

Altered States of Embodiment and the Social Aesthetics of Acupuncture

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Abstract

Acupuncture therapy encompasses various domains of experience: from the aesthetics and atmosphere of the clinic; to the sensorial aspects of needling; to the aftereffects in terms of potential changes in health and lifestyle. In my research (conducted in Galway and Dublin Ireland) one of the prevailing reasons expressed by patients as to the appeal of acupuncture, and rationale for its continual use, was that treatments were regarded as both pleasurable and transformative. This transformation—in either an immediate-sensorial, or a long-term behavioral way—is the key focus of this paper. Interviews with patients strongly suggested that an embodied sense of transformation—experiencing unusual bodily and emotional sensations—is not only part of the appeal, but is one of the key constructs for determining the medical efficacy of acupuncture. Such embodied transformations are referred to as altered states of embodiment (ASE).

Keywords: Acupuncture therapy; Altered states of embodiment (ASE)

Introduction

Three predominant themes emerged from my interviews with patients regarding their experiences with ASE: appeal and efficacy, an inadvertent cultural critique of allopathic medicine, and how use of alternative therapies (such as acupuncture) amongst women signals changing attitudes towards the body and gender roles in Irish society.

I have coined the term *altered states of embodiment* (ASE) for describing the disassociative states that coincide with acupuncture treatments, which borrows from both Charles Tart's (1969) [1] work on altered states of consciousness [2] and Thomas Csordas' (1990) work on embodiment [3]. While indebted to both of these respective bodies of research, ASE better aids my analysis of the continuum of body-mind-culture associated with acupuncture therapy. Altered states of embodiment should not be seen as running counter to Csordas' definition of embodiment (i.e. the existential ground between culture and self [1990]) [3], but rather exists as a means for accounting for the interplay between body-mind-culture during general states of physiological alteration and transformation, particularly within the context of therapy. The somatic and visual sensations described by acupuncture patients indicate the occurrence of altered states of embodiment, and these ASE are both reflective of patients' lifeworlds while also informing their engagement with the world.

By (re)attaching the body¹ to definitions of altered states, "qualitative shifts in mental functioning" (Tart 1969:2) can be more inclusively expanded to qualitative shifts in *beingness* [1]. As Csordas and Kleinman have noted, the role of lived metaphors provided by patients in association with altered states can play a profound role in therapeutic processes in relation to the "pathways" that connect body and mind [4-6]. The significance remains—as it does for so many acupuncture patients—in the fact that altered states of embodiment (vivid hypnagogic imagery and unique bodily sensations and transformations) accompany the needling and drifting portions of the treatment, and further, that these

¹While the body is cited as a means of inducing ASC (e.g. through prolonged physical activity, hyperkinetic and/or ecstatic trance states [Ludwig 1969:11]) the locus of alterity remains cerebral. Further, of the ten general characteristics of ASC listed by Ludwig, only one ("Body image change") includes a discussion/consideration of bodily sensations (1969:14-15). In order to analyze these ephemeral phenomena from an anthropological perspective it is therefore necessary to adjust slightly Tart's concept of altered states of consciousness, in order to evaluate the function and origins of the somatic and visual imagery associated with the drifting portion of the acupuncture treatment.

are interpreted as signs of acupuncture's efficacy. Patient determinations of efficacy rest in part, or at least coincide, with the appealing aspects of time, attention, pleasure, bodily transformations and visual imagery. Further, these are aspects of treatment that a quantitative analysis of acupuncture efficacy would find difficult to register.

Patients continually referred to the atmosphere of the clinics, sensations during treatment, relaxed interpersonal communication, and time spent away from daily demands as appealing. It appeared that the pleasurable and appealing aspects of treatment became a way for patients to measure efficacy. Further, these markers of appeal often worked as critiques of biomedical treatments and as critiques of the daily demands on contemporary Irish women. As such, a link exists between acupuncture's appeal, how patients construct its efficacy, and how acupuncture serves as a form of cultural critique. The demographic focus of this paper is restricted to female acupuncture patients, since the majority of the interview subjects were female. The appeal of acupuncture for Irish women rests, in part, in how it serves as a marked cultural-medico event with an emphasis on body attentiveness, pleasure, and relaxation: a rather anomalous three-part cocktail that historically has been forbidden and stigmatized for Irish women. This cultural critique and the appeal and transformative potential of acupuncture treatments are the result of the overall social aesthetics of acupuncture.

In terms of social aesthetics, MacDougall and David suggests that contributing elements of an aesthetic environment are more than symbolic expressions, but also contribute to and shape "sense impressions, social relations, and ways of behaving physically" [7]. The design of acupuncture clinics encourage an array of sense impressions by way of décor, sounds, medical instruments, and architectural design that signal medical holism and also shape social interaction. Forms of behavior, posture, and verbal exchange, as well as the temporal rhythm of diagnostic procedures are enacted to enhance a patient's experience

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of therapy as professional and pleasurable. These are not simply appealing, but mark these clinical spaces as unlike a biomedical clinic.

Western, scientific medicine has been widely noted for its treatment of patients as technical objects. Likewise, the design of biomedical spaces is also known for an emphasis on creating and maintaining a highly efficient and sterile environment, privileging institutional functionality over aesthetic pleasantries. In making a sensory comparison between acupuncture clinics and biomedical clinics, in the former we find warm carpeted floors, in the latter cold linoleum tiles; soft music instead of the beeps and buzzes of medical machinery; the yellowish glow of candles and sunlight in place of the green tint of overhead, fluorescent lighting; the aroma of incense and mugwort instead of the pungency of antiseptics. The design of acupuncture clinics clearly mark such spaces as different from biomedical environments, but the design also works to enhance the patient's therapeutic experience by way of balancing medical alterity with medical professionalism.

For example, the acupuncturist's uniform, along with the cleanliness and organization of the clinic, establish a sense of professionalism. This professionalism is further enhanced by what hangs on the walls. Diplomas from acupuncture colleges, news articles addressing the efficacy of acupuncture, and certificates indicating affiliation with various acupuncture associations, signal a certain degree of cultural and social legitimacy. But as an Asian medical practice performed in the West, acupuncture is also seen as an exotic alternative medicine, due to its Asian origins and its contemporary association with forms of New Age/Holistic medicine. The visual culture and atmosphere of acupuncture clinics are strategically orchestrated in order to build upon the "foreignness" or "Asianness" of this form of medical treatment. These clinics punctuate their socio-cultural legitimacy with shades of exoticism. New Age music, paintings of Asian landscapes, prints of Chinese calligraphy and anatomical charts mapping the *qi* meridians send messages that authenticate the clinic's subscription to a philosophy, cosmology, or at least an aesthetic, that is Asian. This is important to establish since none of the practitioners at the three main clinics I studied are of Asian descent [8]. The Asian decorations and material accents, along with flower displays, candles, and incense together establish a comfortable, relaxing atmosphere and make for a clear distinction from the aesthetic design of hospitals and other biomedical health clinics. This configuration of material culture and atmospheric aesthetics, intended on imparting a quasi-exotic and semi-informal clinical environment, is parallel to how the term aesthetics is used as a way to "grasp (and tie together) the tacit leitmotifs that shape cultural constructions of bodily and social interactions".

While the dimension's atmosphere/design and interpersonal verbal/non-verbal discourse are contributing components to the overall social aesthetic of acupuncture, this paper focuses on the role of the body and senses (particularly tactile, visual, and somatic stimulation and imagery) during the needling and drifting portions of acupuncture treatments. In doing so, aspects of acupuncture's appeal and patient constructs for medical efficacy are addressed in order to offer two significant findings related to the role of the body and senses in acupuncture treatments:

a) That the sensual environment of acupuncture clinics serves as a reprieve from daily routines and pressures, and as such pursuing acupuncture treatments works as a cultural critique, not only of modernity but, since it is a form of "alternative" medicine, also serves as a critique of biomedical aesthetics;

b) That altered states of embodiment occurring during acupuncture

treatments are interpreted by patients as therapeutic and form part of their construct for acupuncture's medical efficacy.

Methods and Cultural Context

I interviewed twenty-seven acupuncture patients during the course of my fieldwork in Ireland. These interviews took place in a variety of locations and varied in length from thirty minutes to over two hours. Some of the patients were interviewed more than once to provide clarifications and to crosscheck my analysis of their commentary. I also used videotape to record acupuncture sessions at two different clinics in Galway. Part of the motivation for using videotape as a research method certainly derived from the benefits of analyzing audio-visual records of acupuncture sessions. But in addition, I discovered that during the videotaping of interviews patients constructed highly descriptive and animated narratives regarding their experiences with acupuncture. The camera recorded their oral descriptions of acupuncture sessions but also captured their accompanying non-verbal, bodily expressions. These animated narratives, in turn, steered my research questions into more of an interpretive analysis of patient bodily experiences with acupuncture. This expanded research foci compelled me to broaden my research frame: to combine ethnomethodology with a phenomenological analysis of acupuncture sessions and patient interpretations. The majority of patients were female, white, and relatively affluent individuals who had turned to holistic therapies, such as acupuncture, not only as a means of health care but as part of a pursuit for individual wellness, personal enhancement, and general relaxation. This attention to self is a result of a larger shift in Irish society that has social, cultural, and economic influences.

An increasing focus on the self in Ireland has accompanied processes of income growth associated with urbanization, which in turn contributes to a changing social environment, particularly in relation to health care pursuits. While a growing number of young people migrate to two of the main metropolitan cities in Ireland (Dublin and Galway) these urban centers are also witness to a growing influx of holistic, non-biomedical practices. Urbanization, particularly for women, has produced a tension between what is perceived as traditional gender roles and the emergence of a new definition of the Irish woman [8]. Balancing career and maintaining domestic duties associated with marriage and motherhood has placed increasing demands upon women in Ireland. Acupuncture exists as a means of negotiating and alleviating some of these pressures, and as such, can be seen as a temporary antidote to the demands of modernity coinciding with the rise of the "Celtic Tiger" economy of Ireland, including increased urbanization and population density, and socio-ethnic tensions related to immigration. This explains, in part, some of the appeal and growth of holistic health care practices in Ireland.

Since Ireland has historically received very few immigrants from Asia, the process by which acupuncture has entered into Ireland can better be viewed not as the result of cultural assimilation by way of immigration, but more as the result of a growing, localized interest in medical therapies that exist outside the biomedical paradigm. Predating the appearance of alternative and holistic medicines, Ireland had been host to indigenous forms of healing (i.e., Irish folk medicines), such as herbalism, bone-setting, and spiritual counseling [9]. Irish folk medicines are characterized by a system of healing that is highly specialized, where a healer is believed to have the ability to cure specific ailments through the use of herbs and folk remedies. These folk medicines are believed to have ancient roots in a Celtic tradition of healing and have been in practice in Ireland for several centuries [9-11].

Due to the continued use of Irish folk healing, an interest in non-biomedical therapies is nothing new to Ireland. More to the point, this fact suggests that Irish folk medicines have existed alongside biomedicine, and therefore, demonstrate that Irish society has remained open and relatively freely able to accommodate both non-scientific and scientific approaches to healing. This, in and of itself, does not simply explain the burgeoning interest and use of acupuncture. What I am suggesting, however, is that a continuum exists along which Irish folk medicines and contemporary holistic therapies, such as acupuncture, exhibit Ireland's cultural proclivity for enabling non-scientific medical practices to flourish. In short, it is important to identify acupuncture as more than an imported form of health care; its existence in Ireland is far more complex since its presence and use signals both a continuation of local tradition (using non-scientific healing practices) and a contemporary adaptation to the pressures of modernity.

Part one: Cultural critique through tactile pleasures

Appeal: The appeal of acupuncture ranges from the social environment to the treatment to its aftereffects, therefore, we need to consider acupuncture as a therapeutic process that encompasses all of these dimensions. The distinction Csordas and Kleinman draws between therapeutic process and therapeutic procedure [4] is useful for analyzing the cumulative experience of an acupuncture session (therapeutic process)—including the physical environment of the clinic, diagnosis, somatic and visual sensations, and the aftereffects of treatment and their interpretations—that extends *beyond* the mere insertion of needles (therapeutic procedure).

Environment, sensations, and stimuli—and their cognitive interpretations—play central roles within the domain of therapeutic experience [4,12,13]; these are the very things that Csordas and Kleinman refer to as comprising the “aesthetic postulate” [4]. I do not wish to downplay the important role therapeutic outcomes play in determining efficacy for the patient; rather my concern is centered on allowing for the significance of embodied experience to be thoroughly considered.

The idea that experience shapes attitude and behavior is hardly novel. However, when considering how experience affects conceptions of medical efficacy it is worthwhile to note that since the late-1990s—in both Europe and North America—options for medical treatments have blossomed with the growing availability of non-biomedical therapies and practitioners. For urban people who can afford the out-of-pocket fees, choosing health care providers becomes increasingly based not just on outcome and availability but on individual reflections upon experience. As an article in the *New York Times* (Carey 2006) [14] suggested, a significant factor in the increased use in alternative and holistic therapies stems from dissatisfaction with biomedicine (in terms of outcomes and experiences) and the attractive qualities that heterodox therapies proffer [15,16]. Similar sentiments towards the appeal of holistic therapies have appeared in a series of articles in the *Irish Times*². Patients interviewed for my study likewise expressed dissatisfaction with the aesthetics and lack of results from their biomedical treatments, and serves as one of the key motivating factors for using acupuncture to address their health concerns.

Example 1: The insertion of needles is regarded with a variety of

²Health journalist Sylvia Thompson produced a series of articles in the *Irish Times* covering the appeal and growth of holistic therapies in Ireland (March 15, 2005; December 27, 2005; January 24, 2006; February 28, 2006). A recurring theme expressed within these articles related to how patients are turning away from biomedical regimens in an attempt to avoid toxic pharmaceuticals and invasive surgery procedures.

descriptions from patients: from no feeling or pain, to slight pain and a feeling of heaviness, to an outright sharp, though temporary, pain. But accompanying this portion of the treatment—and during the drifting that follows—other bodily sensations are experienced. Such sensations work as forms of “ephemeral efficacy” i.e. efficacy signaled by sensorial transformations [12], described by patients as positive and enjoyable sensations akin to a mild pulse of electricity, as Sinead's description indicates:

To be able to put a needle in somewhere and to feel an electric sensation and find yourself singing with the music and being elevated in some way, it's gorgeous. It's really just beautiful. Occasionally I look at the needles and just say “Wow” to myself. And I like feeling like I'm being controlled by this great sensation that's invading my body, and I welcome it. I trust it much more than the pills I've had to take in the past.

She continues: I'm very accepting as a person, but sometimes you'll get one needle [that will] shoot, give this shooting sensation that I absolutely love, very effective. It isn't a pain, it's a sensation of electricity: like an electric shock, and I think, “Ooh.” But there's no real pain in it. There's no real pain in it. I find that [sensation] sometimes in the hand or the tongue, rather than in the body so much.

For Sinead, efficacy is immediately linked to the bodily sensations experienced once the needles are all inserted and she is left alone on the treatment table. The bodily sensations of electricity and elevation are interpreted as being profound, pleasurable, and therapeutic. Further, this kind of immediate-sensorial stimulation would be rare to achieve following a pharmacological regimen (i.e. “the pills I've taken in the past”), as Sinead alluded to earlier. In addition to her glowing descriptions of her mental and physical sensations, Sinead also makes reference to “being controlled” by the effect of the needles. In light of her enthusiasm about coming into the clinic for treatments, subjecting herself to the needling effects appears to be associated with the appeal of the session overall.

Another female patient (in her mid-forties) describes her attraction to using acupuncture, one that explicitly characterizes her treatments as an out-of-the-ordinary pleasurable experience:

I come in the room and I know I'm going to get all this lovely fuss from [my acupuncturist]. She'll ask how I've been doing, and she has such a lovely touch, she's gentle with you. You lie down, and I've never been fussed like that. In Catholic times you obeyed your parents, I obeyed everybody and I worked hard too. I worked on a farm and did everything. That was my way of life. As a child, then as a wife and mother, I fussed [over] everybody. So to come in here now and enjoy and lie down and have this new experience entirely, it's amazing, it's really opened me up.

The woman's descriptions of the clinic and the friendly demeanor of the personnel allow her to feel relaxed and deserving of care. This is in marked contrast to her experience growing up during a more traditional time period—what she refers to as “Catholic times.” Efforts to create a relaxing and casual health care environment appear to influence how patients interact in the waiting area as well. The descriptions are replete with metaphors associated with transformation (“opened up,” “back into the womb”) signaling that definitions of efficacy rely upon more than just the needling treatment but upon the environment and atmosphere of clinics as well.

The pleasures of embodied resistance: What can we make of the appealing aspects voiced by female patients in regards to a relaxed,

protracted sense of time and the psychological and tactile pleasure associated with acupuncture treatment, as well as the degree of empathetic attentiveness? Does the appeal rest in the fact that such treatment is a rare experience for Irish women? Further, how do these experiences contrast with biomedical experiences with therapy? For example, during the diagnostic phase of treatment, when the acupuncturist performs a sort of tactile “reading” of the patient’s pulses, the act of the acupuncturist’s fingers depressing the wrists of the patient are diagnostic as well as relationship building and pleasurable. The caring nature of this physical, albeit clinical, contact helps to construct a form of intimate health care treatment and heavily influence patient satisfaction with treatments (even before long-term efficacy can be determined).

Patient commentaries indicate that the enjoyment these women get from acupuncture is more than just pleasurable: it is a culturally unique sensory experience. Considering the cultural context in which Irish women have been placed in a secondary position to Irish men, the individualized care and attentiveness to their bodies that acupuncture offers puts female patients in particular in a rare position of privilege.

In historical contrast, Irish women had been placed in a position of “stark structural inequality” [17] due to articles in the Irish State’s Constitution that, amongst other things, banned divorce, prohibited contraception, and severely restricted salaried work for married women. The tendency to demonize women has been another effect of the institutions of Church and State, stemming from the criminalization of women who seek abortions abroad [18] and the characterization of women as having a lesser degree of morality than men and prone to playing the role of “evil seductress” [19]. Women have traditionally taken a subservient role to men in Irish society and efforts to claim a sense of individual identity apart from the role of nurturer and domestic steward have been demonized.

Alongside this archaic configuration of the Irish woman have come more contemporary conservative attitudes toward her sexuality and her body, converting her sexuality itself into “a taboo subject” [17]. Further, since there is no sex education in Irish schools it is difficult for women to talk explicitly about their sexuality and their bodies [17,20]. As Phyllis Valentine³ exclaimed in the documentary film, *Sex in a Cold Climate*, “To think about your body was a sin, it wasn’t right” [21]. Considering the damning stigmas associated with the Irish female body, and the socio-cultural context in which sensations and body awareness are suspect, pursuing acupuncture becomes more than a pursuit for healthcare: it is a way of engaging and attending to the body and senses as a form of embodied counter-hegemonic resistance and cultural critique.

In many ways, pursuing acupuncture treatments is illustrative of a generational shift between contemporary Irish women and the rather limited range of choices available to Irish women in the past. It is significant to note that receiving acupuncture treatments appears to embody the social and religious taboos placed upon women regarding attentiveness to the body while departing (temporarily) from the demands of married life and motherhood. In this sense, acupuncture treatments provide a safe means for transgressing socially-grounded inhibitions of modesty about the social and personal bodies of women.

³Phyllis Valentine was a resident (one could argue that she was an inmate) in one of Ireland’s Magdalene institutions. These institutions took young girls and adolescents that were seen as sexually mischievous or, in Valentine’s case, dangerously attractive and naïve. See both the documentary film *Sex in a Cold Climate* (1997) and the feature film *The Magdalene Sisters* (2002), based on real life stories from Valentine and other women who lived inside the Magdalene institutions in Ireland.

Acupuncture implies attentiveness to the body, involving stimulation, relaxation, and rejuvenation, in a manner that departs significantly from how social and religious pressures have attempted to designate such bodily pursuits for women as anti-social and even sinful. But why resistance via an Asian medical practice and aesthetic? In part, this may allow women to articulate their (health) needs in non-local terms as a “positive assertion” (to borrow a phrase from anthropologist Janice Boddy [22] of female rights and resistance to identity constructions in order to meet their needs and pose a challenge to social pressures while avoiding direct, open confrontation with Irish social structure. Further, these assertive acts of resistance are facilitated through a therapeutic modality that biomedical regimens (typically characterized as patriarchal) do not engender.

Part two: Altered states of embodiment

Efficacy: The sensual appeal and individualized care associated with acupuncture comprise two components to patient constructs for efficacy. Another construct relates to the experience of altered states of embodiment associated with the needling and drifting portions of treatments. For patients, acupuncture’s efficacy can be determined by more than quantifiable gradual or radical bodily-health improvements. The embodied experience of the patient amidst the ritual of acupuncture treatment establishes the grounds upon which patients perceive transformations, and these corporeal and mental transformations signal to the patient that she is moving toward an improved state of health.

Interview data have shown that patient constructs for acupuncture’s efficacy are highly individualized. However, some recurring criteria have emerged. For most patients, the needling and drifting produce a state of relaxation and rejuvenation that patients find to be beneficial. As one patient expressed to me, “I come in feeling just so low, and come out ready to deal with my life.” Prior to determining the long-term effects for addressing particular maladies, many patients find acupuncture to be efficacious due to the simple matter that their visit to the clinic serves as a transformational period in which fatigue, frustration, and stress (seemingly) disappear, where they emerge from the clinic with a greater sense of comfort with their bodies and with their lives.

“Drifting” as an altered state of embodiment: Immediately following the needling is the portion of the treatment that I refer to as drifting, due to the fact that many of the subjects interviewed have themselves described as moments of being in a state of “drifting,” “snoozing,” or “relaxing”. It is this portion of the treatment when patients are left alone in a softly-lit room, comfortably lying on the treatment table covered with ten to twelve acupuncture needles. During this time it is common for patients to simply fall asleep, while others described it as like entering into a relaxed state of consciousness, or even into a state reminiscent of hypnagogia⁴ [23]. What remains consistent with all three of these characterizations is the prevalence of rich imagery that is both somatic and visual.

Example 2: Oonagh (patient) is a thirty-year old social worker who, at the time, was studying acupuncture at one of the local colleges in Galway. She receives acupuncture twice a month to address back

⁴Hypnagogic is a psychological term that applies to the state between wakefulness and sleep during which a person may experience a variety of visual, olfactory, audible, or bodily sensations. But as some researchers have suggested, this state can be entered into at times other than just prior to nocturnal sleep (Mavromatis 1987; Tart 1969) and therefore is consistent to experiences described by my research subjects. Studies examining the therapeutic benefits of hypnagogic states might well add to our understanding of the therapeutic efficacy of acupuncture treatments.

pains, menstrual problems, and, as she simply put it, just to “center” her. During our interview Oonagh mentioned that experiences with traveling and in her job as a social worker have formed her attitude towards alternative forms of healing. She reflected upon the needling portion of the treatment, saying that she enjoys neither the insertion of the needles nor the manipulation of the *da qi* point. Rather, it is the drifting stage that she has come to value: a component of the session that involves multiple auditory, bodily, and visual sensations for Oonagh. She finds this time to be extremely relaxing, and is one of the key things she looks forward to. As she describes it:

What I really enjoy and look forward to is the moment when she [the acupuncturist] leaves and I’m all alone in the room: all the needles are in, the lights are dimmed and the music is playing. I usually feel some kind of buzz, something electric-like and I feel warm all over. It’s very relaxing. I kind of drift or even half fall asleep.

I’ll see faces from my day, sometimes its patients of mine, friends, family—very dream-like. Other times it’s all weird, nothing really makes sense but it’s never like, you know, a scary dream or nightmare kind of a thing—just random colors and shapes and the like.

Oonagh elaborates upon the significance of the imagery encountered during the drifting period. Such images and sensations are consistent with half-asleep/half-awake hypnagogic states, and marks this portion of the treatment as a reflective time for her:

And sometimes I get little clues about people, especially patients. I’ll see them differently. You know, since I’m a social worker and I see so many people a day, sometimes their faces and cases all become a blur; it’s hard to think I can go on. But when I see their faces now [while lying on the table with the needles] I recognize them more as individuals and I say to myself, ‘Yeah, that’s Jamie and he’s a sweet man. I need to listen to him better or something of the like.

When she awakes she describes feeling as though she was still “far away, still in a dream. It takes me a while to come back.” She clarifies this moment as a feeling not of disorientation but rather one of “irrelevance, like being brought back into consciousness but yet being able to observe this, and without any anxiety. I love it.” She says these kinds of feelings are things she experiences in nearly every acupuncture session, and while the subject matter of the dream is not necessarily consistent, “it’s always the same kind of light dreaming state: you are kind of conscious of being on the table, but it is a very restful sleep and it’s very nice ‘coming back’ [to consciousness].”

Oonagh’s description includes both immediate-sensorial and short term-behavioral effects, the latter of which are beneficial in several ways. Following the session Oonagh describes herself as feeling “centered” and emerging with an increased “ability to focus” her thoughts. She also feels energized, a feeling that lasts through the remainder of the day and often into the next. She feels that the increased energy and ability to focus benefit her work performance since the demands and pressure of her job would otherwise not leave her with enough energy to perform her duties as a social worker as best she can. Another short term-behavioral effect of the session is the appearance of patients’ faces during the hypnagogic-associated drifting state. She regards these as nothing more than reminders, but the significance lies in her implicit interpretation of these as edifying, almost mystical (e.g. “it’s hard to think I can go on”). These images appear to her as something she can learn from in order to do her job better. Further, images of her clients’ faces are encountered in a space and time that is far less demanding than her place of work can offer; the quiet, softly lit, comfortable atmosphere of the treatment room becomes the space where she experiences a

renewed feeling of concern for the well being of her clients.

In terms of her more specific health reasons for pursuing acupuncture, namely, years of experiencing painful and irregular menstrual periods, she says these are “headed off at the pass” through her continual use of acupuncture as a preventative form of health care. She happily tells me that after nearly fifteen years of painful and irregular periods, menstruation now occurs without the discomfort and pain that she had previously experienced. Both the sensations described and the interpretations given by Oonagh indicate that, for her, acupuncture treatment has beneficial effects that are both immediate-sensorial and short term-behavioral.

Example 3: Margaret is a fifty-two year-old woman from rural county Galway. Seven years ago she was diagnosed with breast cancer and has now made a full recovery. However, the chemotherapy had left her feeling, as she said, “terribly weak and depressed.” She began using acupuncture to “boost my energy” two years ago after her son began getting acupuncture for a back injury. As she said, “I had always been interested in the idea and the concept [of acupuncture] and how it can work. So I read quite a bit on this kind of treatment. And the more he [her son] got into it the more I realized this was how I needed to go. Now I come in three times a week.” Margaret described her treatments to me along with how altered she feels in the aftermath:

Well, first of all, the needles don’t bother me at all, it just doesn’t bother me. I enjoy it. I really enjoy it. I started off coming here as a treat for me—as a way of getting more energy and just to feel better. I had had so much treatment prior to coming here that I felt, ‘Gosh, am I going to have to stay on this kind of treatment for the rest of my life and feel unwell and worry about side effects?’ So I come in here feeling a bit low and then once all the needles are in I just lay there on the table—just drifting along, like I was out in the waves. I can practically smell and feel the salt on my skin—it’s amazing. It’s so pleasant and when I finally get up to leave I’m walking along like a newer person—like I use to feel before the cancer.

Metaphors play a central role in bridging the phenomenological and cultural domains of experience and both Oonagh and Margaret rely heavily upon metaphors to describe their experiences during the drifting stage of acupuncture treatment. According to Fernandez, metaphors can serve to “extend the corporeal into the social and vice versa,” what he refers to as an act of “socializing corporeal experience” [24]. This is akin with what anthropologist Michael Jackson refers to as “lived metaphors” which evoke and mediate connections within experience [25]. Following Jackson, the metaphors used by patients are regarded as more than a linguistic or semantic explanation of experience, but more succinctly as a “lived reality” [25].

When Oonagh describes herself as “coming back” to consciousness, and feeling “centered” following her treatments, a profound connection is implied between therapy and daily life. Margaret’s account of emerging from the treatment in a rejuvenated state also reinforces this connection. We can look closer at the visualizations and sensations described by these two in order to further explicate the transformative effects of acupuncture therapy. Analysis of these visual and haptic images associated with drifting are analogous with hypnagogic imagery [1,23] as well as being closely associated with many transformational states such as possession, trance, and other ecstatic experiences [26].

The description of imagery provided by patients appears to hold personal as well as cultural significance. While Margaret draws upon naturalistic metaphors of resting in the ocean, the younger patient, Oonagh, uses mechanistic descriptions of a buzz and electricity. The

different metaphors are perhaps reflective of their respective ages and time periods in which they were raised. Further, Margaret sees herself “drifting along” while Oonagh describes seeing the faces of her patients during the drifting state. Both sets of images are self-referential: Oonagh’s is tied to her career as a social worker, while Margaret’s is linked to a younger, healthier state (i.e. before she had cancer). In both cases, these images are affective. Oonagh’s glimpsing of faces allows her to reflect upon the need for her to take more time in her work and be more empathetic with her clients. For Margaret, carelessly and effortlessly resting upon ocean waves serves as a mnemonic image of rejuvenation.

Conclusion

This paper has demonstrated that sensory perception plays a primary role in both the appeal and the efficacy of acupuncture. In regards to appeal, the specificity of this particular cultural context indicates that attraction to, and continual use of, acupuncture rests upon two significant findings: 1) acupuncture’s attentiveness to the body and self providing Irish women a rather anomalous (even if temporary) form of privileged treatment; and 2) acupuncture’s distinction from biomedical treatments, especially in terms of the experience of a protracted sense of time and personalized treatment.

Patients “learn” the pleasures associated with acupuncture almost immediately upon their first or second treatment session. Identifying the bodily sensations and haptic imagery as signs of therapeutic efficacy, however, is a bit more complicated. Patients, through instructional guidance by their acupuncturists, come to associate the pleasurable aspects of treatment and the altered states of embodiment, initially, as signs that the treatment is going according to plan: i.e. that the correct acupoints and *qi* meridians are being manipulated. After several treatments (say, three or four) patients then typically shift the association from “procedural correctness” to “therapeutic efficacy.” Of course, there is some variance in the amount of treatments it takes before patients come to regard these bodily sensations as efficacious signs. However, what is consistent is that as abnormal bodily sensations associated with acupuncture treatment come to be interpreted as normal, these signal a transformative process that indicates, for patient and practitioner alike, therapeutic efficacy.

It is common knowledge amongst practitioners and researchers of acupuncture that it takes several treatments before any effects or improvements can be observed. From what I have researched, this applies to the degree of intensity and affect of bodily and visual sensations occurring during the drifting, hypnagogic-like portion of treatments. Patients come in—even those with needle phobias—and the more treatments they receive over the course of time, the more profound their experiences of ASE. Since such experiences are encouraged by the acupuncturist, it is difficult to say that patients are purely developing this ability to slip into an ASE on their own. But of course, what is likely occurring is the cumulative result of ongoing suggestion from acupuncturists to experience relaxing and illustrative imagery during the drifting, along with nurturing the body’s and mind’s ability to enter and sustain such states. There are, however, no objective categories for such experiences. We can thus see, that acupuncture patients experience ASE within a complex milieu of practitioner suggestion, individualized authorship, and ultimately as a sign of therapeutic efficacy.

However, these need not play out in a complicated, intellectualized manner. Put simply, ASE are a form of transformation that patients interpret as a sign of medical efficacy: that is, they go into the clinic feeling one way (both mentally and physically) and during the course of

treatment encounter somatic and visual imagery that cause them to feel differently (e.g. an improved sense of self and body) as they leave the clinic. As has been suggested elsewhere [8] sensations and descriptive metaphors not only signal a shift, but are also part of the transformative process patients undergo that can lead to changes in behavior and lifestyle.

We can witness how acupuncture operates with alternative conceptualizations of the body and illness and that it generates for the patients studied a set of experiences that contrast with biomedical therapy and ways of treating patients. We can also see how visuality and analysis of somatic and visual imagery heightens our appreciation of how the sensorial and aesthetic experience with acupuncture treatments produces patient constructs for efficacy. Analysis of sense experience aids in an appreciation for how the embodied individual interprets therapy and defines its efficacy, where ties between cultural beliefs and metaphorical descriptions of acupuncture therapy are concretized in the form of self-images and self-reflection. In this way, we can also see how the body and the senses provide connective links between the embodied and the social: that is, how acupuncture treatment entails both a phenomenological experience and an act of cultural critique.

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