

Traditional acupuncture for people with medically unexplained symptoms:

a longitudinal qualitative study of patients' experiences

Abstract

Background

People with medically unexplained physical symptoms (MUPS) are helped by interventions that combine physical and psychological explanations and treatment. Traditional acupuncture may offer such a perspective, but its use for these patients has not been investigated.

Aim

To ascertain how patients with MUPS perceive and experience five-element acupuncture treatment.

Design and setting

A longitudinal qualitative interview study, nested in a randomised controlled trial was carried out in four general practices in socioeconomically diverse areas of London.

Method

A purposive sample of 20 trial participants was interviewed twice, at the start and the end of 6 months of acupuncture treatment. Semi-structured interviews were transcribed, coded, and analysed thematically, summarising both across-case as themes and within-case individual vignettes.

Results

Acupuncture, initially accepted as 'just another referral' — one like many others that had been tried and proved unsuccessful — was valued for the amount of time allotted with a caring practitioner who listened and responded, as well as for the interactive and holistic nature of the sessions. These attributes encouraged many patients to take an active role in their treatment, including making cognitive or behavioural lifestyle changes. Interviewees cited a wide range of changes in their health that spanned physical, psychological, and social dimensions. These were largely positive and included an increase in physical and/or mental energy, as well as feelings of greater personal control, calmness, and relaxation. Three interviewees reported worsening health but did not ascribe this to acupuncture.

Conclusion

Many patients who were treated with five-element acupuncture perceived a range of positive effects and appeared to take on a more active role in consultations and self-care.

Keywords

acupuncture therapy; frequent attenders; patient participation; primary care; qualitative research; unexplained symptoms.

INTRODUCTION

The high incidence and cost of caring for people with medically unexplained physical symptoms (MUPS) is well documented,¹⁻⁵ as is the associated distress experienced by both patients⁶⁻⁹ and GPs.¹⁰⁻¹² Patients with MUPS are often 'frequent attenders' in primary care⁴ and analyses of audiotaped consultations illustrate how difficult it is for GPs to provide appropriate explanations and to engage with psychosocial cues.^{2,10,13}

Patients with MUPS often — but not always — have symptoms of anxiety and depression: so-called 'somatisation'.^{9,14,15} Research has shown that, although a number of patient-focused psychological and behavioural interventions are potentially effective for people with somatisation disorders, they are often unacceptable to these patients.¹⁶⁻¹⁹ Other interventions have focused on the doctor-patient communication in everyday consultations, and Morriss *et al* demonstrated that GP training in the use of their 'retribution model' is beneficial, but of limited acceptability to GPs.²⁰⁻²² Other effective treatment options for patients with MUPS include structured exercise²³ and intensive nurse-led or multidisciplinary treatment programmes,^{24,14} but such programmes are not widely available.

Reviews of this range of interventions have identified some common factors that appear to be associated with successful management.^{25,26} These include:

- taking patients' symptoms seriously;
- involving patients in finding acceptable and empowering explanations that integrate psychological and biological factors;
- considering non-pharmacological treatments that engage patients in an active role; and
- engaging patients in taking medication if it is appropriate.

A primary-care-based review identified the following practitioner skills as key:

- helping the patient to feel understood;
- broadening the agenda;
- making links (explanatory models that link physical and psychological problems); and
- negotiating treatment.²⁷

In the current context of pressurised general-practice consultations, it is evident that there remains a considerable gap in practical and effective treatment options, especially for patients who do not have associated mental-health problems or who have them but do not accept them as a basis for their symptoms.

Traditional acupuncture is an alternative approach that appears to fulfil many of these management requirements.²⁸⁻³⁰ It has

S Rugg, MSc, PhD, DipCOT, research fellow;
C Paterson, PhD, MRCP, senior research fellow;
N Britten, PhD, FRCGP (Hon), professor of applied health care, Institute of Health Service Research, University of Exeter, Exeter. **J Bridges**, PhD, MSN BNurs(Hons), RN, senior research fellow, School of Community and Health Sciences, City University, London. **P Griffiths**, PhD, RN, professor of health services research, School of Health Science, University of Southampton, Southampton, on behalf of the CACTUS study team.

Address for correspondence

Dr Charlotte Paterson, Institute of Health Service

Research, Peninsula Medical School, University of Exeter, Veysey Building, Salmon Pool Lane, Exeter EX2 4SG.

E-mail: charlotte.paterson@pms.ac.uk

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How this fits in

Treatment options for patients with medically unexplained physical symptoms are limited, but a participatory whole-person approach appears most beneficial. A trial of traditional five-element acupuncture has demonstrated improved wellbeing and health status. This analysis of patient interviews describes the wide range of physical, psychological, and social changes perceived by trial participants and the apparent shift from the role of passive recipient to active participant. Although not all patients benefited from the intervention, and positive changes took time to emerge, these findings suggest five-element acupuncture may be associated with benefits that include cognitive and behavioural lifestyle change.

also been shown to be effective in functional conditions that overlap with unexplained symptoms, including fibromyalgia,^{31,32} headache,^{33,34} and back pain.³⁵⁻³⁷ Consequently, a randomised trial was carried out with a nested qualitative study to investigate the effect of adding five-element acupuncture — a type of traditional acupuncture — to usual care for people who attend frequently with MUPS. The quantitative trial findings (published in this issue of the BJGP)³⁸ showed that a programme of 12 acupuncture sessions was acceptable and resulted in an improvement in wellbeing and individualised or health status, but no change in generic functional health or GP consultation rates.

This article reports the findings of the nested qualitative interview study. The aim was to provide greater depth of understanding about the perceived experiences and effects of treatment, and to discuss the findings in relation to the literature on the factors associated with the successful management of patients with MUPS.

METHOD

A purposive sample of 20 patients was drawn from the 80 participants in a randomised trial of the use of traditional (five-element) acupuncture for treating unexplained symptoms: the CACTUS trial.³⁸ The trial participants were adults, who were frequent attenders (eight or more consultations a year) with MUPS; they were informed about the trial by participating London GPs. Participants were offered up to 12 individualised sessions of

five-element acupuncture over a 6-month period, which was timed to meet their personal needs. These sessions were carried out by eight acupuncture practitioners.

The sample for the qualitative study was drawn to include male and females of diverse ages with varied socioeconomic, educational, and ethnic backgrounds. It included patients of each of the eight acupuncture practitioners. This purposive sample of 20 participants, each of whom was interviewed twice, was considered to provide sufficient data on a wide range of experiences while remaining practical in terms of study time and resources.

Data collection

The study utilised a constant comparative method whereby data collection and analysis were carried out side by side and emerging hypotheses were explored by expanding the content of later interviews.³⁹

Between March 2008 and August 2009, each participant was interviewed twice: once near the beginning and once at the end of their 6 months of acupuncture treatment. The semi-structured interviews of 45–60 minutes' duration were usually conducted in patients' own homes. An interview schedule of open questions and optional detailed probes was used to guide the interviews but, within that, participants were encouraged to talk about what was important to them.

In the first interview participants were asked about their illness and its treatment, how this had affected their lives, how they had experienced being offered acupuncture treatment in the trial, and their perceptions of their initial acupuncture session(s). The first interview was read and re-read (and often coded) before the second interview so that it informed the discussion in the second interview. The second interview focused on patients' ongoing experience of acupuncture treatment, and the course of both their illness and life during this 6-month period.

Interviews were audiotaped with patients' permission and transcribed verbatim. Identifying material was changed and all names were replaced with pseudonyms.

Data analysis

The transcripts were checked for accuracy and coded thematically, using themes arising within the data. To increase the trustworthiness of the coding, two researchers coded four transcripts separately, discussing any discrepancies. This process was repeated for a second

sample of transcripts to generate an agreed coding frame, which was then applied to all the study data, with further codes devised to reflect new data as necessary. NVivo version 8 computer software (QSR International, Doncaster, Australia) was used to support this process throughout.

As part of the coding process, analytical and reflexive memos were kept to record abstract ideas and issues prompted by the data. Once all interviews had been initially coded, further analysis considered patients' individual and collective perspectives, leading to within-case summaries of each patient's experiences over time and across-case summaries of each theme. Ongoing discussion of the coded and summarised data led to an analytical focus around the themes of participation and engagement, the perceived benefits of treatment, and the relationship between them.

RESULTS

There were no refusals to our request to interview. The 20 interviewees were aged 29–79 years with varied socioeconomic, educational, and ethnic backgrounds (Table 1), and had similar characteristics to the trial population. Most were female and unemployed through retirement or ill health, having previously held unskilled or skilled manual/non-manual employment.

In the quotations identifiers pseudonyms are used; the figures 1 or 2 indicate whether the quotation was taken from the first or second interview.

Long-standing symptoms, disability, and frustration

Much of the first interview was taken up with descriptions, often in narrative form, of patients' illnesses and the effect that these had on their lives. These experiences are similar to those reported in other studies of people with medically unexplained symptoms^{6,7} and will only be briefly summarised here.

Participants had a wide variety of symptoms and disability (most commonly chronic pain, fatigue, and emotional problems) that severely affected their ability to continue their work, do everyday tasks, and socialise. For many people, these problems were long standing and often, but not always, associated with social and economic difficulties.

Relationships with GPs were often described in ambivalent terms — they were 'wonderful' but participants also said they 'do nothing' or were too quick to prescribe and refer. The lack of a convincing diagnosis or explanation for their symptoms led to

frustration, worry, and/or low mood.

Although some people were actively seeking help from a variety of sources, the predominant attitude to health care appeared to be one of unquestioningly accepting referrals to hospital specialists and therapists in the hope that the problem could be diagnosed, 'fixed', or eased. Their GP's suggestion that they participated in the acupuncture trial was simply one more referral and accepted because there was 'nothing to lose', or, as Ernie said: 'I didn't think a lot of it! I was just hoping'.

Receiving treatment in the convenient and familiar setting of each participant's local surgery was popular and helped several people to overcome their fear of needles.

Accounts of acupuncture treatment

People volunteered descriptions of their acupuncture treatment in terms of the needling and the acupuncture practitioner. Views on how acupuncture explained their symptoms or how it 'worked' were generally only given in response to specific interview questions.

Worries about the needles. In the first interview, people shared their worries about needles, as well as describing the speed with which needling occurred. Although some people said the needling hurt, others compared the sensations to receiving minor electric shocks, wasp stings, or pinpricks. These sensations, and more dramatic reactions cited by four patients, resolved spontaneously:

Grant 2: *'It didn't hurt as much as I thought it was going to!'*

Interviewer (I): *'Did it not?'*

Grant 2: *'No.'*

I: *'Did you think it was going to hurt then?'*

Grant 2: *'Yeah, I did, I don't like needles!'*

Valuing the time allotted with a caring practitioner who listened and responded. In the first interview, and even more so in the second, all interviewees spoke warmly of their practitioners, seeing them as 'friendly', 'caring', 'trustworthy', 'sensitive', 'open minded', and 'knowledgeable'. They also greatly appreciated the length of treatment time that they were allotted.

Most, but not all, reported that the acupuncture had been enjoyable. Almost half of those interviewed saw acupuncture as focused on the whole person, with practitioners open to exploring physical, emotional, and spiritual issues. They

Table 1. Participants' demographic characteristics

Characteristic	Interview study participants, n = 20	Total trial population, n = 80
Age, years		
Mean (range)	56 (29–79)	51 (25–81)
Sex		
Female, n (%)	16 (80)	64 (80)
Ethnicity		
White, n (%)	16 (80)	57 (71)
Education		
No formal qualifications, n (%)	10 (50)	20 (25)
School-age qualifications, n (%)	3 (15)	40 (50)
Degree or higher qualifications, n (%)	7 (35)	20 (25)
Social class		
0 (never worked), n (%)	0 (0)	3 (4)
1, n (%)	0 (0)	3 (4)
2, n (%)	4 (20)	25 (31)
3M, n (%)	3 (15)	8 (10)
3N, n (%)	8 (40)	22 (28)
4, n (%)	4 (20)	18 (22)
5, n (%)	1 (5)	1 (1)

contrasted this with their previous healthcare encounters:

Peter 2: *'I like the fact that, when I came to see the acupuncturist, I was seen for an hour and it didn't feel rushed, and it felt like he was actually concerned, which I haven't received at all with any other type of treatment that I've had with anything. I feel that's a really positive thing; it felt like it was part, part of the healing process.'*

I: *'Mm, mm. What kind of things were you talking about with him?'*

Jane 2: *'Just sort of wellbeing, how I was feeling and, you know, he would ask me questions. No, so, it was good to have someone to listen to you and, rather than the doctor, you see the doctor, and they're saying, "oh", you know, "well, we've done all these tests, there's nothing wrong with you, we can't do anything else", you know "that's it." Whereas, you know, Spike [acupuncturist] would listen to what, you know, my symptoms were and then try to treat them, which was very good.'*

Taking a more active role. As time went on, with weekly and then fortnightly acupuncture sessions taking place, there were indications of patients increasing their active participation and engagement in the treatment process. For some, this appeared to be restricted to taking an active role within the acupuncture sessions, but many people also demonstrated increased engagement in the change process outside of their treatment sessions. Many patients felt they

would improve further with more treatment and regretted that, as patients who would have to pay for the intervention, they did not have the resources to access this.

Within the sessions, patients said they participated by giving active feedback about the extent to which needling was 'hitting the spot', and also by answering the detailed questions posed by the acupuncturist. Several described how they were 'determined to feel better' and were 'going to work with it'. Sometimes they also described themselves as initiating discussion or actively seeking understanding. Patients saw their treatment as individually tailored and indicated that they felt involved because their practitioners listened to them and responded. They perceived this response to include needling certain points and/or offering advice on, and discussing, self-care activities:

'All sessions are very good with her, because, not just because of what she's doing, but because of the way she will ask you questions. The way and, as I said, she said "what, what's kind of trickling away from you?" That sort of thing makes you think about your life, and how that's mirroring what's happening with your health. So you're not coming to someone for them to do something; you're, kind of, actively involved, I feel.' (Janice 2)

Most patients also described how they actively engaged in cognitive or behavioural changes in their lives outside their acupuncture treatment sessions. In

addition to thinking positively, some perceived that a new self-awareness of stress patterns and ways of thinking had led to their re-evaluating their life choices and dealing with stress more effectively. At the behavioural level, patients reported on following, negotiating, or expanding on practitioners' advice about diet, exercise, relaxation, and/or social activities:

'Timing as well, like when I oversleep and I miss breakfast and ... do you know what I mean? So, I just need to ... the management of my day, like, of my life, that's what I'm trying to learn, I think, at the moment. Trying to see how I can make it better.' (Julie 2)

'She took me off, told me to come off of coffee and Diet Coke [diet cola], because she went through, I drink a lot of coffee and Diet Coke. As soon as she said it, that first Friday, I haven't touched it since. I was drinking too much of it, anyway. I had drank around about four, five, in a morning. A few dinner time and then, at night, I had a couple of coffees. In between I was drinking bottles of Diet Coke. I feel better not drinking it, actually.' (Grant 1)

'[I also manage the pain by] ... pacing myself, not trying to push myself ... I'm sort of trying not to get too stressed out about things. That's how I have to do it.' (Gill 2)

There were two patients who described continuing to attend and accept the acupuncture who did not indicate any of these aspects of active participation in their treatment. They appeared to participate passively in these sessions, answering the detailed questions posed, but neither initiating discussion nor seeking understanding. During the interviews of these patients, one demonstrated considerable hearing loss and the other appeared to have a poor memory and disjointed thought processes.

Understanding acupuncture. In the first interview, participants indicated having little knowledge of acupuncture prior to starting treatment, but sometimes cited views that they ascribed to others, which linked acupuncture to 'crystal therapies', 'voodoo', 'witchcraft', and 'witch-doctoring'. Although interviewees remained hesitant about expressing their conceptions about acupuncture, they appeared, over time, to develop some understanding of its nature. This was shown through reference to its ancient knowledge base, its holistic nature — 'whole person', 'mind, body, and spirit', or

'physical and emotional' — and it being natural and aligned to seasonal cycles.

Acupuncture was commonly perceived as influencing participants' personal energy levels. This was linked to:

- generating, enhancing, and/or stabilising positive energy or releasing 'bad', 'negative', or 'trapped' energy from within;
- 'unblocking', 'unclogging', or 'clearing' blockages;
- releasing 'pressure', 'emotions', or 'rubbish'; or
- establishing or restoring 'balance'.

It was cited as moving energy from 'here to there', as 'yin and yang', as 'evening it out', or putting it on an 'even keel'. Other patients saw acupuncture healing bodily 'sickness' or 'weakness'; offering 'cleansing' or 'detox', or reducing muscle 'tension'; enabling them to 'switch off' or stop 'fighting to maintain something'.

Degree of change attributed to acupuncture. Almost all patients cited physical, psychological, and/or social changes that took place during or after their acupuncture. Some linked these directly to acupuncture, but others were unsure whether there was an association.

Most of the cited changes were positive, although a few patients said that treatment had not tackled expected problems and/or didn't help at all:

'When I very first started having it [acupuncture], I'd be thinking that "Oh ..., it's acupuncture tomorrow, I've got to go!". And then it was like well, you know, you have to see, after a couple of sessions. I was going every week, wasn't I, then? And, I was, like, quite disappointed, because I was thinking, "Well, that hasn't worked either!"' (Mandy 2)

One patient said that the 'mental clarity' gained had made them more aware of their everyday functional limitations and another queried the extent to which their early physical improvement had led to a false sense of security, perhaps contributing to his later re-injury.

Three patients saw their health worsen during treatment but did not link this to acupuncture.

Physical improvement following acupuncture. Patients cited a range of physical changes post acupuncture. Most common were reductions in the amount and/or frequency of their pain and

descriptions of 'reduced medication' or the fact that they were no longer 'living on painkillers'.

Some, however, found their pain unchanged but said they were better equipped to cope with it:

'I've still got pain in that leg. But, as I say, with the energy I can handle it better.' (Avril 2)

Individual patients also linked perceived improvements in their digestive, gynaecological, and/or neurological symptoms to acupuncture, as well as reporting immunological benefits:

'If it's psychological, I don't know, but I think he has helped the bladder, the headaches, the dizziness, the pains in my chest. I mean, I'm never going to get rid of it, but it's not as bad.' (Sally 2)

'Last time I saw you, I had this awful constant dizziness and, like, tingling. Gradually that all subsided around November time, and then I'd say about December nearly everything had gone away, completely! So I was able to return to work.' (Jane 2)

Half of the patients who were interviewed reported having more physical energy than before, which allowed them to engage in additional, more-frequent, and/or more-strenuous activities; these included spring cleaning, jogging, swimming, and gardening. Improved sleep was also commonly reported, as well as experiencing less insomnia, sleeping more deeply, dreaming, or 'waking refreshed'.

Avril 2: *'... the energy is the main thing that I have noticed. You know, yeah, it's marvellous! Where I was going out and cutting my grass, now I'm going out and cutting the neighbour's after, because he's elderly.'*

I: *'You wouldn't have been doing that before!'*

Avril 2: *'No! I wouldn't have been doing my own, let alone anybody else's!'*

Psychological and social changes following acupuncture. About half of those who were interviewed said they felt better after their acupuncture sessions. They described feeling 'good', 'great', 'more positive', more 'normal', 'less ratty', or 'happier':

Sally 2: *'I just think it's made me feel a different person! Seriously!'*

I: *'Yeah. Different in what sort of way?'*

Sally 2: *'Oh, how can I put it? I don't know! I, it's changed me from feeling down, all the time, not so ratty, not so stressed. I won't say I don't get stressed at all. Um ... and I just, I look forward to it.'*

'I would recommend it to people, depending on what, what they're going for of course but, if it's anything like what I had, to feel weak and down, and everything was too much problem, it's done me a world of good, to be honest ... it has, in myself, and that's the main thing, isn't it?' (Mary 2)

About half of the patients also cited improved mental energy and/or clarity, which they described as being 'more alert', 'not so tired, I can concentrate a bit better', and knowing 'how to solve a problem'.

Although some patients remained in a passive role, many reported a greater sense of personal control or power over their health and/or lives — such as feeling 'really empowered and really strong' — as well as increased ability to take action and increased self-confidence. In addition, many interviewees said acupuncture had made them feel calmer or more mentally relaxed, and/or that it reduced the extent to which they felt depressed or down:

I: *'So, how's it been going, going with the acupuncture?'*

Ruth 2: *'Very well. I mean, I can't say that I come out like some people apparently, some people say, "Oh — such a difference!". I just feel calm. Apart from that one time, I feel calm and um, it's, you know and, sort of, I don't feel so dozy or sleepy that I want to just lie down and sleep, apart from that one time, either. But I feel calm, and get on with things, and it's reassuring.'*

These mental changes were often linked to increased social activities:

'It kind of boosts you, somehow or another. But I don't know how to explain it. When you've had it done, you come out, you can't pinpoint what it is, but you feel good, in yourself, you know? Things are not, kind of, "oh, blimey", you know, "misery"? You feel like you want to chat to people! You know, meet them, and say, "hello", go in and have a cup of tea with Myra or go to the shops and spend your money!' (Carol 2)

Relationship between participation and perceived benefits

There did not appear to be a clear

relationship between the degree of patients' participation and positive perceived treatment effects, but the two people who gave no indication of active participation were also the two with the least perceived effect — this could, however, be a result of communication or cognitive limitations.

All the patients who demonstrated cognitive engagement outside the consultation perceived some good effects, but so did some people without this external engagement. The study found no indication that sex, age, social class, or education influenced participants' ability to engage with the treatment process or to identify positive changes.

Those patients in this study with low financial resources often said that financial worries limited their future health choices. Although some patients simply accepted the cessation of the study treatment, others were prepared to make considerable personal sacrifices to continue to receive acupuncture privately.

DISCUSSION

Summary and comparison with existing literature

Perceived experiences and effects of treatment.

Classical five-element acupuncture — which, initially, was largely accepted as a referral like many others that had already been experienced by patients and had proven unsuccessful — came to be valued for the amount of time allotted with a caring practitioner who listened and responded through the giving of acupuncture and advice, and for the interactive and holistic nature of the sessions. These attributes appear to have encouraged patients to participate actively in their treatment. For some, such participation was restricted to their time in the acupuncture sessions, but others reported that their interaction with the practitioner led them to make cognitive or behavioural changes in their broader lives.

Interviewees cited a wide range of largely positive, if sometimes unexpected, changes in their health during the 6 months of treatment. An increase in physical and/or mental energy as well as an ability to take on new tasks appeared particularly prominent. Other physical changes included:

- less pain (and other symptoms) and/or a greater ability than before receiving the sessions to be able to cope with it;
- reduction in medication; and
- better sleep.

Psychologically, many noted a more positive outlook on life and experienced feelings of greater personal control, calmness, and relaxation. These changes sometimes led to improved relationships and increased social activities. Three interviewees reported that their health had worsened but did not ascribe this to acupuncture.

The wide range of perceived outcomes from traditional acupuncture in this study are similar to those found in previous qualitative studies.⁴⁰⁻⁴² However, the current findings are of particular interest because, unlike in these other studies, this study's participants did not pay for the intervention and came from a wide range of socioeconomic and educational backgrounds.

This study found no indication that perceived benefits were influenced by a patient's sex, age, social class, or education level; this suggests that the current lack of public funding for acupuncture is another example of the inverse care law,⁴³ whereby individuals with low economic status potentially have fewer life and healthcare choices and worse health than those of a higher socioeconomic status.

The perceived benefits reported here are not only supported by the quantitative findings of the trial,³⁸ but also provide important explanations for the trial results. The trial demonstrated an improvement in wellbeing, as measured by the W-BQ12 questionnaire,⁴⁴ which has dimensions for energy, negative wellbeing (anxiety and depression), and positive wellbeing; all of which feature as important perceived changes in this study.

The improvement in individualised health status, as measured by the Measure Yourself Medical Outcome Profile,^{47,48} was significant but smaller in degree. This may reflect the somewhat variable effect on presenting symptoms that, in the interview accounts, were often perceived as easier to cope with or a reason for reducing medication, rather than substantially reduced in themselves.

The EuroQol-5D⁴⁵ showed no effect on generic health status, which may be explained by its emphasis on function and lack of an energy dimension. The SF-36⁴⁶ has an energy component and may be a better choice in future research, perhaps with the addition of a specific measure of anxiety and depression. The qualitative findings also suggest that, given the chronic and complex nature of the health problem and the degree of change required to move from a passive to an active role, patients

may benefit from the addition of a longer period of less-frequent 'maintenance' acupuncture treatment.

Factors associated with the successful management of patients with MUPS. In keeping with the reviews described earlier,²⁵⁻²⁷ this study's participants valued the whole-person approach of the five-element acupuncture practitioners, who questioned, listened, and responded to all aspects of their health, be they physical, emotional, or social.

This broadening of the agenda in the context of lengthy consultations led to all of interviewees reporting that they felt understood and cared for. Although it appeared that many participants developed some tacit understanding that treatment was underpinned by an explanatory model that linked all these aspects, there is little evidence that the practitioners shared the details of the model with patients. Rather it appears that they used it to build on lay concepts and metaphors, such as 'energy', 'blockage', and 'balance'. In this way practitioners may have provided explanations that were perceived by patients as more acceptable and involving: qualities that Salmon *et al* found to be satisfying and empowering for patients.⁹ However, to determine quite how the model was used within the consultations in order to negotiate and motivate the cognitive and behavioural changes described will require further research in the form of observational studies and detailed analysis of the interactions.

A second successful management factor identified in the reviews²⁵⁻²⁷ — engaging patients in an active role — was a central theme to emerge from the analysis. The use of two interviews, near the start and the end of 6 months of treatment, enabled the analysis of how participation in treatment and the change process developed over time. This was especially striking in the majority of accounts, in which interviewees presented themselves as relatively passive recipients of healthcare services. Although, for a few, this remained the case, most were engaged by their practitioners in participating within the consultations — by giving feedback about treatment effects and disclosing their thoughts and feelings — and also, for some, by taking a more active role in making changes in their lives as a whole. The enhanced sense of personal control or power reported, as well as increased self-confidence and/or ability to cope suggest that some participants experienced the process as empowering.

The link between promoting the active involvement of patients in the self-management of their illness and the notion of empowerment is complex. In the context of biomedicine, there is some evidence that the discourse of patient as active agent has been used in clinical consultations to 'allow clinicians to withdraw from responsibility for areas of patient need that are problematic for medicine, such as unexplained symptoms, chronic disease, and pain' and that 'recruiting patients as co-managers of their illness is disempowering'.⁴⁹ However, the current findings suggest that this rationale may not apply to practitioners who base their treatment on alternative explanatory frameworks and for whom symptoms that are unexplained by conventional medicine are not necessarily problematic.

In the context of traditional acupuncture, practitioners were perceived as engaging people in active participation in the process of change in ways that were integrally bound with continuing to build a therapeutic relationship and continuing patient-centred treatment with acupuncture. In this situation of ongoing support and treatment, increased agency may be more likely to be experienced as positive and empowering.

Strengths and limitations

The study sample was drawn from participants in a pragmatic trial and, although representative of that trial population, is likely to differ in some respects from the whole population of people attending frequently with MUPS. In addition, this study only had the resources to carry out interviews in English and further research among diverse ethnic populations is required. However, by purposive sampling from a wide trial population this study achieved considerable diversity in age, sex, ethnicity, education level, and social class.

Using two interviews over a 6-month period is an important strength of the study, especially in investigating change over time. As arrangements for the first interview were usually made before the first acupuncture session and there were no refusals, self-selection on the basis of the acupuncture experience can be ruled out.

Implications for research and practice

This longitudinal qualitative study indicates that five-element acupuncture has the potential to benefit some people with MUPS, through a supportive and participative process that interweaves acupuncture needling, holistic explanations,

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Competing interests

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and individualised advice about cognitive and behavioural change.

Perceived benefits include physical, emotional, and social changes that do not always focus on the presenting complaint. Although many of these process factors have been part of other interventions for this

group, and some can be usefully integrated into routine biomedical consultations, five-element acupuncture appears to be a feasible additional treatment option for primary care. Future research should include direct observation of consultations.

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