**A qualitative exploration of how patients conceptualise their acupuncturists: technicians, caring professionals, and wise healers**

Felicity L Bishop PhD a \* & George T Lewith FRCP b

a Centre for Applications of Health Psychology, Faculty of Social Human and Mathematical Sciences, Building 44 Highfield Campus, University of Southampton, Southampton SO17 1BJ United Kingdom. Email: F.L.Bishop@soton.ac.uk. Phone: +44(0)23 8059 9020. Fax: +44(0)23 8059 4597.

b Primary Care and Population Sciences, Aldermoor Health Centre, University of Southampton, Southampton, SO16 5ST, United Kingdom. gl3@soton.ac.uk.

\* Corresponding author at: Centre for Applications of Health Psychology, Faculty of Social Human and Mathematical Sciences, Building 44 Highfield Campus, University of Southampton, Southampton SO17 1BJ. UK. Email: F.L.Bishop@soton.ac.uk. Phone: +44(0)23 8059 9020. Fax: +44(0)23 8059 4597.

**Funding**

At the time of this study, GTL’s post was supported by a grant from the Rufford Maurice Laing Foundation and FLB’s post was funded by a grant from the Southampton Complementary Medical Research Trust. This research was funded by the Southampton Complementary Medical Research Trust and the Korean Pharmacopuncture Institute. The funding bodies had no role in the design, collection, analysis and interpretation of the data, or in the writing of the manuscript or in the decision to submit the manuscript for publication.

**Abstract**

Objectives. To explore how patients conceptualise acupuncturists, the meanings ascribed to the therapeutic relationship and valued therapeutic behaviours.

Design: Qualitative study. Semi-structured face-to-face interviews explored patients’ experiences of acupuncture. A diverse sample of 35 participants took part; they had used acupuncture for a variety of predominantly chronic conditions. Inductive thematic analysis was used to identify themes.

Setting: Southern England.

Results. Participants conceptualised acupuncturists in three ways: technician, caring professional, and wise and gifted healer. Each conceptualisation had different implications for patient health. For example, lifestyle advice from a wise healer was seen as inspirational wisdom, while lifestyle advice from a caring professional was seen as evidence of caring. Participants inferred empathy when acupuncturists took a detailed history, took notes during treatment, and provided therapeutic commentaries. Participants inferred knowledge and/or wisdom when acupuncturists made changes to treatments over time, provided explanatory frameworks for their symptoms, and made effective recommendations concerning lifestyle and health behaviours.

Conclusions. The findings provide novel insights into how patients view acupuncturists, suggesting acupuncture-specific models that do not directly map onto conventional models of doctor-patient relationships. Understanding how patients think about their acupuncturist and make sense of clinical interactions could help acupuncturists to hone their therapeutic skills.

**1 Introduction**

Acupuncture is a form of alternative medicine that originated in China and involves the insertion of fine needles at specific points on the body. It is popular with patients, accepted by many biomedical doctors and is increasingly integrated into conventional public health care systems.1-6 In the UK acupuncture is available from doctors, physiotherapists, and other statutorily-regulated medical professionals (often in the form of western medical acupuncture) and non-medically qualified acupuncturists (often in the form of traditional Chinese acupuncture). Non-medically qualified acupuncturists have voluntary regulation. Trials and meta-analyses suggest acupuncture has clinically and statistically significant effects in chronic pain conditions, but the difference between true acupuncture and sham acupuncture is often small compared to the difference between acupuncture and usual care.7-10 This suggests that acupuncture’s effects are derived not only from the insertion of needles but also, in large part, from the broader contextual components of this complex intervention and in particular the patient-practitioner relationship.11-13

There is good evidence from conventional medical settings that the patient-practitioner interaction is an important and modifiable component of treatment context, which influences health outcomes across diverse interventions and conditions.14 Particular consultation features that have been shown quantitatively to contribute to better outcomes include positivity, empathy, and patient-centeredness.15-19 In acupuncture, the evidence is mixed and we do not fully understand what the contextual components of care are and how they shape outcomes. An attentive, warm, and confident practitioner augmented the effects of sham acupuncture in a trial in irritable bowel syndrome20 but results of similar trials in osteoarthritis were mixed.21, 22 Similarly, questionnaire-based studies in which patients rate their acupuncturist’s empathy report mixed findings on whether empathy predicts better treatment outcomes 23, 24. Some practitioner characteristics appear to be unrelated to outcomes: across a number of large trials the practitioner’s acupuncture qualifications and experience did not modify treatment effects.25-28 Qualitative methods could offer fresh insights into the fundamental nature of therapeutic relationships in acupuncture which might help provide a theoretical grounding to improve our understanding of how contextual features of acupuncture shape patient outcomes.

Qualitative interview studies have explored patients’ experiences of acupuncture, including their perspectives on therapeutic relationships. Findings from these studies can be related to Roter’s29 three prototypes of patient-practitioner relationships: paternalistic, mutualistic, and consumerist (see Table 1). In a longitudinal study of Chinese acupuncture in England, patients valued therapeutic relationships characterised as egalitarian and non-hierarchical,30 which is similar to the mutualistic prototype described by Roter. Relationships between medical acupuncturists and patients in Germany may be more paternalistic and were described as showing passive consumerism, in which patients assessed the quality of acupuncture treatments but showed little interest in understanding acupuncture or actively making treatment decisions.31 In England, the private sector facilitated more consumerist relationships than the public sector but acupuncture patients in both sectors were often poorly informed.32 Compared to usual care settings, clinical trials provided little opportunity for the shared decision-making that characterises mutualistic relationships.33 Qualitative studies have also described aspects of the therapeutic relationship that are valued by some (but not all) acupuncture patients, including: feeling able to talk to the acupuncturist, taking an active role in treatment, getting an explanation of acupuncture and/or oneself and one’s health, being understood and treated as a unique whole person, and feeling cared for.21, 30, 32, 34-37 Structural features, such as long consultations and short waiting times, are also valued by some patients.32, 37

In summary, the patient-practitioner relationship is an important contextual component of health care and acupuncturists might be particularly good at developing positive therapeutic relationships with their patients. However, quantitative studies have reported inconsistent findings and we do not fully understand the ways in which patients experience these relationships. While there is now a body of qualitative literature on patients’ experiences of acupuncture, we aimed to extend this literature by contributing a focused analysis of patients’ perceptions of their acupuncturist. Our objectives were to identify the meanings that patients ascribe to the therapeutic relationship in acupuncture and acupuncturist’s behaviours which patients particularly value. In addressing these, we hoped to provide evidence of the transferability (or not) of previous qualitative findings to other settings, to shed new light on therapeutic relationships in acupuncture, and to identify opportunities to enhance practice both within and possibly beyond acupuncture.

**2 Methods**

2.1 Data Collection and Participants

The data for this analysis come from a study that aimed to identify contextual features of acupuncture, from patients’ perspectives. Ethical approval was obtained from the host institution’s ethics committee (reference: ST/03/92). Two other papers using this data have been published; these papers focused on how patients choose acupuncturists38 and patients’ preconceptions of acupuncture.39 As reported previously, semi-structured face-to-face interviews (conducted during 2007) explored people’s experiences of acupuncture treatment and were conducted by the first author in a location of the participant’s choosing (most often their home, occasionally their work place). The topic guide explored the context of acupuncture from patients’ perspectives, construed broadly as beginning from before the first treatment and extending throughout patients’ experiences of acupuncture. The initial broad question allowed participants to tell their story of acupuncture in their own words (“I’m really interested in finding out why you chose to have acupuncture and what it has been like now that you have tried it. Please could you tell me all about it?”); follow-up questions encouraged them to elaborate on different aspects of acupuncture, including their experiences of their acupuncturist (e.g. “Could you tell me about the person who gives you your acupuncture?”). Interviews lasted from 24 minutes to 2 hours (median = 53 minutes).

We tried to recruit participants who would give us varied accounts of acupuncture, in order to map a range of contextual components. Six men and 29 women aged between 26 and 86 years (median 53 years) volunteered and gave informed consent to take part in an audio-recorded interview. They had experienced acupuncture treatment for various conditions including hay fever, rheumatoid arthritis, infertility, stress, and wheat intolerance. Participants were recruited from 7 acupuncturists providing traditional Chinese acupuncture in private practices in predominantly suburban areas of Southern England (n=26) and the University community via a website advert asking for people who had experienced “disappointing, unsuccessful or negative experiences of acupuncture” (n=9). We were able to recruit participants who had accessed western medical acupuncture in the National Health Service (n=5) and obtain heterogeneity in commitment to acupuncture: one participant had only experienced a single acupuncture treatment while one had been attending acupuncture on a regular basis for 25 years. Some participants described multiple experiences of having acupuncture and these were explored in the interviews. We started data analysis on completing the first interview; subsequent interviews and analysis proceeded iteratively. We stopped recruiting when categories and themes were well-developed in relation to our initial research question, new interviews added little fresh material and it was felt that new insights would only be generated by considerably expanding the sampling frame (e.g. to a distant geographical area).40, 41

2.2 Data Analysis

Interviews were transcribed verbatim and identifying details were disguised, e.g. real names were replaced with pseudonyms. We have previously described in detail our epistemology (critical realist) and analytic approach.39 In brief, we began by using techniques from framework analysis42 to organise patients’ talk into five domains of contextual features: themselves in relation to acupuncture, acupuncture consultations and treatments, their acupuncturist, their relationship with their acupuncturist, and the physical and institutional setting of acupuncture.14, 43 The findings reported below emerged from an inductive thematic analysis44, 45 of patients’ talk about their acupuncturist. First, open-coding was used wherein short verbal labels were generated by FLB to describe the content and meaning of speech segments; second, constant comparison was used wherein FLB compared codes across and within individuals to identify similarities, differences, and patterns; finally, a narrative rendering was produced by the authors in collaboration, describing major themes that repeated throughout the data and encompassing the range of perspectives expressed in the interviews. Anonymised quotes presented below have been selected for typicality and eloquence in illustrating a particular analytic point.

**3 Results**

We identified three ways in which participants talked about acupuncturists: acupuncturist as technician, as caring professional, and as wise and gifted healer. These were mutually exclusive, in that each participant talked about any particular acupuncturist in only one way (although participants could of course talk about one acupuncturist as a technician and a different acupuncturist as a caring professional, for example). Occasionally participants described acupuncturists as friends. Acupuncturists were typically seen as striving to deliver holistic, individually tailored treatments within the context of a therapeutic relationship. Participants made inferences about an acupuncturist’s intentions and knowledge from observing behaviours such as history-taking, note-taking, therapeutic commentary, and changes in treatments over time. Table 2 summarises key similarities and differences in how participants viewed acupuncturists.

3.1 Acupuncturist as technician

The acupuncturist as technician should implement needling procedures expertly to obtain the best possible effects; the acupuncturist’s role is to select the optimal points and needling technique for a particular patient on a particular occasion. Viewing one’s acupuncturist as a technician thus entailed a model of acupuncture as a technical procedure, with the emphasis on the correct placement, insertion, and manipulation of needles as the vital ingredient for effective treatment. When talking about an acupuncturist as a technician, participants emphasised their qualifications, training, and expertise in acupuncture. For example, Ken emphasised his acupuncturist’s training and knowledge of Chinese concepts:

“[My acupuncturist] took early retirement, went out to China and did the course out there. And he’s been practicing ever since, so he thinks like a Chinese acupuncturist. You know, he’s all clued up about this qi and all the rest of it which I haven’t a clue what it is, you know.” (Ken)

Dawn did not find her experience of acupuncture helpful and focused on her acupuncturist’s (lack of) technical ability when describing her experience:

“I think I was used as a bit of a guinea pig, he’d probably done a day course and read a book on it and through, oh well, I’ll try that out. I’m not entirely sure that it was appropriate […] I’m not convinced he was qualified.” (Dawn)

Within the acupuncturist-as-technician model, the acupuncturist’s ability to ask questions and listen to the patient’s answers was valued but only because it allowed the acupuncturist to obtain a detailed holistic history that would determine the optimisation and individualisation of needling. Participants prioritised the effects of the needles and placed little emphasis on any intrinsic benefits of a caring therapeutic relationship; they attributed perceived benefits of acupuncture to the needles and the acupuncturist’s skill in applying them, rather than to other features of the consultation. When considering future use of acupuncture, Carl expressed a typical level of comfort with the idea of seeking treatment from a different (suitably qualified) acupuncturist: “I don’t think it’s reliance on [my acupuncturist]. I think it’s reliance on the system; I think what she does works, she happens to be the one that is doing it.” Table 3 illustrates how the perceived role of the caring therapeutic relationship differed between the acupuncturist-as-technician model and the acupuncturist-as-caring-professional model.

Viewing the acupuncturist as a technician positioned the acupuncturist as an expert who applies their skill to a passive patient. The patient is expected to contribute by providing the necessary details to inform the acupuncturist’s decisions, but is otherwise not actively involved in treatment or recovery. When the acupuncturist asked questions, listened, and took notes, patients understood these actions as part of the essential process of informing treatment (needle-related) decisions that did not focus on symptoms in isolation but in the context of the whole person. When the acupuncturist modified treatments this was interpreted as evidence of their skill in providing suitably individualised treatments. For example, Box 1 shows how Lisa appraised the acupuncture that she had while on a cruise ship more positively than the acupuncture she had from a physiotherapist and explained why she felt the cruise ship acupuncturist was more successful and had greater expertise.

3.2 Acupuncturist as caring professional

The acupuncturist as a caring professional helps patients to achieve desired health outcomes not only by correctly placing, inserting, and manipulating needles but also by creating a relaxing healing space within a caring therapeutic relationship. Similar to the acupuncturist as technician model, the acupuncturist as caring professional must ask questions and develop a good therapeutic relationship in order to obtain inform their needling decisions. However, within the acupuncturist as caring professional model the very process of asking questions and listening to patients’ stories also has intrinsic healing value. Viewing the acupuncturist as a caring professional entailed holding a broader model of acupuncture which encompassed and went beyond needling: participants attributed treatment successes to both the needling process and other aspects of the consultation, such as the relationship with the practitioner. Describing an acupuncturist as a caring professional thus involved a broad focus on their technical expertise and qualifications and their consultation style: effective acupuncturists were seen as knowledgeable and skilful technicians and empathic health care professionals. Jackie sought acupuncture for post-viral syndrome and valued her acupuncturist’s technical knowledge (“I feel as if he really knows what he’s talking about”), his ability to listen, the explanations that he gave her and the lifestyle advice he provided:

“He’s a very very good listener as much as anything which really helps. And he didn’t just do the acupuncture he talked about diet and different things and explained what he was doing, why he did what he did, and as I say, you know, I seem to have gradually got better.” (Jackie)

Fay believed that good acupuncturists should be caring professionals, but found her acupuncturist did not meet her expectations in this regard:

“[He was] quite an aloof personality. Very much, you know, standing upright. None of this leaning forward and getting some sort of rapport with you […] That doesn’t give you much confidence I think if people are not genuinely taking an interest in you.” (Fay)

From the acupuncturist-as-caring professional perspective, acupuncturists asking detailed questions and taking notes was interpreted not only as technically necessary (as in the acupuncturist-as-technician perspective) but also, sometimes, as evidence that they cared about the patient as an individual whole person. Similarly, providing new explanations of illness that made sense to patients and providing therapeutic commentary could be interpreted, from this perspective, as evidence of either technical skill and/or more personal empathy (see Box 2).

3.3 Acupuncturist as wise healer

The acupuncturist as wise healer or guide typically transcends therapeutic modality and goes beyond possessing good communication skills; he or she possesses extraordinary, special, wisdom and healing abilities. At the most extreme, Jon described his acupuncturist as “the ultimate therapist”. The acupuncturist as wise healer has more than knowledge, technical skills, and an empathic orientation. He or she also possesses the wisdom to both treat and guide the patient and a healing ability that transcends specific therapeutic modalities. These acupuncturists inspired loyalty, unconditional trust, and - in some patients - a desire to improve oneself and wellbeing in many ways including by making lifestyle changes, relationship changes, and other behavioural and psychological changes in how one relates to the world. Making such changes incorporated taking on board explicit self-help advice as well as more subtle influences. Participants who described their acupuncturist in these terms found it very difficult to consider what might happen if they moved home or their acupuncturist retired. For some (but not all), their acupuncturist had become synonymous with acupuncture to the extent that they could not imagine going to any other acupuncturist. Box 3 presents three examples of participants describing acupuncturists in these terms.

3.4 Friendship and boundaries

Across all three perceptions of acupuncturists, participants drew comparisons between their acupuncturist and friends. For some participants there was a clear distinction between acupuncturist and friend: an acupuncturist was a professional person with whom one wanted some rapport and shared some general chit-chat but with whom any further exchange of personal information was entirely one-sided and part of the treatment process. Jon described his experience of seeing the same acupuncturist for a very long time and yet still knowing relatively little about her:

“And my sense is that the way most people hold boundaries is by being standoffish. [My acupuncturist] doesn’t do that. I’ve never had any sense of her being standoffish. However, from knowing her really well over 21 years, I know nothing about her whatsoever. I know she’s married, I know she’s got no children, I know she’s got a big cat and I know where her house is because for part of the time I’ve known her she practiced out of her house. That’s about it. That’s all I know about her. So she’s got this incredibly delicate way that she manages boundaries.” (Jon).

Participants seemed to understand and accept this type of relationship, although a few were uncomfortable with what they experienced as an intense focus on themselves. The most extreme example of clear demarcation of boundaries comes from Jessica, who was a former colleague and long-term friend of her acupuncturist before going to her for treatment: “It is a different [acupuncturist’s name] to the [acupuncturist’s name] that I see socially, because she’s her professional self and even though we’re also friends I don’t think that her professional demeanour is any different for me than it is for any other patient.”. At the other extreme, a few participants suggested that they were indeed friends with their acupuncturist, which might be considered a false belief or a breach of professional boundaries. It is difficult to choose between these alternative interpretations without having spoken with the acupuncturists or observed consultations. However, none of the participants who claimed that they had become friends with their acupuncturist provided convincing evidence of friendship (e.g. talk about meeting in other settings) as opposed to a non-paternalistic but still professional therapeutic relationship, suggesting a misinterpretation or mistaken characterisation rather than a breach of professional boundaries.

3.5 Valued Consultation Behaviours

Table 4 summarises the different consultation behaviours that participants valued. These did not appear to be linked to how patients conceptualised their acupuncturist.

**4 Discussion**

We identified three ways in which acupuncture patients conceptualise acupuncturists: acupuncturist as technician, as caring professional, and as wise and gifted healer. Occasionally participants described acupuncturists as friends, a possibly mistaken interpretation of caring therapeutic relationships and consultation behaviours and/or a challenge to professional conduct.46 Acupuncturists were typically seen as striving to deliver holistic, individualised treatments within the context of a therapeutic relationship. Participants made inferences about an acupuncturist’s intentions and knowledge from observing behaviours such as history-taking, note-taking, therapeutic commentary, and changes in treatments over time.

The three views of acupuncturists share some features with paternalism, mutualism and consumerism29 but only the acupuncturist as caring professional maps directly onto a prototype (mutualism). The acupuncturist-as-technician had elements consistent with consumerism (patients were focused on the technical physical intervention provided by the expert acupuncturist) and mutualism (patients were required to contribute information about their own experiences in order to inform treatment decisions). The acupuncturist as wise healer was quite paternalistic in that patients metaphorically put these acupuncturists on a pedestal, and yet being inspired to change one’s lifestyle is more active than the notion of complying with a powerful benevolent paternalistic doctor.

Patients who held the acupuncturist-as-technician model also held a narrow view of acupuncture (focused on needles) while the acupuncturist-as-caring professional model entailed a broad view of acupuncture (going beyond needles). Patients in a placebo-controlled acupuncture trial similarly differed in the extent to which they held narrow (i.e. needles only) or broad (needles plus therapeutic relationship) models of acupuncture.47 Patients with rheumatoid arthritis who had received western acupuncture focused almost exclusively on needling, while those who had received traditional acupuncture saw therapeutic relationships as an important component of acupuncture.48 A questionnaire-tool could now be developed to capture patients’ models of acupuncture and test hypotheses, such as whether patients with broader models of acupuncture are more likely to make the recommended lifestyle changes that feature strongly in acupuncturist-patient interactions 49, 50 and characterise traditional acupuncture care.51, 52 If participants’ meanings are key mediators of context effects53 then the different ways in which patients make sense of and think about their acupuncturist could mediate (or moderate) the effect of therapeutic relationship variables on health outcomes. For example, patients’ perceptions of empathy might only predict outcomes in those patients who highly value empathy, i.e. those who have broad models of acupuncture and/or see acupuncturists as caring professionals. This could help explain discrepant findings in studies of empathy and acupuncture outcomes.21-24

Our conclusions are limited by our reliance on one-off interviews, which means we were unable to explore the development of patients’ perceptions of practitioners over time. By collecting interview data rather than observing consultations we are not able to comment on how acupuncturists behave in consultations; however, this was consistent with our aim to examine how patients experience and interpret their acupuncturists. We do not know how acupuncture patients in other settings (e.g. in inner cities or in very remote locations) might perceive their acupuncturists, but we did interview patients with a wide variety of experiences which gives us some confidence that the models of acupuncturists that we identified would be found in other acupuncture settings. Future studies could ascertain the extent to which other complementary therapists (or indeed conventional physical therapists) are viewed as technicians, caring professionals, and wise healers.

Our data do not suggest an optimal role to adopt in consultations. Indeed, the concept of patient-centeredness clearly implies that the optimal consultation style (e.g. the degree of shared decision-making) will differ across patients.54 Instead, by analysing patients’ perspectives we hope to have laid these open for examination by practitioners as part of reflective practice. The patient who sees their acupuncturist as a technician might have excellent attendance for treatments but be unlikely to take on board self-care or self-management advice; the patient who sees their acupuncturist as caring professional might be particularly impressed with a caring manner but might be prone to seeing their acupuncturist as a counsellor; the patient who sees their acupuncturist as a wise healer might be more likely to act on self-care advice but will probably need considerable help adjusting to a substitute or new acupuncturist. Patients’ models of their acupuncturists thus offer different clinical opportunities and challenges for practitioners. These models may also offer different political opportunities and challenges. The acupuncturist as technician model appears to align with the idea of acupuncturists as allied health professionals, integrating into mainstream health services by being assimilated to provide a narrowly-defined specialist service that moves away from its traditional origins.55-57 The acupuncturist as wise healer model focuses on the individual autonomous practitioner who inspires lifestyle changes, which might be plausible within the structures of mainstream services as an island of holistic practice56 and aligns well with health policy emphasis on patient self-management.58 The caring professional model occupies a middle-ground between these two. The extent to which acupuncturists recognise and/or cultivate these models in different settings and with different patients is an important question for future research.

Interestingly, patients who utilised different models of acupuncturists described and valued similar behaviours being performed by their acupuncturist. Many of the acupuncturist behaviours that our participants valued, such as detailed holistic history-taking, have been described as characteristic features of traditional acupuncture11 and may contribute to the development of patients’ trust in acupuncturists.59 However, participants in this study interpreted these behaviours in various ways depending on their model of the acupuncturist. For example, taking notes was typically interpreted as a vital part of treatment within the acupuncturist-as-technician model but was also taken as an indicator of interpersonal care within the acupuncturist-as-caring-professional model. We hope to sensitize practitioners to the variety of inferences that their patients might be making based on these routine clinical behaviours.

**5 Conclusions**

We have shown that acupuncture patients develop complex understandings of their acupuncturist. These understandings may guide patients’ future use of acupuncture as well as their intentions and actions in relation to lifestyle advice. Acupuncturists might consider how to help patients reach an understanding of their role that is acceptable to both parties. Future studies could examine whether patients view practitioners of other complementary and even conventional therapies in similar ways and test whether patients’ views of acupuncturists mediate or moderate the influence of the therapeutic relationship on health outcomes.

**Conflict of interest statement**

None declared.

**Acknowledgements**

The authors would like to thank all those who took part in these interviews and shared their experiences with us; the acupuncturists who distributed study information packs to their patients; and Jackie Burnham and Jane Cousins who helped transcribe the interviews.

**References**

**1.** Savigny P, Watson P, Underwood M, on behalf of the Guideline Development G. Early management of persistent non-specific low back pain: summary of NICE guidance. *Br Med J.* 2009;338(jun04\_3): b1805.

**2.** Cheshire A, Polley M, Peters D, Ridge D. Patient outcomes and experiences of an acupuncture and self-care service for persistent low back pain in the NHS: a mixed methods approach. *BMC Complement Altern Med.* 2013;13: 300.

**3.** Hopton AK, Curnoe S, Kanaan M, MacPherson H. Acupuncture in practice: mapping the providers, the patients and the settings in a national cross-sectional survey. *BMJ Open.* 2012;2(1).

**4.** Eardley S, Bishop FL, Prescott P, et al. A systematic literature review of complementary and alternative medicine prevalence in EU. *Forschende Komplementarmedizin (2006).* 2012;19 Suppl 2: 18-28.

**5.** Burke A, Upchurch DM, Dye C, Chyu L. Acupuncture use in the United States: Findings from the National Health Interview Survey. *J Altern Complement Med.* 2006;12(7): 639-648.

**6.** Unwin J, Peters D. Gatekeepers and the Gateway â€“ a mixed-methods inquiry into practitionersâ€™ referral behaviour to the Gateway Clinic. *Acupunct Med.* 2009;27(1): 21-25.

**7.** Manheimer E, White A, Berman B, Forys K, Ernst E. Meta-analysis: acupuncture for low back pain. *Ann Intern Med.* 2005;142 651-663.

**8.** Vickers AJ, Cronin AM, Maschino AC, et al. Acupuncture for chronic pain: Individual patient data meta-analysis. *Arch Intern Med.* 2012;172(19): 1444-1453.

**9.** Linde K, Niemann K, Schneider A, Meissner K. How large are the nonspecific effects of acupuncture? A meta-analysis of randomized controlled trials. *BMC Medicine.* 2010;8: 75. doi:10.1186/1741-7015-1188-1175.

**10.** Thomas KJ, MacPherson H, Thorpe L, et al. Randomised controlled trial of a short course of traditional acupuncture compared with usual care for persistent non-specific low back pain. *Br Med J.* 2006;333(7569): 623.

**11.** Paterson C, Dieppe P. Characteristic and incidental (placebo) effects in complex interventions such as acupuncture. *Br Med J.* 2005;330 1202-1205.

**12.** Walach H. The Efficacy Paradox in Randomized Controlled Trials of CAM and Elsewhere: Beware of the Placebo Trap. *J Altern Complement Med.* 2001;7(3): 213-218.

**13.** Kaptchuk TJ, Stason WB, Davis RB, et al. Sham device v inert pill: randomised controlled trial of two placebo treatments. *Br Med J.* 2006;332(7538): 391-394.

**14.** Di Blasi Z, Harkness E, Ernst E, Georgiou A, Kleijnen J. Influence of context effects on health outcomes: a systematic review. *Lancet.* 2001;357: 757-762.

**15.** Thomas KB. General practice consultations: is there any point in being positive? *Br Med J.* 1987;294: 1200-1202.

**16.** Roter DL. Which facets of communication have strong effects on outcome - a meta analysis. In: Stewart MA, Roter DL, eds. *Communicating with Medical Patients.* Newbury Park, CA: Sage Publications; 1989.

**17.** Stewart MA. Effective physician-patient communication and health outcomes - a review. *Can Med Assoc J.* 1995;152(9): 1423-1433.

**18.** Little P, White P, Kelly J, Everitt H, Mercer S. Randomised controlled trial of a brief intervention targeting predominantly non-verbal communication in general practice consultations. *Br J Gen Pract.* 2015;65(635): e351-e356.

**19.** Neumann M, Bensing J, Mercer S, Ernstmann N, Ommen O, Pfaff H. Analyzing the "nature" and "specific effectiveness" of clinical empathy: A theoretical overview and contribution towards a theory-based research agenda. *Patient Educ Couns.* 2009;74(3): 339-346.

**20.** Kaptchuk TJ, Kelley JM, Conboy LA, et al. Components of placebo effect: randomised controlled trial in patients with irritable bowel syndrome. *Br Med J.* 2008;336: 999-1003.

**21.** White P, Bishop FL, Prescott P, Scott C, Little P, Lewith G. Practice, practitioner or placebo? A multifactorial, mixed methods randomized controlled trial of acupuncture. *Pain.* 2012;153: 455-462.

**22.** Suarez-Almazor ME, Looney C, Liu Y, et al. A randomized controlled trial of acupuncture for osteoarthritis of the knee: Effects of patient-provider communication. *Arthritis Care Res.* 2010;62(9): 1229-1236.

**23.** Price S, Mercer SW, MacPherson H. Practitioner empathy, patient enablement and health outcomes: A prospective study of acupuncture patients. *Patient Educ Couns.* 2006;63(1-2): 239-245.

**24.** Bishop FL, Yardley L, Prescott P, Cooper C, Little P, Lewith GT. Psychological covariates of longitudinal changes in back-related disability in patients undergoing acupuncture. *Clin J Pain.* 2015;31(3): 254-264.

**25.** Witt CM, Jena S, Brinkhaus B, Liecker B, Wegscheider K, Willich SN. Acupuncture for patients with chronic neck pain. *Pain.* 2006;125(1-2): 98-106.

**26.** Witt CM, Jena S, Brinkhaus B, Liecker B, Wegscheider K, Willich SN. Acupuncture in patients with osteoarthritis of the knee or hip: A randomized, controlled trial with an additional nonrandomized arm. *Arthritis Rheum.* 2006;54(11): 3485-3493.

**27.** Witt CM, Jena S, Selim D, et al. Pragmatic randomized trial evaluating the clinical and economic effectiveness of acupuncture for chronic low back pain. *Am J Epidemiol.* 2006;164(5): 487-496.

**28.** Witt CM, Lndtke R, Wegscheider K, Willich SN. Physician Characteristics and Variation in Treatment Outcomes: Are Better Qualified and Experienced Physicians More Successful in Treating Patients With Chronic Pain With Acupuncture? *J Pain.* 2010;11(5): 431-435.

**29.** Roter D. The enduring and evolving nature of the patient-physician relationship. *Patient Educ Couns.* 2000;39(1): 5-15.

**30.** Paterson C, Britten N. Acupuncture as a complex intervention: a holistic model. *J Altern Complement Med.* 2004;10 (5): 791-801.

**31.** Frank R, Stollberg G. Medical acupuncture in Germany: patterns of consumerism among physicians and patients. *Sociol Health Illn.* 2004;26 351-372.

**32.** Bishop FL, Barlow F, Coghlan B, Lee P, Lewith GT. Patients as healthcare consumers in the public and private sectors: a qualitative study of acupuncture in the UK. *BMC Health Serv Res.* 2011;11(129): <http://www.biomedcentral.com/1472-6963/1411/1129>.

**33.** Barlow F, Scott C, Coghlan B, et al. How the psychosocial context of clinical trials differs from usual care: A qualitative study of acupuncture patients. *BMC Med Res Methodol.* 2011;11: 79.

**34.** Hopton A, Thomas K, MacPherson H. The acceptability of acupuncture for low back pain: a qualitative study of patient's experiences nested within a randomised controlled trial. *PLoS One.* 2013;8(2): e56806.

**35.** Kaptchuk TJ, Shaw J, Kerr CE, et al. "Maybe I made up the whole thing": Placebos and patients' experiences in a randomized controlled trial. *Cult Med Psychiatry.* 2009;33: 382-411.

**36.** Cassidy CM. Chinese medicine users in the United States - Part II: Preferred aspects of care. *J Altern Complement Med.* 1998;4(2): 189-202.

**37.** Rugg S, Paterson C, Britten N, Bridges J, Griffiths P. Traditional acupuncture for people with medically unexplained symptoms: a longitudinal qualitative study of patients' experiences. *Br J Gen Pract.* 2011;61: e306-e315.

**38.** Bishop FL, Massey Y, Yardley L, Lewith GT. How patients choose acupuncturists: A mixed-methods project. *J Altern Complement Med.* 2011;17(1): 19-25.

**39.** Bishop FL, Lewith GT. Patients' preconceptions of acupuncture: a qualitative study exploring the decisions patients make when seeking acupuncture. *BMC Complement Altern Med.* 2013;13: 102.

**40.** Glaser BG, Strauss A. The discovery of grounded theory. In: Glaser BG, Strauss A, eds. *The discovery of grounded theory.* London: Weidenfeld and Nicolson; 1967:1-18.

**41.** Sandelowski M. Focus on qualitative methods. Sample size in qualitative research. *Res Nurs Health.* 1995;18(2): 179-183.

**42.** Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In: Bryman A, Burgess RG, eds. *Analyzing Qualitative Data.* London: Routledge; 1994:173-194.

**43.** Kleijnen J, de Craen AJM, van Everdingen J, Krol L. Placebo effect in double-blind clinical trials: a review of interactions with medications. *Lancet.* 1994;344(8933): 1347-1349.

**44.** Joffe H, Yardley L. Content and thematic analysis. In: Marks DF, ed. *Research methods for clinical and health psychology.* London: Sage; 2004:56-68.

**45.** Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology.* 2006;3(2): 77-101.

**46.** The General Regulatory Council for Complementary T. Code of Professional Conduct. Accessed 2/10/2012; 2011.

**47.** Bishop FL, Jacobson EE, Shaw JR, Kaptchuk TJ. Scientific tools, fake treatments, or triggers for psychological healing: How clinical trial participants conceptualise placebos. *Soc Sci Med.* 2012;74(5): 767-774.

**48.** Hughes JG. "When I first started going I was going in on my knees, but I came out and I was skipping": Exploring rheumatoid arthritis patients' perceptions of receiving treatment with acupuncture. *Complement Ther Med.* 2009;17(5): 269-273.

**49.** Evans M, Paterson C, Wye L, et al. Lifestyle and Self-Care Advice Within Traditional Acupuncture Consultations: A Qualitative Observational Study Nested in a Co-Operative Inquiry. *J Altern Complement Med.* 2011;17(6): 519-529.

**50.** Paterson C, Evans M, Bertschlinger R, Chapman R, Norton R, Robinson J. Communication about self-care in traditional acupuncture consultations: The co-construction of individualised support and advice. *Patient Educ Couns.* 2012;89(3): 467-475.

**51.** MacPherson H, Thomas K. Self-help advice as a process integral to traditional acupuncture care: Implications for trial design. *Complement Ther Med.* 2008;16(2): 101-106.

**52.** MacPherson H, Thorpe L, Thomas K. Beyond needling - therapeutic processes in acupuncture care: a qualitative study nested within a low-back pain trial. *J Altern Complement Med.* 2006;12(9): 873-880.

**53.** Moerman DE, Jonas WB. Deconstructing the placebo effect and finding the meaning response. *Ann Intern Med.* 2002;136(6): 471-476.

**54.** Stewart M. Towards a global definition of patient centred care. *Br Med J.* 2001;322.

**55.** Cant SL, Sharma U. Professionalization of complementary medicine in the United Kingdom. *Complement Ther Med.* 1996;4(3): 157-162.

**56.** Saks M. The paradox of incorporation: Acupuncture and the medical profession in modern Britain. In: Saks M, ed. *Alternative medicine in Britain.* Oxford: Clarendon Press; 1992:183-198.

**57.** Cant S. Mainstream marginality: 'non-orthodox' medicine in an 'orthodox' health service. In: Gabe J, Calnan M, eds. *The New Sociology of the Health Service.* Abingdon: Routledge; 2009:177-200.

**58.** Department of Health. NHS Constitution for England. London: HMSO; 2015.

**59.** Pedersen IK, Hansen VH, Grünenberg K. The emergence of trust in clinics of alternative medicine. *Sociol Health Illn.* 2016;38(1): 43-57.

Table 1. Three Prototypical Patient-Practitioner Relationships 29

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Consumerist**  | **Paternalistic**  | **Mutualistic**  |
| Practitioner | Technical consultant. Obliged to provide information and service(s) as requested by the patient. | Powerful benevolent expert. Controls the agenda, makes decisions, is obliged to act in the patient’s best interests. | Advisor. Brings important resources and expertise to the process, negotiates agenda and decisions. |
| Patient | Dominant. Sets the agenda, makes decisions, and takes responsibility for those decisions. | Passive. Complies with the practitioner’s instructions, has little or no voice. | Active partner. Brings important resources and expertise to the process, negotiates agenda and decisions. |

Table 2. Similarities and Differences in Patients’ Views of Acupuncturists

|  |  |  |  |
| --- | --- | --- | --- |
| **Feature of acupuncture** | **Acupuncturist as technician** | **Acupuncturist as caring professional** | **Acupuncturist as wise healer** |
| Effect giving component(s) | Needles | Needles, care, advice | Needles, care, advice, something special |
| Acupuncture model | Narrow  | Broad | Acupuncture indistinguishable from therapist |
| Acupuncturist’s Qualifications /training | Very important | Very important | Very important |
| Loyalty to acupuncturist | Would see another qualified acupuncturist | Unwilling to find another acupuncturist without good reason | Very unwilling to find another acupuncturist: might quit acupuncture  |
| Lifestyle advice | Rarely mentioned | Seen as additional useful suggestions and evidence of caring | Seen as inspirational wisdom  |
| Role of patient | Recipient, provide information | Active involvement, collaborative | Active involvement, be guided |

Table 3 Two Perspectives on the Purpose of the Therapeutic Relationship

|  |  |
| --- | --- |
| **Model of Acupuncturist** | **Purpose of the Therapeutic Relationship** |
| Acupuncturist as Technician | “The full discussion not lengthy, just full, of where exactly things are hurting on any particular occasion so that the right needle and the right point can be found.” (Carl) |
|  | “Although it’s helpful to get on with whoever is treating you for anything, it’s not essential if they can do you some good.” (Jennifer) |
| Acupuncturist as Caring Professional | “You’ve got that feeling that you’re the most important person which I suppose when you’re in his room you are, aren’t you […] Being able to tell somebody [about my husband] it’s sort of took a bit of weight off my mind and that’s what we always do, we chat to begin with.” (Annie) |
|  | “A person you can discuss things with that you wouldn’t necessarily discuss with other people cos they might say it’s stupid, or they wouldn’t be able to listen. So I think that’s important. And I think that’s equally more important, those are all equally important as the actual sticking in the pins.” (Emily) |

Table 4. Valued Consultation Behaviours

|  |  |
| --- | --- |
| **Consultation Behaviour** | **Illustrative Quote** |
| Detailed history taking, encompassing broad “holistic” discussion of symptoms, wellbeing, lifestyle. | “That’s the good thing about acupuncture. You’re telling me that I need about an hour of your time before I get any treatment. You need to know what illnesses I’ve had, what traumas I’ve had in my life, you know, what sort of pressure I was under. Because it’s a mind-body approach.” (Ken) |
| Taking and keeping detailed notes, reading them before the patient comes in to the consulting room | “She took my blood pressure and looked at your tongue and asked you all about yourself, you know, why you chose acupuncture. And then she’s got a big file which she keeps for each patient I should think and she asks a lot of questions and puts it down.” (Linda) |
| Needling Technique | “Um I think the way the needles are put in could be really important. [My acupuncturist] just has such an incredibly deft little flick and in they go, so it creates you know virtually no trauma.” (Jessica) |
| Therapeutic commentary – talking the patient through treatments, helping them to interpret sensations, commenting on perceived changes for example from feeling pulses. | “There is a feeling of, I call it a release of energy, and I talked to the practitioner about it and she says she thinks it’s exactly the same, she can feel it when she puts the needle in that suddenly there’s like energy that comes back up the needle.” (Timothy) |
| Explanatory models of treatment – explaining what the acupuncturist is doing and why, often with the use of concepts such as meridians and props such as physical models or posters | “She takes my pulses very, very carefully, she does the pulses quite a few times throughout the session and she’s very good at explaining things, she has books and pictures on the wall, designs of the meridians so sometimes I’ll say “oh, I can feel this up there” and she’ll say “I’ll show you the meridians.” (Mary) |
| Explanatory models of illness – new coherent explanations of an illness or symptoms that provide insight and help a patient to understand themselves | “[My acupuncturist] is brilliant at interpreting things I say in a fresh way that sort of goes home. She never confronts […] but she has a way of saying things where I kind of go… oh yeah, oh gosh, yes, ok, I see that in a different light.” (Jon) |
| Attentive listening – to answers to the acupuncturist’s own questions, to patient’s talk in general | “[My acupuncturist] listened. This is always the problem with the time at the doctors isn’t it, because they have no time at all to listen. […] That is what is so nice about it [acupuncture] , that you have got time to talk through it without sort of thinking oh gosh, I’ve got to get through this.” (Kelly) |
| Honesty – about likely outcomes, about likely duration of treatment, about the limitations of treatment and the need to seek care elsewhere. | “[my acupuncturist] is brilliant. Tells me if he can’t help me anymore, which he’s told me twice now. He doesn’t feel that he can help me any further, he’s just keeping it at bay which I know.” (Polly) |

Box 1

|  |
| --- |
| “On the second treatment she would vary the position of the needles depending on the specific effects from the previous treatment. So, you know, she seemed to have a range of options that she utilised and depending on the sort of the local effect of placement of some needles she would, she used to, sort of perhaps to intensify the effect in that area either by sort of manipulation of the needle or by this electrostimulation of the needle. So she certainly seemed to have a greater depth of knowledge about the effects of what she was doing and how to apply and manipulate them.” (Lisa) |

Box 2

|  |
| --- |
| “The part that makes the difference um probably when you go in there first of all probably when he’s chatting to you about how you’re actually feeling um and like I say he like he reads your tongue first of all. Um it it just he really wants to find out about you and how you you’re wellbeing is. Um yeah I’d say that is is sort of er a more like a more personal sort of thing um I mean obviously he’s got his notes that he did last time. Um and he he just seems to be really interested in how you’re feeling rather than what shall we say oh just another you’re just another you know person or whatever. Like I said, just like a friend.” (Andrew) |

Box 3

|  |
| --- |
| “I think she’s quite a special person, for the sort of thing that she does. Because she is so calm, she’s a good listener, you can talk to her about anything you like, she doesn’t give opinions, she doesn’t try to tell you what to do […] And obviously very au fait with all the treatments. I mean she does a lot of work in different fields with acupuncture and lecturing. So I shall be very sorry when she retires cos I don’t think I shall carry on.” (Susan)  |
| “I’ve seen one other acupuncturist since I’ve been having acupuncture and I know for me certainly a lot of what is positive about acupuncture is [my current acupuncturist]. I mean, she is absolutely amazing, she’s such a lovely person, she is so totally holistic [...]I came down and stayed with my parents for a few months [to see her]. I just thought well, let’s see if [acupuncturist] can do her magic really.” (Ella)  |
| “It has made me, you know, want to learn more, make some changes about the way I do things. It sounds really silly but quite often it’s sort of takes on life, and so I just think oh, yeah, that’s interesting, maybe I should treat people like that, do you know what I mean? So I think both of these acupuncturists there’s something similar between them, they both have wisdom, you know, old wisdom, and I take that and you know, think “wow, positive goodness” that sort of thing. You know, there’s just sort of life lessons if you like.” (Georgie) |