ACUPUNCTURE AND INFERTILITY IN SAN FRANCISCO

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by

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CERTIFICATION OF APPROVAL

I certify that I have read *Acupuncture and Infertility in San Francisco* by Silvie Aliza Cohen, and that in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree: Master of Arts in Anthropology at San Francisco State University.

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Acupuncture and Infertility in San Francisco is an exploratory, qualitative study of women's experiences. Using data from semi-structured interviews, through the lens of Hermeneutic anthropology, the concepts of medical-decision-making, the mindful body and narratives of disruption are explored. In addition, there is a brief history of acupuncture needles, their regulation in the United States and the possibility of multiple interpretations of material objects. The topic of the appropriateness of randomized clinical trials as a tool for verifying the efficacy of acupuncture treatment is discussed. The study was successful in uncovering each woman's narrative and how it related to culture. Although each woman's story was uniquely her own one common theme emerged: Women using acupuncture for infertility valued holistic care.

I certify that the Abstract is a correct representation of the content of this thesis

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Chair, Thesis Committee Date

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First of all, I want to thank my participants for taking the time to talk to me about their experiences. Dr. James Quesada for all of his insight. Dr. Mark Griffin for his suggestions regarding structure and format. Morgane Byloos for supporting me in every way. I am indebted to my parents Mordechai and Eleanor Cohen, my sister Leah, my brother Moshe and Lily for always knowing I could finish. I began this program with Elysia (two-years old) and Emma (eight-months old). Now, Elysia is nine, Emma is seven and Edie, my third daughter, is three. As I studied acupuncture and infertility and narratives of disruption, I went through my own version of a disrupted life. Whatever the disruption is, culture is powerful, and adapting to unforeseen change can be difficult.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

Chapter 1:
Introduction

The following is a qualitative, open-ended, exploratory study on the topic of acupuncture and infertility. The questions that I attempt to answer, on an individual level are: how and why do woman seek acupuncture for infertility? The analysis in this study is approached through Hermeneutic anthropology in the tradition of Ricouer. "Hermeneutics is the theory of the operations of understanding in relation to the interpretation of texts" (1981:43). Ricoeur described his version of Hermeneutics as "an anthropology of the "capable human being," [which] aims to give an account of the fundamental capabilities and vulnerabilities that human beings display in the activities that make up their lives" (Dauenhauer and Pellauer 2011). The polysemy of words allows for a hermeneutic approach to ethnographic data. Once interviews have been transcribed, participants' narratives become text. Text can have multiple meanings relative to context and interpretation (Ricouer 1981:43).

Using Hermeneutics to interpret the same data set from multiple perspectives it is possible to reveal the complexity of behavior, feelings, and practices women are engaged in when dealing with their own infertility. Using this analytical method, I analyze the limited interview data I collected exegetically in multiple ways through multiple lenses in chapter 5 – chapter 7.

> Medical anthropologists are less interested in identifying potential patients for infertility clinics and more concerned to understand the process by which individuals come to identify themselves as infertile, to describe the experience of infertility in various local contexts, to

> document and account for the steps the infertile take to resolve their situation, and to interpret the experience of infertility "treatment" in both medical and nonmedical contexts (Greill and McQuillan 2010:139)

Although there have been quantitative studies conducted in the area of reproductive medical decision-making, there is a dearth in qualitative research. According to Brown et al. "given the extensive ethnographic literature on medical choice…the scant anthropological contribution to the study of reproductive decision making is surprising" (Browner and Sargent 1996:231). For the purpose of this study, a qualitative research approach includes gathering the "stories" of people's lives and assembling intimate information on the assumptions and beliefs of each subject in order to reveal her motivations and explain her behavior.

It seems that fecundity is a part of the expected life course for woman in this culture. Infertility is the phenomenon biomedicine defines as "the inability to become pregnant after 12 months of unprotected intercourse." (Smith http://www.nlm.nih.gov / medlineplus /ency/article/001191.htm.) "In the United States, infertility is a significant problem, affecting 7%-17% of all couples seeking to have children (Smith et al. 2010:2169). Infertility became more pervasive in the 1980s as a result of "delayed childbearing" (Becker 1997:61). Infertility or unwanted childlessness was formerly considered a social problem. However, as more people "sought medical treatment, unwanted childlessness came to be seen as a medical problem" (Becker 1997:61). The medicalization of infertility has led biomedical practitioners to neglect

individual diagnoses of patients in favor of attaining pregnancy "in the fastest and most direct manner […] regardless of the cost or invasiveness" (Becker 2000:16).

For Becker's study of infertility, she interviewed over three hundred men and women who were working their way through what she terms "unwanted childlessness" (2000:5). She attempted to understand "how men and women navigate their way through a complex passage in which they must come to grips with the deeply embedded cultural expectations about biological reproduction" (2000:5).

Becker did not address complementary and alternative infertility treatments specifically (although some of her informants did use them) in her study. Rather, she looked at biomedical infertility treatment.

The methods I used in this study also reveal answers to Becker's inquiry. Becker is also known for her work on narratives of disruption which seem to follow a pattern similar to a rite of passage (Van Gennep 1960:3). Childbirth is a rite of passage and, with the discovery of infertility, women may experience a disruption to the expected cultural life course. In a rite of passage, the individual is separated from the group, either physically or symbolically, during the separation the individual is said to be in a liminal space (Turner 1967:93).

Infertility affects women physically, emotionally and socially. There is a stigma associated with infertility because "it makes you feel different from everyone else. At moments like this, we see ourselves through other's eyes. And as a result our identity

is permanently affected" (Becker 1990:100). The social side effects of infertility add to the stress and woman might choose to seek complementary or alternative treatments that treat that aspect of infertility.

There are biomedical treatments for infertility and complementary/ alternative treatments for infertility. Different forms of medicine are informed by different constructions of the body which affect the course of treatment. The choice of acupuncture treatment may reflect level of education, region of residence and income level, just as an individual's economic viability will determine if they are able to attempt assisted reproductive technology techniques. According to the National Health Interview Survey (NHIS), 8.19 million Americans currently use acupuncture (Burke et al. 2006:641). In the United States acupuncture is classified as one of the many types of Complementary and Alternative Medicine (CAM). "Acupuncture is considered a "professionalized heterodox medical system" (Baer 2003:335). Individuals surveyed in the 2002 NHIS tended to use acupuncture in both paradigms (Burke et al. 2006:643). 57.4% of respondents used acupuncture complimentarily in combination with "conventional medicine" whereas 44% used acupuncture alternatively because they "believed that conventional treatments would not help them" (Burke 2002:643).

According to Zhang, "Acupuncture as a part of Traditional Chinese Medicine has been used for centuries to regulate the female reproductive system" (Zhang 2005:1).

In the United States, this form of infertility treatment has become popular in recent years (Zhang 2005:1). Acupuncture treatment for infertility can be used as a complement to western medicine or as an alternative.

Biomedical infertility treatment can be invasive, expensive and often has negative side effects. Biomedical infertility treatment often focuses solely on achieving pregnancy in the quickest way without regard for physical and emotional well-being, whereas licensed acupuncturists treat their patients holistically. Hence, "the Chinese method is […] holistic, based on the idea that no single part can be understood except in its relation to the whole" (Ehret 2002:268). When a patient goes in for acupuncture treatment all of their somatic and psychological concerns are addressed.

After the discovery of infertility, women experience symptoms somatically, emotionally, socially and politically. "Women's role as the primary person in the family unit responsible for the creation of a family leads them to initiate medical treatment" (Becker 1990:37). I focused on interviewing women because of their relationship to medical treatment and fecundity. Since women get pregnant their bodies are generally the first to show symptoms of infertility.

The purpose of the study is not to look for universals in human experience, but rather to examine each participant's story of her "lived experience" as told in interview form.

I chose the San Francisco Bay Area for data collection. This region is fertile ground to explore the phenomenon of alternative/ complementary medicine because "alternative practitioners proliferate and even flourish in certain areas, such as the San Francisco Bay Area" (Baer 2003:41). Smith et al. (2010:2172) "found that CAM [complementary and alternative medicine] was used as a fertility treatment by 29% of 428 infertile couples [interviewed] in northern California after 18 months of observation. Acupuncture and herbal therapy were the most commonly used modalities for the treatment of infertility (23% and 18%, respectively)."

I intended to interview women from diverse socio-economic backgrounds. Cussins has done ethnographic research on infertility treatment and its related costs. Like Becker, she explores the concept of "involuntary childlessness" (1998:66). During her field research in infertility clinics, Cussins discovered that "if you are not covered for the [infertility] treatment and are not prepared to verbally attest that you can personally cover the costs, no scheduling will occur" (1998:72).

Using semi-structured interviews, I examined women's medical decision-making and attempted to discern the hierarchy of resort women use in selecting treatment modalities to overcome infertility (Romanucci-Schwartz 1969:201). In order to conduct the semi-structured interviews, I created interview guides (appendix 1), but allowed space for my participants to spend as much time as they needed to answer the questions. At times I also asked questions that were not on the interview guide if it seemed appropriate. The women I interviewed for this study were self-selected.

Recruiting participants was challenging, perhaps because of the stigma associated with infertility and maybe because people are busy.

Each participant shared her story with me, and I created vignettes to introduce the women. The names used in this study are pseudonyms to protect the participants' privacy. In the process of analyzing the interviews, each woman's narrative served to bring into relief the ideas surrounding the liminal space individuals occupy when they encounter infertility in a culture that values biological parenthood. My participants also ventured into other topics, such as what treatment modality seemed to be most efficacious. I further examined each woman's discovery of infertility and her attempt to remedy it, using a "mindful body," approach, a concept put forth by Scheper-Hughes and Lock (1987) which divides the body up into three distinct but overlapping units in the individual (embodied, somatic), social and political realms. In the mindful body emotion is paramount and considered to be a possible link between the three bodies. The next section of the introduction contains vignettes describing each of the five participants in the study.

Patient Participants

Vignette: Sophie

Sophie is a 37 year-old spa owner in downtown San Francisco. On the day I interviewed her, she was wearing a velour tracksuit and her pregnancy was visible. She confided that she was six months pregnant with a boy. At the time of the

interview, her spa was painted in a trendy combination of brown and teal. She had products for sale in the reception area, including handbags and body-care products. In order to conduct the interview, I sat on a chair and she sat on a couch, which coordinated with the color scheme of the room.

She seemed hesitant at the start of the interview and her answers were brief. At 37 years old Sophie was considered too young for infertility treatment by the infertility specialists —40 years being a more typical age. Sophie also remarked that she was not open to trying infertility treatments, such as the drug Clomid and in-vitro fertilization, because they had not been sufficiently tested to determine long-term side effects. Sophie remarked that she thought the first reproductive endocrinologist she saw treated her with limited attention because of her personal thoughts on the available treatment options. She and her husband both went through infertility testing, and the infertility specialists were not able to pinpoint any specific reasons why she was unable to become pregnant.

Social settings were becoming more difficult for Sophie because many of her friends had children and were getting pregnant with no need for medical assistance. But month after month, the arrival of her period was a devastating reminder of her unwanted childlessness.

One of the services Sophie offered at her spa was acupuncture treatment by a licensed acupuncturist. Sophie had utilized that component of Traditional Chinese

Medicine in the past to treat other ailments and had found it helpful. Her self-imposed restrictions on the types of western infertility treatments she would undergo left her without options. Sophie turned to acupuncture as a less invasive option to treat her infertility.

Vignette: Lola

Lola is a teacher and also works as a librarian on weekends for extra income. At the time I interviewed Lola, she had participated in multiple types of western infertility treatments. Although she and her husband Kurt had tried several treatment options, they had not been successful in conceiving. Kurt was on psychiatric medication for depression, which affected his sperm production. Initial infertility testing did not show any problems related to Lola's reproductive system.

Lola's life had become consumed with the desire for a child. She sought out medical treatments and also began looking into adoption as an option. Lola and her husband were rejected by the adoption agency for psychological reasons. The couple sought out intra-uterine inseminations (IUIs) from Lola's obstetrician gynecologist. All five efforts were unsuccessful. Lola was not deterred in her quest for parenthood. Following the unsuccessful IUIs, Lola moved onto in-vitro fertilization (IVF). Lola's insurance did not cover it. As a teacher, she did not make enough to pay for this treatment, so she took on weekend shifts at the library. After two failed IVFs, Lola read a book by her reproductive endocrinologist, Dr. Robert Greene. In the book, Dr.

Greene, confided that his wife had three failed IVFs, but before and after her fourth IVF, his wife started working on her stress levels and hormonal balance. Greene writes that his wife started yoga as a way to release stress. Greene also recommends acupuncture as a way of relieving stress. "Studies demonstrate that acupuncture may reduce stress hormone levels and improve treatment outcome." (Greene and Tarkan 2008:283) Lola received acupuncture treatment as a complement to her western infertility treatment. According to Lola, the Greenes now have a baby daughter. Dr. Greene's inspirational story was the impetus for Lola to seek acupuncture treatment.

Since Lola had already spent so much money on her IVF attempts, she was not able to afford private acupuncture treatments. Her budget, however, did permit the option of acupuncture treatment at a local acupuncture college.

Vignette: Tiana

Tiana invited me into her home to discuss her experience with acupuncture and infertility. Her house was painted red and decorated tastefully. She wore a sweatshirt and yoga pants and we sat on the floor in a small room with a couch and a television. Several times during the interview, she left the room to check on her younger child, who was supposed to be taking a nap.

Tiana was in her early 30s and living in the UK when she began trying to get pregnant. Twice, she was successful, but both times the pregnancies ended in

miscarriages. Tiana was depressed and emotionally devastated after both events. Following the miscarriages, she went to an infertility specialist for treatment, but such treatment was not covered by her insurance. A friend then recommended she try acupuncture instead.

Tiana was skeptical about acupuncture and afraid of needles. At the time, though, it was her only treatment option and she decided to follow through with the recommended regime. She had needle treatments regularly and brewed and drank herbal tea. Tiana became pregnant after three months of treatment. Unfortunately, a disruption in her treatment occurred when she moved to Japan. This disruption resulted in a miscarriage.

Once Tiana was settled in Japan, she resumed acupuncture and conceived after two months. That pregnancy led to the birth of a boy. When Tiana decided it was time to have a second child, she was living in San Francisco. Again, Tiana had trouble conceiving and sought acupuncture. Her acupuncturist did more than treat Tiana for her infertility, he also discovered that she had a very serious disease and told her to seek treatment from her biomedical practitioner.

Licensed Acupuncturist Participants

Vignette: Kat

Kat is a licensed acupuncturist at a spa in downtown San Francisco. When she was in her 20s, she developed an illness her western medical doctors were not able to diagnose. Kat sought acupuncture treatment and that choice proved beneficial. She recovered from her illness and decided to become a licensed acupuncturist.

Prior to becoming a licensed acupuncturist, Kat had worked in the medical field as an exercise physiologist. She wasn't satisfied and wanted to move into a career with room for personal and professional growth. She was considering becoming a western medical doctor, but the cost and duration of schooling was daunting. She found the role model for the career she desired in her own acupuncturist. Kat was attracted to the holistic nature of Traditional Chinese Medicine (TCM) and the intimate nature of the patient-practitioner relationship in that treatment modality. Kat attended the American College of Traditional Chinese Medicine in San Francisco.

At the time I interviewed Kat, she had been in private practice for 5 or 6 years. Kat uses both her knowledge of western medicine and her knowledge of TCM in her practice. When women come to her for infertility treatments, she asks them to bring their lab results. The results generally back up the TCM diagnoses she gives her patients. Kat uses her knowledge of western medicine to present her patients' TCM diagnoses in an understandable and familiar context. Kat discusses acupuncture

points, herbal treatment and diet recommendations after presenting the TCM diagnoses in a relatable way. Kat also reports jokingly that she wants to see the lab reports and doctors' notes because she is nosy.

Vignette: Jenny

Jenny, like Kat, attended the American College of Traditional Chinese Medicine in San Francisco. Jenny began practicing Tai Chi when she was 18, and that practice led her to become a licensed acupuncturist. "I wanted my avocation to be more of my vocation." She went back to school at 40 and, at the time when I conducted the interview, she had been practicing acupuncture for about 6 years.

We met at a café on Church Street in San Francisco and we both ordered tea. Jenny was dressed in flowing clothing and had just had a manicure and pedicure. The café was full of conversation, and music played in the background. Jenny was very talkative and forthcoming. After receiving her acupuncture license, Jenny cultivated a relationship with the infertility specialists at the University of California in the San Francisco Medical Center. The center permitted her to place a display with brochures about the complementary role acupuncture plays when used simultaneously with western medical infertility procedures. They also allowed Jenny to advertise her acupuncture practice in the display. Most of Jenny's acupuncture clients were referred from the UCSF Clinic. A point of frustration for Jenny, though, was the

complete unwillingness of the western infertility specialists to discuss their mutual patients.

Jenny forms personal relationships with her patients and becomes part of their support system. She also uses massage as part of her treatment in order to relax her patients. Jenny is outspoken about the issues of access to care in infertility treatment and the ethics of IVF and frozen embryos.

Chapter 2
Acupuncture Needles

In the United States acupuncture needles are regulated by the FDA and can only be purchased by licensed acupuncturists. The fear of needles is a barrier to treatment for some individuals. Two of my participants were nervous about acupuncture treatment because of the needles. After their first treatments they discovered that the needles are very fine and insertion was not painful in the way they had imagined. In my personal experience I experienced the sensation as more of a mild electrical current as the practitioner manipulated the Qi. "Qi, in its more practical and clinical sense, means the particular dynamic of engendering, movement, tension, and activation" (Kaptchuk 2000: 46). Needles are the tools that permit the acupuncturist to access and manipulate a patient's Qi in order to attempt to alleviate the pattern of disharmony.

Needles often have a negative connotation. They are used by drug addicts; they are used for intravenous lines in hospitals; they are used to draw blood; and they are used to get splinters out of fingers and toes. From birth, people are taught to be weary of needles, and this continues into adulthood for some.

Acupuncture needles, as material objects, are open to different interpretations by different individuals and groups of people. In following with the Hermeneutic theme

of this project I present multiple interpretations on multiple issues related to acupuncture needles. Since acupuncture needles are not available to a layperson, I can only analyze their physicality in two dimensions. This exploration also delves into the history and evolution of acupuncture related archaeological artifacts in China and subsequently, relocates geographically to the United States to explore legalization and government regulation of acupuncture needles as ethnographic artifacts. To explore the significance of acupuncture needles further, the efficacy of acupuncture is discussed in relation to Traditional Chinese Medicine, biomedicine, positivism, randomized clinical trials and qualitative research

Each patient will have their own personal ideas regarding acupuncture needles depending on their life experience. Johnson (1999:105) claims that "material culture is like a text," which can have different meanings to different people, all of which can be considered valid. He also contends that, "We don't consciously think through rules governing material culture" (1999:106). Acupuncture needles are the primary tools in acupuncture treatment, and they have different meanings depending on context. To use a very simple example, in China, acupuncture needles are part of the mainstream health system and are commonly used in conjunction with biomedicine. Though acupuncture is gaining popularity, it is generally not an integrated part of the medical system in the United States. As such, meanings assigned to acupuncture needles are affected by the trials performed in a biomedical paradigm, which attempt to quantify the efficacy of acupuncture. The "grammar" of biomedicine as used to

interpret a socially contingent materiality such as acupuncture needles, under the umbrella of positivism, does not seem to include the proper structures or criteria by which to assess such a disparate type of treatment.

Although it is possible to think about acupuncture needles, what they are made of, how they are used, who uses them, […] it is not legal for a layperson to possess the needles. Just as the Food and Drug Administration (FDA) regulates biomedical devices and drugs, it also regulates acupuncture needles. The result is that in order to analyze acupuncture needles, the lay researcher must examine two-dimensional images Geertz explains that it is possible to increase the dimensionality of an object through "thick description" (Buchli 2004:183). Through an examination of the regulations placed on acupuncture needles, it becomes apparent that their use has become increasingly ephemeral over time; which is significant because it demonstrates that TCM evolves and complies with sanitation regulations just like biomedicine.

There are multiple perspectives—on the archaeological remains and the evolution of acupuncture needles— which demonstrate the evolution of acupuncture needles. This includes a discussion of the introduction of acupuncture in the United States, as well as the regulation of acupuncture needles. Second, a comparison of the TCM and biomedical perspectives of acupuncture, demonstrates how the theories behind the

practice effect interpretation. Finally, I explore whether positivism is an appropriate assessment tool for the efficacy of acupuncture.

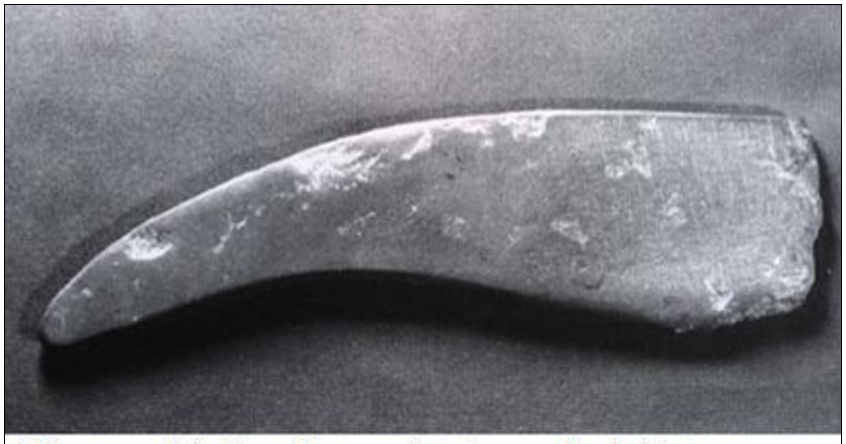
Brief History and Usage of Acupuncture Needles

Acupuncture needles are tools used by practitioners of Traditional Chinese Medicine (TCM). Acupuncture needles are inserted into points along meridians in order to balance the flow of Qi (vital energy) and restore health (Kaptchuk 2000:108). Chinese scholars disagree on the time period during which acupuncture was introduced. Xinghua and Baron (2001:14) contend that the first recorded case of acupuncture use was between 1156-1228 A.D. and that with China's 4000 years of recorded history, there should have been more accounts if acupuncture had been used earlier. Alternatively, the Beijing Museum claims that acupuncture began sometime in the New Stone Age between 7000 BCE-4000 BCE. The evidence used to support this claim comes from the material world —artifacts termed "Bian Stones."

The curators at the Beijing Museum claim that Bian Stones are the first examples of acupuncture needles (Bo 2007:1). Xinghua and Baron (2001:14) disagree, they contend that Bian Stones were primarily used as knives to cut and scrape, rather than as needles to pierce. The two sides disagree on the specific use of Bian Stones, but they do agree that the stones were used for medicinal purposes. Neither side, however, can have absolute knowledge of what the Bian Stones were used for. According to Ingold, it is not possible to know what Bian Stones were used for, but it

is apparent that “the forms of objects are not imposed from above but grow from the mutual involvement of people and materials in an environment” (Buchli 2000:68). Bian stones were made of different materials perhaps due to varying availability of natural resources in the areas in which they were made.

Figure 1 A Bian stone of the Shang Dynasty



A Bian stone of the Shang Dynasty - http://www.cultural-china.com

The next point of disagreement stems from the assertion that bone needles have been used for acupuncture since approximately 5000 BCE. Xinghua and Baron (2001:17) contend that bone needles were only used for sewing in prehistoric times. The authors go as far as to say that needles were not used for acupuncture prior to the compilation of the *Neijing* between 104-32 BCE. The *Neijing* is China’s oldest known medical text, referred to in English as The *Yellow Emperor’s Inner Classic of the Yellow Emperor* (Xinghua and Baron 2001:7). Using artifactual evidence from the New Stone Age (~5,000 BCE), Bo claims that bone needles were used for

acupuncture (Bo 2007:1). The bone needles in question do not have eyes and are pointed on each end. Xinghua and Baron have looked at the same material evidence as Bo, but they insist that the eyes of the needles have either broken off or have worn away. Bo takes the needles as they are, and does not seem as bound by the texts related to the introduction and use of acupuncture. This is an example of the grammar used when interpreting material objects as texts. Bo is less concerned with literary confirmation of needle use and more concerned with the context of excavation. Conversely, Xinghua and Baron are focused on using the medical text to confirm the function of the needles. The same situation occurs with the discussion of wooden/ bamboo needles.

Excavations in China have yielded gold, silver and iron needles. According to Bo (2007:1), metal needles were introduced between 1500-256 BCE. Xinghua and Baron (2001:17), however, do not recognize needles as being used for acupuncture until there is textual evidence to support that assertion. I tend to agree with Bo that textual evidence is not necessary to support the claim that artifacts resembling needles were most likely used for acupuncture.

Now, I will shift the discussion from archaeological artifacts to ethnographic artifacts, specifically to acupuncture needles in the United States. Currently, stainless steel is the metal of choice for acupuncture needles (Kaptchuk 2000:109). Kaptchuk provides a helpful description of the type of needles acupuncturists use today, termed

filiform. "They are of hair like thinness and produce relatively little pain when inserted" (2000:109).

Lee asserts that acupuncture has been practiced in major cities, such as San Francisco, New York, Los Angeles and Boston, for decades (Deliman 1976:1). In the 1970s, Miriam Lee, a professional acupuncturist and Chinese immigrant was working in a factory in California (Blue Poppy Press 2006). At the time, acupuncture was illegal in California. But Lee surreptitiously gave treatments in her home (Blue Poppy Press 2006). In 1974, she was arrested for practicing acupuncture illegally. With the support of her patients and through her own perseverance, she prevailed and became part of a study at a local university in order to continue practicing acupuncture (Blue Poppy Press 2006). By 1976, acupuncture had been legalized and Lee began her own practice (Blue Poppy Press 2006).

Lee's story is local to California. On the national scene, acupuncture was formally introduced in the United States in 1971 after the "re-opening" of relations with China (Deliman 1976:1). James Reston, a reporter for the New York Times, was visiting China on a trip to interview Henry Kissinger (1971:1). During the trip, Reston had an appendicitis attack. The surgery went well, though Reston experienced a lot of postoperative pain. He received acupuncture treatment for pain management (1971:4). Upon his return to New York, Reston published a long article in the New York Times regaling the positive effects of acupuncture. Reston's article served as an

introduction for acupuncture to a vast audience. The combination of Lee's push for legalization and Reston's influence on popular culture contributed to the legalization and regulation of acupuncture needles.

In the United States, acupuncture needles are regulated by the FDA. The first "Compliance Policy Guide" (CPG) was put in place June 15, 1976 (FDA 1991). The CPG was titled Sec. 305.100 Acupuncture Devices and Accessories. The content of the CPG considered, "acupuncture devices and accessories as investigational devices […] permitted to be distributed only for the purpose of conducting clinical studies to establish their safety and effectiveness" (FDA 1999). Acupuncture needles were designated Class III for investigational use only.

On December 6, 1996, the FDA reclassified acupuncture needles from "investigational use" to "general acupuncture use" (FDA 1996). The Acupuncture Coalition submitted a reclassification petition to the FDA, which led to the shift from Class III to Class II. (FDA 1996) Class II permits "qualified practitioners as determined by the states" (FDA 1996) to purchase "solid, stainless steel, acupuncture needles. These Class II devices must comply with special controls for single-use labeling, prescription labeling, biocompatibility, and sterility" (FDA 1999).

As acupuncture devices evolve, they become more ephemeral. If you take the Bian stones as a precursor to the modern acupuncture needle, it is possible to infer that a stone needle would have been used multiple times before it was discarded,

whereas filiform acupuncture needles are prepackaged for single use to control the spread of disease.

Acupuncture needles are ephemeral in the same way as biomedical tools. In order to control the spread of disease these material objects have become disposable. Traditional Chinese medicine embraces technological advances in a similar way to Western biomedicine. Patients benefit from the increased accuracy and sterility of modern acupuncture needles. Patients using assisted reproductive technologies also can experience positive results that would not have been possible without advances in biomedicine. By using acupuncture as a complement to Western Medicine, patients can reap the rewards of both types of treatment.

Traditional Chinese Medical and Biomedical Perspectives on Acupuncture

Traditional Chinese Medicine and biomedicine have different theories of how acupuncture works. Acupuncture is grounded in the notion that "wellness is maintained when a vital life energy, called Qi or Chi […] remains balanced and flows easily along 12 major meridians or energy pathways in the body" (Meyer 2000:254). There are approximately 2,000 points on the body that practitioners can use, in practice, however, an acupuncturist generally uses about 150 points (Kaptchuk 2000:108). Each acupuncture point has therapeutic value, which works in conjunction with other points to balance a disharmony in Qi and return the individual to health (Kaptchuk 2000:108).

One of the main scientific biomedical theories used to explain the "dynamics" of acupuncture holds that the stimulation of points on the body encourages the release of endorphins (Meyer 2000:256). The following chart provides six scientific explanations for how acupuncture works.

Table 1. Biomedical Explanations for the Efficacy of Acupuncture

Name of Theory	**Description of Theory**
Endorphins	Endorphins are the body's endogenous pain-relieving chemicals. The insertion of acupuncture needles into points on the body stimulates the release of these chemicals (Xinghua and Baron 2001:121).
Biochemical Defense Mechanism	The prick of an acupuncture needle creates a site of injury. The body responds by releasing chemicals to repair the injury. Therefore, the body is fooled into initiating cellular biochemical defense mechanisms (Shibata 2008).
Gate Control Theory	Asserts that the stimulation from the insertion of the acupuncture needle blocks the lower nerve bundles in the central nervous system effectively preventing other pain signals from reaching the brain (Kaptchuk 2001:109).
Electrical Conduction	Acupuncture points seem to have different "electrical potentials" than other areas of the body. This explanation suggests that acupuncture works by affecting electrical conduction (Shibata 2008).
Autonomic Nervous System	This theory suggests that acupuncture needling engages the body's conserving, healing function and overrides the "fight or flight" response (Shibata 2008).
Trigger Point Theory	It seems that traditional acupuncture points correspond to specific points in the body that biomedical research has shown to be effective at relieving musculoskeletal pain. (Pomeranz 2001:12).

In order to legitimize acupuncture in the framework of biomedicine, researchers strive to understand the physiological responses acupuncture produces. Each form of medicine has its own unique theories of etiology. Acupuncture works both to "suppress the feeling of pain and to cut off its cause, treating both root and tip, indicating that it is an optimal method for treating pain" (Xinghua and Baron 2001:121).

Xinghua and Baron compare acupuncture treatment to drug therapy. They contend that the difference "lies in the method of treatment" (2001:106). A doctor prescribes drug therapy that the patient then takes. "The doctor, the drug, the patient and the patient's body are four distinct entities, interacting across a gulf of objectification" (Xinghua and Baron 2001:106). In TCM, practitioners prescribe treatment regimens including diet modification, needling, cupping, moxa and herbs. The patient and practitioner work together over time to restore balance and health (2001:106). "To Chinese medicine, understanding means perceiving the relationships between all the patient's signs and symptoms. Whereas "to Western medicine, understanding an illness means uncovering a distinct entity that is separate from the patient's being" (Ehret 2002:268). Biomedical explanations for the physiological responses to acupuncture disregard the healing effect of the interaction between practitioner and patient.

Clinical Trials and Qualitative Research:

"The Data are Always Theory Laden" (Johnson 1999:102)

In regards to the different perspectives on TCM that I have presented, it is understandable that the use of randomized clinical trials (RCT) to evaluate the efficacy of acupuncture may not present a holistic view of the treatment modality (See quote regarding TCM treatment - Kaptchuk pg. 49-50). In evaluating the efficacy of acupuncture is important to consider holism. When a patient gets treatment from a license acupuncturist all of their symptoms are addressed. For example, in a RCT of acupuncture for pain management the selected points may only address the source of pain. Whereas, in the clinic setting the acupuncturist would take into account any and all symptoms the patient is having even if they do not seem to be directly related to the pain. In doing so the acupuncturist is treating the patients' pattern of disharmony (see Kaptchuk quote pg. 32) rather than just their disease. In many clinical trials, western biomedical diagnosis is used to determine criteria for the study, ignoring the TCM diagnosis. The symptomatic results that RCTs look for are also not compatible with TCM in that TCM is a 'root and tip' system where symptoms are evidence of a greater imbalance, which is not measurable quantitatively.

By standardizing treatment, as is necessary in a RCT, the results will not mimic the actuality of what happens when patients receive treatment from a TCM

practitioner. That is due to the individual nature of diagnosis and treatment in TCM. TCM practitioners treat patients for all complaints not just one main symptom.

There is also controversy surrounding the ability to have a true control group in a randomized clinical trial of acupuncture. Some argue that acupuncture has the placebo effect and that the use of sham acupuncture for the control group might have that effect and that, therefore, the study is unreliable. Pomeranz asserts that in studies of acute laboratory-induced pain, sham acupuncture points do not work (2001:12). In studies on chronic-pain patients, however, the results are surprisingly different. Needling sham points for analgesia in chronic- pain patients is effective in 30-35 percent of the sample, whereas, actual points are effective in 50-85 percent of the sample (Pomeranz 2001:12). Different perceptions of pain can also affect the outcome of the study.

In the next section I briefly describe my perception on the incompatibility of empirical positivistic study as an analytical framework for acupuncture. That is not to say the positivism and empiricism are the only valid forms, rather they seem to be the basis for RCTs. The table below contains two definitions of positivism and two definitions related to empirical studies. For the purpose of this study, the first definition is more applicable (Johnson 1999:38). I have included these definitions as a point of reference for the section on positivism.

Table 2. Applicable Definitions of Positivism and Empirical

Term	Definition	Source of Definition
Positivism	A set of beliefs about how we should conduct scientific enquiry.	Johnson 1999:38-39
Positivism	A theory that theology and metaphysics are earlier imperfect modes of knowledge and that positive knowledge is based on natural phenomena and their properties and relations as verified by the empirical sciences.	Merriam- Webster Open Dictionary
Empirical data	Originating in or based on observation or experience.	Merriam- Webster Open Dictionary
Empirical basis for a theory	Relying on experience or observation alone often without due regard for system and theory.	Merriam-Webster Open Dictionary
Empirical Laws	Capable of being verified or disproved by observation or experiment.	Merriam-Webster Open Dictionary

Johnson qualifies his definition with five criteria for positivistic study. They are as follows:

Figure 2 Criteria for positivistic study

1. The theory must be separate from the method.
2. The context of discovery must be different from the context of its evaluation.
3. A generalizing explanation is the only valid form.
4. Un-testable statements are outside the domain of science.
5. Scientific thought should be independent of value judgments and political action. (Johnson 1999:38-39)

In order to set up a RCT of acupuncture treatment, scientists choose a particular diagnosis and evaluate whether acupuncture treatment has a statistically significant outcome. In looking at the first criterion for positivistic study it seems that theory and method are interwoven and perhaps they cannot be separated. The second criterion is possible to achieve. However it removes the patient as an individual, who may have a host of symptoms in addition to the main complaint, and it follows that the holistic quality of acupuncture treatment is compromised. Holistic treatment is catered to the individual in that each person might have their own unique set of symptoms that require a personalized treatment plan. In a RCT, all of the patients in the experimental group must receive the same treatment. When an individual seeks acupuncture treatment from a practitioner not associated with a clinical trial, that person's treatment is personalized. The third criterion also seems irrelevant to the

course of acupuncture treatment in that each person is treated as an individual, although the points on the body are defined as to which will affect which meridian.

In relation to criterion four, if by nature, un-testable statements are outside of the domain of science, it seems that acupuncture would have to be squeezed into a positivistic, scientific framework in order to have legitimacy. Another option is that the RCT would have to be structured to reflect the spectrum of possible outcomes of classical acupuncture.

> Two distinct positive outcomes are possible with Classical Acupuncture; resolution of the "main complaint" for which the patient is seeking treatment and unexpected resolution of health concerns for which the patient is not seeking the treatment. Research designs focused on single health conditions do little to reflect this central clinical reality. It becomes clear that any eventual "gold standard" of acupuncture-appropriate research designs would reflect the full health care service provided by Classical Acupuncture. This, in turn, would ensure that health care policies based on research results would be appropriate to the realities of clinical acupuncture (Schulman 2004:785).

In regards to criterion five, in a medically plural society with biomedicine as the dominant form, at the very least, participants are affected by culture and, therefore, might bring their preconceived notions to the study. Also, science itself has prestigious value that is unscientific, "an ideological commitment to science antedates pragmatic benefits from science" (Nelson Riley as quoted in Kaptchuk 2000:380). "The efficacious therapeutic techniques that Western medicine has gathered from modern science have come much more recently than the zeal for promoting science within medicine and for exporting somewhat scientific medicine to other cultures" (2000:380).

Although it seems that quantitative studies, such as RCTs, may not fit the framework of acupuncture, there can be good reasons for using them. "It seems that the Western quantitative, 'no-nonsense' […] assessment of East Asian medicine has contributed to East Asian medicine's acceptance in the West" (Kaptchuk 2000:380).

It seems necessary to include a selection of RCTs of acupuncture. Chang, Pak and Rosenwaks (2002) address the flaws in clinical research of acupuncture, with the caveat that although the studies may be flawed, the outcomes reported are promising. This study is a summary of past clinical studies. Rather than focus on the traditional Chinese medicine rationale for infertility the authors focus on the modern medical perspective of acupuncture treatment including its use as a stress reducer. The authors contend that there is sufficient evidence for a positive effect on infertility associated with acupuncture treatment which indicates the need for further studies.

Stener-Victorin (2002) writes that the use of acupuncture has not been widely studied in relation to reproductive medicine. Also, as others have commented the studies that have been published thus far lack valid results. The author writes from a physiological perspective, explaining the positive effects of acupuncture through the lens of a biomedical understanding of the body.

Dieterle et al (2006) conducted a randomized, controlled clinical trial at a university IVF center. The group that received the targeted luteal phase acupuncture had a significantly higher pregnancy rate than those who received the placebo

acupuncture. The authors do address the notion that acupuncture treatment may reduce stress through its effects on certain neural pathways; or through the placebo effect; which is significant because stress may contribute to infertility.

The study carried out by Westergaard et al (2006) is similar to Dieterle et al. except for a few details. In this study, nurses performed the acupuncture, in the Dieterle et al. study there was no mention of who performed the acupuncture. One other notable difference is that there was no placebo given to the control group in the study, rather those individuals followed the usual protocol before and after their embryo transfer procedures. The experimental group had significantly higher positive pregnancy rates than the control group like the Dieterle et al. study. The authors do spend time discussing their choice against administering a placebo acupuncture treatment to the control group. They conclude that there has been a placebo acupuncture treatment developed, however, they do not believe it has been used in studies of female reproduction.

Unlike the two aforementioned studies, Smith, Coyle and Norman (2006) address the notion that women may choose forms of complementary and alternative medicine prior to commencement of biomedical infertility treatment. This study is very similar to the Dieterle et al. study in regards to methods. However, the outcomes of the two studies are different. The authors conclude that acupuncture treatment does not have any adverse affects during embryo transfer. And like the authors of the aforementioned studies they recommend a larger study be conducted in the future.

Domar's (2006) article is basically a review of the clinical trials which have been conducted to test the validity of acupuncture as a complementary treatment for IVF. Domar concludes that none of the study's methods make them truly blind and that there is no way to completely control for the placebo effect that acupuncture may provide. She also writes that in order for a clinical study of acupuncture and IVF to be valid it must strictly conform to "basic scientific principles" and that sham acupuncture treatments are vital for the control group. Nowhere does she address the notion of qualitative studies; which from the research I have found are not available on the topic of infertility.

Qualitative research can be scientific, although it "starts from different premises and demands different techniques" (Cassidy 2001:152). There have been few qualitative studies of acupuncture treatment. "Studies on acupuncture from the user's perspective" are uncommon according to Paterson and Britten (2004:792). The findings of two studies conducted in this area indicate, however, "that people value the aspects of care and safety issues along with more symptomatic benefits" (Paterson and Britten 2004:792). Users also indicate that acupuncture treatment contributes positively to their physical, emotional and spiritual well-being (Paterson and Britten 2004:792). Acupuncture patients also value their relationships with their practitioners. The conclusion from these studies is that acupuncture users are seeking the benefit of "holistic care" (Paterson and Britten 2004:792.)

Using both types of medicine complementarily can be beneficial to patients. "Mutual respect, careful attention to the concerns of the other side, and deep patience needs to underscore all collaboration" (Kaptchuk 2000:380.) Just as there are many possible interpretations of artifacts, there can be multiple points of view on scientific inquiry.

Patient's Perspective on Acupuncture Needles:

Fear and the Benefits of Treatment

Perceptions on the efficacy of either biomedical or acupuncture treatment are subjective and will depend on the context of the patient's realization. "I chose acupuncture because I figured if a needle could get me into this mess in the first place, maybe a needle could get me out" (Cassidy 2001:151). This anecdote is from a woman who chose to have acupuncture treatment to help her overcome her heroin addiction. For her, the decision to choose acupuncture related to the needle.

For Lola, the idea of the acupuncture needles being inserted into her skin was frightening at first. "The first week was a little difficult because it was my first time and I was very nervous with the needles. And it probably wasn't until I had had one treatment a week for a month that I really noticed anything. I noticed that I started to feel a lot better after the fourth treatment." Lola perceived efficacy from acupuncture treatment in the realms of sleep, weight loss and mood. She said that she felt happier and more energetic and "calmer and less stressed." "I don't really argue with my

husband, which is good." Lola mentioned that prior to beginning acupuncture treatment she often argued with her husband, she did not talk about the content except to say that she was frustrated with him due to their infertility. At the time it seemed that Kurt was the singular cause of their inability to get pregnant, but as time went on it became clear that Lola was also infertile. Lola experienced results from her acupuncture treatment on both an individual and social level.

As bodies are socially and culturally constructed, previous life experience with needles (including the fear of needles) and medical treatment in general might play a role in each patient's perception of treatment efficacy. Tiana confided that her first acupuncture treatment was difficult. "It was a little scary for me; I have always been afraid of needles. It hurt less than I thought it would though. I was so determined to get pregnant; I would have done anything." Tiana's drive to become pregnant helped her overcome her fear of needles. She was very motivated to move out of the liminal space she occupied during her period of unwanted childlessness. The acupuncture treatment Tiana received in the UK did not affect her on an emotional level. "The inability to get pregnant was affecting me quite a bit though, but I always felt calm when I was at the acupuncturist's office. But I did not physically feel anything." Tiana did not have dramatic mood-related results from Dr. Lai's treatments either. She said she was "not really more relaxed [after treatment]." "But I usually felt pretty good when I left his office. But with so many things I have tried, it does not last very long, the energy and the calm feeling…" Tiana's previous experiences with various

procedures intended to reduce stress and increase energy and relaxation may have set the stage for the brief affective change that accompanied her acupuncture treatments. In other words, Tiana seemed to have low expectations for the length of affective change that might accompany acupuncture treatment due to her previous experience with other forms of alternative treatments; which may have been a self-fulfilling prophecy.

In this vein, individual perspectives of acupuncture needles will be affected by socially/ culturally constructed realities. An acupuncturist's perspective on needles will be influenced by her training. A biomedical doctor's views on acupuncture needles will also be affected by her training and the framework in which that training was presented.

Acupuncture needles are perceived in different ways by different people, just as Hermeneutic anthropologists recognize that a text has multiple interpretations. In the discussion of the archaeological artifacts of acupuncture needles in China, Xinghua and Baron rely on textual evidence to provide proof of the introduction of acupuncture, whereas Bo relies more on the physicality of the object. When it comes to the ethnographic artifacts of acupuncture, there are also multiple interpretations of meaning. If we take acupuncture needles to be data as material objects, it is easy to see they are theory laden and, as such, open to multiple interpretations. Biomedical practitioners have theories on how the needles affect the physiology of a patient's body, which stem from their particular paradigm, while acupuncture practitioners

have a completely different understanding of the mechanisms through which acupuncture needles are efficacious.

Chapter 3
Methods

The first step in this study involved identifying individuals who were willing to act as participants in regards to their infertility and acupuncture treatment. I attempted to locate individuals through a number of pathways. I sent out a mailing to licensed acupuncturists in San Francisco. The website www.acufinder.com provides a directory of licensed acupuncture practitioners, including their contact information and their specialties. I searched through the website to find practitioners who specialized either in infertility treatment or fertility enhancement. In the mailing, I included a letter detailing my study using San Francisco State University letterhead, a flyer to show patients or tack onto a bulletin board, and business cards. This was not an effective recruitment method. I only received one response to my mailing, which led to an interview. Another recruitment method I used involved personal contacts. I made a point of mentioning the study to acquaintances and friends in the hope they would know either a licensed acupuncturist who provides this type of service, or a woman who had chosen to use acupuncture for infertility.

For this study, I interviewed three women in the San Francisco Bay Area who were receiving or had received acupuncture treatment for infertility. I also interviewed two licensed acupuncturists in order to get a general idea of the process of acupuncture treatment from a professional perspective. Due to privacy laws I

could not question the licensed acupuncturists specifically about their patients. I interviewed participants in the locations they chose. I lived in their environment only in the sense that I am also a resident of the San Francisco Bay Area. I commuted to the locations my participants requested. The locations they chose might have revealed their level of comfort. I interviewed participants in their places of business, at their homes, as well as at chain coffee shops.

When faced with a disruption such as infertility each individual has the opportunity to make choices on their life path; choices that are influenced by culture. By recording the participants' stories in their own words, I accessed the emic or insider's perspective (Sobo and de Munck 1998:16). I gathered information on the "lived experience" (Baer et al. 2003:50) of acupuncture patients and licensed acupuncturists.

The emic perspective involves a process in which the researcher attempts to "describe and delineate 'folk' categories and realities…rather than test or clarify a priori and supposedly universally applicable models into which those categories and realities are meant to fit (the etic perspective)" (Sobo and de Munck 1998:16). The methods used in this study were selected to reveal each individual's perspective and motivations related to her situation.

As such, the relationships I developed with my participants had an effect on the information they provided. Their comfort level influenced their degree of openness.

As explained by Quesada, (Meeting, November 2, 2006) I also kept in mind that the information participants provided me in the context of interviewing may not have concurred precisely with their practice (Quesada 2006). In addition Quesada referred to the Hawthorne effect, "when respondents provide only socially desirable answers or what they think the interviewer wants" (2012). Bernard (2006:236) delves into the specifics of why:

Figure 3 People are inaccurate reporters of their own behavior

1. Once they have agreed to be interviewed they have a personal stake in the process and try to answer all of the questions whether they understand what the interviewer is asking or not.
2. Human memory is fallible and some things are easier to remember than others.

"Interviews are social encounters. People manipulate those encounters to whatever they think is to their advantage" (Bernard 2006:236-7). I interviewed some of my participants multiple times in order to develop a broader understanding of their "illness" (Kleinman 1988:1). According to Kleinman, illness is "the innately human experience of symptoms and suffering" (1988:1). According to Becker, infertility is a special case among biomedically defined illnesses, as she contends that it is "manufactured" (2000:3). The background to this contention is that as women focused more energy on their careers and other aspects of life they delayed childbearing. Fertility decreases with age and as such what began as a social phenomenon, delayed childbearing, became medicalized as infertility.

I endeavored to find out at what point participants define themselves as having an "illness" or if they see it as some other cultural construct. "At times of illness or misfortune […] narratives are highly personal stories, but expressed in a culturally specific way" (Helman 2000:96).

The research I conducted is intended to present both the perspectives of licensed acupuncturists and laypeople in an ethnographic format.

> Because it does not fit with the other forms of knowledge construction in the health field, ethnography has been well positioned to represent other things that are also at the margin of medicine, such as lay perspectives, the experiential aspects of illness and care, alternative medicine […] and the myriad problems, ordinary and extreme, that are constantly passing into and out of biomedical authorization (Kleinman 1995:198).

According to Baer (2003:366), ethnographic research is distinctive for the following reasons:

Figure 4 Ethnographic Research

1. Location of performance.
2. Context of realization.
3. Investigative goals.
4. Method of data collection.
5. Level of personal commitment

Due to the limited time I had with participants, I used a modified, semi-structured interview technique, to gather the data for this ethnographic study. It was modified in that I did not have an extensive interview guide and I did not attempt to completely

control the flow of conversation. "In situations where you won't get more than one chance to interview someone, semi-structured interviewing is best" (Bernard 2006:205). The interview guide I created had a list of questions I asked each participant. The guide did not include specific instructions on what information to probe for, but the questions were all related to a specific theme and elucidated comparable data from my participants. The questions were designed to extract data from the participants that would specifically relate to the concept of the mindful body (see Chapter 5.) The interviews with acupuncture patients began with a question about how they chose acupuncture (see appendix).

In the best of times, participants were very talkative and the interview proceeded smoothly without the need for extensive probing. If I determined a question had been answered thoroughly, I proceeded to the next question. If it seemed, however, that the participant might have had more to say, I used what Bernard refers to as the "silent probe" (2006:211). The silent probe involves "remaining quiet and waiting for an informant to continue" (2006:211). In the interviewing context, I also used the "echo," "uh-huh" and "tell-me-more" probes (Bernard 2006:212.) While the participant was thinking of what to say next, I jotted down notes about information I wanted clarified, or specific, additional questions that came to mind.

As part of the Informed Consent process, participants were questioned on the optional use of a digital voice recorder. I transcribed the content of the interviews

from the recordings in order to analyze them. Following each interview, I reviewed my field notes and wrote down new questions that arose.

Analysis

The information collected in the interviews revealed each woman's explanation of her treatment choices accompanied by her thoughts on efficacy. Further analysis was fruitful in regards to exploring the tripartite mindful body (Scheper-Hughes and Lock: 1987) as an analytical tool to explore the effects of infertility on each participant's physical body, social interaction and political situation (represented by her ability to pay for treatment).

In this study I am not attempting to quantify the efficacy of acupuncture treatment, but rather to access each woman's individual medical decision making (Romanucci-Ross 1983:5) and feelings related to these choices. Each woman's narrative led to the creation of an ethnographic decision model, which revealed her hierarchy of resort.

I explored each participant's process including the research, effort and decisions each participant made in relation to her infertility treatment. Prior to the discovery of infertility the process of having a baby seems simple. The experience of infertility is a disruption of the expected cultural life course (Becker 1997:15). This disruption forces individuals to re-evaluate their relationship to their bodies and the medical

system in general as they navigate the medically plural system in the United States (Leslie 1980:191).

Efficacy

Often when discussing this study people ask questions about the efficacy of acupuncture treatment for infertility. Initially the study participants also seemed to think that I was attempting to assess efficacy.

Although, the goal of this study was not to evaluate the efficacy of various infertility treatments, it is important to reflect on what each participant viewed as efficacious to her. Barnes "suggest[s] that, as a pluralistic system in its own right, acupuncture in the United States not only illustrates, but also contributes to, culturally complex meanings of efficacy currently at work among us, providing an entrée into larger cultural processes" (2005:240).

The meanings assigned to efficacy vary in traditional healing systems, as compared with the biomedical paradigm. (Barnes 2005:239). In traditional healing systems, changes in the individual "may occur on a symbolic level or through the removal of physical symptoms or both" (Barnes 2005:239). Barnes defines efficacy as "the power to produce particular effects" (2005:239). Kleinman and Seeman refer to the "directionality of efficacy" (Barnes 2005:240). As Kleinman reports, "almost all anthropological assessments of therapeutic efficacy […] rely simply on the subjective report of the patient" (1980: 352). In this vein, the perceived efficacy of

either biomedical or acupuncture treatment is dependent on the individual participant's perspective and will depend on the context of the patient's realization. Two participants attributed efficacy to a treatment modality, whether it was related to successful conception or stress relief. The following vignettes contain assignments of efficacy from the participant's perspective.

Vignette: On Efficacy: Sophie

Sophie assigned efficacy to a hysterosalpingogram (HSG). Sophie initially used acupuncture as an alternative to western medicine, but after learning about HSG from a relative, she decided to attempt the procedure. HSG is a medical procedure that is performed to discern if a woman's fallopian tubes have any blockages.

> "During a hysterosalpingogram, a dye (contrast material) is put through a thin tube into the vagina and the uterus. Because the uterus and the fallopian tubes are hooked together, the dye will flow into the fallopian tubes. Pictures are taken using a steady beam of X-ray (fluoroscopy) as the dye passes through the uterus and fallopian tubes. The pictures can show problems, such as an injury or abnormal structure of the uterus or fallopian tubes, or a blockage that would prevent an egg moving through a tube to the uterus. A blockage also could prevent sperm from moving into a fallopian tube and joining (fertilizing) an egg. A hysterosalpingogram may also find problems on the inside of the uterus that prevent a fertilized egg from attaching (implanting) to the uterine wall." (WebMD)

Sophie conceived a month after the HSG procedure and, as such, seemed to think that her fallopian tubes had needed to be cleared to allow conception to occur. She did not discount the positive effects of acupuncture treatment on her body and stress level.

Vignette: On Efficacy: Tiana

Tiana was living in the UK at the time that she and her husband decided they

wanted to begin trying to get pregnant. Months without success led Tiana to seek treatment. Tiana's health insurance did not cover infertility treatment. A friend recommended that Tiana seek acupuncture treatment for her perceived infertility. Due to access-to-care issues related to health insurance, Tiana used acupuncture alternatively. During an interview Tiana said that she thought that acupuncture and herbal treatment helped her overcome infertility.

Therapy Management

Sophie and Tiana both indicated which treatments they perceived led to their success in overcoming infertility. Both women sought particular types of treatment and procedures on the advice of friends and relatives. To reveal the broader picture of how decision-making takes place in relation to medical treatment, it is necessary to explore each woman's "therapy management group" (the set of individuals who take charge of therapy management with or on behalf of the sufferer)." (Janzen 1987:68)

Tiana sought out acupuncture on the advice of a friend. "I was living in the UK, so I couldn't participate in any medical fertility treatment and I had a friend who was using acupuncture for allergies and recommended her acupuncturist." With her second pregnancy, Tiana felt that not only was her husband very supportive of her choice to get acupuncture, but "everyone that I know in San Francisco is really supportive of alternative medicine. So everyone thought it was good and the right thing to do" (2008).

Sophie sought the HSG procedure in response to anecdotal recommendations by a relative. Sophie knew of two people who had conceived after the HSG procedure and so on the advice of her relative she asked her OB/Gyn to perform the procedure.

"My relative told me that she thought I should have it done, because they were going to want to do it anyways to make sure that my fallopian tubes were open. And I had the procedure and I got pregnant." Suggestions from friends and relatives in an individual's therapy management group are helpful at times.

Although Lola's husband had initial reservations about the acupuncture treatment, he did not try to stop her from seeking it. Lola confided that once the treatment began,

> He even says he sees me a lot more energetic and a lot happier since I started the acupuncture. And he is totally for anything I am willing to try and he also sees a difference in my energy level with the weight loss. So, he is very supportive. At first, even though my husband is Chinese, he was a little skeptical of the acupuncture, but now how he sees how much happier and energetic I am. He sees it as being a good fit.

Lola also belongs to an online support group for people grappling with infertility. "A lot of people in the support group have talked about how they became successful, how their IVFs worked with acupuncture." Lola took the experiences of the other women in her support group seriously and attempted to incorporate their advice into her treatment regimen.

Agency and Explanatory Models

Through the process of interviewing patients, I ascertained their practices of

"individual agency" (Baer et al. 2003:50) employed to make informed decisions about infertility treatment options. Sophie had strong feelings about what types of western infertility treatments she was willing to attempt and how her infertility specialists treated her in relation to her opinions.

> And maybe it was also because I was very up front and said I didn't want to do Clomid and I didn't want to do in-vitro fertilization. Maybe that compounded the issue for them. Then, maybe they did not know what to do for me since I was not willing to go the sci-fi route. But you know, they couldn't justify [the treatments]. They don't have a very good success rate; it's only about 20-30%. That is really not good. If someone told you, you had a 20% chance of living; you would probably get your affairs in order pretty quick. Take that trip you were talking about, max out the credit card and be done with it. I just felt like, I just feel like, there is not enough, they haven't had enough time to research and show what the long-term effects of these medical interventions have on woman's bodies.

Sophie demonstrated agency both when she sought infertility treatment from western medicine and conducted extensive research to make her choices based upon which treatments she thought were appropriate. As she shared the story of her lived experience, her determination and path became evident.

Sophie's story reveals her explanatory model for her infertility. It is possible to see the explanatory model [EM] in each participant's narrative (Pelto and Pelto 1996:302). The EM for an illness includes (Kleinman 1980:105-7):

Figure 5 Explanatory Models

1. Signs and symptoms by which the illness is recognized
2. Presumed causes of the illness
3. Recommended therapies

4. The patho-physiology of the illness
5. The prognosis

Kleinman, the formulator of explanatory models, indicates that the degree of specificity of the EM will depend on the individual (303). I gathered the aforementioned information from each patient in order to achieve an emic, patient-centered view of the situation. In this study, I acknowledged the body as "a focal site for the coming together and entwinement of biology, lived experience, culture and social relationships" (Baer et al. 2003:44).

The Mindful Body: A Critical Approach to Theorizing and Describing the Body

Different medical systems have different concepts of the body. Scheper-Hughes and Lock began the process of "deconstruction of received concepts of the body" by creating three categories; which represent "three separate and overlapping units of analysis" (1987:6). Through the process of interviewing individual acupuncture patients, I gathered information which allowed me to incorporate the concept of the mindful body in its three interconnected representations "individual body," the "social body" and the "body politic" into my analysis of the factors which affected the women's decisions (Scheper-Hughes and Lock 1987:6).

For the purpose of this study one of the representations of the body politic is d by a woman's ability to pay for treatment. According to the National Health Interview

Survey, the demographics of acupuncture patients include steady employment, marriage, some college education and private health insurance (Burke et al 2006:641). Among my participants, there were two women who received acupuncture from private practitioners, and a woman who went to a College of Traditional Chinese Medicine for treatment. Neither treatment venue was exorbitantly expensive compared to western infertility treatment.

Tiana had acupuncture treatment and was prescribed herbs. She said her treatments in the UK, Japan and San Francisco were about $75.00 per visit. When Lola turned to acupuncture, she had already spent all her savings on western infertility treatment and she could only afford treatment at a local College of Traditional Chinese Medicine. Treatments at the college cost $20.00 per visit and were more time-consuming than seeing a licensed acupuncturist in private practice. The visits were longer because Lola had to see a student before the teacher came in to discuss the day's treatment. "I find that it takes longer at the teaching school, but they seem a lot more thorough." Lola commented that she was thankful to have access to acupuncture in any context, and the presence of the teacher was reassuring.

When I interviewed Lola, she had already been using western infertility treatments for a few years with no success. Lola and her husband had purchased an "outcome-based plan." The outcome-based plan included three in-vitro fertilization attempts, two of which Lola had already used. Lola was saving the last attempt for either IVF

for herself or for an egg-retrieval in the case that she decided to use an egg-donor. Although she did not specify the exact amount, Lola said that in this type of outcome-based plan, the infertility clinic refunds a percentage of your money if none of the attempts led to pregnancy and the birth of a baby. "This plan offers ***up to*** 3 cycles of IVF (including any frozen embryo transfers associated with those cycles) for a single fee, substantially less than 3 individual IVF cycles. Like the Two Cycle Plan, this is considered a shared-risk IVF plan for the same reasons. If you don't have a baby after the first 2 cycles, we're providing our services on the third cycle at essentially no cost to you" (http://haveababy.com/infertility-education/financial-considerations.html Accessed September 1, 2011).

IVF was not covered by Lola's health insurance plan and in order to use that type of treatment she had to get a second job. According to Baer et al., "capitalism has progressively shaped and reshaped social life…The political economy of health care is concerned with the impact that the capitalist mode of production has on the production, distribution, and consumption of health services" (Baer 1982:2).

On a teacher's salary Lola could not afford repeated IVF procedures, she got a weekend job at the library in order to continue with her infertility treatment. According to Lola, each round of IVF cost $10,000 dollars, and that did not include medication, travel or hotel expenses. Since Lola had to travel from her home in Oakland, CA to Sacramento, CA for treatment, she not only had to miss work, she

also had to pay for a hotel stay. With 12 days of sick leave per year, Lola used 10 to go for her second round of IVF, only to find out that all of the embryos died the day of the transfer. The infertility clinic did have an arrangement with a local hotel, and Lola was able to get a discounted room rate. Lola's decision-making was affected by the political economy of healthcare.

Ethnographic Decision Models and Hierarchy of Resort

Using the interview data in combination with the mindful body, I explored the ethnographic decision-making my participants used when deciding to get acupuncture for infertility (Bernard 2002:203). There are two types of EDMs: normative and descriptive (Garro 1998: 323). Normative EDMs are intended to make an "optimal decision," one that "maximizes gains and minimizes losses or costs" (Garro 1998:323). Descriptive EDMs are an attempt by the researcher to discover the process by which decisions are made and "on understanding the reasoning process" (Garro 1998:323). I followed the framework of the descriptive EDM in an attempt to discover the reasoning process of those individuals who decided to become acupuncture patients for infertility treatment, rather than to predict the choices of others. Since ethnography is the process of describing a culture from the insiders or "emic" perspective, it would be antithetical to use a normative model. Young and Garro (1994) have used EDMs to discover "how people decide on which treatment to use for an illness" (Bernard 2002:490). In order to construct descriptive EDMs, it

was necessary to attempt to discern the cognitive route patients traverse as they make their decisions.

Descriptive ethnographic decision models are entirely qualitative (Bernard 2002: 490). "Qualitative research is a powerful method —indeed the only method— for gathering the 'stories' of people's lives and assembling information on the assumptions and beliefs that reveal motivations and explain people's behavior" (Cassidy 2001: 168). The basis for this type of model is "asking questions, sorting out some logical rules about how the questions have to be ordered, and laying out the order in a picture" (Bernard 2002:490). Hill has supplied a list of the "basic research questions of most studies of decision-modeling in medical anthropology" (1998:141). Hill's research questions modified to fit this study:

Figure 6 Questions for Ethnographic Decision Modeling

1. What are the health care alternatives for women suffering with infertility and what would they consider reasonable responses to their health care problem?
2. What variation exists among the women being studied?
3. What are the criteria the women use for selecting the alternatives?
4. What are the internal and external constraints and conditions (perceived and/ or real) placed on decision-making?
5. What are the sets of rules used to order criteria?
6. How do decisions fit into the social and cultural context of the set of women experiencing infertility?

Although my interview questions did not match these questions exactly, they were structured to elicit responses that would facilitate analysis and construction of descriptive ethnographic decision models. The models I constructed were not an attempt at prediction, but rather they were an in depth representation of the women's decisions.

In a medically plural environment patients can choose among systems provided that they have the means to pay. As such there is an order in which patients seek treatment choice. In addition to EDMs, I explored the hierarchy of resort patients followed and attempted to discern whether it was acculturative or counter-acculturative. Sophie and Lola sought biomedical treatment as a first resort which is acculturative. Tiana also looked into biomedical treatment as her first resort but since her insurance did not cover it, she turned to acupuncture as an alternative.

Romanucci-Schwartz proposed a "hierarchy of resort in curative practices" for the Manus people of the Admiralty Islands, Melanesia, Oceania. (1969:201) She constructed the hierarchy in such a way as to reveal a dichotomy between so-called acculturative and counter-acculturative curing practices. Acculturative practices represented the use of European medicine as a first resort, whereas counter-acculturative practices represented the use of an earlier pre-contact mode of treatment as a first resort (1969:203-204). Hierarchy of resort refers to the order in which individuals make their choices (see chapter 5 for Lola, Tiana and Sophie's hierarchy

of resort).

Medical Pluralism

During the 1970s, Charles Leslie explored pluralism in Asian medical systems, which led to an enormous shift in views of health care systems (Johannessen 2006:2). "The Western idea of biomedicine […] as the only kind of sophisticated and well-developed medicine was shattered" (2006:2-3). Different medical systems have different constructions of the body that inform practice. In the United States, there are multiple forms of medicine practiced and this reflects the presence of medical pluralism. Baer et al. assert that the United States represents a dominative model of medical pluralism with biomedicine representing the dominant form (2003:335). The concept of medical pluralism is integral to this study because within a system of this type, individuals have a variety of treatment options.

> "Medical anthropologists look at their participants as active subjects rather than … passive objects, subjugated by the prevalent medical discourse…from the perspective of medical anthropology, Western medicine's claim[s] to epistemological and therapeutic superiority … [are] being challenged by contrasting it with the successful treatment outcomes and the high levels of patient satisfaction of a variety of non-Western medical systems" (Ernst 2002:2).

Women who choose to receive acupuncture for infertility may be using the treatment alternatively (with agency rather than because their options are limited) and, in this way, they may be confronting the "biomedical hegemony over women's health (Inhorn 2006:356). In terms of infertility, the phenomenon of biomedical hegemony became prevalent during the 1980s when more women delayed

childbearing (Becker 1997:61), experienced difficulty conceiving, and consequently sought biomedical assistance to remedy the disruption. Women might choose to get acupuncture treatment complementarily in conjunction with biomedicine and other forms of treatment alternatively to biomedicine. I examined each participant's hierarchy of resort and noticed that each woman's story was uniquely her own.

Chapter 4
Diagnosis and Treatment

TCM diagnosis is different from biomedical diagnosis. According to Kaptchuk "The Western physician starts with a symptom, then searches for the underlying mechanism—a precise *cause* for a specific *disease*. The physician's logic is analytic-cutting through the accumulation of bodily phenomena…to isolate one single entity or cause" (2000:4). On the other hand, "the Chinese physician directs his or her attention to the complete physiological and psychological individual. All relevant information, including the symptom as well as the patient's other general characteristics, is gathered and woven together until it forms what Chinese medicine calls a "pattern of disharmony" (2000:4). The participants in this study described their own experiences with acupuncture either from a patients or participants perspective which seemed to coincide with the perspectives of licensed acupuncturists who were interviewed regarding the creation of a research protocol. In their attempt to create a fertility acupuncture protocol Cochrane, Smith and Possamai-Inasedy (2011:35) interviewed expert licensed acupuncturists and found that:

> Acupuncture should be considered ''a complex intervention encompassing more than the technique of needling; it encompasses the therapeutic relationship and the range of Chinese medicine modalities, such as diet and lifestyle advice."
> Inclusion and emphasis on the Spirit or emotional state of women influencing fertility (this is consistent with the Chinese medical concept of the bao mai, which links the Heart and the Uterus).
> The relationship between practitioner and patient is another tool in the therapeutic alliance.

The licensed acupuncturists and patients I interviewed described the process in detail. I used their stories in order to put together this section on the details of intake, diagnosis and treatment. The purpose of presenting narrative data on diagnosis and treatment is to give the reader a better understanding of the process patients go through when choosing acupuncture treatment. Jenny, one of the licensed acupuncturists I interviewed, said that she begins to observe her patients as soon as they walk in the door. The following vignettes contain the licensed acupuncturists and patients' perspectives on diagnosis and treatment.

Licensed Acupuncturists' Perspective on Diagnosis and Treatment

Kat

Kat is a licensed acupuncturist who works at a spa in downtown San Francisco. She began her career as an exercise physiologist and decided to become an acupuncturist after experiencing a health problem for which she resorted to acupuncture treatment. After having tried both western medicine and traditional Chinese medicine, she found that the latter was more effective and valued the relationship she had with her traditional care provider.

The healthcare system in the United States is medically plural with biomedicine as the dominant form. Within a complex system of this type, there are many regulations related to treatment and insurance billing. Licensed acupuncturists are not allowed to make diagnoses in the same way that western biomedical practitioners can.

> Our scope of practice does not include western diagnosis, but we are allowed to do Traditional Chinese Medical diagnoses and do treatment plans accordingly and prescribe herbs and points according to that. I can't say you have primary infertility, but I can say you have liver blood deficiency. (Kat Kim, Interview, May 7, 2007)

Medical insurance billers use codes which represent diagnoses of certain illnesses. Since licensed acupuncturists are not permitted to use western diagnoses they must bill insurers in a different way. "We can't code for insurance reimbursement, like a physician would if they were filing insurance documents" (Kat Kim, Interview, May 7, 2007).

When a patient comes to see her the first time, Kat takes a detailed health history, including what type of medical interventions the patient and her husband may have tried. It is important for Kat to know where the couple is in their "quest for conception" (Inhorn 1994: 1).

Kat has her patients fill out detailed health history forms and then she does an intake interview while reviewing their forms. During the interview she questions her patients about their bodily systems including: history of menstruation, digestion, and how they sleep. The goal of the interview is to figure out from head –to-toe what is going on in the patients' body and tease out their innate constitution. There are also some diagnostic techniques that are specific to Chinese medicine, including: checking the pulse and looking at the tongue.

Following the health history and other diagnostic techniques, Kat makes a TCM diagnosis. Several common diagnoses related to infertility are liver blood deficiency, kidney deficiency (particularly in older women) and spleen deficiency. Kat also looks at the patient's western doctors notes and lab results because her background is in western medicine. She often finds that the lab test results back up her TCM diagnosis. For example, if a woman's hormone levels are really low and she is not ovulating regularly that will correspond with certain parts of liver blood deficiency. Although Kat does not use western medicine to confirm her diagnoses, she finds that relating her TCM diagnosis to western medical symptoms helps with patient education. For example, some symptoms of liver blood deficiency are thin nails, low hormone levels and a tendency towards anemia.

Once Kat finishes taking the patient's health history and reviewing the western notes/ lab results if available, she explains the TCM diagnosis to her patients in a language that combines the terminology of western biomedicine and traditional Chinese medicine. Following TCM diagnosis and an explanation that has ideally resulted in a mutual level of understanding between Kat and her patient, it is time for a treatment plan. Kat asserts that if women are given the same TCM diagnosis, their treatments will be similar.

> It's pretty similar; I mean with the women I treat for fertility […], the herbs might be different. The acupuncture treatment itself is often fairly similar. If they have any other underlying issues or simultaneous issues, I will use different points for that because it's not

> like I am only treating them for infertility when they come in. It's whatever else is going on as well.

In other words, Kat treats her patients holistically. Each visit could potentially include the points used to treat the TCM diagnosis (underlying cause of infertility) and treatment for any other embodied complaint/ symptom the patient reveals. The combination of biomedicine and TCM broadens insights and understanding.

Jenny

Jenny became a licensed acupuncturist after practicing Tai Chi for many years. She has a display about the benefits of using acupuncture for infertility in the waiting room at UCSF and that is how the majority of her patients find out about her services. For Jenny, all aspects of a person are important in her diagnosis.

> The first visit begins when they walk in the door, when I begin to observe the person: their nature, their personality, their coloring, their body type and their affect. All of those things are important in TCM. We do the [following in] diagnosis: observe closely, look at the tongue and read the tongue and read the pulses. Then I also do an intensive intake interview, which usually lasts about 45 minutes. During which I ask the person to tell me their "story" which generally launches them into a description of their role in their fertility struggle and we talk about their medical history —including all of their body systems so that I get a really good understanding of their medical picture. In summary: observation, tongue, pulse and intake [constitute the diagnostic process].

Jenny follows the same diagnostic procedure with each patient. After the formal steps elucidated above, and once the patient is on the table, "There might be other things I might do like palpation once they are already on the table. I might palpate meridians or give them some short massage to get them relaxed and see if any more things come out once they are relaxed." Jenny finds that this type of touch helps to relax patients who have never had acupuncture treatment.

> "It's helpful, especially the first visit. Some people have never had acupuncture before or they have never had any kind of alternative medicine treatment. I'd say about 20 percent of the time, doing a foot massage or a shoulder massage in a chair helps patients become more comfortable. You never know, some people have a history of abuse, so it's hard for them to discuss a really personal issue like trying to become pregnant."

Jenny is hyper-conscious of the need to treat each of her patients with sensitivity and holistically, as such, she endeavors to learn as much about her patients as possible in order to come up with the proper treatment.

Once Jenny has given her patient a TCM diagnosis, she creates their treatment plan, which may include acupuncture needling points, herbs and cupping. Jenny also focuses quite a bit on diet. "Diet is a large component of treatment plans in TCM. I spend a lot of time working with my patients' eating habits and behaviors. I usually request a 3 day food diary from my patients. Once I have the food diary, I can recommend diet modifications as part of the treatment plan."

Following review of a patient's food diary, Jenny can prescribe a diet related to the diagnosis. "If someone has blood deficiency, I am going to have them eat blood nourishing types of foods. If someone has yin deficiency, I am going to have them eating yin tonifying types of foods. If someone is kidney yang deficient, I am going to have them eat warming yellow tonifying foods. The diet is different for each diagnosis."

Patients' Perspectives on Diagnosis and Treatment

Sophie

The initial acupuncture appointment can be time consuming, but the patients I interviewed found it worthwhile. They also learned about the differences between TCM and Western medicine, and some used acupuncture as a complement. TCM seems to facilitate self-awareness by delving deeply into the patient's health history. Sophie decided to seek acupuncture because she was unwilling to try fertility drugs. Sophie also found that both her acupuncturist and obstetrician gynecologist agreed that she should try to reduce her stress level.

Sophie sought acupuncture treatment from the licensed acupuncturist who worked at her spa. She chose acupuncture as an alternative to western medical infertility treatment and hoped that it would serve to increase her fertility enough for her to be lifted out of the liminal space of unwanted childlessness. It was not Sophie's first experience with acupuncture, and she felt comfortable in the milieu. According to Sophie, the acupuncturist looked at her tongue and felt her pulse and took her medical history. Sophie's acupuncturist also looked at her biomedical lab test results and incorporated those findings into Sophie's personalized treatment plan.

> I provided her with the test results of my blood work and hormone work and based on that, she looked at it and said she would like to increase this and decrease that. [That] this was the strategy she was going to use to try to increase the fertility of my system. She also gave me nutritional advice. Because of my particular situation, she was not able to say for example: you are not menstruating and we need to get you menstruating. Rather, she was trying to increase my fertility.

Sophie's acupuncturist treated her with needles at each visit and also provided her with herbs to use at home. Although, she was not rigid about the suggestions, Sophie's acupuncturist also made diet recommendations.

Lola

Lola was having trouble getting pregnant and her husband's anti-depressant medication made it difficult for him to ejaculate. They explored many options to remedy their infertility but were unsuccessful. Lola sought acupuncture after reading her reproductive endocrinologist's book. Women in her support group also recommended that she try acupuncture. All of her savings and extra income had been spent on Assistive Reproductive Technologies (ARTs) and that led Lola to the clinic at the local College of Traditional Chinese Medicine. The process at the college was time consuming but the reduced cost was well worth the extra time.

> First, a student interviews you and asks why you want acupuncture treatment. I told the student that I am trying acupuncture for infertility and I am also trying to lose weight because I gained a lot of weight due to the IVF treatment.
>
> They examine your tongue and they take notes about the color, and then they check your pulse on both wrists, and they also ask you questions like: 'How have you been sleeping? How often do you urinate? How is your menstrual cycle? How often do you have a bowel movement? How are you feeling?
>
> They take notes, then they call in a doctor of Traditional Chinese Medicine and the doctor rechecks your pulse, your tongue and asks you questions. And then the doctor and the student decide what to do. They mention all these different nerves and stuff and they decide what they are going to do and then they have you take off your shoes and lie down and they needle you up and the treatments take about thirty minutes, after all the assessment

Lola felt that the assessment and treatment process at the college was very thorough. Also, because the policy at the clinic was to give the students' exposure to as diverse a range of patients as possible, Lola saw a different student each week. The only request Lola was permitted to make was for a male or female student, and she did not have a preference.

In addition to her treatment for fertility enhancement, Lola used acupuncture holistically. Her use of ARTs had resulted in considerable weight gain and before her 3rd IVF cycle, she planned to lose about 25 pounds. At the acupuncture clinic, the practitioners treated her for fertility enhancement, weight loss, emotional stress and any other day-to-day symptoms that ailed her.

Tiana

Tiana was worried because she was having trouble getting pregnant. Tiana was living in the UK at the time and sought acupuncture treatment because her health insurance did not cover infertility treatment. Her description of visits was very brief. With her first licensed acupuncturist in the UK, the following occurred: "The first one was an intake and then he would lay me down for about a half an hour. The beginning of that was putting in needles. There were needles in my abdomen, in my head, and in my feet too. And then they would come take the needles out. "

Tiana noticed few differences between the three acupuncture clinics (England, Japan and San Francisco, CA) she had been to and mentioned that the main one was

in San Francisco.“The difference with my acupuncturist in San Francisco is that he would put kind of a little roach clip thing. He would put it on the end of the needles and he had a machine that made them vibrate a little. That was different.”

Tiana’s acupuncturists also prescribed herbs. “They gave me herbs, too. I felt like I had a very clean colon. But beyond the digestive results, I did not feel any physical side effects.”

Chapter 5
Ethnographic Decision-Making , Hierarchy of Resort and the Biomedical Hegemony

Theory

In order to construct descriptive Ethnographic Decision Models (EDMs), it is necessary to attempt to discern the cognitive route patients traverse as they make their decisions. I am not referring to what Bibeau describes as "the dominant mechanistic view […] whereby human beings are predominantly shaped by 'cognitive blueprints' […] that shape actions of individuals along predetermined lines" (1997:250). Rather, I refer to Garro's note (Bibeau 1997:250) that "anthropologists […] counteract this trend by concentrating on the "social grounding of meaning" as revealed by 'actions, interactions and practices'" (Garro 1998:322). The interviews I conducted revealed each individual's actions, interactions and practices. As such, the EDMs I constructed reflect individual choices, which are bound to cultural ideology.

"By listening to women through participatory forms of ethnographic research, anthropologists are able to determine women's own health priorities" (Inhorn 2006:347). An integral component of my examination of each participant's medical decision-making was the elucidation of their "hierarchy of resort" (Romanucci-Ross 1983:5). Hierarchy of resort refers to the order in which individuals rank their medical preferences. For this study, hierarchy of resort related to the medical choices

that women make after they perceive that there is a problem with their fertility. In the United States, there are multiple forms of medicine practiced, which reflect the presence of a medically plural system. The concept of medical pluralism is integral to this study because —within a system of this type— individuals have a variety of treatment options (Leslie 1980).

Inhorn conducted long-term studies of infertility in Egypt, which can also be viewed as a medically plural society (1994:8). During their personal "therapeutic quests," women experiencing infertility in Egypt become "peripatetic pilgrims" journeying to biomedical practitioners, pharmacists, healers, and sacred sites (Inhorn 1994:8). In Becker's extensive ethnography on male and female infertility in the United States, individual choices were limited by the political economy of healthcare (2000:16). However, the reality "that people repeatedly found ways around the financial constraints is a testament to the strength of the cultural ideology of biological parenthood and the related cultural imperative to use available technology" (Becker 2000:126).

Becker's study did not focus on the use of complementary and alternative modes of treatment, such as Traditional Chinese Medicine. Allopathic, scientific biomedicine is the dominant practice in the medically plural United States, the participants in Becker's study did not seem to be aware of any option other than biomedicine (2000:126). In this regard, hierarchy of resort was not correlated with

medical pluralism but with the choice between biological and social responses to unwanted childlessness. Participants were examining choices such as: fertility drugs, assisted reproductive technologies (including surrogate mothers) and adoption (Becker 2000:76-77). Becker's study represents a relevant example of the "biomedical hegemony over women's health" (Inhorn 2006:356). In terms of infertility, the phenomenon of biomedical hegemony became prevalent during the 1980s when more women delayed childbearing (Becker 1997:61), experienced difficulty conceiving and consequently sought biomedical assistance to remedy the disruption.

Data

All three participants considered biomedicine prior to seeking acupuncture treatment for infertility. Sophie used agency when she sought acupuncture as an alternative to biomedicine. Lola used acupuncture as a complement to biomedical treatment. Tiana used acupuncture alternatively to biomedicine initially because her insurance would not pay for infertility treatment. Each woman had her own unique hierarchy of resort for her medical preferences (see tables included within narratives for each participant.)

Sophie

Sophie became very uncomfortable in the liminal space she occupied as she tried to get pregnant for two years. During a portion of that time, Sophie had started to

track her menstrual cycles, take her temperature everyday and examine her cervical mucus to determine when she was ovulating and to ensure that she had sexual intercourse with her husband during the fertile time of her cycle. At the two-year mark, she made the decision to seek professional help. Her first inclination was to go to her obstetrician gynecologist, who performed tests on her and her husband to try to determine a medical reason for her inability to conceive. The test results were inconclusive, which was troubling because Sophie did not feel comfortable using fertility drugs such as Clomid or attempting ARTs with no conclusive test results. The test results did not show any conclusive problems with Sophie's husband's fertility either.

> I would definitely say that if they had said the reason that you are not getting pregnant is because you don't have a uterus, or because of your husband's sperm count. Even if they had said this is what is going on this is why you are not getting pregnant A or B or C, I would like to think that I would have tried to correct A, B or C with acupuncture first. I know that 50% of infertility issues are male issues. It can be a viral or bacterial infection that he has that is completely asymptomatic save the fact that his sperm are not motile enough. I would have been perfectly comfortable saying let's put you on some anti-virals or antibiotics. That would have been okay.

Sophie also felt that many of the techniques available through western medicine were invasive and unproven because they had not been studied for a sufficient amount of time. Sophie did a lot of independent research on the techniques proposed by her western medical practitioners and decided that at the time none of them were an option for her.

In the past, Sophie had been successfully treated for a variety of medical complaints with acupuncture. In her own words, "I just felt like I had access to acupuncture and terrific quantifiable results from acupuncture for other health issues, and so it just seemed like a totally logical next step." Sophie received acupuncture treatment from the licensed acupuncturist who worked at her spa. During the time she was receiving acupuncture treatment, she was also searching for an obstetrician gynecologist with whom she felt compatible. When she finally did find a practitioner who met the compatibility test, it turned out that both the acupuncturist and the practitioner agreed that Sophie needed to reduce her stress level.

> The obstetrician gynecologist that I chose was of the same mindset, as the acupuncturist. They both thought that trying to take the stress level down a notch or so was a good idea. Even though it's Chinese Medicine and it's not western and it's holistic, it can still be pretty rigid. [For example] there is the idea that if you are eating crushed ice how could you possibly expect to get pregnant.
>
> Then it can get pretty hard and fast. Especially when you are trying to get pregnant and you are taking your temperature every day and [it has to be done] before you get up. You can't even go to the bathroom because your temperature rises. You write down your baseline body temperature and you check your cervical mucus. You are tracking and charting and graphing and constantly analyzing, obsessing over yourself all the time.
>
> My acupuncturist was trying to take into account let's try to lower the anxiety level and the pressure. It is this maddening Catch 22 of people saying you just need to relax and not worry about it so much; which is all well and good when you are 25 or 28 or 30 maybe and you are trying in the first 6 months to get pregnant, you don't worry about it as much. But when you are 37 coming on 38 and it has been month after month, and you are not getting pregnant it is really hard not to worry. Ok, I am not worrying. I am taking my temperature, but I am not worrying about it but everything is good [sarcastic laughing]. So you know it was really nice to have an acupuncturist say try not to eat so much of that but if you have some don't worry

> about it. Try to eat more of this, try to do this, try to that, I would love to have you come in next week as well but not [pounds fist in hand.]

Sophie's obstetrician gynecologist and her acupuncturist, however, disagreed on the use of herbs. Sophie independently chose to continue taking herbs until she conceived and then, she stopped both taking herbs and seeing her acupuncturist.

Table 3. Sophie's Hierarchy of Resort

Rank	Hierarchy of Resort	Time Frame
1	Trying to get pregnant with no intervention	2 years
2	Check-up from obstetrician gynecologist	Intermittently
3	Check hormone levels	Once
4	Tracking temperature, menstrual cycles and cervical mucus	2.5 years
5	Sought treatment from obstetrician gynecologist.	Intermittently
6	Consulted infertility specialist about treatment options	Once
7	Testing completed on self and husband	Twice
8	Chooses not to take Clomid or attempt IVF.	N/A
9	Sought acupuncture/ herbal treatment.	4 months
10	Searched for and found new obstetrician gynecologist.	Once
11	New doctor rechecks follicle secreting hormone.	Once
12	Asked to have HSG performed.	Once

Sophie had been in acupuncture treatment for nearly three months when a relative mentioned HSG. Sophie then decided to ask her obstetrician gynecologist for the procedure. HSG is a standard procedure to examine the fallopian tubes. The obstetrician gynecologist told Sophie that the procedure would most likely not affect her ability to get pregnant in spite of the anecdotal information from her relative. Sophie, however, successfully conceived a month after the HSG procedure and was six months pregnant when I conducted the interview. She most certainly attributed her success to the HSG procedure and said, "I tend to think that that was what needed to happen."

Initially, when Sophie decided to seek help from fertility specialists, she was not taken seriously because of her age.

> Until I found my latest obstetrician gynecologist, I had some really unpleasant experiences going to obstetrician gynecologists and fertility people who really treat you like something on a slab. I had one practitioner tell me you are not 40, so I am not really clear why you are so concerned that you are not getting pregnant yet. And God forbid I should want to get pregnant before I am 40. I realize that in the Bay Area most of the fertility doctors are working with women who are 40 or older and trying to get pregnant. But I just found that there was not a very compassionate or empathetic culture in the medical doctor fertility specialists.

According to Becker, this phenomenon became prevalent in the 1980s when women began to delay childbearing, had trouble getting pregnant and sought medical treatment to remedy the situation (1997:61). The biomedical hegemony over women's health makes it possible for a doctor to tell a woman at what age infertility is actually a problem, rather than considering the individual perspective on the issue.

The person is separated out from the body, and the body becomes a site for experimentation. Unfortunately, as in Sophie's situation, the lack of compassion from infertility specialists was offensive and contributed to her distress, making the disruption of infertility all the more traumatic. In an act that could be considered counter-hegemonic agency, Sophie chose to use acupuncture as an alternative to western medicine for four months before she requested a procedure from her provider she had learned about through her social connections.

Lola

Lola was desperate to have a child, whether biological or not did not matter. The disruption she experienced because of her inability to get out of limbo affected every aspect of her life. When she and her husband decided to try to conceive, they soon discovered that her husband had trouble ejaculating. As it turned out, the medication he was on for severe depression had created this condition.

> We were [trying to get pregnant] and then I noticed that my husband was having problems ejaculating. So, I went to my gynecologist and we talked about donor sperm and Intra Uterine Inseminations (IUIs). And we had gone to another reproductive endocrinologist, but he was very nasty and was unwilling to work with me and my husband because he suffers from severe depression. And they kept on putting us through all these tests, but they would not perform any IUIs or any procedures at all. So then, I just had to search for another reproductive endocrinologist on my own and my gynecologist tried to help me by performing IUIs.

Lola's obstetrician gynecologist attempted to help her get pregnant by performing intra-uterine inseminations with her husband's sperm. Lola had five intra-uterine inseminations, and all were unsuccessful. Then Lola began to search for another

reproductive endocrinologist. She found Dr. Robert Green on the Internet and thought his statistics were impressive. At that point, she scheduled a free consultation with him and he agreed to work with her. Lola and her husband explained the problems they had had with the other reproductive endocrinologists, but according to Lola, Dr. Green seemed happy to be working with her.

Lola signed on for an outcome-based plan of three IVFs. She had her first IVF between the last week of February and the first week of March in 2008. The first egg retrieval was February 25 to February 27 and the implantation was March 4, 2008. Two embryos were implanted in Lola's uterus, but neither one of them took. Lola's second IVF egg retrieval was May 7 and the implantation was scheduled for May 14, but all of the embryos died the day of transfer.

The string of failures was devastating, particularly the second IVF attempt, because the potential was gone before Lola was able to experience implantation. It was at that point that Lola picked up her doctor's book, Is your body baby friendly? and skimmed the pages. After the second IVF, Lola did not have a period for 45 days, and once it came, she started to read the book seriously. According to Lola, in his book Dr. Green advocates for acupuncture treatment as a complement to IVF. He also tells a personal story of his wife's successful conception using acupuncture as a complement to IVF following three failed IVF cycles. In the book, Dr. Green also recommends taking Omega-3 supplements. In addition to reading the book and

starting supplementation, Lola joined an online support group for women experiencing infertility. Many of the women participating in the online support group used acupuncture treatment as a complement to IVF and had viable pregnancies.

Lola decided to follow the recommendations in Dr. Green's book and the advice provided by the women participating in the online support group. She began taking Omega-3 supplements and started looking for a venue where she could receive acupuncture treatment. Due to the tens of thousands of dollars of her own money she had invested in ARTs, her only option was to get acupuncture at a College of Traditional Chinese Medicine. When I spoke to Lola she had just had her tenth acupuncture treatment.

Lola was also making plans for the third IVF cycle she had purchased from the infertility clinic. "I may use [an egg] donor. I have not decided yet, but I think I am probably going to go with using a donor. With a donor, I have a 60-percent chance because after all of these failed attempts, there may be a problem with my eggs. Right now I am trying to finance a donor, and I may just use a donor for my next cycle." Her plan was to continue acupuncture treatment until December of 2008 and save enough money to pay for an egg donor.

Table 4. Lola's Hierarchy of Resort

Rank	Hierarchy of Resort	Time Frame
1	Trying to get pregnant with no intervention	Over 1 Year
2	Visits obstetrician gynecologist for testing	Once
3	Visits reproductive endocrinologist for treatment, is rejected	Multiple Times
4	Returns to obstetrician and has 5 unsuccessful IUIs	5 attempts
5	Begins to work with an adoption agency, rejected due to husband's depression	A few months
6	Adoption agency requires Lola and her husband to seek psychological treatment	Multiple times
7	Adoption agency rejects the couple due to husband's severe depression	Once
8	Internet research leads to Dr. Green	1 Week
9	Two unsuccessful IVFs	2 times
10	Reads Dr. Green's Book	Repeatedly
11	Joins online support group	2 attempts, one joined
12	Begins Omega-3 supplements	After 2 failed IVFs
13	Starts Acupuncture treatment	Once per week
14	Plans for 3rd IVF with egg donor	Future

Rejection and failure were becoming routine for Lola and her husband. More than one agency refused to help them have children because of her husband's depression. One question that I neglected to ask was whether or not there had been a suggestion that Lola's husband stop his medication or switch to a different type. By the time I realized that this information was missing my Human Subjects Protocol had expired. Dr. Green's clinic chose to overlook Lola's husband's severe depression, whereas, the first reproductive endocrinologist considered it significant. Additionally, the adoption agency scrutinized Lola and her husband and sent them to a psychologist multiple times before determining that the couple was not fit to adopt a child.

Tiana

Tiana was in her early 30s when she decided she wanted to have a child. She and her husband were living in the UK at the time. After eight months of trying to get pregnant and one miscarriage, Tiana was depressed and frustrated. She was feeling uncomfortable in her body as a result of the disruption caused by many unsuccessful pregnancy attempts and miscarriage. In her own words, "I was so determined to get pregnant, I would have done anything." The uncertainty and disappointment regarding her inability to have a biological child was causing depression. The liminal space that Tiana occupied at that time was frantic and full of stress.

She went to see a biomedical infertility specialist and discovered that her insurance did not cover that type of treatment. A friend recommended that she see an

acupuncturist. Tiana had never experienced acupuncture treatment and had a fear of needles. But once she began her treatments, she was no longer nervous about them. Tiana saw the acupuncturist for needling and took herbs religiously for three months. The result was that she got pregnant. But then she moved to Japan and had a miscarriage during the move. Once she was settled in Japan she resumed acupuncture treatments and got pregnant after two months. Although she had heavy bleeding during the first trimester, the pregnancy was not affected, and she gave birth to a healthy baby boy.

A couple years later, Tiana and her family moved to San Francisco and decided to have a second child. Tiana sought acupuncture treatment from a practitioner of TCM in San Francisco.

Upon first examination, Dr. Lai told Tiana something was wrong with her thyroid and that she needed to go to her western doctor for treatment.

> So, the second time, it was even more bizarre. I was trying to get pregnant, I also could not, and I saw Dr. Lee in San Francisco. The man is amazing. He did not even put needles in. He looked at me and my tongue and this and that and he said something is wrong with your thyroid. You need to go and get it checked out. I did and I had thyroid cancer. So, he found it. I had to have my cancer treated first and then I went back to him for more treatment and got pregnant about a year after the cancer.

Tiana went to her regular doctor, who initially sent Tiana to the wrong specialist. When Tiana finally saw the correct specialist, he discovered her thyroid cancer was very advanced, but treatable.

Table 5. Tiana's Hierarchy of Resort

Rank	Hierarchy of Resort	Time Frame
1	Trying to get pregnant with no intervention, miscarriage	8 months
2	Infertility treatment is not covered by insurance	Once
3	Seeks acupuncture on the advice of a friend	Multiple times
4	Gets acupuncture treatment and takes herbs	3 months
5	Successful conception followed by miscarriage during move	Once
6	Once settled in Japan more acupuncture	2 months
7	Successful conception and birth	Once
8	Wants second child, no success in conceiving, acupuncture	Repeatedly
9	Acupuncturist notices thyroid problem, refers to western medicine	1 visit
10	Western medicine to cure cancer	1 year
11	Acupuncture and pregnancy against the advice of practitioner	Months
12	Successful conception and birth (low birth weight baby)	

She began with a licensed acupuncturist (in her case used alternatively) and that practitioner advised her to go straight to a biomedical doctor, because her TCM practitioner knew that what was wrong with Tiana was beyond his scope of care.

Tiana returned to the TCM practitioner after her thyroid cancer was successfully treated. Initially, he told her it was too soon after her thyroid treatment to consider becoming pregnant, and he counseled her to wait for a few months before attempting to get pregnant. Tiana, however, did not take his advice and proceeded with the treatment. She became pregnant, and the second baby was born two pounds lighter than the first baby.

Sophie, Lola and Tiana's narratives demonstrate individual patient perspectives on acupuncture treatment. The next section consists of licensed acupuncturists, Kat and Jenny's perspectives. Kat's patients are referred to her in a variety of ways and seek acupuncture both alternatively and complementarily; whereas Jenny's patients are primarily referred to her from a medical practice and are generally using acupuncture complementarily.

Kat and Jenny

In Kat's practice, about 50 percent of her patients get acupuncture as a complement to western medicine and the other 50 percent use it alternatively. The patients she treats for fertility enhancement have usually already been in treatment for other health problems or are referred by other patients.

> If people are doing Clomid or any other kind of stuff, I don't think that the acupuncture and the medications counter to each other in any way, so it's probably about a 50/50 split of women who either haven't gotten to the point where they want to go the medical route and they want to give the acupuncture a try. And some patients say: 'You know what. I am 40, and I am throwing everything at it and hoping that I get pregnant. And in some ways it's nice to do the acupuncture because the drugs have some side effects, which, depending on individual difference, can be sort of pronounced. So it can help deal with it and the stress. It becomes such a loaded issue every month. Either they are successful or they are not, and it becomes kind of emotionally kind of a bit much for some people.

Half of Kat's patients use acupuncture treatment as a complement to biomedicine however they were not typically referred by their biomedical practitioners. Kat hadn't received many referrals from doctors for infertility treatment, mainly referrals were for pain management.

> Occasionally [I get referrals from doctors]. I have not gotten too many for that. I generally get them for other things —generally pain-related stuff. How it has worked for me is it has been an existing client who has been coming for whatever reason. Then, it turns out she is either trying to get pregnant or decides she wants to get pregnant. It becomes an issue and usually leads to a general conversation.

Kat had not had any luck in contacting and discussing her patients' treatment with their western infertility doctors.

By contrast, in Jenny's practice, 90 percent of the patients use acupuncture as a complement to western infertility treatment, which is a result of her display in the University of California San Francisco Reproductive Services Department.

> For about 4 years, I had a display in the waiting room that had a lot of literature about acupuncture, copies of basic research studies showing the benefit of acupuncture for women undergoing assisted reproductive techniques and then my own brochures and commercial brochures that are out there about acupuncture and fertility. And so for 4 years I got 90 percent of my patients from referrals from doctors and the display in the waiting room, and then also from other patients and word of mouth.

Jenny, like Kat, did not have much luck in contacting her patient's western infertility specialists.

> I try as much as possible, but it is difficult [to contact my patient's western infertility doctors]. I find that by and large, they don't respond back to me. I have sent out quite a few emails and only, one doctor has ever emailed me back and even then he was not very helpful because he is a supervisor at San Francisco General Hospital of the medical students and he does not have access to the charts. So, while he was really great about getting back to me, we could never discuss in detail our mutual patient. And then, I would say the 6 other doctors I have emailed, I have not heard back from. For example, we have a mutual patient, and I want to prescribe such and such to her. I want to have open communication amongst all of her health care practitioners. Therefore, I am emailing you, please feel free to contact me with your opinion on it and I have never heard back from anyone.

Because Jenny is primarily treating women who are using acupuncture as a complement to ARTs, it would seem logical that their doctors would want to be involved in a dialogue with Jenny. Although the biomedical doctors' generally do not think that acupuncture will hurt their patients, it seems that most practitioners remain skeptical of the benefit of communication. "They have kind of evolved in their thinking, but generally they think that it cannot hurt."

> These are their [Jenny's patients] infertility doctors because specifically these are women that are involved in some kind of reproductive technique, be it Clomid or IUI or IVF or any variation of any of the different ways of getting pregnant with assistance. You know, it would be talking to that western medical professional, or trying to start a dialogue with that medical professional.

It seems to bother Jenny that the western infertility specialists do not take the time to respond to her, but she excuses the doctors.

> It's disappointing —very disappointing. Your guess is as good as mine (as to why the doctors do not communicate) and some of these doctors I know are open to alternative medicine. It's not like they are all closed to talking to an alternative practitioner, such as myself, because I know for a fact that some of these doctors are open to acupuncture and herbs. Maybe they

> just don't have time or they don't know me. Even though I am introducing myself as their patient's acupuncturist, for whatever reason, I don't hear back from them.

I am not sure why the MDs do not respond to Jenny, my speculation was that it has to do with liability issues or privacy issues. The biomedical hegemony over infertility treatment dictates who can and cannot receive infertility treatment based upon economic capacity to pay. Jenny points out that procedures, such as IVF and IUI, are not accessible to all segments of the population.

> Access to care is huge. The thing is acupuncturists are by and large cash-based practices. A lot of people do take insurance. We are usually getting paid up front, and we will usually provide the patient with what is called a super bill that they give to the insurer and get reimbursed partially. But the thing is, women who are getting assisted reproductive techniques are usually of a higher economic class and can afford to pay an acupuncturist with cash for treatment.
>
> If you go to San Francisco General, those people can't pay for acupuncture, and the only thing they offer there is Clomid. And I have had patients going to San Francisco General who were of a lower economic class who were given Clomid or Methatrexate [and] who were never told that there is such a thing as an IUI or an IVF. Is it that those people would not be able to afford it anyway or is it because they don't have time to talk about it? They don't offer it. What's that all about? So, access to care is a huge issue in this fertility deal.

Kat and Jenny's stories both serve to highlight the disregard western infertility specialists have for alternative practitioners. Although Dr. Green recommends acupuncture and has a plan to incorporate it into his clinic, neither Kat nor Jenny has had any luck in contacting their patients' doctors. Frankly, if I were paying for infertility treatment and using acupuncture, I would want assurance my practitioners were communicating with each other just in case there were some sort of treatment that could be counter-indicated.

Chapter 6
The Mindful Body, Holism and Causal Proximity

Theory

It seems likely that the narratives of women seeking acupuncture for infertility may be different from those of women seeking biomedical treatment only, although this is just my hunch and could be an interesting topic for future studies. If women use acupuncture alternatively, they may be exercising "counter hegemonic" agency in relation to the medicalization of infertility (Inhorn 2006:356). The use of acupuncture may also represent a woman's desire to be treated holistically. According to Wu, using Traditional Chinese Medicine and biomedical treatments complementarily will allow individuals to "discover how to balance Eastern fertility wisdom with Western Assisted Reproductive Technology" (Wu 2006:5).

The narratives that derive from either complementary or alternative use of acupuncture likely present the opportunity to explore the three bodies associated with the 'mindful body'. According to Inhorn, "*women's health problems often cannot be separated from the larger social, cultural, economic, and political forces that shape and sometimes constrain women's lives*" (Inhorn 2006:348). These constraints can be revealed through the use of the mindful body concept. Within each narrative, I outlined the "mindful body" and how it affected the hierarchy of resort for each woman (Scheper-Hughes and Lock 1987:6). Scheper-Hughes and Lock put forth the

idea of the mindful body as a counterpoint to the notion of Cartesian dualism, or the Cartesian body (1987:6).

Cartesian dualism is the concept that there is a separation between mind and body, spirit and matter and real from unreal. In biomedical treatment of infertility, Cartesian dualism can prevent a patient from being treated holistically, as the goal is to achieve pregnancy at any cost, emotional or financial. This type of dualistic thinking ignores the physical and emotional side effects often present during the experience of infertility. Cartesian dualism is not a universal organizing principle (1987:6). According to Ehret, "To Western medicine, understanding an illness means uncovering a distinct entity that is separate from the patient's being; to Chinese medicine, understanding means perceiving the relationships between all the patient's signs and symptoms. Hence the Chinese method is holistic based on the idea that no single part can be understood except in relation to the whole" (Ehret 2002:268). It seems that in order to treat a patient holistically a practitioner may need to look at the multiple dimensions that affect that patient's body.

The "mindful body" is composed of the inter-relationship of three bodies: the individual body, the social body and the body politic (Scheper-Hughes and Lock 1987:7). The individual body is "understood in the […] sense of the lived experience of the body-self" (1987:7). The social body involves the use of the body "as a natural symbol with which to think about nature, society and culture" (Scheper-Hughes and

Lock 1987:7). The social body can be revealed in narratives through my participants' use of metaphors, which are derived from the constant exchange of meaning between the "natural" and social worlds (Scheper-Hughes and Lock 1987:7). The "body politic" refers "to the regulation, surveillance, and control of bodies (individual and collective) in reproduction […] and other forms of deviance and human difference (Scheper-Hughes and Lock 1987:7). Scheper-Hughes and Lock state that the "stability of the body politic rests on its ability to regulate populations (the social body) and to discipline individual bodies" (1987:8). The "mindful body" approach divides the body into three levels for the purpose of analysis. In lived experience, the body is whole and the effects are felt simultaneously.

Biomedical treatment of infertility is a clear representation of "Foucault's (1977) notion of 'bio-power,' in which human bodies become the site of ideological control and are disciplined, punished, and in other ways manipulated through 'technologies of the body' designed to create, ultimately, politically docile bodies/individuals" (Inhorn 1994:6). During biomedical infertility treatment, women may choose to attempt assisted reproductive technologies. Assisted reproductive technologies (ARTs) are not guaranteed to work and patients use gambling metaphors to refer to the chances of success (Becker 2000:220). It seems to me that at times women may be blinded by their cultural expectation of biological parenthood. There, are, however, other options, such as adoption and by using ARTs for an extended period of time, women become complicit in their own conformity; without regard for their

own emotional, physical and financial well-being. Of course there are always exceptions, and in Lola's case she attempted to adopt and was rejected, leaving ARTs as her remaining option.

In the data section of this chapter I apply both the theory of "bio-power" and the "mindful body" to the narratives of disruption I collected from my participants. Disruptions in the expected life course as experienced during the discovery of infertility and recorded during fieldwork, "have served to give point and form to anthropological observations of daily life by throwing cultural phenomena into relief" (Becker 1997:5). In each interview I conducted with my participants, I attempted to tease out the three bodies of the mindful body. My interview questions were tailored to explore the woman's feelings about her own body, how others treated her during her period of disruption, and how the political economy of healthcare affected her access to treatment.

Inhorn has successfully incorporated the theory of the mindful body into her analysis of infertility in Egyptian women, which she complements with an idea she terms "causal proximity" (Inhorn 1994:10). She identifies the individual body in the "ethnogynecological and biogynecological models of infertility causation in Egypt [which] are largely concerned with proximate causes of infertility […] and are considered to be corporeally located within individual bodies" (Inhorn 1994:10). The social body is recognized in the "ethnogynecological explanations [which] are

concerned with social relations and the effects of social actions on fertility. […] These constructions of causation can be defined as […] of medial proximity" (Inhorn 1994:10). In regards to the body politic, Inhorn refers to the "ultimate divine dimension […] within the larger political community of Muslim believers" (Inhorn 1994:10). Egyptian women's belief in Islam guides their therapeutic quests (Inhorn 1994:10). Inhorn's adoption of the mindful body to fit the Egyptian culture of infertility diverges with my analysis in that I will not be commenting on the "divine dimension." In addition the woman I interviewed did not show concern regarding the effects of social relations and actions on infertility. Rather they discussed their emotional states in the context of the social body.

As is evident in Egypt, the mindful body also has a culturally specific representation in women seeking acupuncture treatment for infertility; the three bodies with their proximate, medial and distal placements highlight the multi-layered experience of infertility for each individual. However, there are commonalities between certain individuals and, perhaps, overriding themes dependant on the particular expected cultural life course.

Data

Sophie had an assumption that she would get pregnant, just as she had prevented pregnancy, an idea that she could control her fertility, her individual body. Sophie did not experience any obvious symptoms as to why she could not conceive; whereas Tiana's period

stopped and she experienced miscarriages. For Lola, infertility was discovered in her body, but the proximate cause initially seemed to lie in her husband's body. All three participants' stories illustrate the mindful body and causal proximity either fully or partially.

Sophie

Sophie's story illustrates the mindful body in a very straightforward way. Sophie used birth control pills for 15 years. When she and her husband decided that they would try to get pregnant, Sophie stopped taking the pills. Sophie was aware that it could take about six months to a year to conceive after going off the pill, but it was worrisome when month after month, her period arrived without fail. For years, Sophie actively prevented pregnancy. She now wondered why, considering the trouble she was going through to achieve conception. Sophie's individual body is represented by her assumption that she could control her fertility, using birth control pills as an on-and-off switch.

The individual body is embodied in Sophie's response to the discovery of infertility. Sophie became aware of detailed changes in her body that she otherwise would not have noticed. Because of her desire to have a child, she began taking her temperature daily, charting her menstrual cycles and checking her cervical mucus. Sophie was in limbo, her life consumed by the desire to have a child, and the daily tasks she completed to address her infertility were wrenching reminders of the perceived inadequacy of her body.

The proximate cause of infertility comes from Sophie's own narrative analysis and assignment of efficacy to HSG. The process of HSG involves shooting dye into the fallopian tubes in order to x-ray the tubes and look for blockages or damage. The process is similar to pouring Drano down a clogged drainpipe. As such, the proximal cause is located within the body, lurking, waiting to reveal itself when a couple or a woman tries to conceive. The discovery of infertility occurs in the individual body. The social body, both sets up the expectation of biological parenthood, and manifests itself in social situations that remind woman experiencing infertility of their situation, in its medial relationship to causality.

> It was becoming very hard to socialize with my friends who had children and who were pregnant. That was becoming more of a challenge for me. It was sort of like that friend that you have that you love but they are kind of a handful. And sometimes you have the mental and emotional energy to hang out with them and have a great time, but other times you don't, so you are like aaahhh. No, I am not going to get together with you today because I have had a long week. And it was that way for me.
>
> I don't want to go to my friend's barbecue and see all their beautiful children running around and see three of the women big as Christmas with babies. They all seem to get pregnant at the drop of a hat. And they are not doing acupuncture and they are not eating organically and their husbands are doing lots of recreational activities that you know are no-nos. Nobody should go to jail, but they are not doing what I am doing or what I am making my husband do.

Sophie was frustrated by the ease with which the couples in her social circle conceived children. She also declared, "So, how are the crack babies getting born? Why did I spend the first 15-20 years of my life worrying about getting pregnant when clearly, this is not the easiest thing in the world to do?" As Becker discussed, in the 1980s, the phenomenon of delayed childbearing led to the medicalization of infertility treatment, without regard for the social causes of infertility. Sophie, like

many other women, was very conscious to avoid getting pregnant as she established a comfortable life for herself. She did not give infertility a passing thought.

When Sophie's inability to get pregnant became problematic, she sought biomedical treatment. The infertility specialists did not take her seriously because of her age, which is an example of control of the individual body by the biomedical hegemony of the body politic. Sophie characterized her experience with biomedicine as follows: "There was not a very compassionate or empathetic culture in the medical doctor fertility specialists." She had done independent research on the available treatment options and concluded that they were invasive and unproven. As a result, Sophie sought acupuncture. To her, that type of treatment offered the holism she did not find in biomedicine. "For me it was really positive to have someone who was treating my body, my mind and my soul."

Lola

Lola and Kurt's situation was different from Sophie's in that the couple's proximate cause of infertility was attributed to male-factor infertility. In this case, Kurt did not produce enough sperm, and ejaculation was difficult for him. This symptom was due to his anti-depressant medication. It might have been the case that Kurt's depression was a result of his personal social interaction with society at large. It seems as though the fertility of his system was regulated by the body politic as

represented by biomedical treatment for his depression. Kurt's depression was severe and as such it was not an option for him to stop taking his medication.

As for Lola, following the five IUIs and two IVFs, the reproductive endocrinologist suggested that there might be something wrong with her eggs. Lola, with her ceaseless determination, was looking forward to using a donor egg even though there was no concrete diagnosis for her infertility. "I may use a donor. I have not decided yet. But I think I am probably going to go with using a donor. With a donor, I was given a 60-percent chance because, after all of these failed attempts, there may be a problem with my eggs. Right now, I am trying to finance a donor and I may just use a donor for my next cycle."

With the outcome-based plan Lola purchased, she had one cycle worth $10,000 remaining. But in order to finance a donor, she needed to come up with an additional $15,000. With a vague notion that her eggs might not be viable, Lola was ready to continue down the path, subjecting her body to more taxing treatments from a distal location, from the body politic as represented by the invasiveness of biomedical infertility treatment, and her economic ability to pay.

Lola's only social outlet, her relation to the social body, became her online support group. Like Sophie, social situations with babies and pregnant women became venues for emotional distress.

"It was very difficult because everybody at work was getting pregnant. And it was very difficult, and a lot of people, I am sure, probably said a lot of bad things about me because I could not go to any baby showers and when there were babies in the room, I had to walk out because it was too difficult." The distress Sophie felt in reaction to her unwanted childlessness was evident in the desperation in her voice.

In addition to joining two online support groups for infertility, Lola started to receive acupuncture treatment at the local college of Traditional Chinese Medicine. The acupuncture treatment was effective in reducing Lola's stress level to the point where she did not fight with her husband anymore. After ten weeks, she realized acupuncture was helping her holistically. "I was very worried because at first I was not going to be able to get acupuncture treatment this week and I called the clinic and they had a cancellation today and I just feel that if I don't have my weekly acupuncture that I am not happy. I am really starting to be a believer in acupuncture because I just see it as really working." Lola says she is starting to be a "believer" in acupuncture. I would guess that patients do not characterize their relationship with western medicine as one of belief. As such an interesting topic for future study could be a comparison of the faith a patient has in chosen treatment modality.

The students and licensed acupuncturists at the clinic treat Lola in a holistic manner, for fertility enhancement, weight loss, emotional troubles and any other symptoms she experienced the day she received treatment.

Tiana

Tiana recognized that there was a problem with her individual body when she and her husband tried to conceive for eight months and did not have any success. The specific, alarming, proximate bodily symptoms included the cessation of her period and a miscarriage. Tiana was in her early 30s, and, as such, she was not experiencing the results of delayed childbearing. As a result of insurance issues, Tiana was not able to use western biomedical infertility treatment. Tiana said that a friend suggested that she try acupuncture for infertility. The representation of the social body is different from Lola and Sophie in that Tiana sought acupuncture on a friend's recommendation and did not talk about feeling resentful of women who were successful in conceiving. Tiana received acupuncture treatment and took her herbal prescription regularly.

She and her husband had a successful conception after two months of treatment. Three months into treatment, however, Tiana moved to Japan and suffered a miscarriage during the move. In Japan, Tiana learned that the body politic is regulated differently there than in the United States in relation to pain management. After suffering her miscarriage during the move, Tiana had to have a Dilation and Curettage (D and C.) "And [after] the second miscarriage, I was very upset having to go get a D and C in Japan. They are not really interested in your pain. They kind of bolted me down to a bed and it was just awful." Soon after, Tiana got pregnant again and gave birth to a son.

When Tiana decided she wanted to get pregnant with her second child she sought treatment from a licensed acupuncturist in San Francisco. Tiana's experience with him was an example of the holism and concern present in Traditional Chinese Medicine. Her practioner knew something was wrong with her and sent her to her biomedical practitioner, who discounted the acupuncturist's concern, a clear example of the biomedical hegemony. It took two tries for Tiana to find the proper specialist who diagnosed her with advanced thyroid cancer. Tiana received treatment and her thyroid cancer was cured. Her acupuncturist was concerned about Tiana's health, rather than with her desire to get pregnant as quickly as possible. "When I got pregnant the second time, [he] was not happy and said 'you are not strong enough to carry the pregnancy' and indeed she was really small when she was born. She was a couple pounds lighter than my son." In his practice, there was palpable holism in his concern for Tiana's overall well-being. Tiana never went back to Dr. Lai after he told her she was not strong enough to carry the pregnancy.

The Mindful Body
Unwanted Childlessness, Narrative of Disruption and Cultural Scripts

Theory

In the United States, "distress seems to be a major organizing factor in the way life stories are told" (Becker 1997:5). In Western society, the cultural life course is

thought of as, "predictable, knowable, and continuous" (Becker 1997:6). A possible reason for this phenomenon is that in Western society, life is thought to unfold in a linear and orderly fashion, "but when this concept of the life course is translated into experiences of individual people, there is a great deal of slippage" (Becker 1997:5).

"Narratives of disruption are people's efforts to integrate disruption and its aftermath with prevailing cultural sentiments" (Becker 1997:15). Although it is "difficult to portray the kaleidoscope of emotion" with which a participant expresses her story, it is possible to gain access to embodied distress through recording narratives (Becker 1997:14). Becker has done extensive studies on infertility in the United States, which allowed her to conclude that infertility falls into the category of a disruption to the expected life course (Becker 1997:7).

The effects of the disruption of infertility can be exacerbated by the lack of regard for the individuality of patients in biomedicine. The dualistic thinking that may be present in biomedical treatment of infertility can intensify a patient's distress. A woman experiencing infertility is not just a body, she also has emotions, which are shaped by culture. In the process of focusing primarily on the body biomedical practitioners might be guilty of ignoring the stress that infertility creates in woman.

"Human beings are simultaneously cultural and biological creatures, and these two dimensions necessarily interact" (Romanucci-Ross 1997:x). Women experiencing infertility are multidimensional individuals whose physical bodies are not cooperating

with social expectations for biological parenthood. The physical body is sending a message which demonstrates the concept of "sickness as a form of communication — the language of the organs— through which nature, society and culture speak simultaneously" (Scheper-Hughes and Lock 1987:31). Sickness encompasses both disease, which refers to the distressed "biological and/or psychological process," and illness, which "refers to the psychosocial experience and meaning of perceived disease" (Kleinman 1980:72). As such, the disruption of infertility can be considered a sickness, both in biomedical and social terms.

> When people experience infertility, they collide with a range of dominant assumptions in society —about kinship, gender, and fertility. In seeking to bring about change in their lives, people must wrestle with those dominant, taken-for-granted ideas which may represent a perspective very different from their own experience as they confront infertility. (Becker 1990:xxx)

The assumptions presented above can also be considered cultural scripts (Goddard 2006). "The claim of the cultural scripts approach is merely that the scripts form a kind of interpretative background against which individuals position their own acts and those of others." (Fussell 2002:34) One cultural script that plagues women experiencing unwanted childlessness is that women continue to be "*essentialized as producers*" (Inhorn 2006:350). It follows that infertility "brings women face to face with a cultural assumption: *that biological reproduction is an automatically occurring event*, one that is part of the natural order of life" (Becker 1997:62). The disruption of infertility, along with the cultural expectation of innate fecundity, is likely to cause bodily distress as they "cut through this routinization of bodily

experience" (Becker 1997:81). "Prior to a disruption, people move through their everyday routines without attention to their bodies as bodies" (Becker 1997:81). Many women do not have any health indications to make them think they may be infertile (Becker 1990:30). This aspect of the discovery of infertility is integral to the lived experience of the individual body. When an individual body experiences a disruption, such as infertility, the expected life course is interrupted and re-evaluation of future plans is in order.

> This struggle may challenge them to search for alternatives that create a better fit with their definition of themselves. In order to resolve infertility people need to move beyond cultural assumptions. Although it may seem to those living through it as a stagnant time of waiting for something that never seems to happen, it is much more accurate to characterize this time as one of creative ferment, as people attempt to come to terms with life as it is, rather than as it was expected to be. (Becker 1990:xxx)

The issue of "coming to terms with life as it is" (Becker 1990:xxx) is a challenge because of the expectations of the social body. During social events, people fear the discovery of their infertility —their perceived inadequacy (Becker 1990:98). The combination of stigma and fear lead to a metaphorical wall —a barrier— when the condition is revealed. "It's like an invisible wall. This wall is culture. It can't be seen […] but it's everywhere. And it springs up at the most awkward moments. The moment we wished we had stayed home" (Becker 1990:99). "The moment we wished we had stayed home" refers to the idea that at public functions, individuals experiencing infertility are bombarded with messages that make them feel defective and different. The messages may be in the form of an overt question such as, 'Do

you want to have children?' or in covert, mental realizations when a woman sees a pregnant woman at an event and is reminded of her perceived inadequacy.

There are many stimuli, which can set these feelings into motion. The overriding theme, which stems from the social body, is that "*in our culture it is parenthood, not marriage, that assigns us full status as adults* […] that gives us equality with everyone else." The inability to achieve this state leaves women feeling that they are "being left behind" (Becker 1990:102-3). Hence, "while people's stories and their actions are ostensibly about reproduction, the underlying issue is about fitting in — about fulfilling society's expectations" (Becker 2000:33). Of course, there are exceptions. Some individuals choose not to have children. They are either consciously or inadvertently involved in counter-hegemonic agency, which allows them to avoid the bio-power of the body politic.

The body politic, specifically in the political economy of reproduction in the United States, follows a general trend in healthcare. "Access to medical treatment for infertility has emerged as a class-based phenomenon" (Becker 2000:20). The healthcare inequalities, which exist in the body politic, effectively prevent people without the financial means from feeling complete in societal terms. "Infertility treatment, which in the past rarely lasted longer than a few years or cost more than a few thousand dollars, now lasts until the couple's emotional and financial resources are exhausted" (Becker 2000:27).

Lola's narrative is an example of a patient whose use of biomedical infertility treatment exhausted her financial resources and she got a second job. The method with which I chose to elucidate this comparison lies in recording and analyzing narratives of individual experience.

Data

All three participants were affected by unwanted childlessness. Although they did not necessarily meet the criteria for infertility set forth by biomedicine, they all felt that something was wrong. The inability to have a child caused a disruption in their lives. Sophie and Tiana conformed to the cultural script of biological parenthood. Lola on the other hand was open to any remedy to her disruption including: adoption or using a donor egg.

Sophie

Sophie and her husband decided that they would like to have a child. The first step was for Sophie to stop taking birth control pills. Once she stopped taking the pills, her expectation was that her body would adjust to the lack of synthetic hormones after a few months and she would conceive. When this cultural script went awry, Sophie started to feel abnormal; she was in a liminal space. Sophie and her husband passed the year mark without getting pregnant, which was devastating. In order to remedy her unwanted childlessness, Sophie went to biomedical infertility specialists. There was no clear reason why Sophie and her husband were

experiencing infertility, and the doctors gave Sophie a hard time because she was not yet 40 and in their estimation did not have any good reasons to be worried.

With no clear diagnosis, Sophie was frustrated and confused by her inability to get pregnant. She no longer wanted to associate with friends who were pregnant or who already had children. All the while she felt a mixture of hope and despair.

> I mean that was getting really tough. I was finding myself buying baby stuff for myself. Not a lot, but just a little bit and then I would come upon it because I would tuck it away. And buy it when I was feeling really optimistic and happy and then I would tuck it away. Later, I would find it and then I would cry you know… You know thinking you are pregnant, oh my god that was the worst. When you knew you had ovulated and you knew you had had sex and then you are in that two-week period of time when you are waiting and either your period starts or it doesn't start.

Sophie experienced a disruption when her body would not conform to the cultural expectation of biological parenthood. During her period of infertility she felt separated from her group of friends, and during the interview her affect also displayed resentment at how easy it was for some of her friends to have children while she and her husband had such difficulty conceiving.

Lola

Lola and Kurt tried in vain to get pregnant. As it turned out, Kurt was not able to produce sperm because of the anti-depressant medication he was taking. Lola wanted desperately to have a child to nurture. She was not wedded to the cultural script of biological parenthood. She looked into adoption and also accepted the idea of using sperm and egg donors. Unfortunately, the couple was declared unsuitable for

adoption because of Kurt's depression. They fought often because Lola was frustrated and blamed Kurt for their inability to conceive or adopt a child. Lola worked extra shifts on the weekend to save up for her IVF treatment, and by the time I met her, had already spent at least $30,000 on infertility treatment and fees to the adoption agency.

Lola experiences a disruption due to her infertility and her situation had a noticeable effect on Lola's social life. She was not able to be in a room with a baby or pregnant women without feeling upset. As the other women at work got pregnant and had children, Lola felt left out and stuck in a liminal space. She was starting to run out of options. When her second IVF failed, she read a book written by her reproductive endocrinologist, in which he recommended seeking acupuncture as a complement to ARTs. Subsequently, Lola sought acupuncture treatment, and, while she was planning her next step in the process to remedy her unwanted childlessness, the acupuncture treatment worked as a stress reducer. Lola became calmer; she was able to sleep better at night and had vivid dreams. In the social realm Lola stopped fighting with her husband. Acupuncture, as a holistic treatment option, served to ground Lola to the point where she was no longer frantically trying procedure after procedure.

Tiana

Tiana suffered a disruption to her expected cultural life course when she was not able to conceive, and suffered miscarriages. Tiana had been trying to get pregnant for

eight months. During that time, her period had stopped and she had suffered a miscarriage. Although technically she had not met the year-mark for the biomedical definition of infertility, she knew something was wrong. Tiana said she would have done anything to get pregnant, to remedy her disruption and fulfill her cultural script. Although she was not able to seek biomedical infertility treatment, she started getting acupuncture treatment and taking herbs on the recommendation of a friend.

Tiana was focused on having a biological child and, as such, her cultural script was interrupted by the presence of unwanted childlessness. Although, she did not express the same social ills suffered by Sophie and Lola, she felt depressed. In the liminal period, Sophie and Lola's emotional responses to their disruptions were both internal and outwardly focused (social); whereas Tiana's seemed to be solely internal.

Chapter 7
Emotion in Narrative, Emotion in the Mindful Body

Theory

"Narrative portrayals are also shaped by cultural understandings about appropriate behaviors and feelings" (Garro and Mattingly 2000:24). Children learn appropriate ways to reenact the past through narrative. "Children are not learning *what* to recall, but rather *how* to recall, the culturally appropriate narrative forms for recounting the past" (Garro and Mattingly 2000:25). Along with culturally appropriate narrative forms, children learn which emotions are permissible. The constraints on emotional expression are carried through life and may be reflected in narrative performance. "Narrative is a conduit for emotion and a means through which embodied distress is expressed" (Becker 1997:14). In Egypt, "exposing one's private sorrows is supposed to be natural; it does not brand the person" (Wikan 2000:220). In other parts of the world, "formalized rituals acknowledge and carry people through life events," (Becker 1990:140) which legitimize individual hardship within the social body. According to Becker, however, "the expression of distress is not culturally sanctioned in the United States" (Becker 1997:11). In the United States, infertility is a private affair.

If the situation is as Becker writes, how will individuals cope with and express their emotions during times of distress? In her chronicling of narratives of disruption,

Becker discovered that "metaphor facilitates the expression of emotion by channeling words to convey the power of emotions and cultural ideas in creative ways" (Becker 1997:66). Individuals, however, may also express their emotion in "bodily movements, tears, gestures, silences, smiles and explosions of grief and rage" (Becker 1997:81).

Geertz (Scheper-Hughes and Lock 1987:28) questions "whether any expression of human emotion and feeling —whether public or private, individual or collective, whether repressed or explosively expressed— is ever free of cultural shaping and cultural meaning." Just as individuals may believe in their innate fecundity prior to the discovery of infertility, emotions have been "reduced […] to a discourse on innate drives, impulses and instincts" (Scheper-Hughes and Lock 1987:28). When considering infertility, in particular, it is possible to witness how culture operates in the disparate expectations that are present for men and women. "Men are supposed to be in charge of objective thinking, while women are supposed to be experts in feelings and relationships. It is true that men and women are socialized in these different directions" (Becker 1990:84). Although this may not be universally true, Becker has found this theme in her work with infertile men and women. In this dichotomy created by socialization, it is possible to again see the presence of binary thinking as I presented in terms of Cartesian dualism. The binary opposition produced by the concept of objective thinking versus feeling can reveal a gendered theme in cultural ideology.

Scheper-Hughes and Lock suggest that "without culture we would simply not know how to feel" (1987:28). Becker contends that "we are participants in —and sometimes victims of— culture" (1990:84). When culturally sanctioned coping mechanisms fail to prepare individuals for unexpected disruptions, there is slippage which can be result in the individual experiencing a period of limbo. Emotional turmoil is present in these situations as individuals attempt to reorder their lives and incorporate disappointment. Emotion may be the key to the mindful body. "Insofar as emotions entail both: feelings and cognitive orientations, public morality, and cultural ideology, we suggest that they provide an important 'missing link' capable of bridging mind and body, individual and society, and body politic" (Scheper-Hughes and Lock 1987:29).

Data

Emotion is a recurring theme in each participant's narrative. For Sophie and Lola emotional distress affected their ability to relate socially. While Sophie and Lola initially found an unsympathetic culture in biomedical infertility treatment, the doctors they eventually chose either led them to acupuncture or were supportive of it as a stress reducer. I assert that Tiana's experience was different because with her final acupuncturist she experienced a union of the social and political bodies.

Sophie

Sophie noticed that something was wrong when she was having unguarded sex month after month and was unable to conceive. "Then if your period starts, it's not just depression that you are not pregnant, but you have to do it all again next month. Once my period started I would drink, well it does not matter (sarcastically), now break out the champagne. You know it was hard, it was definitely hard." Sophie experienced depression related to the disappointment she felt every month when she did not become pregnant. She seemed to drink alcohol as a coping mechanism. Drinking alcohol only compounded the problem because it is a depressant. Sophie felt alone in her struggle with unwanted childlessness.

She felt alienated from her friends and used metaphor in her narrative to express her frustration. Sophie expressed her frustration through idiom, "you can't fling a dead cat without getting someone pregnant in this group." Social events were becoming impossible for Sophie to enjoy. The social body was a frequent reminder of Sophie's perceived inadequacy as manifested in the individual body. Sophie suffered her emotional distress in private. Sophie did, however, remain hopeful, and her hope was demonstrated in the act of buying baby clothes.

In the simple act of buying baby clothes, there was a duality of emotion. This duality was spread out over space and time as Sophie bought the clothes during hopeful times. Weeks and months later, when she encountered the clothes, they

evoked sadness and tears. The baby clothes were a material representation of the liminal space that Sophie occupied as she navigated through what felt like an unsympathetic society. Sophie was trying to bring the trajectory of her life back into line with the cultural life course she had learned to consider normal. Through the act of buying baby clothes, she was preparing for the reintegration that she desired. Sophie did overcome infertility but if she had not then she would have had to come up with another solution. In the aftermath of a disruption that does not conform to an expected cultural script individuals have to find their own way and sometimes there are no culturally sanctioned emotional responses that fit.

Sophie's biomedical infertility specialists did not address her emotional turmoil. In the tradition of Cartesian dualism, Sophie's emotions were separated out from her physical being when she was told that her "anxiety, sadness and fear about not getting pregnant were really unjustified. Also my concerns were played down by the doctors as irrational, because I was not a worst-case scenario."

At the point when Sophie realized that she was unwilling to have her body used as an experiment site for biomedical infertility treatment, she realized that being treated holistically was important to her. She decided to seek TCM treatment, including acupuncture and herbs. Her acupuncturist was flexible. "My acupuncturist was less cut and dry about her procedures and her diet modification. For me, it was really positive to have someone who was treating my body and my mind and my soul."

Although Sophie did not assign efficacy to her acupuncture treatment, she pointed out that the treatment helped to balance her emotions and reduce her stress level. It also helped that the Obstetrician Gynecologist that Sophie chose agreed that stress reduction was very important.

When Sophie found out she was pregnant, she had trouble remaining calm during the first trimester.

> I tried really hard in the first trimester to keep it mellow and not get too excited. Quite frankly I was really excited that I was pregnant and just delighted that it had happened that I had been able to get pregnant. And had I miscarried, I mean I am not out of the woods but I am definitely out of 'that woods.' If I would have miscarried, it would have been devastating, very, very upsetting. But especially in that trimester, I think I felt like well, at least I got this far. You know so this is a mini hurdle that I have overcome. And miscarriages are very common. I didn't feel super, super affected. This is either going to be a viable pregnancy or it's not and there is really nothing that I would do or could or not do that is going to cause a miscarriage. I mean, because, I am taking good care of myself and there are even people who are not taking good care of themselves retaining their pregnancies. I did not get too worked up about that.

It seems that at the six-month mark, it was easy for Sophie to say that, although she would have been devastated to suffer a miscarriage, that occurrence would have been out of her control. If that situation had actually happened, the narrative would certainly have been different. Sophie's successful conception was the beginning of her reintegration. She finally began to feel happy and sated because the lacuna she occupied for two years in the liminal space of unwanted childlessness was closing.

As her body gave her the first clue of her potential personal and social reintegration and return to her perception of normalcy, she still had reservations about sharing the news of her pregnancy.

> I mean we told family; we told the people that knew we had been having trouble getting pregnant. And we told the people that, were we to end up losing the baby, we would tell them we lost the baby. That would be a devastating thing for us, and there are people in your life that you tell that to. But I did not want to tell clients or acquaintances or nice friends or co-workers or things like that. Well if I do miscarry, then I don't want to go through the whole thing. So how are you feeling? Well actually I miscarried.

Sophie was protecting herself in case of a miscarriage. If she miscarried, having to repeat that information to an endless stream of people would have added to the emotional devastation of the miscarriage. If emotion is the missing link between the three inter-related bodies, Sophie's story demonstrates emotion as the link between the individual body and the social body in that she did not inform everyone of her pregnancy in order to protect herself from the disappointment she could potentially have experienced had she miscarried. In terms of the relationship between the individual body, the social body and the body politic, Sophie chose to get acupuncture treatment in part because she did not find a compassionate or caring culture in the biomedical infertility doctors she encountered, which also relates to emotion. In her relationship with her licensed acupuncturist, she found holistic treatment.

Lola

Lola and Kurt's unwanted childlessness seemed to be caused by Kurt's depression, which can be both a physiological and emotional problem. According to Lola, Kurt suffered from severe depression. Since it seemed that Kurt's medication was the cause of their unwanted childlessness, Lola was very hard on Kurt and blamed him

for their inability to conceive. "I put the blame on my husband a lot because his medications meant he just couldn't produce sperm."

Lola was so emotionally distraught about her inability to get pregnant that she could not show any excitement or even tolerate being around pregnant women or babies. Lola was unable to function socially at work because of emotions related to her unfulfilled desire to have a child.

Lola and Kurt went to see their first reproductive endocrinologist to figure out a method to conceive.

> We had gone to another reproductive endocrinologist but they were very nasty and were unwilling to work with me and my husband because he suffers from severe depression. And they kept on putting us through all these tests, but they would not perform any IUIs or any procedures at all. So, I just had to search for another reproductive endocrinologist on my own and my gynecologist tried to help me by performing IUIs. And so we had a bad experience with … [that] reproductive science clinic.

Lola had five intra-uterine inseminations, all of which failed, causing her emotional devastation. As each attempt to achieve pregnancy failed, Lola felt the disequilibrium of liminality to a greater and greater extent, and she fought more and more with Kurt because it seemed like his depression was to blame for their unwanted childlessness.

At that point, the couple approached an adoption agency. Unfortunately, just as Kurt's depression seemed to be the cause of their inability to conceive, it was also the reason they were rejected by the adoption agency.

> They would not allow us to adopt because my husband suffers from depression. And what had happened was that we had looked into adopting, we told them everything up front and then as soon as we paid money they said that my husband and I were going to have to go through all this psychological counseling. And we paid about 2k to have all of their

> psychological tests done. And then they kept telling us we had to get more sessions and this was costing us a lot of money and we were not getting anywhere and so we decided to explore IVF at that time.

Lola and Kurt encountered another insurmountable barrier in their quest for parenthood. It seems that adoption agencies are required to do thorough screenings of potential adoptive parents for the benefit of the children. Lola perceived this as discriminatory, and rather than continue with the recommended counseling, which she considered an unnecessary expense, she decided to try another reproductive endocrinologist. Unfortunately, her excitement over finding a willing practitioner was short-lived, as her first two IVF attempts failed.

At that point Lola sought out a social network in the form of online support groups.

> It very overwhelming and it was hard to get support because it was hard to find anyone who had dealt with infertility. But once I became a member of an internet support group, it really helped a lot. I also tried calling Resolve (The National Infertility Association) but nobody ever returned my call. And there was another place, a fertility life-line that also was a big help with support.

Lola was able to connect with other women who were experiencing infertility and the related emotional distress. They shared strategies for remedying their unwanted childlessness and pulling themselves out of limbo. "It is hard because nobody really explores this issue and a lot of people are also very insensitive to infertility issues."

Lola also pointed out that certain seemingly harmless cultural practices serve to cause emotional distress in individuals who are suffering from the disruption of infertility. Lola expressed this in terms of what she and her husband would not do if

they had a child. "And I know that if my husband and I are ever fortunate enough to have a baby, I am not going to be sending people baby pictures or anything because people don't realize how difficult that is for people who are experiencing infertility." This particular part of Lola's narrative demonstrates an emotional connection between the individual body and the social body.

Social norms dictate that individuals send out announcements with pictures after the birth of a child. The point of birth announcements is to inform friends and relatives and to spread the joy that a new baby can bring. To people suffering unwanted childlessness, however, birth announcements can serve as a reminder of their perceived inadequacy.

In this liminal space emotions may be heightened due to embodied concerns, social concerns and issues related to the politics of biomedical infertility treatment. Lola felt stressed, anxious and frustrated, and the process of IVF caused her to gain quite a bit of weight, which made her feel uncomfortable. After her second failed IVF attempt, Lola sought acupuncture on the advice on her reproductive endocrinologist's book and women in her online support group.

At the clinic, both a student and a doctor of traditional Chinese medicine took care of her during each of her visits to find out exactly what symptoms and feelings were troubling Lola. "And it probably wasn't until I had had one treatment a week for a month that I really noticed anything. So, in the beginning I really did not notice anything. But after the fourth treatment, I noticed I was starting to feel a lot better."

What a relief for Lola. Even though acupuncture had not remedied her unwanted childlessness, it changed her affect, Lola was able to relax. "I feel calmer and less stressed. I don't really argue with my husband, which is good." Not only did Lola feel better and treat Kurt better as a result of acupuncture, Kurt, as a member of her therapy management group, was able to see a connection between acupuncture and Lola's improved state of being. In summarizing the positive side effects of acupuncture, Lola included the following, "happier…more energetic…calmer…less stressed…Yes, I am feeling better and a lot more optimistic."

The cost of biomedical infertility treatment served to increase Lola's stress level, as she worked all week as a classroom teacher and on the weekend as a librarian to pay for IVF. The individual, embodied biological drive and the culture and social imperatives to have a child combined with the political economy of biomedical infertility treatment left little time for Lola to care for herself, leaving her emotionally raw. Acupuncture became her coping mechanism. "I just feel that if I don't have my weekly acupuncture, I am not happy."

Tiana

Although Tiana was able to conceive without medical intervention, she suffered miscarriages. And following the miscarriages, her period stopped, which was a troubling symptom. "The inability to get pregnant was affecting me quite a bit. I was pretty depressed, I mean really depressed, especially after the miscarriages. I had two miscarriages." Tiana's physical symptoms contributed to her emotional distress.

Tiana did not feel that acupuncture affected her emotionally, except that she experienced a sense of calm when she was in the practitioner's office. "I always felt calm when I was at the office, but I did not physically feel anything." Tiana practiced restraint with her expectations to avoid further disappointment, although she was able to admit optimism in the form of hope. "I was definitely very depressed. Sometimes I was hopeful because of the acupuncture. I mean, it gave me hope, but I was not confident that it would work."

The positive emotional side effects of acupuncture were short-lived for Tiana. "I wasn't really more relaxed. But I usually felt pretty good when I left his office. But that didn't last very long, the energy and the calm feeling, you know. I saw him maybe every other week and it definitely would not last two weeks." Tiana did not have dramatic, emotional relief from acupuncture treatment.

Tiana received acupuncture as an alternative to biomedical infertility treatment. Her narrative revealed embodied depression coupled with hope. The emotional link between her individual body and her social body involved the positive support she received from her therapy management group. Tiana was able to avoid the politics related to the biomedical hegemony over women's health by using only alternative treatment. As such, her embodied suffering was not magnified by the physical or monetary side effects of biomedical infertility treatment. She did, however, suffer fear due to (her second acupuncturist) directive that she should not get pregnant so soon after her cancer treatment.

In Tiana's narrative, her licensed acupuncturist's concern for her health, was scary. For Tiana the emotional connection between the three bodies is completely different than for my two other participants. Her TCM practitioner was concerned for her health and displayed unhappiness when she got pregnant against his advice. Politically, acupuncture is a subordinate form of healthcare in the medically plural San Francisco bay area. And her licensed acupuncturist's high level of concern for Tiana's health is completely different from the infertility specialist's supposed goal to achieve pregnancy at any cost without regard for the individual. Tiana's licensed acupuncturist displayed concern for her overall health and well-being; which leads to the assertion that perhaps in this particular TCM treatment the social body and the political body are one.

Licensed Acupuncturists and Emotion

Data

From Kat's perspective acupuncture is a good tool to combat the side effects of infertility treatments. Extrapolating from her assertion, I explain how there are differences within the culture of biomedical infertility treatment. Jenny is very conscious and sensitive to her patients' emotional health. She finds herself referring patients to psychotherapy more than any other complementary treatment.

Kat

Kat used acupuncture on her patients to treat the side effects of their western infertility treatments. "In some ways it's nice to do the acupuncture then because the drugs have some side effects. Depending on individual difference, they can be sort of pronounced. So, acupuncture can help deal with it and the stress. It becomes such a loaded issue."

In the biomedical construct of the female reproductive system, the norm seems to be that each month there is a chance for conception. As such, the individual body disappoints with each failed conception. The social body knows that ovulation has occurred and yet, fertilization has failed, yielding frustration. For women experiencing infertility, coping with the vicious cycle of hope and disappointment, coupled with the side effects of biomedical infertility treatment, can be emotionally crippling.

Infertility drugs can cause emotional side effects. Although using infertility drugs can be considered a conscious choice, the lack of regard by some biomedical practitioners for the havoc these drugs can reap on a woman's system reflects the biomedical hegemony. This is not universally true as Dr. Green, Lola's reproductive endocrinologist and others recommend acupuncture and yoga to reduce stress. In this vein the body politic can have two representations. In what I would consider to be a positive light as biomedical practitioners recognize the importance of treating stress

and the validity of alternative/ complementary treatments. In a negative light when biomedical practitioners disregard the negative emotional side effects of infertility drugs, leaving women to find their own solutions or suffer.

Jenny

Jenny attended to her patients' emotional needs as soon as they came to her for care and before she inserted needles. She thought about life experiences that could be barriers to their openness. "You never know. Some people have a history of abuse, so it's hard for them to discuss a really personal issue like trying to become pregnant." In this way, Jenny connected her patients' individual body of life experiences with the possibility that at some point they had experienced abuse in their social body, perhaps leading to an emotional barrier to communicate about pregnancy.

Although Jenny dedicated time to forming relationships with her patients, she said, "I am not a therapist; I am not a psychotherapist, but I do form relationships with my patients and talk to them about their behaviors and feelings —their emotions." It follows that Jenny confided, "If you asked me which one I refer to the most, I would say psychotherapy." It was in this way that Jenny's treatment provided an emotional link between the patient's individual body, her social relationship with the patient and medical psychotherapy as the link to the body politic.

Jenny, as part of her patients' therapy management group, was "constantly trying to provide inspiration to women, to [my] patients, little by little, depending on how much they have the capacity to hear, know and understand. It's a relationship so there is a lot of talking that goes on." Jenny also ventured to discern a connection between emotion and therapeutic efficacy. "Yes, I find that women who are the most hopeful let me take that back. Women who are the most optimistic have better results. And I find that those women typically are the most compliant with my instructions for doing herbs and frequency of treatment."

Chapter 8
Conclusion and Recommendations

The increase of infertility is correlated with delayed child bearing (Becker 1997:61). Biomedical infertility treatment is very costly and often times women's bodies are subjected to a barrage of treatments without consideration of the emotional aspects of infertility. In a study on discontinuation of infertility treatments one of the causes the authors address is the affect that the "clinic (team/ environment)" has on a patient's decision to stop treatment (Boivin et al 2012:943). Patients' specifically referred to "lack of empathy" and "poor listening skills" as reasons for discontinuing treatment (Boivin et al 2012:943.) Patients seem to want emotional support in order to help them deal with the stress of infertility treatment. Traditional Chinese medicine used alternatively or complementarily offers holistic treatment. Holistic treatment includes considering each symptom the patient is experiencing in relation to the patient's whole body and life experience, and treating the individual as a whole.

Cartesian dualism separates the mind from the body. The mindful body involves three overlapping units of analysis. The individual, social and political bodies include the embodied self as well as influences on individuals from friends, acquaintances, culture and restrictions imposed by economics and government. In order to present each participant's story I used the mindful body approach because it allowed for more depth and is a useful tool for framing and describing each woman's account.

As, Scheper-Hughes and Lock suggest, emotion links the three bodies. The women in the study felt stigmatized by their infertility and it affected them in social interactions with friends, co-workers and acquaintances that were able to conceive or already had children. Lola in particular suffered greatly when a baby was brought into the room. She was not even able to attend her co-workers' baby showers because it provoked sadness related to her inability to have a child. Sophie was upset by the lack of compassion she felt from the biomedical infertility specialists. Sophie's response to the lack of compassion demonstrates an emotional link between the three bodies. As an individual Sophie wanted to feel a social connection with her doctor and that the doctor cared about her. Frustration is an emotion and Sophie was very frustrated due to the narrow definitions present in biomedical care.

Each of the participants' ethnographic decision making was influenced by her emotions. Emotional response is culturally specific and as such my participants' responses to infertility were shaped by personal and cultural expectations. The expectation of successful childbearing led each participant to experience disruption to her expected cultural life course. A disruption follows a pattern similar to a rite of passage. By the time I interviewed Tiana she was reintegrated and she had regained a sense of normalcy. Sophie was on the path to her reintegration and although her baby was not born yet, she was already six months pregnant and feeling great. Lola on the other hand continued trying to conceive with no success. She got divorced from her husband and started dating. She continued trying to have a baby with her boyfriend

but again could not get pregnant.

For Lola the stigma remained and perhaps that is a cultural problem. Yes, there is a biological imperative to reproduce, but that is not what I am referring to. The culture of biomedical infertility treatment can lead to financial ruin. When is it enough, when should a patient stop trying? There does not seem to be any clear guidelines. Infertility specialists charge exorbitant amounts of money for treatments that are really just a gamble.

Generally, as my small study suggests, licensed acupuncturists treat their patients as individuals. They get to know them and consider their overall well being, even if that means making an unpopular declaration as Tiana's acupuncturist did when he said he did not think she was strong enough to carry a pregnancy. Although, that was upsetting to Tiana it showed that he cared about her and her unborn child. Kat and Jenny both talked about making their patients comfortable and reducing their stress levels.

For future study I think it would be informative have more information on the participants' upbringing, family history and general demographic data. In addition I would focus more on patient comfort and stress level. It seems that attending an acupuncture session with the participant and getting permission to interview practitioners and their patients, could give an overall perspective and also permit the use of another model. Paterson and Britten have constructed a "model of treatment

by professional acupuncturist[s]," which is used to gain insight into the acupuncture users' milieu (2004:794). This model explores the relationship between the process and effects of acupuncture. Based upon the process aspect of the model, the researcher focuses on the acupuncturist-patient relationship as related to therapeutic relationship, diagnostic and needling skills, and the achievement of holistic understanding by the user (Paterson and Britten 2004:794). In the effects part of the model, the focus is the patient and the relationship between changes in symptoms, energy, strength, relaxation and the exploration of personal and social identity (Peterson and Britten 2004:794).

Also, interviewing more patients would allow for a broader comparative analysis on the choices women make when seeking acupuncture for infertility. Another useful step would be to do some participant-observation with the patient in their daily life in order to observe the subtle social effects of infertility. I think that perhaps, culturally speaking, the study I would be the most interested in is related to women who decide to stop treatment and either adopt or remain childless.

As I worked on this study I found myself as the other. The other that I was, was privileged in comparison to the participants. The feeling was very uncomfortable and I only shared details about my own life if asked specifically. The act of doing this study taught me a lot about myself and a few things about other people.

From the literature review I conducted, I learned that biomedical infertility doctors in the United States do not address the emotional and social effects of treatment and

that sometimes women choose to avoid or end that type of treatment. Compounding the neglect of emotional wellness by doctors, women experiencing infertility in the United States do not seem to have culturally sanctioned coping mechanisms. To reiterate, in Egypt "exposing one's private sorrows is supposed to be natural; it does not brand the person" (Wikan 2000:220), whereas "the expression of distress is not culturally sanctioned in the United States" (Becker 1997:11).

Narratives of disruption are a product of individuals' inability to express their distress. The lack of culturally sanctioned ways to express distress leaves individuals scrambling to find a way to feel normal. It can be like searching in the dark or traveling down a trail with no markers. There are many choices to make, and at times it is even difficult to handle the routine of everyday life. Women experiencing infertility sometimes isolate themselves socially as a protective measure. When a person is socially isolated it is hard to see alternative paths, especially with such an embedded cultural imperative as biological parenthood.

The most stressful times in life are when you need the most support. When a woman experiences infertility and the people around her do not support her, she feels alone. There are support groups, but the level of stress may make it difficult for a woman to join a group at the outset of treatment. Oftentimes women turn to their biomedical practitioners for help and the sole focus is on conception. The experience could potentially be more positive and helpful if the doctor took time to consider how the woman is feeling emotionally. Licensed acupuncturists take all symptoms into

account including emotional distress. From what I have read and the few people I talked to, it seems that perhaps if you feel better it is easier to cope with the stress of infertility.

Appendices

Interview Guide - Acupuncture Patients

- How did you decide to get acupuncture for infertility?

- Why did you decide to get acupuncture for infertility?

- What signs and symptoms did you experience before you made the decision to get acupuncture treatment?

- Is this your first experience with acupuncture?

- What alternatives were present for you when you chose acupuncture treatment?

- Do you know anyone else who has had this type of treatment?

- Do the people in your personal life support your healthcare decisions?

- How do you feel about your acupuncture experiences so far?

- How have your acupuncture treatments affected you so far?

- What is a typical acupuncture treatment session like for you?

- Are you receiving any other types of treatment in conjunction with acupuncture?

- Have you experienced any changes in your energy, strength or ability to relax?

- Have you experienced any changes in your personal or social identity?

Interview Guide - Acupuncture Practitioners

- What are your diagnostic techniques?

- Do you follow the same routine with each patient?

- Approximately how long are your patient's appointments?

- What are the methods through which patients come to see you for infertility treatments?

- Do you get referrals from biomedical doctors?

- Do you work in conjunction with biomedical doctors?

- Do you accept all patients who come to you for treatment?

- Are there any other treatment options you recommend to your patients?

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