

Acupuncture Research and Practice: Some Philosophical Considerations

Introduction: different ways of thinking?

Formal scientific research, using the conventional methods of bio-medical science, would seem to have an important, uncontested place in the development of acupuncture in the west. The British Acupuncture Council devotes several pages of its regular newsletters to the latest reports of research projects or research findings from the local and the international scientific research community. The British Acupuncture Accreditation Board requires all of its accredited institutions to include research as an integral part of the undergraduate curriculum. There are good pragmatic and political reasons for acupuncturists to embrace research in this way. Scientific research and scientific method have been successful in shaping not just western medicine but the entire western culture over the past 400 years, so much so that it might seem politically counter-productive, or even wilfully stupid, for an emerging western acupuncture profession to adopt any other policy. Who would not want to join the winning side?

There is another view, however. Western science itself lays claim to less pragmatic, more profound reasons for doing research in the western scientific way: namely, that scientific research methods are the only correct, valid and reliable way to establish truths about the world. Hard, irrefutable scientific findings are seen as the only sure way to lead human beings to more and better knowledge, and to more and better understandings of reality. In this article I will be exploring the extent to which this starting point, even though it has popular support, may be incomplete, inadequate or even plain wrong. World-views change and never last forever, however triumphant and world-changing they may have been in their time. Over the past century the currently dominant western belief system has been challenged from many perspectives, not least by cutting-edge scientists themselves – especially in physics, biology and cognitive science. It now looks as though a 17th century European world-view, which led directly to 18th, 19th and 20th century technologies that have powerfully shaped if not created the entire modern world, might have to give way to some quite different ‘common sense’ conception of the world by the end of the 21st century. In such an event, it would perhaps be even more counter-productive for an emerging acupuncture profession to join the losing side in a so-called ‘paradigm war’. Who would want to join a sinking ship?

The aim of this article is to set out some of the ways in which the basic philosophical assumptions about knowledge and reality that underpin mainstream scientific thinking, and therefore most current research, can be challenged, and to explore the relevance of such challenges to acupuncture research and practice. One fundamental tenet of scientific method is that mind is separate from body. Recently this Cartesian starting-point has been comprehensively undermined by the use of conventional scientific methods themselves. According to Lakoff and Johnson, there is overwhelming

evidence from cognitive science that 'the mind is inherently embodied'. Far from being detached and disembodied, the mind and all its workings, including reason, logic, language and thought, are

'shaped crucially by the peculiarities of our human bodies, by the remarkable details of the neural structure of our brains, and by the specifics of our everyday functioning in the world' (Lakoff and Johnson, 1999, p.4).

This notion of an inescapable connection between mind and body seems likely to become a bedrock truth, or premise, underlying new kinds of thinking in the 21st century. It would also seem to have an obvious affinity with the thinking behind traditional acupuncture. So it may be possible that a practice and a body of thought like traditional acupuncture, precisely because it has its roots in a non-western culture with different values and assumptions and with different understandings of what constitutes knowledge and of what comprises reality, could play a useful part in helping to teach human beings to think in a different way.

Nearly forty years ago Gregory Bateson was defining the main problem of western civilisation as 'thinking in the wrong way'. Bateson pointed to another inescapable and bedrock reality related to, but more comprehensive than, the mind-body link: the essential connection between human beings and the natural world (Bateson, 1973). He argued that the conventional scientific world-view, of an objective reality 'out there' that could be represented with complete fidelity by disembodied knowledge created by detached scientific research, was no longer intellectually sustainable. This objectivist way of thinking, which took delight in excluding the subjectivity of the human heart and human emotion and human relatedness, was the underlying cause of the deep ecological crises likely to face the planet in the near future. For Bateson, the carbon crisis, the crisis of water shortage, the pollution crisis, the crisis of agriculture, the loss of species crisis, and the crisis of new diseases (or of old ones returning), had all been prefigured, philosophically speaking, in Francis Bacon's early 17th century vision of science as the means to tame, conquer, and control nature and to 'wrest her secrets'. Bacon had appeared admirably prescient for perhaps ten or twelve generations but, to use his military language, it would be impossible for nature to 'lose' such a war however many battles human beings might think they had 'won'. Implacable nature plays the long game. And in any case it makes no sense to try to 'conquer' the whole of which one is a dependent part. The underlying ways of thinking are, at the very least, misdirected.

The rational intellect is deluding itself if it thinks it has enabled human beings to escape their connectedness and relationship to the natural world. Since Bacon's time the practice of scientific research has been as much political as intellectual: not just a way to understand the world more fully, but also a way to predict and thereby control it. Unfortunately, seeking prediction and control of any single part or particular aspect of nature must always run the danger of unintended consequences to the system as a whole. The planetary system is now reaping what four centuries of apparently triumphant science and technology have sown. Bateson argued, therefore, that good science needed to be more humble, to engage in the exploration of relationships and of 'the

patterns which connect', to seek new and deeper forms of understanding without yearning for absolute knowledge and complete control. Objectivity and detachment are useful, even essential, tools for researching and understanding the world, but they do not and cannot encompass all that is important and 'real' in the human condition. A new *relational rationality* emphasising the relational aspects of reality and of knowledge is being developed. (Shotter, 1993). The world in the 21st century can no longer afford to act as if current scientific and objectivist assumptions about reality and knowledge are universally valid for all time, because this claim would appear to be literally costing the earth.

Research paradigms: a broad definition

Enquiry or research can be defined, in very broad terms, as the systematic attempt to arrive at some kind of knowledge about some aspect of reality. Everyone involved in any kind of systematic research or formal enquiry, whether small scale or large, will necessarily start the process holding, and acting from, a particular world-view. This must consist of an (often unrecognised and value-laden) set of beliefs about the nature of the reality that they are researching - *ontological assumptions*, together with closely related beliefs about what would count as acceptable knowledge of it at the end of their enquiry efforts - *epistemological assumptions*. It is these basic philosophical assumptions about reality and knowledge which also determine the kinds of evidence or 'data' that the researcher will regard it as legitimate and worthwhile to investigate - *methodological assumptions*. Any research methodology is thus derived from, and linked to, a specific ontology and epistemology. The three 'ologies' are inter-connected and together they constitute what is often called a 'research paradigm'. The particular paradigm that is chosen will determine the various *research methods* to be used and the enquiry's eventual results, i.e. the *research analyses, interpretations, findings and product*. It will also influence greatly the way in which people are treated during the enquiry, or the *research ethics*.

Most people in their everyday life do not feel any need to ask themselves deep philosophical questions like 'what is reality', or 'what can we ever know about it'? Everyone in the normal course of events will tend to absorb a world-view, largely unconsciously, from their upbringing, their schooling and the culture around them. Skolimowski has pointed out how children in the western world undergo stringent mental exercises at their secondary school which induct them into objectivist ways of seeing the world and thinking about it. He called this process the '*yoga of objectivity*'. (Skolimowski 1994). This is an intentional aim in science lessons, where for example the personal pronoun is forbidden when writing up reports of experiments, but it also happens in all those lessons where the certainty of facts, information and correct answers is prized above the uncertainty of interpretations, creativity and criticality. But even though objectivism is the default position for nearly all educated westerners, an essential part of becoming a competent researcher is an appreciation of the many different forms and approaches that systematic enquiry or research can take, based on different views of reality and knowledge. New researchers, who are encouraged to look at the issues

surrounding methodology, soon discover that everything to do with research paradigms is contested and contestable. Unfortunately for the novice researcher, there is no single common sense version of knowledge and no non-academic version of reality which will save beginners the effort of having to consider these difficult matters for themselves.

Research paradigms – a comparison

The definition of serious enquiry above is purposely broad. Under this definition, any medical practitioner making his/her diagnosis of a new patient, for example, could legitimately be regarded as 'doing research'. He/She is attempting systematically to obtain knowledge of the slice of reality that is the patient and their current state of body-mind. In the next few paragraphs I have tried to imagine an experienced traditional acupuncturist in such a 'research' situation. The aim of this fictional case and comparison is to show the ways in which the acupuncturist's research paradigm, i.e. her philosophical assumptions and methods, could differ from the more familiar objectivist scientific research paradigm which might inform a western doctor in a similar situation of meeting and 'researching' a new patient. (I call the acupuncturist 'she' and the conventional practitioner 'he' solely in order to avoid the clumsy 'his/her' construction, but readers are welcome to reverse my use of the female and male pronouns if they find it provocative.)

The first thing to acknowledge and emphasise is the level of intellectual knowledge and objective expertise that is needed in an initial therapeutic meeting of this kind. Serious research requires the use of intellect. To attack objectivism as a comprehensive world-view is not to attack the need for objectivity and rational, dispassionate analysis as part of all serious enquiries. Advocates of non-objectivist research paradigms aim to supplement the intellect, not to overthrow it. They may call for more heart, or even more gut and more soul, but the idea is not to replace head knowledge with feelings, intuitions and spirituality, simply to accept that they may be a valid, complementary part of the enquiry or the 'finding out' repertoire. So, like a scientifically-trained GP, the acupuncture practitioner would ask systematic questions about the patient's presenting problem and symptoms, and she would also take a general health history. Acupuncturists are taught to seek evidence from a large number of potentially revealing physical signs, using a variety of physical methods such as pulse-taking, observation of tongue, eyes, skin etc. They are also taught sufficient western medicine, including anatomy and pharmacology, to recognise symptoms or conditions that might not respond well to acupuncture treatment. Much of the acupuncturist's diagnosis, therefore, will demand the same level of logical thinking, intellectual knowledge and rational judgement as that expected of western medical practitioners. The difference is that intellectual detachment will not have the ideological force, or burden, of being the sole valid methodological approach.

Whenever she 'researches' a new patient in order to make a diagnosis prior to treatment, an experienced acupuncturist practitioner will be bringing to bear professional judgement and intuition honed over years of practice, and over years of reflection on that practice. Some of this can be articulated and

rationalised and discussed with students or colleagues. There will be many important aspects of the initial encounter that an observer could note and that students could and should learn to replicate. But much may be taking place below – or above? – the level of conscious intellect and will therefore remain unseen by most observers. The more reflective students may begin to ‘see’ and appreciate this aspect of professional skill, once they have begun to develop their own personal understanding of the ‘artistry of practice.’ This notion of professional artistry, too, is not necessarily foreign to western doctors, especially to experienced GPs, although the concept has become quite unfashionable with the current dominance of scientific and ‘evidence-based’ medicine. In many professions, the skilled professional is said to know more than he can express or articulate easily to others: ‘*We can know more than we can tell*’, wrote Polanyi, who also described this kind of ‘tacit knowledge’, or knowing, as an ‘indwelling’ in our individual body-mind. (Polanyi, 1966, p.4). All experienced practitioners will have such personal and tacit knowledge operating alongside the more consciously-held and absorbed scientific knowledge that can be listed in syllabuses.

However, an acupuncturist will probably make more use of and have more trust in her tacit knowledge and she will expect it to play a significant part in this initial meeting. Each new case being diagnosed, or ‘researched’, takes her a long time, seldom less than thirty-forty minutes and sometimes up to two hours. Unlike the normally rushed GP she will not feel strong pressure to arrive rapidly at a generalisation about the life situation and the health condition of this new patient. At the start she will want to establish in considerable depth the patient’s uniqueness as a person and the particular situation, or context, of their current life and health. Even if she finds the presenting condition and physical symptoms of the patient quite straightforward, the complexity and idiosyncrasies of the person will still be an integral part of her enquiry. She will aim to attend to the significance of everything that happens in the session including the things, or body-mind responses, that happen to her. During any meaningful encounter of two persons, there will be things ‘going on’ (to use Wittgenstein’s deliberately non-technical term) of a physical or unconscious nature, quite separate from the content of the conversation. Paying close attention to physical mannerisms, gestures, gaze and other cues from her patient’s body language is part of her professional artistry and therefore part of this piece of ‘research’. Both acupuncturist and patient have a ‘presence’, that comprises their body and their mind, and each of their ‘body-minds’ may be shaping the interaction, or some key aspects of it. Apart from attending to the patient, the acupuncturist will also be paying attention to her own wellbeing and to how she is feeling in herself before, during and after the session. Monitoring her self in this way is another part of her ‘research’ methodology. So too is the conscious attention that she will pay to her own prejudices and biases and the equally explicit attempt she will make to minimise their inevitable influence.

As well as *attention*, many traditional acupuncturists believe that *intention* is a crucial factor in health contexts and finding cures. They have no intellectual problem therefore with the so-called placebo effect, which they know from experience can play a significant part in the therapeutic encounter. Placebo

effects may not be predictable or controllable, but if they occur as frequently and as successfully as it would appear from reading scientific research papers, they cannot be summarily dismissed as 'non-specific effects', or as some form of external magic beyond the pale of rational discourse. The problem is that they lie outside the scientific paradigm, in which, as already noted, mind has to be seen as completely separate from body. The placebo effect from that perspective cannot be truly 'real', because true reality must consist of objective 'things' which, even if they cannot be observed directly, must fit in with the prevailing ontological theories about what can and cannot be regarded as 'real'. For the acupuncturist, by contrast, reality is a matter of patterns and relationships. A close relationship between the mental and the physical is entirely to be expected, and it is no surprise that many patients use the connection to make their own meanings of their situation and consequently, perhaps, to 'make themselves better'. The practitioner in this case, therefore, will want to focus strongly on her own intention to heal, as part of her overall effort to be fully present and fully human with and for the patient. At the same time, perhaps, she may not want to lose the western-style detachment that should be prompting all good medical practitioners on certain occasions to ask challenging questions about their patient's own conscious or unconscious intentions: does this patient truly intend to get better? Is there any sense in which the patient 'intended' to get ill in the first place?

On top of all these differences from conventional scientific medicine, the practitioner's 'enquiry' into her patient may be informed by her deep personal beliefs, whether humanistic, religious or spiritual. She may decide to use playfulness, humour or even some appropriate form of 'love' in her quest to find out more about the person beneath the symptoms. She will at all times be guided as to what is appropriate by the patient and by the patient's responses and she can of course be trusted to stay safely within the bounds of acceptable professional conduct. The point is that, from the epistemological perspective of *relational knowledge*, all these subjective human touches can be regarded as potential enquiry methods. In this research paradigm the researcher builds up an extensive repertoire of skills that incorporates both scientific and subjective 'research' methods, all designed to enable her to find out more about the patient. The objective questioning remains important, but by relating to the patient at a personal level the practitioner not only increases her knowledge of the patient's condition she simultaneously gains a deeper insight into the reality of the patient's life and world. It seems clear that this kind of 'research' cannot be regarded as an easy option. Indeed it is probably twice as hard, since the researcher has to be familiar with at least two paradigms. She is actively encouraged to use her subjectivity, but only on condition that it is constantly monitored by a well-developed critical and self-critical intellect.

To reiterate, intellect and objectivity are not dispensed with. Indeed, the rational intellect is enhanced and expanded by the concept of *relational rationality*. It is given a wider canvas of acceptable 'data' to work on. But the detached and disembodied intellect is not permitted to go on putting arbitrary limits on what is permissible as reality and as knowledge. The acupuncturist,

who accepts multiple levels of reality and different kinds of knowledge, knows from the outset that she will have to make professional judgements and take professional decisions in situations of uncertainty. Her knowledge is never going to be more than partial. She does not expect the certainty, or even the near-certainty, that is claimed for conventional 'evidence-based' medicine. In sum, this approach makes her research more plausible and credible and more recognisably human, precisely because the knowledge gained is subtle, complex, deeply situated and contextualised while making no claim to absolute truth. Finally, having used all the enquiry or 'research' methods available to her in order to make a relationship with the patient and having arrived at her conclusions (or findings) about a diagnosis, she would regard it as inconceivable to offer her patient any acupuncture treatment that was less than the best she could devise. She could never contemplate offering sham needling, for example, or regard it as ethically acceptable. In her research paradigm there are no possible ends that could ever justify such deceitful means.

By contrast, many of the enquiry approaches described in the paragraphs above would be unacceptable as 'research method' to the strictly scientific practitioner/researcher. He starts with different conceptions both of what counts as real, and of what constitutes valid medical knowledge. He might well regard medicine as a form of 'applied biology' and downplay the significance of clinical experience and professional judgement. He might find notions like 'presence', 'attention' and 'intention' incomprehensible. He would happily contemplate trickery in pursuit of objective knowledge. In this dominant world-view the 'ends' of research can be used to justify 'means', because the 'end' is objective truth and scientific proof and these are the highest values. The use of sham acupuncture, or sham surgery or sham medicines, is considered acceptable and can be justified because it is a relatively trivial deception and because it is believed that the research effort as a whole may lead to the desired 'end' of some universally valid, objective and timeless knowledge. The pursuit of absolute truth and certainty promotes a high degree of ethical relativity. For the conventional scientist the ethics of dealing with cohorts are very different from the ethics of dealing with his own friends, family and loved ones. He is encouraged to regard the people in his cohort of research subjects as anonymous and devoid of individuality and social context, part of a statistical mass, an intellectual construct. As part of the mainstream western science tradition, he operates in the belief that there is just the one important 'real' reality and that it exists 'out there' waiting for human beings to 'know' it through the application of scientific method. In its most straightforward form this is known as the positivist world-view, or the positivist research paradigm.

The positivist research paradigm and its associated machine metaphor

Philosophically simple and internally consistent, positivism has no truck with other, more complex versions of reality and knowledge in which multiple possibilities, ambiguities and uncertainties are tolerated or even embraced. The primary metaphor that defines the modern world-view and its main research paradigm, is of the world itself as a machine and of everything in it,

including human beings, as a mechanism of some sort. The only valid way for researchers to record successfully their findings about this objective and machine-like world, i.e. with complete fidelity to the observed reality, is through the precise 'language' of measurement and mathematics. In this paradigm the complexity and unpredictability of normal human behaviour renders such behaviour less 'real'. Laboratory experiments and controlled trials will be closer to some 'real' reality, because they provide more certainty and more opportunity for accurate predictions and successful control than field research or case studies. In this way artificial environments and predictable, controllable man-made machines created by technologists can seem to be more 'real' than the world inhabited by flesh and blood human beings.

The metaphors of 'nature as machine' and 'man as mechanism' have been powerfully shaping the modern consciousness since the 18th century. Significant aspects of the natural and physical world have been forced to submit to the power of the detached western scientific mind. Science in its positivist mode has unquestionably given people in the modern world much to be grateful for, when they compare their lives with their pre-modern ancestors, from aeroplanes and dish-washers to penicillin and zip fasteners. Industrialised machines have enriched the world as well as imperilling it. Who could doubt that there are times in which it is wise for everyone to adopt the positivist world-view? When travelling as passengers in an aircraft, for example, it is rational to want the pilot to be completely unaffected by philosophical doubt, by personal emotions or by any of life's multiple realities. On entering the plane (or the bus, train, taxi or ship), sensible passengers want to encounter skilled technicians who fully understand their machines and who 'know' their particular 'reality' with a high degree of certainty. However man-made technologies, although significant and widespread in our daily lives, represent only one part of the human experience. The machine/mechanism metaphor is much too limited to embrace everything that human beings might want to enquire into.

In areas of life where machines play a less significant part, in the social sciences and humanities for example, the scientific project of the modern age has been far less successful. And it is not for want of trying. The many attempts to treat human beings and their social interactions scientifically, as if they too were objective, rational, predictable and controllable (and lifeless?) mechanisms, like specimens in a laboratory, have not led to the increase in human happiness or to the creation of a perfect society that many were predicting in the 19th century. On the contrary, the things that are most important to human beings and that provide them with most of the meaning in their lives – birth, love, relationships, child care, humour, art, creativity, learning, self-knowledge, religion, spirituality, memory and death – are the very things that have been largely resistant to scientific attempts at theoretical understanding, prediction and control. All these things contribute to health in the broadest sense. It is not surprising, therefore, that when it comes to health care and medicine, which are on the cusp of the natural and the social sciences, the dominant machine metaphor underlying scientific medicine has a mixed record of successes and failures.

Thanks to clean water, better nutrition and the eradication of some of the killer diseases, people in the western world today can apparently expect to live longer than their predecessors. Other successes of scientific medicine have included dentistry; those forms of surgery where it is legitimate to regard the physical body as no more than a mechanism; the more straightforward medical conditions or illnesses where pills or potions can provide the cure, and preventative treatments for whole populations, arrived at following epidemiological studies. However, there are many health and illness contexts, especially those where care rather than cure is the paramount need, where the limitations of the scientific medicine approach are well-established. All health professionals will know such situations: they may include people with chronic and life-limiting conditions, with mental health problems, with complex symptoms, or with some combination of mental and physical disease that is unique to them and their particular life circumstances. Systematic enquiry in these health areas might usefully place less emphasis on the precision and detachment of objectivist research and focus more on the common humanity that is shared by researchers/ practitioners and their research subjects/ patients. As Hillary Rose put it in a plea for the 'feminist transformation of the sciences', new forms of scholarship and research are needed in which researchers are comfortable '*looking at others as part of ourselves*' (Rose, 1994).

For most of the past 350 years, since Pascal's famous response to Descartes that, '*the Heart has its reasons that Reason knows not of*', the only significant opposition to positivist science has come from non-scientists – sometimes philosophers, often romantic writers harking back to the pre-modern and pre-scientific era. Today's opposition, as we have seen, is based not on nostalgia for some distant past but on a clear-sighted and rationally-argued view of the near future. Quantum physicists, like ecologically-minded biologists and like cognitive theorists, deny that reality can be confined to that which is objectively observable and measurable (the empirical) or that which can be theorised and tested in the mind (the rational). Our common sense, objectivist version of reality is not to be trusted, because it ignores too much of the available hard evidence. The world is simply not objectively definable and mathematically describable in the absolute way that most mainstream, empirical researchers continue to believe. To deal with the new multiple 'realities' unearthed by quantum theory, a new and enlarged version of logic and of what it means to be rational have had to be developed.

Chris Clarke has recently argued for a *relational reality* to set alongside the *propositional reality* of mainstream science:

'It is assumed that there is a single real world; that it is adequately describable by propositions obeying traditional rules of logic, and that our theories can become closer and closer to the truth to the extent that they match the structures of the real world..... This is an immensely alluring conception... We are so used to this way of thinking that we assume that it is simply how the world is. But this conception is just one particular cultural form of one particular part (the so-called propositional part) of the cognitive apparatus of the human species.... This (scientific) way of knowing can say nothing about what it is like to

see the sun rising in the morning or to smell a rose garden on a summer's evening...It evades and denies the essence of our inner experience, which lies in the relational sub-system..' (Clarke, 2005, p. 144/5).

Clarke's ontology is pluralist and not relativist. He argues that although there is more than one valid kind of truth and more than one level of reality, this does not imply that any version of truth and reality is as valid as any other. In the new quantum world of multiple realities, it is still not the case that 'anything goes', i.e. that all truth statements are equally valid. Research in the quantum world remains the search for truths, but serious researchers have to recognise that these can take different forms and may lack the absoluteness or apparent certainty of traditional scientific proofs and mathematical equations. In the relational reality where human beings spend much of their lives and where, for example, much of their state of health is likely to be decided, there may be few objective truths or little propositional knowledge to be discovered. The truths that are discoverable will include those that have to be validated subjectively and inter-subjectively. The new forms of enquiry are very likely to challenge conventional assumptions about research, because the extended rationality underlying relational reality and relational knowledge will also extend and expand what can legitimately be counted as 'data' or 'evidence'. Researchers can expect to arrive at a different kind of knowledge about a different, but equally valid, kind of reality. However, at the core of these new forms of enquiry there will always need to be sound argumentation based on good evidence, and some logical interpretation of the data that makes sense to others. In seeking inter-subjective validity, the rational intellect of mainstream scientific thinking is not dispensed with altogether: it is embodied, fleshed out and made more whole. In becoming more whole, researchers will be enabled to act less like calculating machines and more like recognisable human beings.

Implications for acupuncture research?

It would take another lengthy essay to discuss in detail what such an unfamiliar paradigm might mean for acupuncture research. But a few markers can be set down. If research is not aiming, above all else, for objective truth and proof, it would not be necessary for acupuncturists to prove to a sceptical western audience, indoctrinated by its training in the 'yoga of objectivity', that acupuncture 'works'. This may be a genuinely important *political* aim, but it can hardly be a genuinely important *personal* aim for the thousands of western acupuncturists - and the tens of thousands of their patients - who are already in no doubt about acupuncture's effectiveness. (Acupuncture is neither a new drug that needs stringent clinical trials, nor a form of snake oil that needs unmasking. If, after 'working' for over two thousand years, acupuncture should ever stop being effective, it will die out; and if there are charlatans on our high streets masquerading as 'Chinese doctors' and taking money off gullible people, this is a matter for public awareness-raising and for police enquiries rather than academic research.) In general, research into the 'relational' reality would have the modest aim of making the world a better place, rather than seeking to prove things. Researchers would be part of the

family of 'action research', a broad church in which the common theme is forms of enquiry that are participative, experiential and action-oriented. Everyday practice itself, and the ideas underlying such practice, could easily provide individual acupuncturists with all their potential research questions or issues for systematic investigation. All that is needed is a shift in thinking and a willingness to be different. As John Rowan put it, when addressing readers of *Human Inquiry* in 1981:

*'You don't have to accept projects you don't believe in and really don't want to do... You don't have to toe the line of an orthodoxy which is in **many** ways quite illusory. You can do research for you yourself and for the other people involved in it. You can do research on questions which are genuinely important'*. (Reason and Rowan, 1981, p.xxiii-xxiv, emphasis in original).

Reason and Bradbury have provided a simple introductory typology of action research in their recent 'Handbook of Action Research'. *First-person* action research means becoming systematically more mindful and more aware of how one's choices and moments of action impact on one's clients or patients and on the outside world. A key concept here is critical subjectivity, that is the individual practitioner/researcher's ability to combine the detachment associated with 'propositional' reality with the involvement or participation that is essential to an understanding of 'relational' reality. *Second-person* action research involves inter-personal dialogue and face-to-face enquiries with others into issues of mutual concern, *'for example in the service of improving our personal and professional practice both individually and separately'*. This notion of 'co-researchers' engaging in 'co-operative enquiry' is well established (Heron, 1996). *Third-person* action research strategies aim to create larger and wider communities of enquiry, in which the participants or collaborative researchers may never actually encounter each other face-to-face; but they would be expected to share the same aims, the same participatory research values and an equal willingness to engage in and to share the results of their own rigorous, self-critical first-person action research/practice. (Reason and Bradbury, 2001, p.xxvi).

Stories and story-telling are likely to feature strongly in such research, both as part of the enquiry process or methodology and as part of the final 'product' for others to learn from. This is appropriate, since each human life is lived as a complex story and since narrative has always been a powerful tool for human learning. One way to regard the modern age is as an attempt by a dominant western culture to impose only one author (positivist scientific method) and just the one story line (scientific progress) on human history and on the human condition. But other stories have always demanded to be told and heard. Perhaps a new deep metaphor of story and co-authorship is urgently needed during this century, in order to mitigate the effects of the currently dominant metaphor of machinery and mechanism.

Conclusion: research that is in tune with professional values?

Mainstream bio-medical research remains strongly positivist both in its preconceptions and in its operating assumptions, yet positivism is in some ways the polar opposite of traditional Chinese thought. When reflecting about these matters, acupuncturists may come to the conclusion that the ethical practices found in mainstream bio-medical research, the way for example in which people in clinical trials are treated (using 'treat' in both senses), do not fit with their professional and personal values. They may agree with the South African emphasis on enquiry processes that place human dignity as the highest value of all:

'Truth as factual, objective information cannot be divorced from the way in which this information is acquired: nor can such information be separated from the purposes it is required to serve'. (Truth and Reconciliation Commission Report, 1998, Chapter 5, p44).

Positivist research is always done 'on' people, while acupuncturists prefer to do their work 'with' people. In positivist research, it is necessary to objectivise and de-personalise research 'subjects', in order for the science to 'work'. Acupuncturist practitioners, by contrast, like to explore the unique subjectivity of their patients and to treat the person in all their complexity and wholeness. For how long will acupuncture researchers (and practitioners) want to tolerate, let alone embrace, a scientific research model where not only the underlying ontology and epistemology but also the prevailing ethical values seem to be at variance with their own beliefs? In the future, other kinds of research may turn out to be more in tune with the philosophy and values of acupuncturists themselves – research that is small-scale, designed to *improve* rather than to *prove* the practice of acupuncture; research that is aiming to do a little more good in the world, rather than to predict it with complete precision or to control it more effectively; research that is local rather than universal; research that consists of actions *in* the world, each action infused with relatedness and feeling, rather than actions *on* the world (Heshusius and Ballard, 1996); research that is aimed at enhancing the work of professional practitioners, rather than replacing professional artistry with some notional concept of 'applied science'.

In this paper, research has been defined and discussed in the hope of demonstrating its potential to see the world through a different lens. Positivism can be described as a one-eyed view of the world; other paradigms and their associated forms of research offer the broader perspectives of binocular vision, or even of the 'third eye' of wisdom. Each of these lenses has its own place. Randomised and double-blind clinical trials, for example, will always remain useful for the specific purpose of drug-testing, where a single highly-focused and ultra-positivist version of reality and knowledge is appropriate. But such controlled trials no longer need be esteemed as the 'gold standard' to which all serious enquiry should aspire. I have suggested that for most health-care research, a different research lens is desirable, for practical and ethical as well as for theoretical or more purely philosophical reasons. A different way of thinking will also be needed if the world is to save

itself from the (unintended) dire ecological consequences of positivist science and technology. The only sensible conclusion is that the western acupuncture professions should at least be keeping all their research options open.

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