might include a history of medical case studies, experience based knowledge and the rich data field of the qualitative domain in addition to the quantitative proofs. New possibilities and an open-minded rationale are achieved by re-examining the concepts of subjectivity and objectivity.

Try it. We can explore assumptions about objective and subjective data during clinical intake. A physician's observations (biomedical, naturopathic or AOM) are considered to be objective and the patient report of symptoms subjective. This does not take into account the culturally bound beliefs that inform a physician's inquiry, a subjective process. As a physician, analyze your SOAP notes (subjective, objective, assessment, plan), and take that feature assigned to 'objective' and break it down. Just how much of your subjective state influences what you record as objective? The information relayed upon your neo-cortex of sight, sound, smell and touch were constructed into impressions. You had to decide which of those impressions were valuable and which were not... this is what then gained primacy in the record of the 'objective' in your SOAP notes.

Language and Logic

Logics form many assumptions that take place in communication and correspondingly, in practice. AOM profession binds itself into a monoculture of mind through unconscious adherence to logics of Aristotle, which has three postulates:

- axiom of identity: that which is A is A.
- axiom of non-contradiction: that which is not A cannot be A.
- axiom of the non-included middle: there exists no third term, T which is at the same time A and non-A. In other words, there is no paradox.

Many who practice classical forms of Chinese medicine approach the problem from an Aristotelian view.

It is reasonable to consider that contemporary Chinese medicine developed in alignment with Cartesian philosophical dictums, rooted in Aristotelian thought. The extent of the Silk Road and its influences on medical thought were not isolated events. Examples of such influences are located in slogans used by Chairman Mao's government in state developed forms of TCM:

- The Cooperation of Chinese and Western Medicine: 1945-50
- The Unification of Chinese and Western Medicine: 1950-58
- Chinese Medicine Studies Western Medicine: 1950-53
- Western Medicine Studies Chinese Medicine: from 1954-58
- Integration of Chinese and Western Medicine: 1958 - Present (8, pp. 23-28).

Net result of these campaigns: a synthesized practice of Chinese and Western medicine, currently taught in the major university medical systems throughout China. Chinese medicine, as practiced today and no matter where on this great globe, has an integral composition of thought threads forming it.

Reflection

We return to discussion of the Aristotelian-Cartesian worldview. Descartes provided rules for thinking that involved reduction, simplification and clarity in Discourse on Method⁹. This reductionism may be located in the gold standard of quantitative research, the randomized, double blinded, placebo controlled trial, where environmental complexities are limited with the intent of control that simplifies and clarifies the inquiry. These rules for directing the mind, coupled with

Aristotelian logic, have become the foundation for good thinking, which in turn has become institutionalized in the university systems¹⁰. This view is now the rigor in University systems of China conducting research on Chinese medicine. But, is it possible the gold standard is losing its sheen?

Vitalism and scientism are both ensconced in the beliefs of the practitioner. From a third, post-paradoxical view, the applications of vitality in harmony with science can be achieved¹². The post-paradoxical view entertains mechanism and vitalism from a newly created and inclusive space. In a lower level of reality, opposites are not compatible. When restricting worldviews to a single discipline, higher levels of reality are unattained because the incompatibility of truths between disciplines maintains the space between them. However, when viewing the universe through accessing new levels of reality by merging opposite truths a more sophisticated universe is realized. Through the complimentary pairings of perception and level of reality a merging of the two is possible. After paradox, what is there? The space operates as if potential opposites are both true.

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