

Understanding the Practice of Acupuncture with Women with Fertility Problems: A Qualitative Approach

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ABSTRACT

As part of the development of an acupuncture protocol for a randomised controlled trial (RCT) to enhance female fertility, experienced practitioners were interviewed to explore what factors they considered to be important components to their acupuncture practice with women with fertility problems. The interviews were wide-ranging and an analysis of the discussion generated a series of questions that were then put to a broader focus group of experts in the field. The extracts of the interviews presented here also raise other issues about how acupuncture is practised and the implications of this for acupuncturists – such as the complexity of the acupuncture therapeutic engagement, the specialist knowledge necessary for work in fertility, and the self-nurturing required by the acupuncturist to sustain practice. More exploration into the nature of acupuncture practice requires increased use of qualitative research methods.

KEYWORDS acupuncture practice, qualitative research methods, grounded theory, *yi*, female fertility.

Introduction

Most research in acupuncture and Chinese medicine treats the ‘intervention’ as relatively straightforward — these sets of points, or this herbal formula, or this qigong exercise or diet, plus (in more individualised studies) modifications according to defined presenting problems — delivered as one would a retail item in a shop. Clinical reality is less straightforward. There are multiple factors that influence what treatment (or intervention) is given at that particular time with this patient by this practitioner. For acupuncture in particular, the

historical record refers to the importance of the acupuncturist — their ethical stance, their ability to be fully present when inserting a needle, their hand skills — as well as, of course, their knowledge of disease progression and assessment of the patient in front of them. It is this aspect of practice in which qualitative research methods are useful to aid our understanding.

As part of a larger study of the contribution of acupuncture to assist female fertility, a smaller qualitative study was undertaken of the approaches to practice of several acupuncturists. The following is a report of that study. This examination of

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acupuncture practice will contribute to the discussion of the value of qualitative methods in Chinese medicine research in the discussion section of this paper.

The purpose

This study of acupuncture practice in relation to female fertility arose from a plan to do a pilot clinical trial using an acupuncture intervention for women with fertility problems. There was no previous model on which to base the research. Although there was a range of recent studies, none (outside IVF studies) specifically used an acupuncture protocol to enhance female fertility. Engaging acupuncture practitioners specialising in fertility in an exploration of their practice was the starting point to refine and develop a treatment protocol to use in the subsequent clinical trial.

This study aimed to address the following research questions:

What are the parameters of an acupuncture intervention to enhance female fertility? What guidance does existing clinical practice offer in the development of a trial protocol?

The following review of the literature provides a background to contemporary research in Chinese medical gynaecology and provides a context to assist understanding of the evidence base within which practice occurs.

The literature

An overview of systematic reviews (SR) of acupuncture in obstetrics and gynaecology¹ concluded that the data available in SRs was contradictory and inconclusive. A SR which undertook an overview of studies of acupuncture treatments for reproductive and gynaecological disorders found that menopause and dysmenorrhoea were the most frequently studied, and had shown positive indicators of effectiveness. 'Acupuncture to treat PMS [Premenstrual Syndrome], PCOS [Polycystic Ovary Syndrome] and other menstrual related symptoms is under-studied, and the evidence for acupuncture to treat these conditions is frequently based on single studies'.² The research evidence for using acupuncture for fertility is limited.

Accumulated clinical experience indicates acupuncture regulates the menstrual cycle. TCM gynaecological textbooks all provide treatment approaches to a range of menstrual irregularities – the cycle is too short or too long or variable, the bleeding is too scant or too heavy, menses are accompanied by a range of other symptoms such as abdominal pain, headache, acne or mood changes.³⁻⁶ In a series of articles published in Nanjing in 1998–99 Professor Xia Gui-cheng⁷ identified the importance of menstrual

regulation to the resolution of both menstrual disorders and the promotion of fertility. His approach was subsequently adopted by Jane Lyttleton⁸ and broadcast through her teaching and publications throughout the English-speaking TCM community. There are no published clinical trials that test the premise of regulating the menstrual cycle in order to promote fertility. There is a tradition within Western herbalism called multiphasic prescribing for menstruating women that mirrors this approach.⁹ There are studies, however, which do examine the influence of acupuncture on different aspects of the menstrual experience. Chinese medicine theory would posit that an improvement in a single component of menstruation will positively influence other components (and the whole). Promoting the full discharge of blood, for example, during the menses will positively feed back into egg formation and ovulation. Evidence to support this assertion is not available at this time.

Stener-Victorin and Wu¹⁰ in an overview of contemporary literature, further supported by Smith and Carmady², found that the use of acupuncture to treat reproductive dysfunction has not been well investigated. They state 'only a few clinical studies have been reported, most of which are flawed by poor design and a lack of valid outcome measures and diagnostic criteria, making the results difficult to interpret'.¹⁰ The incidence of 'poor quality' clinical studies perhaps speaks to the difficulty of achieving high quality clinical research that is acceptable both to acupuncturists and research scientists.

There is little published research that supports the role of acupuncture in promoting fertility, outside the context of IVF clinics. Findings on the physiological mechanisms of acupuncture offer some guidance to understanding the possible contribution that acupuncture makes to female fertility.¹⁰⁻¹³ Other research reports of Chinese medicine's supportive contribution to fertility are largely case reports.

Clinical case reports support the value of acupuncture in the lead up to conception although no clinical trial has been reported to date either supporting or contradicting this case-based evidence.^{8,14-16} Acupuncture has a long history in the treatment of fertility problems, and there is apparently much consistency in the actual points chosen.¹⁷ Chinese medicine texts and case history books, for example, frequently cite the use of acupuncture to induce ovulation. A study by Chen Qiong using acupuncture in women with endometriosis-induced infertility, reported in a recent publication on infertility¹⁸, indicated significant effectiveness. In the same publication there is a report of a study undertaken by Ding Hui-jun¹⁹ into tubal infertility effectively treated by acupuncture.

The literature does not give clear guidance on an optimal acupuncture intervention for use in a clinical study to enhance women's fertility. Another approach was required.

Methods

The process began with interviews of practitioners experienced in fertility acupuncture to develop an understanding of the issues, approaches and techniques that they used. The themes that emerged from these discussions were then used as the substance for an expert focus group convened to provide guidelines for a fertility acupuncture protocol. Ethics approval was granted by the University of Western Sydney Human Research Ethics Committee in 2009 and the study was undertaken at the University's Centre for Complementary Medicine Research between March and September 2009. Participants completed informed consent forms.

METHODS FOR COLLECTING DATA

The semi-structured interviews were undertaken to provide the initial input into the focus group. The semi-structured interview guide (see Appendix) was based on two main themes. The fertility acupuncturists were asked about their practice and what factors they considered important when working with women with fertility problems. The interviews followed a similar script and all central themes were covered in each. The interviews were conducted by the author (SC – who has a background with similar training and clinical experience), two in person and one by audio-visual conferencing. Interviews were digitally recorded and professionally transcribed. Each interview lasted approximately one hour.

PARTICIPANTS

The three interviews were conducted with Australian-based practitioners to explore how they worked with women with fertility problems. All three practitioners had more than 20 years experience as acupuncturists, much of that time working predominantly with women with gynaecological problems. The three interviewees were selected because of their experience, their history of thoughtful reflection on their own work (apparent via publications, teaching and past discussions with the author) and their accessibility to the interviewer as colleagues. Personal familiarity with the participants allowed greater depth of discussion because the interviews built on themes known to be of common interest. This potentially limited the study to a particular type of practice; however, there was diversity amongst the three – one was 5 Element trained and the remaining two TCM trained and also used Chinese herbal medicine. Achieving diversity in practice style was not a high priority compared to specialty and years of experience. Within the context of a small practitioner group specialising in this way in Australia, being known to each other was inevitable. Even internationally, mutual knowledge or common links would have been unavoidable. This familiarity could be considered a controversial issue by those attached to the idea of objectivity in research interviews.

Ezzy explores this at some length and concludes:

Emotional distancing makes it harder to hear the voices and experiences of research subjects. It turns research participants into passive objects and knowledge into conquest. Knowledge experienced as communion requires mutual recognition, which acknowledges the interdependence of the researcher and the researched.²⁰

In the broader study, of which these interviews were a part I tried to weave a path between the 'objective scientist' and the 'engaged person-in-dialogue' in the hope that I could speak to readers of all persuasions by reporting the range of data that emerged from the research.

Analysis

A thematic analysis of each interview provided the basis for questions posed to the focus group (recruited fertility acupuncture specialists). At the conclusion of the third interview it became clear that there was sufficient material to guide the larger forum discussion. Grounded theory^{21–25} was used as a guiding approach to generate data and to codify and theorise from the data from participants in the field. The transcripts of the interviews were read by two researchers (SC and CS) and agreement was reached on key themes.

SOME THEMES THAT EMERGED

COMPLEXITY

The three acupuncturists' responses provided insight into the complexity represented within the therapeutic exchange of acupuncture when applied to women with fertility problems.

One respondent reported:

It's a different journey when you are working with someone who is trying to fall pregnant... you know, it's a very different emotional journey.

Another that:

They've probably got a little bit more invested in what I can do or not do, than someone who's coming for a different sort of disorder.

The third stated:

It's not just their body, it's their huge trust that they place in you. And especially when you've got that added thing of, you know, you're [their] last resort.

These responses pointed to the importance of relationship, as in any medical encounter.

WHAT DOES ACUPUNCTURE DO?

The most apparently challenging question was: *What do you do when you do acupuncture?* This question speaks directly to the issue of standardisation in acupuncture research. All three participants hesitated; one answered:

What do you mean, what do I do?... Sometimes I'm really clear about what I'm doing. Sometimes I'm not. So do you mean, am I tuning into how that person feels or am I gathering myself?... The thing that I think of most of all, and that bothers me as well, is I just feel very responsible. I feel that this person trusts me.

Another responded:

Do you want to come back to that one? That's a really big one and, yeah, I don't think there's an easy answer to that.

The third saw herself as facilitating another's access to *energetic balance and harmony*.

FERTILITY AS A SPECIALIST ARENA

Participants identified the particular situation of women engaged on a fertility journey:

SC: *For you facilitation of their healing journey needs to be an empowering one?*

Yep, absolutely... I think that's important particularly with assisted fertility, where so much control is taken away from them. And they get so immersed – for many women they lose control over their bodies, but also their life gets very narrowly focused, without seeing the bigger picture of where they're going.

The interviewees also raised the importance of being a knowledge expert and sharing this information was also raised:

You know, there's a more mundane view of it too. You know, my relationship with them is about making sure they're thoroughly informed, know all their options, know what I can and can't do, know what other doctors can and can't do, and I see myself as a primary care person in that sense... So I guess if I'm holding anything, I'm holding their big picture, in terms of what they can expect, what they can't expect, what's possible, what's not possible, maybe a time frame, although I'm not always honest about that one. Rather than me... and in some sense I'm there to hold them energetically and emotionally too but if that's a big need, I refer them somewhere else as well, because that's not my expertise.

RESPONSIVE TO PRESENTING PATTERN

The most consistent response to requests for details of treatment approaches from the initial three interviewees was 'It depends...':

It depends on them and how they are as well. You know, they're not all like this but that heightened sensitivity. It depends where they're up to in the whole fertility thing, depends whether they've been trying for a long time, whether they've been to a whole lot of other people, whether they're doing IVF. I'm really careful... I'm really aware of the language I use before I even stick pins in them. And then it depends on how fragile they are, just like everybody. But I think maybe it is heightened with some particular women.

This participant emphasises, as did her colleagues, the importance of individualisation over standardisation. Although these acupuncturists report varying their whole approach as well as treatment — depending on how the woman is on the day, on what other support she has, on how informed she is about her own body and fertility and so on — general guidelines did emerge. These practitioners considered both Chinese medicine pattern differentiation and a biomedical understanding of factors such as hormonal climate to be essential frameworks for successful work with 'Western' women.

SC: *So a TCM diagnosis is central to your practice?*

Yes... it's central, it's central but I also always want to know if the tubes are patent... I also always want to know if the sperm are functional. And so, and I have to tick those boxes before I even start treatment because if either of those come up as being a problem, then maybe there's a whole different route and it might not be with TCM... I always go through all those boxes first and then we do the Chinese medicine analysis... And then my treatment's based on Chinese medicine analysis but my view of the possibility of an outcome might be coloured by the biomedical diagnosis, and whether we do TCM or not.

EMOTIONAL VULNERABILITY OF THE PATIENT

Sensitivity to the perceived or expressed needs of the woman patient was a theme in each interview. The particular vulnerability of women dealing with the prospect of infertility dominated the interviews. This further reinforces the respondents' emphasis on individualised responses to patients.

It probably depends on what their expectations are in seeking my support as a practitioner. I guess a foundation of my therapeutic approach would be to try and maximise their reproductive potential. But – also very mindful of their emotional journey. And for me, I would give probably equal emphasis to both... it would be very rare for someone not to present during a consultation the kind of emotional distress that they've been through.

The idea that the process of delayed fertility damages a woman's self-concept requiring a response from the acupuncturist was raised by one respondent:

The women who become so distraught and so despairing over their own bodies and their alleged failure and their self-hatred... a lot of the time is spent actually talking with them about that belief and how they feel about themselves. So I think it's a big thing.

This led to a discussion of the language used in consultations and how much Chinese medicine concepts of, for example, yin yang, qi and blood are shared with patients and how these can be helpful for those with 'unexplained infertility'.

PRACTITIONER AS VULNERABLE AND ENGAGED

There was a sub-theme that suggested that practitioners had some difficulty balancing their own needs with the needs of their clientele. Each reported different methods to negotiate this conflict. As this issue was more related to personal practice it was not included as a theme in the subsequent focus group forum. It would, however, be another fertile area for further investigation with an emphasis on what acupuncturists believe is exchanged within their therapeutic encounter and how they manage this.

SC: *Do you think anything's exchanged at all?*

Yes I do. I do. Again, sometimes I will feel as though it's predominantly coming from me and that person is kind of sucking it in. There will also be those who are really sucking at trying to suck it out of you. Then there are a lot of people, a lot of people who are, how do I put it? There is sometimes this wave of gratitude, almost sort of tearful, 'like God, you're helping me with stuff' – which bothers me because you've got a long way to fall then and I do worry about that. But I do think that there's a very clear exchange and I think that, the space between that person and myself and what goes on verbally and emotionally and actually physically is the point. I think that that's the whole point, certainly for me, of the practice.

SC: *So, do you get something out of it?*

Yeah a lot of the time.

SC: *Can you say more about it?*

What do I get? The shits sometimes (laughs). I really think that when someone is absolutely with me, with what I'm saying, with what I am trying to do – it really is a collaboration.

THE TREATMENT SPACE

The three participants also emphasised attention to the treatment environment and its role in imparting a sense of safety to patients being primary.

I think creating a nurturing environment is important. I'm not sure that is specific to reproductive work. It's about creating that environment irrespective of what – I'm not sure I would

do anything different in a physical context. I mean my room space is important to me as a nurturing environment. But because I'm working with fertility or pregnancy, obviously what I've done is probably a reflection of that energetic... [Elements of environment?] It's about intimacy, a small space to create intimacy. It's about having – yeah it is about colour. Colour's really important. For me it's about having warm colours. I like art, so quite often I have some art which is reflective imagery. Or I might have... those inspirational messages. I've got a couple of those that I have around, which is about empowering messages.

Another reflected:

No, that doesn't change. I don't get out incense. Maybe it would be helpful if I did but no, [the environment for fertility compared to other patients] doesn't change at all. I rely on myself rather than anything specific in the room.

ADJUSTING TREATMENT TIMING

Issues of timing, both timing of treatment in relation to the menstrual cycle and how the acupuncturist sets up the initial contract, were discussed.

The full life span of trying to nourish an egg within a follicle, you know, starting off from the very primordial follicle up until one that's ready to be ovulated, it's actually more like a nine month span. Now, so I have that concept in my head but I don't ever say that to patients. A patient who is trying to fall pregnant can just about cope with three months and nothing more. So even though in my head I'm thinking six to nine months, I don't say that at the first consultation.

Three months is as much as I get anyone to agree to.

SC: *Right, and do they hold you to that? Do they say, your three months is up, now I'm off to a naturopath, or something?*

Depends if we've seen improvements or not.

But, you know, the reality of clinic is that it's very seldom like this. Women go off and do a lot of different things without telling you anyway. They're not going to just do what you say, especially women trying to fall pregnant, they do everything all at once.

FOCUS GROUP AGENDA

The extracted results of key factors that emerged from these interviews, that were subsequently taken forward into the larger focus group of more diverse acupuncturists, were:

- **The definition of acupuncture**
What constitutes 'acupuncture'? What do you do when you do acupuncture?

- **Acupuncture treatment and menstrual cycle**
What do you each think is essential in an acupuncture treatment of a woman designed to promote conception?

Is the stage of her menstrual cycle the key indicator of which treatment principle, point selection and needling technique you use?

How precise is it necessary to be? For example, is a Day 8 treatment very different from a Day 10 treatment?
- **TCM/OM diagnosis**
How important is the differential diagnosis to acupuncture point choice?
- **Timing of acupuncture**
Does timing matter in relation to the menstrual cycle? Season? Time of day? What timing is important if women are intending to undertake Assisted Reproductive Technology (ART)? Or acupuncture between ART cycles?
- **Number of acupuncture treatments**
How many treatments are necessary to be adequate (for maximising fertility)? Would you expect to give acupuncture weekly? More than weekly? Monthly?
- **Needling technique**
In reporting on acupuncture research it is important to specify details such as needling depth, needle direction, insertion mode, retention time, manipulation, order of insertion, unilateral or bilateral. Are there particular techniques which you would deem essential in acupuncture for fertility management?
- **Relationship with patient**
How important is the therapeutic relationship in fertility acupuncture? Is this more important than when treating other disorders?
- **Lifestyle components**
How important is lifestyle change? Do you give specific diet and exercise recommendations to fertility patients? Does this advice vary with differential diagnosis or is it standard? What is it?
- **Collaboration with other therapies**
Do you work collaboratively with other modalities? E.g. herbalism, homeopathy, counselling, nutrition. Does this non-acupuncture health care make a major contribution to the treatment package?
- **Importance of biomedicine**
How important is a biomedical diagnosis to your choice of

acupuncture treatment? Do you require a full biomedical work-up (blood tests, ultrasounds, laparoscopy) prior to treatment?

- **Referral**
At what point do you advise a patient to stop treatment? Refer to ART or adoption services? What are the indicators that you use to seek other treatment options?
- **Treatment environment**
Have you created a special environment in which to treat women with fertility problems? What are the components of that place?
- **Personal agency**
How important is your personal style or how you are on the day/at the point of treatment?
- **Specific acupuncture points**
Are there particular acupuncture points that are essential to fertility treatment?

The outcome of the focus group process is reported elsewhere.²⁶ Two of the participants interviewed here were also members of the focus group.

Discussion

To summarise, participants' commentaries on their practices with women with fertility problems were relatively consistent. It emerged that acupuncture practice is complex and that working with women on reproductive issues required an extra level of expertise.

None of the participants viewed their work as practitioners as a casual task or technical fix. There was certainly a component of, in some way, walking a fine line between acupuncture as an esoteric practice and as a very practical way of working with people. Questions from the researcher that asked about either the concrete practice or esoteric aspect, that is to say firmly on either side of this line, generally elicited responses that refused to be located on just that side. Although this conceptual tension within acupuncture practice was not taken directly into the focus group it emerged there as well.

The evident discomfort displayed by all three when asked what they do when they do acupuncture speaks to this divide between 'objective' and 'subjective' knowledge and practice. The *practice* of acupuncture presents no difficulties because one simply 'does' it without struggling to find words to describe what is being done – acupuncture is enacted and firmly embodied. As a Western practitioner at least (this may also be the case in

modern Asia) to begin to discuss with an 'objective' questioner what is happening, what you are doing, immediately produces a discomfort — how do we conceptualise that mix of being present, engaging energetically, holding a sum of details about pulse, tongue, menstrual patterns, visual cues, etc — allowing oneself to be available to another and inserting needles in them. How do you describe the moment which is the 'onset of the current of intentionality, *yi*' — when the hand is free to enact the purpose/intention that has emerged from that mess of detail and, dare it be said, intuited or sensed direction. Jullien describes *yi* as something that can be 'blocked' or 'cleared' — it is 'the authenticity of the inner artless movement that comes to light' — it is emergent.²⁷

Not every acupuncture encounter is engaged in this way; however, the impression emerged from the interaction with the three experienced fertility acupuncturists interviewed that they worked to achieve such an engagement and this could be at a cost to themselves. One described leaving clinical work because she found it personally unsustainable, another that she needed an extended daily meditation practice to remain at work, and the third used laughter in clinic and exercise out of clinic to be able to engage in this way. *Yi* does not come without a cost and it requires discipline.

The in-depth interviews with the three experienced practitioners provided important insights into the practice of Chinese medicine in the contemporary West and was designed to specifically explore the current practices of a selected few fertility acupuncturists to identify their approaches to treating women as a preparation for conception. Issues that arose included the importance of the therapeutic relationship formed with a client, the position of Chinese medicine in relation to the mainstream health care system, the challenge of working with women in anguish about their poor or slow fertility, and the difficulties of self-care when working closely with clients. The literature refers to significant evidence that, in any health encounter, the therapeutic relationship is a major influence on health outcomes²⁸⁻⁹ although there are few references to the experiences of practitioners of acupuncture in building and sustaining such a relationship. There is some indications that TCM practitioners may form a more productive therapeutic alliance than psychologists.³⁰ The literature also refers to the quality of a 'listening physician' fostering more accurate diagnosis, having a healing and therapeutic effect and strengthening the ongoing therapeutic relationship.³¹ The particular 'listening stance' of the acupuncturist is not explored anywhere outside Chinese medicine literature. One study assessing acupuncture patients' experience of acupuncture concluded that 'patients' perception of practitioner empathy was associated with patient enablement at initial consultation and predicted changes in health outcome at 8 weeks'.³² The interviews with the three practitioners in this study also

underlined the importance of these factors while offering more specific acupuncture-related perspectives. One example is the location of Chinese medicine at the margins of fertility health care provision and rarely the first and primary provider which often means Chinese medicine becomes the 'last resort' when other modalities have failed. Another perspective of the practitioners interviewed is the centrality of Chinese medical theory and diagnostic frameworks as a guide to effective treatment. Despite being marginalised as a result of their theoretical frameworks, and however compelling the biomedical data, these practitioners were advocates for the value of Chinese medicine in this field. In fact, it became apparent that biomedical data and perspectives were folded into the Chinese medicine process — informing but not guiding.

The strength of Chinese medicine, and acupuncture in particular, as a transformative medicine requiring a direct and present engagement of practitioner and patient was evident in the interviews. The absence of set, clearly defined protocols to guide practice is frustrating for beginners or researchers but it reflects the fluidity and interactivity of 'good' practice where a 'conversation between the body and the practitioner through the needle'³³ is both immediate and changing. Acupuncture researchers³⁴⁻⁶ have attempted to identify what are specific effects of acupuncture and distinguish these from the non-specific effects such as the therapeutic relationship. The degree to which these effects — specific and non-specific — are measurable by standard quantitative research methods alone is questionable. Without interviews such as those conducted in this exercise, aspects of the practice itself that are meaningful to practitioners risk going unnoticed. Also unnoticed would be the areas of disagreement and failed consensus which could form the basis of fruitful investigation.

It is worth examining, then, what sort of acupuncture-related knowledge can be usefully researched. Both quantitative and qualitative research methods can identify who is using acupuncture; that is, prevalence, patterns and cost, as well as issues of clinical effectiveness. Quantitative methods as currently constructed can unravel physiological responses to acupuncture and examine issues of clinical efficacy. It is qualitative research alone that can explore issues of perception and meaning and the psychosocial determinants of health and illness and responses to acupuncture therapy. As Bishop and Lewith³⁷ explain, the broader reach of qualitative research is based in its ability to 'explore phenomena using a bottom-up approach, grounding emergent themes and theories in participants' everyday experiences'. Such an understanding of qualitative research can be a powerhouse generating questions, aspects of which can subsequently be put through the mill of quantitative inquiry. Qualitative methodologies, including observational studies, offer greater external, or ecological, reliability: that is, patient and practitioner beliefs are more similar to those encountered

in everyday practice; therapeutic relationship factors are more similar to those encountered in everyday practice; patients receive a whole treatment intervention (for example, not just attending and being treated for one condition).³⁷

Conclusion

We acupuncturists may assume that our practice is somehow transparent and self-explanatory. Daily in clinic we have our own ways of relating to our patients what it is we do and why. Using qualitative research methods could help us to understand and explain its nuance and richness more fully and to appreciate the differences between practitioners, and between acupuncture and other medical interventions.

Clinical Commentary

This paper encourages acupuncturists to reflect on their practice. It focuses on the experiences of several practitioners who specialise in working with women with fertility problems. It explores the challenges of working in the fertility field and the particular opportunities acupuncture offers in a clinical encounter. There are questions that we all may need to think about in relation to our work in TCM.

APPENDIX

Notional script for interviews of acupuncturists who specialise in fertility:

- What do you do when you do acupuncture?
- When you're working with women on fertility issues do you conceive of your task differently?
- Do you use a particular approach with sub-fertile or infertile women?
- Do you set up a particular environment in which to treat these people?
- So what are the elements of that? What is a nurturing environment? Is it about colour?
- And is there a particular style of acupuncture that you use more for fertility than you would for other things?
- How you talk to that person, is that just as important as the actual points you use?
- Do you work just with women or do you do couples?
Do you work with them together?
- Do you give a lot of information and advice?
- What about the biomedical knowledge, is it really important for your practice?
- Do you usually get women to do their Basal Body Temperatures (BBT)?
- What's sort of weighting do you give to acupuncture and herbs and lifestyle?
- Are there particular acupuncture protocols that you use?
- Are there particular acupuncture points that are critical to fertility?
- Is there any lifestyle advice you give for a woman with fertility problems?
- Are there particular food proscriptions or prescriptions that you use?
- What do you think is exchanged during an acupuncture treatment?
- Do you get something out of it?
- How much is the relationship with you central to the success of treatment?
- On a particular day do you think that the outcomes of any treatment depend on how you are?
- Are there things that you do to prepare yourself for a treatment?
- What practices, skills, stratagems, methods of operation do you employ?
- Do you choose your treatment according to the menstrual cycle and all those sorts of things?
- What else is minimum adequate treatment?
- Is there anything else that you think I should include as a basic, or a minimum, or an adequate protocol for fertility?
- What do you think would be the key elements of such a protocol?
- Do you have an idea of what is an adequate length of time to treat, in terms of the individual treatment and then in terms of a course of treatment?

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