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Holistic Medicine Not "Torture": Performing Acupuncture in Galway, Ireland

Kevin Taylor Anderson

This article examines how the aesthetic design of clinics and interactive discourse and rituals construct the social reality of acupuncture sessions as a form of holistic medical therapy. Verbal and nonverbal interactions create an appealing medical environment but also help prevent the emergence of undesired counter-realities (e.g., pain, biomedical intervention). Based on observations of acupuncture sessions conducted in Galway, Ireland, I illustrate how ambiance and aesthetic elements of clinics create a complex medico-cultural environment that balances oppositional associations (Western/non-Western, exoticism/convention, medical alterity/medical professionalism). Patients interviewed continually referred to acupuncture as a natural and non-invasive form of medical treatment. This suggests that interpersonal discourse and aesthetic design play key roles in how patients define acupuncture treatment, and that these ephemeral agents may also influence how patients come to define efficacy.

Key Words: acupuncture; ethnomethodology; phenomenology; social aesthetics; visual research methods

I'm sitting in front of my television watching a VHS dub of an interview from my ethnographic fieldwork amongst acupuncture patients in Galway, Ireland. The interview is about ten minutes into the total running time. The thirty-something woman—in response to me asking her to describe her most recent acupuncture treatment (just prior to our interview)—says the following: "Well,

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> she put needles all over specific points on my body. One even went right between my eyes on my forehead. The needles make me feel so relaxed. Acupuncture is a much better approach than regular medicine [i.e., biomedicine]: it's more effective, much kinder to the body, non-invasive and natural. After a while . . .''—Wait a minute! Stop, rewind, review the segment: ''. . . non-invasive and natural.'' Non-invasive and natural? How is sticking a stainless steel needle into someone's forehead perceived as non-invasive and natural?
>
> (Excerpt from Fieldwork Notes: September 8, 2005)

Atmosphere and interactive rituals and patterns ''frame'' the acupuncture session as a form of holistic therapy to ensure patient compliance and comfort. In this article, I use the tools of ethnomethodology to analyze videotaped observations of acupuncture sessions conducted in Galway, Ireland between 2000 and 2002. The framework posits that messages defining an event are explicitly and implicitly conveyed through behavior, demeanor, language (including vocabulary and tone), and gaze (Garfinkel 1967). I also consider the atmospheric and aesthetic elements—the visual culture of the clinics—from a phenomenological perspective in order to examine the bodily affect that aesthetics and procedure have on patients. The design of the clinics assists in balancing oppositional associations (Western and non-Western, exoticism and convention, medical alterity with medical professionalism). Other aesthetics of the clinic and procedures draw on naturalness, medical holism, New Age spa treatments, and ''Asianicity'' to construct the social reality of acupuncture treatments as pleasurable, relaxing, and natural.

In his essay on the role of the placebo effect, medical anthropologist Daniel E. Moerman suggested that medical treatments must be understood ''bimodally'' (1997:241). This suggests that there are both specific and general dimensions to treatment. While the former pertains to ''influencing the physical predicates of persons,'' the latter relates to ''influencing (wittingly or otherwise) the mental predicates of persons'' (Moerman 1997:250). The social aesthetics of acupuncture clinics and patient-practitioner discourse comprise the general dimension of acupuncture therapy. Similarly, acupuncturist and researcher Ted Kaptchuk considered the treatment and setting as influential factors on the ''nonspecific effects in the patient'' (2002:817). I do not address the specific outcomes of treatment or the degree of therapeutic efficacy here, and so I will not try to quantify how aesthetics and clinical discourse influence efficacy. Instead, I consider how the aesthetics of the clinic and the nuances of the procedure construct acupuncture treatments as holistic forms of medical intervention. This leads us toward understanding how patients come to regard acupuncture as positive.

Studies on the appeal of holistic therapies have shown that patient rationale for use is due to multiple factors: dissatisfaction with biomedical forms of health care; a protracted sense of time spent engaging one-on-one with the medical practitioner; and a general belief that holistic treatments are non-toxic, non-invasive, and invite more feedback from the patient, giving patients a sense of empowerment and agency absent in conventional medical encounters (Astin 1998; Ernst and White 1999; Furnham 1996). Holistic forms of medical treatment are increasing in popularity in the West among individuals with economic affluence who live within a capitalist culture that emphasizes self-care and individualism (Astin 1998; Baer 2001; Eisenberg et al. 1998; Furnham 1996). While the cultural environment in Ireland fits this description, the appeal and use of acupuncture also coincides with efforts to negotiate or alleviate some of the pressures associated with the boom in consumer capitalism and modernity.

Cultural Context

Acupuncture, as practiced in Ireland, is a seemingly contradictory signifier of cultural change, diversity, and tradition. The medical therapy originated in Asia more than 2000 years ago. Today it is part of a plethora of holistic health options associated with the urbanization of folk healers in Ireland, although most of its practitioners come from outside Ireland. Acupuncture, I suggest, is a modern counterpart to Ireland's tradition of non-biomedical therapies.

I interviewed 15 acupuncturists during the course of my fieldwork, and worked closely with 6 of these 15 acupuncturists, conducting repeated interviews and observations within their clinics. These acupuncturists were all trained at acupuncture colleges in Ireland; only one undertook additional study in China. Two are also licensed physicians, and they incorporate acupuncture treatments into their general practice. Certification in acupuncture is different for individuals already holding some kind of medical license and degree, as is often the case in the United States. Only 2 of the 15 acupuncturists interviewed were Irish citizens, 10 were from the United Kingdom, 2 from China, and 1 from central Europe.

The majority of patients for this study were Irish-born female, white, and relatively affluent individuals who had turned to holistic therapies, such as acupuncture, not only as a means of health care but as part of a pursuit for individual wellness, personal enhancement, and even pampering, at times, using acupuncture more like a New Age spa treatment than as medical intervention.

An increasing focus on the self in Ireland appears to have accompanied the processes of income growth and urbanization, in turn, contributing to

a changing social environment, including in relation to health care pursuits. A growing number of young people are migrating to the two metropolitan cities of Dublin and Galway. These urban centers have also witnessed the growth of holistic, non-biomedical practices. Urbanization, particularly for women, has produced a tension between what is perceived as traditional gender roles and the emergence of a new definition of the Irish woman (Anderson 2007). Balancing career and domestic duties associated with marriage and motherhood has placed increasing demands on women in Ireland. For these women, holistic health care practices, including acupuncture, exist as a means of negotiating and alleviating some of these pressures, and as such, can be seen as an "antidote" to the demands of modernity.

Acupuncture has entered into Ireland as the result of cultural assimilation by way of immigration but also due to growing interest in medical therapies that exist outside the biomedical paradigm. But predating the appearance of alternative and holistic medicines, Ireland has been host to indigenous forms of healing (i.e., Irish folk medicines), such as herbalism, bone-setting, and spiritual counseling. Irish folk medicines are highly specialized, with healers believed to have the ability to cure specific ailments through the use of herbs and folk remedies. These folk medicines are believed to have ancient roots in a Celtic tradition of healing and have been in practice in Ireland for several millennia (Logan 1981; Murphy 1995; Taylor 1995).

Due to the continued use of Irish folk healing, the use of non-biomedical therapies is nothing new to Ireland. However, since Irish folk medicines do not exist as institutionalized forms of therapy, they lack the defining features of what Joralemon (1999) distinguished as a healing "profession." Therefore, it becomes difficult to determine Irish folk medicine's exact role within the history of Irish health care (especially so in recent times as they have diminished in use [Murphy 1995]). But in addition, Irish folk medicines have existed alongside biomedicine, demonstrating that Irish society has remained open and relatively freely able to accommodate both non-scientific and scientific approaches to healing. This, in and of itself, does not simply explain the burgeoning interest and use of acupuncture. However, a continuum exists along which Irish folk medicines and contemporary holistic therapies, such as acupuncture, exhibit Ireland's cultural proclivity for enabling non-scientific medical practices to flourish. Acupuncture, I argue, is more than a form of health care imported to Ireland; its presence and use signals both a continuation of local tradition (using non-scientific healing practices) and a contemporary adaptation to the pressures of modernity.

Methods

The data set analyzed in this article derives from videotaped observations of treatments conducted at two different acupuncture clinics in Galway. In total I observed 25 acupuncture sessions. However, permission to videotape was only granted for 12 of these acupuncture sessions, resulting in roughly 16 hours of video footage, which allowed for multiple, repeated viewings through which I could scrutinize the subtleties of the interactions between patients and acupuncturists. The process of analyzing these videos involved several steps,[1] culminating in over 50 hours of watching, reviewing, and transcribing.

My motivation for using audio-visual methods partly derived from the analytic benefits, but in addition, I discovered that during the videotaping of interviews, patients constructed highly descriptive and animated narratives regarding their experiences with acupuncture. Videotape recorded their oral descriptions of acupuncture sessions and captured their accompanying non-verbal bodily discourse. These animated narratives, in turn, steered my research questions into more of an interpretive analysis of patient bodily experiences with acupuncture. This led me to broaden my research frame: to combine ethnomethodology with a phenomenological analysis of acupuncture sessions and patient interpretations.

Ethnomethodology: Premises and Background

Ethnomethodology aims at studying how particular social realities are constructed and maintained. Embedded within this approach to analyzing social interactions and settings is the notion that efforts to create and sustain a particular social reality are data ripe for interpretation themselves, since they are the building blocks of the communicative act. What is said, how it is said, by whom, and when it is said—while particular to each social situation—display the consistent feature that all forms of discourse involve this process of mutual efforts to create common sense and agreed-on forms of communication (Garfinkel 1967).

Joan Emerson (1970) applied an ethnomethodological approach to study how the social reality of a gynecological examination is constructed and maintained; her work provided a model for examining the constructed reality of acupuncture sessions. While a gynecological exam shares similar problems of reality maintenance as other medical procedures, Emerson pointed out that with this exam, the challenge of maintaining a desired social reality is increased due to the part of the body being examined and the heavy meanings associated with touch of this area of the body. Acupuncture sessions are equally volatile encounters

due to the invasiveness and potential discomfort caused by needle insertion. Therefore, many of the strategies identified by Emerson are helpful for recognizing how acupuncturists construct their sessions as therapeutic—and even pleasurable—despite the necessary insertion of steel needles.

According to Moerman (1997:241), both the form and the content of medical treatment contribute to its effectiveness. While a number of studies have shed light on patient patterns and rationale for using holistic therapies (Eisenberg et al. 1998; Furnham 1996), there has been limited work on how certain medical practices are constructed by practitioners and interpreted by patients as "holistic," "natural," and "non-invasive." How the medical encounter is constructed as appealing and transformative is especially important in understanding the popularity and use of acupuncture and other forms of alternative, holistic, and integrative therapies in the West. Here, phenomenology aids ethnomethodology.

Aesthetics and interpersonal discourse play a key role in how patients construct definitions of efficacy, and bodily experience is a key component of this construct (Barnes 2005; Kaptchuk 2002; So 2002; cf. Moerman 1997). In addition, understanding how patient bodily experiences inform their definitions of efficacy helps us appreciate the roles of aesthetics, interpersonal discourse, and embodiment in the difficult task of measuring the efficacy of alternative therapies. I am not implying that any and all potential health benefits come only from *how and where* the session is performed; however, constructing treatments as holistic forms of therapy provides positive and pleasurable experiences for patients, confirming for them that transformation (i.e., therapeutic efficacy) is occurring. I turn to this now.

CONSTRUCTING ACUPUNCTURE AS HOLISTIC HEALTH CARE

Constructing acupuncture therapy as a holistic treatment implies the need to avoid a counter-reality. Since acupuncture sessions run the risk of being associated with the biomedical use of hypodermic needles, considerable effort is taken to establish that needle insertion is therapeutic and pleasurable and to ensure that the clinical atmosphere is vastly different from vaccination or other biomedical interventions involving syringes. Efforts are made through verbal and non-verbal exchanges between patient and acupuncturist to identify the insertion of needles as routine and therapeutic, not simply painful. One acupuncturist, for example, repeatedly used the term "torture" as a humorous tactic to avert the patient's attention from the pain caused by needle insertion.

Clinic Aesthetics

Coote and Shelton proposed that one aim for the anthropology of aesthetics is a concern with "how objects work, how they achieve what it is they are meant to achieve in their cultural context" (1992:8–9). The material culture, design, and organization of acupuncture clinics can be read as intending to convey several messages: of professionalism, legitimacy, and authenticity, as well as of comfort, relaxation, and exoticism. For example, the acupuncturist's uniform, along with the cleanliness and organization of the clinic, establish a sense of professionalism. This is further enhanced by what hangs on the walls. Diplomas awarded to the practitioners from acupuncture colleges, news articles addressing the efficacy of acupuncture, and certificates of affiliation with various acupuncture associations signal cultural and social legitimacy.

This legitimacy is punctuated with shades of exoticism. Atmospheric elements such as New Age music, wind chimes, burning incense and mugwort, decorative posters, photographs, paintings of Asian landscapes, prints of Chinese calligraphy, and anatomical charts mapping the *qi* meridians all send messages that authenticate the clinic's subscription to a philosophy, cosmology, or at least an aesthetic that is Asian—although not "too Asian" (Anderson 2007). This is important to establish, since none of the practitioners of the three main clinics where I studied were of Asian descent. The Asian decorations and material accents, along with flower displays, candles, and incense, establish a comfortable, relaxing atmosphere and make a clear aesthetic distinction from hospitals and other biomedical clinics. This configuration of material culture and atmospheric aesthetics, intended to impart a quasi-exotic and semi-formal clinical environment, is parallel to how Desjarlais used the term aesthetics as a way to "grasp (and tie together) the tacit leitmotivs that shape cultural constructions of bodily and social interactions" (1992:65). MacDougall argued that the social aesthetic is not simply "a system of signs and meanings," but rather, is "the creation of an aesthetic space: a sensory environment" (1999:par. 15). MacDougall suggested that contributing elements of an aesthetic environment are more than symbolic expressions; they contribute to and shape "sense impressions, social relations, and ways of behaving physically" (1999). The design of acupuncture clinics encourage an array of sense impressions by way of décor, sounds, medical instruments, and architectural design that signal what I call "legitimized alternative medicine," shaping social interaction and affecting patient impressions of the treatment itself, especially in terms of potential efficacy. The appeal of these spaces is exemplary of the transformative potential aesthetics can play in patient constructions of treatment efficacy.

Commentary from patients indicates how the relaxed, semi-formal atmosphere of the acupuncture clinic helps instill a sense of balance, harmony, and good health. Many patients expressed that they found the design of the clinics to be pleasing. The social atmosphere of these clinics was also appealing. Siobhan was a 26-year-old schoolteacher who had been using acupuncture for 3 years. While she freely exclaimed that she "hates" the needling portion of the treatments, she found the social atmosphere of the clinics enjoyable, providing her a quasi-support network:

> What really works for me is more the fact that when you're coming in, the people that you meet when you're in the clinic and every single one of you are in the same boat. We can chat about how we've been feeling, and not feeling well and all. And since my family doesn't know I'm doing acupuncture it's good that I can speak to other people in the clinic while I'm waiting. And even the people who work here, they say to give them a ring if we're not feeling well or if we have questions.. And everyone in some way is able to support each other.
>
> At times you don't know where you're going with the treatments, but when you meet someone [in the clinic] and they [*sic*] tell you about how much better they're [*sic*] feeling, it gives you encouragement. You're free to say whatever you feel and to express as bad as you feel. We've all gone through it.

The Therapeutic Function of Asianicity

As an Asian medical practice performed in the West, acupuncture is often associated with forms of New Age/Holistic medicine (Baer 2001, 2003). Ernst and White even suggested that part of acupuncture's appeal is due to the fact that it is "out of the ordinary" and "involves Oriental mystique" (1999:154), and, as suggested above, the visual culture and atmosphere of acupuncture clinics are strategically orchestrated to build on the "foreigness" or "Asianicity" of this treatment, which concurrently marks such practices as vastly different from biomedical clinics.

The atmosphere and discourse of an acupuncture treatment, by making affiliations with Asia, construct a complex definition of the encounter as an Asian, at times exotic, medical practice. The use of non-English vocabulary can not only produce exotic connotations but also a sense of medical professionalism (Ho 2006)—albeit, of a different kind than biomedicine. The use of Chinese names for describing bodily processes and for explaining ailments/conditions as well as the recurrent use of such terms as *qi, Yin-Yang*, and *shen* add another layer to this Asian veneer. Of course, these elements have a genuine affiliation with traditional Chinese medicine, and their presence helps construct treatments as legitimate. But these discursive

and aesthetic signs of Asianicity also work to characterize the act of needle insertion—and the subsequent tactile and visceral sensations that accompany it—as therapeutic.

For example, during the needling portion of the session the patient first feels pressure from the acupuncturist's fingers as she locates an acupoint on the patient's skin. Then the insertion of the needle is detected (either immediately as it goes in, or most certainly when it is manipulated by the acupuncturist). The insertion and subsequent bodily sensations are interpreted as therapeutic and beneficial (and not as painful) *only if* they are associated with the stimulation of *qi*, and hence, Asianicity. Put another way, *qi* (and thus, Asianicity) functions as a discursive device for patients to name the painful stimulations of acupuncture as therapeutically beneficial and aids in preventing the emergence of a counter reality of pain and possible analogies with vaccinations and biomedical syringes. Only a cursory understanding of bodily sensations and the act of needle insertion according to Chinese medical cosmology is necessary for suspending a counter reality, and this arises out of the dynamic mixture of atmospheric aesthetics, procedure, and discourse. The following description helps to illustrate the intended function of Asian aesthetics and language in the acupuncture clinic.

The Whole Body Clinic (pseudonym) has two examination rooms designed in similar fashion. Both rooms have small padded clinical tables upon which the patient lays down to receive treatment. The walls of both rooms have paintings of Asian landscapes, and Chinese anatomical posters designating the numerous acupoints on the human body along the *qi* meridian systems. Items on the shelves include towels, packages of sterilized acupuncture needles, textbooks on Chinese medicine (in English), ceramic cups, and small plastic dolls with characteristically Asian-looking facial features mapped-out with acupoints and meridians. In addition, the practitioners at this clinic all wear Chinese-style pajamas. And although English is the predominant language used within the clinic, Chinese medical terms are used in consultations.

Anna (patient) was 17 years old and had been receiving acupuncture treatments as a means of health maintenance for the past 2 years. She had come to the clinic seeking treatment for what she felt to be the beginning stages of a cold:

> After checking Anna's pulse, Heidi says that Anna's lung pulse is a bit weak, and that her "wind cold" is just coming in, saying, however, that this is very easy to treat with acupuncture. Heidi proceeds to insert several needles while asking Anna if she can feel them, to which Anna acknowledges with both verbal and non-verbal (e.g., nodding) affirmations. After she has inserted

> one into Anna's upper chest, Heidi asks if she can feel it. Anna's response is slow, but affirmative. Heidi then says, "Now we're waiting for the qi to arise, so you end up feeling a sort of electricity going through you." With each insertion Heidi again asks if Anna can feel it. Anna continues with her nonverbal, affirmative responses. After the second foot needle goes in, Heidi announces the end of the needling portion of the treatment.

In this example, the acupuncturist inserts Chinese medical terminology into her verbal discourse. Such terms as "meridian," "*qi*," "Wind cold treatment," and "energy" and words describing the patient's state of health, such as "deficiency" and "excessive *Yin*" characterize the treatment and the patient's health in accord with a Chinese definition of the body, health, and therapy. The accordant invocation of Chinese medical terminology further characterizes Anna's bodily responses as therapeutic sensations and not simply as painful. Other word choices ("arise," deep," and "rest") signal that a transformation is occurring in Anna's body, and hence, in her state of health. The immediate-sensorial transformative nature of treatment is an essential feature to acupuncture. In addition, the verbal and non-verbal exchanges also indicate that the patient is not merely a passive object; Anna's cooperative responses to the needling are necessary to ensure that the particular points chosen, as well as the depth of needle penetration, serve to construct the procedure as correct and efficient.

Chinese terminology, metaphorical language, and collaboration here all occur within a clinical space adorned with signs of Asianicity. However, the combination of these discursive, procedural, and aesthetic elements is not uniformly deterministic of holism; other definitions can arise that threaten a counter theme to the social reality of the acupuncture session.

Personalized and Collaborative Care Denoting Holism

Empathetic and personalized care is a hallmark of holistic health practices. To sustain a holistic definition of acupuncture treatment, a sense of customized care is created through certain kinds of touching procedures and talk, involving a curious balance of routinized medical treatment and personalized therapeutic care. Following Emerson (1970), who stated that mutual acknowledgement of the efficiency of the treatment is necessary to maintain the social reality, this sense of mutual acknowledgement in acupuncture is framed as collaboration.

Alternative therapies incorporate diverse diagnostic and treatment methods, but elaborate consultation and continual feedback between patient and practitioner are a consistent feature of holistic forms of health care (Dacher 2001; Furnham 1996; Kaptchuk 1983; Micozzi 2001). This collaboration

involves the patient in determining the efficiency of the treatment and helps to render the treatment process as highly individualized. Dacher (2001) maintained that a high degree of communication and collaboration between patient and practitioner is a dominant reason that patients give for choosing holistic forms of health care, suggesting that procedures, interactions, and treatment are unique to each particular medical encounter and patient. This sense of customized care is produced through language (including word choice, tone, demeanor) and actions intending to give the patient a sense of relaxation and rejuvenation. The following example from the Inner Balance Acupuncture Clinic in Galway helps illustrate how the portion in the treatment when the patient is left alone just following needle insertions is intended as "time out" for the patient, involving pampering, solitude, and rest. In this example, the interaction and language are attentive to personal comfort, thus adding a sense of intimacy and individuality to the actions even though they are part of a routine.

The patient (Mary) is 74 years old and has been receiving acupuncture treatments from Louise twice a month for the past four years. Mary is a survivor of breast cancer and despite her age, she remains rather active:

> Once Louise has inserted all the needles and turned on the heat lamp, she makes sure there are very few exposed areas of Mary's body; she is somewhat fastidious about tucking the towels over exposed toes, shoulder blades, etc. She adjusts the heat lamp, bringing it just seven or eight inches from Mary's back, and then says, "Now Mary, are you fully comfortable there?" Mary, laying face down on the table, responds affirmatively in a quiet, drowsy voice. Louise gently places her hand on Mary's shoulder and says "Ok, have a little sleep if you can." Mary remains motionless, her body covered in thick, fluffy towels and acupuncture needles. She responds, saying, "I'll try." Louise turns on a small CD player from which synthesized music softly plays. As she adjusts the volume she remarks to Mary, "It might be the only rest you get today, so take advantage of it." She gives Mary a gentle tap on the arm, saying, "Ok, see ya in a little bit," before she leaves her alone, dimming the light and exiting the room.

Mary's age and her survival from cancer underscores the sense of reprieve she expressed to me during our interview following this acupuncture session: "[T]aking time out from my weekly schedule to come and see Louise is so relaxing, you know. At my age I don't often feel very young." Louise's procedural efforts help assure this; she uses a heat lamp and several soft towels to ensure a comfortable body temperature for Mary; at numerous times she also softly touches Mary's body in a reassuring and empathetic manner; she turns on soft music and dims the light before she leaves Mary alone to rest. The nature of Louise's discourse is very attentive; she repeatedly inquires

about Mary's level of comfort and she emphasizes to Mary that this is a time for relaxation.

The next example deals with the mutual acknowledgement of the acupuncture session going right, signaling a certain degree of collaboration between acupuncturist and patient despite some experience of pain. While Emerson identified mutual acknowledgement as an important feature to the medical definition of the gynecological exam, here we see mutual acknowledgement framed as a collaborative effort to ensure the correctness of the procedure, thus contributing to the holistic and pleasurable definition of the treatment.

Breda (patient) is 44 years old and has been receiving treatments from Louise for 3 years. On this occasion Louise is treating Breda for her chronic lower back pains. The first of the needles is inserted in her lower back and twisted by Louise, but does not elicit a response from Breda. Louise asks Breda if she can feel the needle, but Breda says that she can barely feel it. A second needle is inserted and similarly elicits no response from Breda. Louise turns to me and says, "If I don't get the sensation of *qi* after a few little manipulations I usually try again." The second needle is removed and discarded. Louise produces a new needle and she inserts it at another point close to the first attempt, which is met with a very affirmative response from Breda, who exclaims,

> "Ok, [gasp] Wow!" Louise continues to manipulate the needle, even though Breda can obviously feel it. Louise asks her, "Is that Ok?" and Breda calmly and matter-of-factly responds with "That is excruciatingly painful." Louise ceases manipulating the needle and removes it, saying, "We'll try once more. That didn't feel right to me either." Breda is recognizably relieved that the needle has been removed and vocalizes her release from the pain by slowly saying "Oh—My—God." Louise makes a third attempt for this particular acupoint. She swiftly inserts another needle, manipulates it for a few seconds and says; "Now we have it." Breda says, "Ok, that's fine. Thanks."

Here, the patient is recognizably experiencing pain and discomfort, evident through her choice of words, her involuntary gasps for air, and tensing of muscles. This behavior sends a clear signal to the acupuncturist that words alone might not have conveyed. The verbal and non-verbal feedback from the patient not only compensates for needles causing pain, but also helps construct a co-defined sense of the treatment "going right." Even though the patient is experiencing pain, this back-and-forth exchange of words, flinches, needle insertion, and removal makes the session appear highly customized and non-prescriptive—germane to this particular treatment session. Both Mary and Breda actively participate to ensure the

correctness of the procedure, and receive personalized treatment, aiding in constructing the encounter as holistic. Further, the examples above demonstrate how the routines of interaction and use of language add a degree of intimacy and uniqueness to the acupuncture session, demarcating its difference from a biomedical intervention.

The Prophylactic Role of Language: Sustaining Holism through Metaphor

The fact that acupuncture is not painless and involves the insertion of steel needles into the body makes for plenty of opportunities in which the acupuncturist ensures the patient that the act of needling is therapeutic and not part of what could be construed as a counter reality. Characterizing the patient's sensations as therapeutic requires labeling these as something other than biomedicine and in accord with either traditional Chinese medicine (TCM) or holistic healing treatments. While there was some consistency in the types and range of metaphors patients and practitioners used in association with acupuncture treatments and its effects, these could be divided into two categories: naturalistic and electro-mechanistic.

Naturalistic metaphors describe the effects of acupuncture drawing from rural concepts or the natural landscape, and associate the body with purely organic processes, as one female patient said: "The body is a garden, the soil must be tested to produce good crops and acupuncture nurtures this process." Another example comes from a 56-year-old farmer living in rural county Galway who provided the following description: "When the needles go in, I can't feel them at all. The sensation caused by the needles is like a gradual flow of pure spring water into and within the parts of my body that get so sore from work. Actually, it's like warm water being poured slowly over my back—I just love it."

In the following excerpt, it is the practitioner who invokes naturalistic metaphors to better communicate with the patient. The patient (Devon) is in his late-60s, works as a farmer, and has only received two acupuncture treatments prior to this occasion. The acupuncturist diagnoses the patient's condition as one of "excessive Yin" and draws on other TCM terminology and naturalistic metaphors in an attempt to clearly explain to Devon why he has been experiencing bouts of anxiousness, insomnia, and irritability:

> The patient is lying on his back and has removed his shirt. The acupuncturist has just finished taking his pulses, saying, "There's a bit of an excess of Yin," and is now preparing to insert needles in his shins. Naomi (acupuncturist) says, "These points will allow you to get better sleep. You've been eating too much

> spicy food and that has caused excessive Yin. This will help release the build up along your liver meridians, give you more energy and allow you to mellow." Devon (patient) asks, "What's wrong with my liver?" Naomi reassures him that his liver is fine, saying, "It's just how we explain things in acupuncture. It's not just your liver that's causing you to be anxious, it's probably a whole host of things, but mostly your diet and lack of sleep." The man is visibly a little perplexed by the explanation given him. Naomi notices this and tries to explain: "Imagine a field of crops that hasn't received any rain for weeks and weeks, only scorching sun. Well that's your stomach. You eat too many 'hot' [spicy] foods. You need to give it some rain, feed it some 'cool' foods." The explanation seems to resonate with the man and he simply says, "Right. More rain."

The patient is an elderly man, and Naomi's initial attempt to explain his condition according to TCM was not very effective. However, she quickly resorted to words she felt would resonate more clearly with this farmer by drawing on naturalistic metaphors of "scorching sun," "field of crops," and "rain." Indeed, these words appeared to make more sense to him, especially in light of the fact that he has lived close to the land for most of his life. In addition to invoking naturalistic metaphors, a sense of balance (or, restoring balance) is implied as the goal of the treatment. His fiery demeanor is a sign of imbalance, and thus ill health. Yet these "foreign" words made little sense to the man. The acupuncturist recognized this and shifted her description to use naturalistic metaphors. Later, when I asked Naomi about the use of metaphors, she explained to me that "with a lot of older patients you have to speak to them in a language they can relate to. I don't mean speaking English. I mean that some patients can get into the Chinese understanding of things, and others can't. And it's the elderly ones I have to explain things to using 'earthy' words." As Garfinkel (1967) might say, the shift in "indexical expressions" was used to establish an agreed-on social reality and prevented the emergence of counter themes to this reality.

The use of electro-mechanistic metaphors associates both acupuncture and the human body with electrical and mechanical processes. For example, Colleen, a 60-year-old woman who uses acupuncture on a weekly basis as a means of preventative health care, explained to me that she views her weekly treatments as "a sort of tune-up." She went on to describe what she says is a typical experience with the needling: "I'm very accepting as a person, but sometimes I'll get one needle [that] will shoot, give this shocking-shooting sensation that I absolutely love. It isn't a pain, it's a sensation of electricity: like an electric shock, and I think 'Ooh.' But there's no real pain in it. I find that [sensation] sometimes in the hand or the tongue, rather than in the body so much."

Another excerpt from my field notes chronicles a conversation between the acupuncturist, patient, and myself:

> I ask Antonia (acupuncturist) about what she is trying to achieve by stimulating the needle in Kathleen's (patient) arm. She begins describing what she is trying to do, saying "It's not just the sensation of the needle going into the skin, but it's like a deeper sensation, like uh . . . how would you explain it, Kathleen?"
>
> She then refers to the patient, asking her to describe the deeper feeling of the needle.
>
> Kathleen: "That the one [needle] here on the right, now that you're touching it, it is really deep. Um . . . and the other one is more . . . um. [laughs] A kind of a vibration inside."
> Antonia: "Right. Is it vibrating just on this side [of the body]?"
> Kathleen: "Yes."
> Antonia: "And this one [needle vibration] is it traveling?"
> Kathleen: "Yes. It [a sensation of some sort] is vibrating, almost shocking as it pulses down my leg—makes it [she points to her leg] feel a bit like, [laughs] my leg is melting"
>
> Antonia completes inserting all the needles (about ten) and marks this completion verbally by saying, "And that's it. We'll leave you to cook for twenty minutes."

Metaphors such as "energy," "balance," and "electricity" are common within acupuncture consultations. The word "energy" was consistently used (often to acknowledge efforts to restore vitality in the patient) and emerged as one of the prominent modes of rationale for treatments, thus, "structuring [the] conceptual domains" of the clinic (Kirmayer 1993). "Electricity" was often used by patients and acupuncturists to describe the sensation associated with the stimulation and flow of *qi* caused by needle insertions. In this way, electricity became metaphorical shorthand for evoking "abstract sensory/affective associations" (Kirmayer 1993). For patients, metaphors work as indexical expressions to name sensory/affective associations. However, terminology more specific to acupuncture, such as *qi, Yin* and *Yang, shen*, and meridians, are not so easily defined as metaphors since these terms have very real diagnostic, physiological, and anatomical meanings within traditional Chinese medicine.

Acupuncturists often resort to the words "deeper" and "energizing" to describe the intended effects of needling, while a patient may express her sensations by using such words as "vibration," "traveling," "warm tingling," and "electricity." Even though each will use different metaphors to describe

the same sensation, the use of metaphor itself serves as a qualitative logic for constructing the session as holistic, as treatment, and as effective. Considering biomedicine's use of objectifying language and its emphasis on what Mishler has called "culture-free criteria" (1981:141), establishing effective communication while using idiosyncratic, metaphorical, and subjective terminology becomes another way in which the acupuncture session is framed as holistic. While some metaphors are used to describe sensations (e.g., "electricity," "tingling") others are used for contextualizing and framing the goals of the session (e.g., restoration of "energy"). Chinese terminology serves several functions: it can be descriptive of sensorial affects ("rushing *qi*"), it names a particular therapy ("Wind Cold treatment"), and describes a health condition ("excessive *Yin*").

Numerous scholars have indicated the significance of metaphors in medical interactions (Foucault 1973; Kirmayer 1993; Moerman 1997). Metaphorical language is invoked by both patient and practitioner to describe procedures and their desired effects, bodily sensations, and to characterize the overall effect of the treatment. Kirmayer (1993:176) suggested three ways in which metaphors play an essential role in the clinical process: 1) by structuring conceptual domains through the qualitative logic of metaphoric implication; 2) by evoking sensory/affective associations that dominate or transform more abstract and rigid constructions; and 3) by bridging the archetypal and mythic levels of experience. Another function I add to the role of metaphor in the clinical process is a prophylactic one: suspending the emergence of counter themes. While metaphors sustain the holistic definition of acupuncture, there are, however, circumstances in which this definition of the encounter is directly threatened. In these instances the acupuncturist resorts to various means of neutralizing threats to the holistic and therapeutic definition of the treatment.

NEUTRALIZING THREATS TO HOLISM

According to Emerson's study (1970:88), the most significant means of neutralization during the course of the examination stem from the strategic use of language, ranging from praising a patient for her cooperation to careful explanation of technical details. Several of these linguistic strategies, such as nonchalant behavior, apologizing for the infliction of pain, verbally interrupting the patient, distracting the patient, restating what patients say into medical terms, and the use of humor, are neutralizing efforts that acupuncturists use as well.

Western, scientific medicine has been widely noted for its treatment of patients as technical objects (Emerson 1970; Foucault 1973; Handwerker

1995). Treating patients not as individuals but as objects occurs through the use of language, actions, and a prescriptive approach to treatments (e.g., everyone who complains of flu symptoms receives approximately the same pharmaceutical prescription). These are all mechanisms through which the physician exercises and maintains authoritarian control throughout the clinical encounter. Strategic language can be used to maintain this stratified relationship, especially assistive in down-playing or diverting attention away from using invasive medical devices (from tongue depressors to scalpels) that place patients in vulnerable positions. In addition, the unequal procedures of disrobing, lying down, and the use of anesthesia are intended to ensure the passivity of the patient.

Numerous aspects of acupuncture sessions share strong similarities to biomedical encounters, including the disrobing of the patient and the expectation that he or she will remain passive and still while the practitioner directs the course of the treatment/examination. Obviously, a striking similarity is made through the insertion of steel needles into the patient.

Even though many of the patients I interviewed receive acupuncture fairly frequently (every two to three weeks), several expressed to me a concern about the needling. One patient—diagnosed with HIV a year prior—was receiving acupuncture to augment the ill-effects of the retrovirus medications he was taking: "I do NOT like needles: acupuncture, medical, or for drugs, I just can't take them." He went on to say that he was "hesitant to pursue acupuncture because the idea of more needles being stuck into me" was a concern. When asked to define acupuncture, another patient characterized it as "slightly distressing needle work, but of a different kind [than syringes], with beneficial relaxing, soothing effects." While some patients made a clear association between acupuncture and hypodermic needles, others did not. Several studies have examined patient needle phobia as an obstacle to effective medical treatment (Hamilton 1995; Zambanini and Feher 2004), but only Sierpina and Frenkel (2005) focused specifically on needle phobias in relation to acupuncture, suggesting that some patients will not tolerate acupuncture solely because of a needle phobia. But how can we account for the range of reactions: from a clear phobia and dislike to a characterization of it as natural, non-invasive, and appealing?

While, as I have argued, the aesthetic design and the strategic use of language and non-verbal forms of communication assist to construct acupuncture as holistic, naturalistic, and appealing, it is also necessary to prevent any association with hypodermic needles from being made. Surely, these are two very different means of treating a patient and managing health care. However, in ways that are visual, tactile, and emotional (e.g., angst/fear about needles), needle insertion necessitates puncturing the patient's skin. In addition to non-verbal elements, linguistic strategies

are employed to serve in a prophylactic function: not only for preventing but for counteracting the emergence of a social reality that threatens the holistic-therapeutic-pleasant definition of the encounter. Below examples are provided of three of the more common linguistic strategies used by acupuncturists for neutralizing threats to the session's holistic definition: rephrasing, humor, and extra-examination discourse.

Rephrasing to Maintain Control

The following example occurred at the Inner Balance Acupuncture Clinic. The patient (a 33-year-old female) had been receiving acupuncture on average twice a month for two years for general health maintenance. On this visit, she had come seeking relief from the headaches she had been experiencing over the past week. In this first excerpt, the acupuncturist rephrases what the patient says to maintain control of the encounter.

> During the initial stage of the consultation Louise takes down notes on her clipboard while sitting to the side of the treatment table upon which Nula is seated. Nula is fully clothed but for her bare feet. Louise asks Nula if the headaches she has been complaining about coincided with the onset of her menstrual cycle (referred to as her "period"). Nula responds by saying that her back and neck pain came after she got her period. Louise stops taking notes and looks directly at Nula (until this point in the exchange there had been no eye contact). Apparently, Nula did not answer the question to Louise's liking. Louise restates her question, saying "But the headaches are still since your period, right?" While breaking eye contact with Louise, Nula agrees with Louise's assertion but quickly follows this by stating "But I really don't see any relation between the two [i.e., headaches and her period]."

In this exchange, the acupuncturist draws a correlation with which the patient (for whatever reasons) is not entirely comfortable. When Louise points out that she is correct in assuming that the headaches and menstruation have coincided temporally, Nula agreed but adamantly voiced her opinion that there is no causal relationship between the two. However, the acupuncturist had the last word on the matter. Also, during the initial stages of this exchange the body language of the two remained the same: Louise wrote down notes, rarely looking up at Nula to make eye contact, and Nula sat with her knees to her chest, hands clasped around her ankles. But when Louise proposed a link between the headaches and Nula's menstruation, she stopped taking notes and looked at Nula with a confrontational expression. At this point Nula looked down and began fiddling with a blanket that was folded near her feet. As she responded to Louise's

question, she played with the blanket and then moved it a few inches. Louise then returned to writing notes. She looked up and summarized the situation: "So it's your left hip, your back, your shoulders, and your neck . . . *and* your period." In light of the slight miscommunication between the two, Louise's confrontational facial expression and last statement served to assert authority, swiftly summarizing Nula's condition and why she has come in for treatment, and to neutralize any threats to her maintenance of the holistic definition of the diagnostic discourse. While collaboration is an essential feature to forms of holistic treatment, as this example shows, it is not enacted to the extent that it eclipses the acupuncturist's dominance. Even within the context of a holistic health session, the practitioner (like the physician) attempts and succeeds in maintaining control over interpreting and constructing definitions of the patient's health condition.

Humor as More Than Good Medicine

Later in the session with Nula and Louise, both women resort to a strategic use of humor, albeit, for different reasons:

> About halfway into the needling portion of the session, Nula gives forth a slight gasp and a laugh, saying, "I feel like I have four-hundred needles stuck in me." While not taking her literally, Louise does not treat this comment lightly; she delicately manipulates one of the needles and assures Nula that she does not have that many needles stuck in her. Louise shifts into a more joking response to Nula's comment and apparent discomfort by saying "You haven't got that many in you, but we *are* going to try and break the record for the most number of needles." As she finishes this statement, she inserts another needle and Nula gives forth a similar painful response. The joke doesn't appear to be alleviating the pain.

Following the needling, Louise administers cupping to Nula's back. During this portion of the treatment Nula uses humor in the form of a sharp satirical remark against her acupuncturist.

> Nula remains laying on her stomach. The needles have been removed and there are small red marks where the needles had penetrated her skin. At this point Louise is gliding a small glass cup over Nula's upper back. Nula gives a pained vocal response, "ooh," when the glass cup glides across the center of her back. Louise asks, "Is that area very sore?" Nula nods affirmatively and adds in a sarcastic tone, "It's not too bad." In response, Louise tells her that she'll "go slowly" over that area (presumably so as to reduce the pain it is causing). However, in a half-joking manner, Nula identifies Louise's empathy as antagonistic, by saying, "Go slowly? So you can drag out the pain I bet."

In this situation the patient used humor to "retaliate" against the practitioner, and in doing so, presents a possible threat to the stability of the holistic and therapeutic definition of the treatment. At the end of the cupping Louise also used humor and redefinition (e.g., exaggeration) in an attempt to ease the sense of pain she has caused Nula:

> While removing the glass cup from Nula's back, Louise says, "Ok—torture's nearly over. As you know you've got to get your ears done now." Nula's dramatic response of covering her face with her hands, while exclaiming, "Oh no," clearly show that she has had enough for one day. Throughout the treatment, Louise continually refers to it as "torture."

Louise has expressed to me on numerous occasions that it is necessary for patients to feel some pain in order for her to know that the session is effective: "The pain actually plays an important role in acupuncture—it lets me know that I've hit the right spot. And also, the more acupuncture you receive the more you start to feel the needles. It's more effective if there's pain." This is a sentiment shared by many of the European acupuncturists that I interviewed. However, the two Chinese acupuncturists (one male, one female) who I interviewed in Ireland did not share this sentiment. The explanation for these varying attitudes toward the role of pain in acupuncture among my research subjects can only be speculated. For now, let me simply suggest that an approach that relies on pain as a signifier of effectiveness is less intuitive than an approach that does not require such observable reactions on the part of the patient.

Torture is certainly an exaggeration of the treatment, and no patient described acupuncture in this way. However, Louise intended to insert a few more needles into Nula's ears (a procedure Louise knows that Nula finds especially painful), and her choice of words served three functions: (1) it redefined the treatment (even if sarcastically) to suggest that it could have been worse; (2) it attempted to introduce humor to alleviate some of Nula's discomfort; and (3) it served as an attempt to make an easier transition into the final portion of the treatment (ear needling). By naming the session for what it was not—yet could have been interpreted as—Louise used exaggeration, humor, and redefinition for neutralizing threats to the therapeutic definition of her actions. Analysis of this particular interaction underscores how acupuncture sessions are constructed as a holistic medical procedure.

Extra-Examination Discourse (or, Embracing Your "Torturer")

A major safeguard of the medical reality, Emerson said, is that challenges are "channeled outside the examination" as forms of extra-examination

discourse, where complaints about the treatment are expressed at a time that do not "undermine" the definition of the social reality (1970:90–91). Within the context of the acupuncture sessions, extra-examination discourse does not typically involve complaints about the treatment, but rather the cordiality displayed in conversation and behavior serve to bracket and maintain the holistic definition of the treatment. The interpersonal contact and kind gestures add to the informal and semi-intimate encounter between patient and practitioner, and since these occur at outset and conclusion of the session, the casual exchanges provide friendly and positive bookends to the more potentially contentious needling portion of the encounter. As one patient said, "You don't seem to be a patient, you're just friends. I never feel like a patient here. And the atmosphere. . . . I love the atmosphere here. It's a great place to come to. You always come out of here feeling very well."

While the extra-clinical discourse aids in sustaining the holistic medical definition of the treatment, this was especially important if the needling portion of the visit was contentious. Immediately following the session involving Nula and Louise, I witnessed their extremely friendly exchange, with an embrace and farewell wishes. The interaction was more reminiscent of two close friends saying goodbye than of a departure at a medical clinic. These sorts of informalities are characteristic of the casual and endearing atmosphere of holistic clinics, suggesting that a visit to the acupuncturist is not unlike a trip to a hair salon or health spa. The departure is a delicate time and ending the encounter on a light and friendly note frames the session overall with a positive denouement.

CONCLUSION

Suppressing counter reality, recoding actions as impersonal, and characterizing the procedure as common and the patient as a technical object, are strategies identified by Emerson (1970). In acupuncture sessions, the latter plays out in a complicated manner: although treatments are routinized and the patient is treated as a technical object, the acupuncturist takes great effort to impart a sense of empathy and individualized care that patients ultimately describe as one of the most appealing features of acupuncture.

While acupuncture and holistic medicines encourage and demonstrate a significant degree of patient participation, the encounter is far from egalitarian. The patient has sought out the professional acupuncturist to address his or her health concerns, and in doing so must be willing to submit to the acupuncturist's authority; arguably an asymmetric of power is inherent in, and necessary to, any patient-practitioner relationship to maximize effective health care (Parsons 1975). Although acupuncturists maintain authority

through procedural and discursive acts, the assertion of authority is exercised somewhat differently than in biomedical clinical encounters. The emphasis is not only to be efficient, but to maintain the social reality of the acupuncture session as holistic.

But the definitions produced are neither absolute nor singular: multiple definitions of the social reality may co-exist or be at odds at different points during the treatment. One of the most consistent responses as to why people begin and continue to use acupuncture is its perceived difference from past (mostly negative) experiences with biomedicine. Patients informed me that they find acupuncture appealing for its non-invasive form of treatment, that it does not rely on toxic pharmaceuticals, and that the practitioner displays genuine concern for their well-being—evidenced by the length of the clinical sessions and the level of personalized treatment received. Such characteristics remain typically absent from biomedical treatments, and thus serve as motivating factors for pursuing alternative and holistic forms of medicine.

I have argued in this article that the discursive *and* embodied aspects of acupuncture treatments are linked. Patient sensory experiences aid in constructing acupuncture as holistic, but also contribute to affirmations of efficacy and the appeal of continuing with acupuncture as a form of health care. The discursive and ritualized components to acupuncture not only allow for sessions to proceed effectively but also affectively: that is, the procedural and aesthetic elements become part of the embodied experience of the patient, the interpretation of which effects future decisions to continue with treatment.

Constructing a holistic definition of acupuncture also enhances the therapeutic qualities of the treatment. As one acupuncturist said to me "If patients come in with all this stress and leave feeling totally different I know it's not just the needles." When I asked her to elaborate, she provided me with a rather vague summation, saying, "It's a holistic thing," suggesting that she believes elements other than the needling have a positive effect on the patients. While strategies are used to construct and maintain the social reality of acupuncture treatments as holistic, visual aesthetics and the atmosphere of the clinics are designed to assist in what Linda Barnes called the "ephemeral dimensions" of healing (2005:239). While maintaining a clinical environment complements the therapeutic benefits of needling, how patients interpret actions and aesthetic elements is another matter.

If particular social realities are constructed through language, interaction, and routine—as ethnomethodology scholars contend—we must also look to how the design and aesthetics of these social settings aid in constructing their definitions. The constructed nature of reality, as Mishler has said, "does not mean that the world exists only in our heads; rather, that the world as a *meaningful* reality is constructed through human interpretive

activity" (1981:141). Acupuncture sessions exist as such, not just through naming these encounters as holistic health practices but through the complex mix of aesthetic, discursive, and procedural acts. As I hope to have illustrated here, the performed/constructed social reality of acupuncture is that of a holistic medical practice, where even significant levels of discomfort and pain become framed and interpreted as therapeutic, and where—curiously enough—an unmistakably invasive medical procedure is regarded as natural.

NOTE

1. The first viewing occurred while I was dubbing the digital master to a VHS format. This was an uninterrupted procedure where I took notes designating time, location, and personnel. This was done so as to gain an appreciation of the treatment session occurring in "real time." The second viewing involved a more intensive analysis of the video data, frequently stopping the tape to take notes, transcribe dialogue, and write down interpretations of particular gestures or make commentary on the atmospheric elements captured on tape. The third viewing involved scrutiny over particular sections of the tape that were then coded according to categories related to what patients found to be appealing about receiving acupuncture. The fourth viewing was carried out to make sure that I had not misheard lines of dialogue, overlooked any intriguing portions of the encounter, and to ensure the accuracy of my transcription.

REFERENCES

Astin, J.
1998 Why patients use alternative medicine. Journal of the American Medical Association 279(19):1548–1553.

Anderson, K. T.
2007 Towards the within: Visual culture, performance, and aesthetics of acupuncture. Doctoral dissertation, Department of Anthropology, University of Massachusetts-Amherst.

Baer, H.
2001 Biomedicine and Alternative Healing Systems in America: Issues of Class, Race, Ethnicity, and Gender. Madison: University of Wisconsin Press.

———.
2003 The work of Andrew Weil and Deepak Chopra—Two holistic health/New Age gurus: A critique of the holistic health/New Age movements. Medical Anthropology Quarterly 17(2):233–250.

Barnes, L.
2005 American acupuncture and efficacy: Meanings and their points of insertion. Medical Anthropology Quarterly 19(3):239–266.

Coote, J. and A. Shelton
1992 Introduction. *In* Anthropology, Art, and Aesthetics. J. Coote and A. Shelton, eds. Pp. 1–14. Oxford: Clarendon Press.

Dacher, E.
2001 The development of an integrated medical model. *In* Fundamentals of Complementary and Alternative Medicine. M. Micozzi, ed. Pp. 57–71. New York: Churchill Livingstone.
Desjarlais, R.
1992 Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalayas. Philadelphia: University of Pennsylvania Press.
Eisenberg, D. M., R. B. Davis, S. L. Ettner, S. Appel, S. Wilkey, M. Van Rompay, et al.
1998 Trends in alternative medicine use in the United States, 1990–1997: Results of a follow-up national survey. Journal of the American Medical Association 280:1569–1575.
Emerson, J. P.
1970 Behavior in private places: Sustaining definitions of reality in gynecological examinations. *In* Recent Sociology No. 2: Patterns of Communicative Behavior. H. P. Dreitzel, ed. Pp. 74–97. New York: The Macmillan Company.
Ernst, E. and A. White
1999 Conclusion. *In* Acupuncture: A Scientific Appraisal. E. Ernst and A. White, eds. Pp. 153–157. Oxford: Butterworth-Heinemann.
Foucault, M.
1973 The Birth of the Clinic: An Archaeology of Medical Perception. New York: Vintage Books.
Furnham, A.
1996 Why do people choose and use complementary therapies? *In* Complementary Medicine: An Objective Appraisal. E. Ernst, ed. Pp. 71–88. Oxford: Butterworth Heinemann.
Garfinkel, H.
1967 Studies in Ethnomethodology. Englewood Cliffs, NJ: Prentice-Hall.
Hamilton, J. G.
1995 Needle phobia: A neglected diagnosis. Journal of Family Practice 41(2):169–175.
Handwerker, L.
1995 The hen that can't lay an egg: Conceptions of female infertility in modern China. *In* Deviant Bodies. J. Terry and J. Urla, eds. Pp. 358–386. Bloomington and Indianapolis: Indiana University Press.
Ho, E.
2006 Behold the power of Qi: The importance of Qi in the discourse of acupuncture. Research on Language and Social Interaction 39(4):411–440.
Joralemon, D.
1999 Exploring Medical Anthropology. Boston: Allyn and Bacon.
Kaptchuk, T.
1983 The web that has no weaver: Understanding Chinese medicine. Chicago: Congdon & Weed, Inc.
———.
2002 The placebo effect in alternative medicine: Can the performance of a healing ritual have clinical significance? Annals of Internal Medicine 136:817–825.
Kirmayer, L. J.
1993 Healing and the invention of metaphor: The effectiveness of symbols revisited. Culture, Medicine and Psychiatry 17:161–195.
Logan, P.
1981 Irish Folk Medicine. Belfast: Appletree Press.
MacDougall, D.
1999 In search of a social aesthetic. Sights: Visual Anthropology Forum http://cc.joensuu.fi/sights/david2.htm

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Micozzi, M.
2001 Translational issues in conventional and complementary medicine. *In* Fundamentals of Complementary and Alternative Medicine. M. Micozzi, ed. Pp. 9–17. New York: Churchill Livingstone.

Mishler, E.
1981 The social construction of illness. *In* Social Contexts of Health, Illness and Patient Care. E. Mishler, ed. Pp. 141–168. New York: Cambridge University Press.

Moerman, D.
1997 Physiology and symbols: The anthropological implications of the placebo effect. *In* The Anthropology of Medicine. L. Romanucci-Ross, D. E. Moerman, and L. R. Tancredi, eds. Pp. 240–253. Westport: Bergin & Garvey.

Murphy, A.
1995 Contemporary health practices in Ireland: An urban/rural analysis. Masters Thesis, Department of Health Promotion, University College Galway.

Parsons, T.
1975 The sick role and the role of the physician reconsidered. The Milbank Memorial Fund Quarterly. Health and Society 53(3):257–278.

Sierpina, V. and M. Frenkel
2005 Acupuncture: A clinical review. Southern Medical Journal 98(3):330–337.

So, D.
2002 Acupuncture outcomes, expectations, patient-provider relationship, and the placebo effect: Implications for health promotion. American Journal of Public Health 92(10):1662–1667.

Taylor, L.
1995 Occasions of Faith: An Anthropology of Irish Catholics. Philadelphia: University of Pennsylvania Press.

Zambanini, A. and M. D. Feher
2004 Needle phobia in type 1 diabetes mellitus. Diabetic Medicine 14(4):321–323.