Communication & Medicine

Volume 14(3) (2017), 256–267

Sheffield
http://equinoxpub.com
https://doi.org/10.1558/cam.32577

The third speaker: The body as interlocutor in conventional, complementary, and integrative medicine encounters

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Abstract

This paper examines talk about the body in interactions between patients and their complementary/alternative providers (CAM), integrative physicians (IM), or conventional physicians. In an analysis of 603 consultations, we focus on instances where the body is spoken of in agentive terms. We thus examine particular micro-interactive moments where the body is constituted as an agent that speaks, responds, and otherwise acts in ways that direct the flow of conversation or the medical decision-making process. With this data, we demonstrate how body-as-agent metaphors in the clinical encounter underscore the communicative agency of providers and position the body as an interlocutor or 'third speaker' in conversation with the patient and provider. We further note that we found only limited differences in the ways body-as-agent metaphors were used by CAM/IM and conventional providers. Rather than arguing that such differences demonstrate a fundamental divide between CAM/IM and conventional approaches, we therefore suggest that these kinds of supportive body-as-agent talk exist as opportunities for all providers to support patients in taking a more active stance in managing their relationship with their body.

Keywords: agency; biomedicine; body; clinical encounters; complementary/alternative medicine; micro-interaction

1. Introduction

This paper examines talk about the body in interactions between providers, including complementary/alternative (CAM) and integrative providers (IM) as well as conventional physicians, and their patients. Our overarching aim is to show how specific talk in clinical conversations invites providers to enact their professional roles and is used by them to support patients in establishing new relationships with their bodies. Here, we accomplish this by looking at particular micro-interactive moments where the body is constituted as an agent that speaks, responds, and otherwise acts in ways that direct the flow of conversation or the medical decision-making process. We define agency as a 'socioculturally mediated capacity to act' (Ahearn 2001: 112), and employ the term 'agentive' to highlight a *communicative* view of agency in which the capacity to act is realized by the nature of its placement within a conversational frame (Goodwin 2000; Duranti 2004). Our study focuses on moments where the body's words, intentions, and actions are invoked, by providers, as a 'third speaker' or an 'interpretive agent' (Agha 2007: 230) who actively contributes to the conversation between the provider and patient, and 'whose actions have consequences for themselves or others' (Duranti 2004: 454).

In the next section, we offer a review of scholarly literature concerning the relationship of the self to the body in illness, and of the study of metaphors in medicine and the different ways biomedicine and CAM/IM literature conceptualize the body. We then present our methods and results, which demonstrate that all types of healthcare providers in this study draw upon body-as-agent talk in communicating with patients. These instances are presented with detailed examples illustrating how body-as-agent talk explains medical problems, facilitates real-time interaction during clinical visits, explains treatment, and guides patients in their future interactions with their bodies. We conclude with a discussion of how body-as-agent talk in the clinical encounter frames the body as a specific type of agent. The discussion focuses on (1) the communicative agency of providers in using body-as-agent talk as a kind of 'performative utterance' (Austin 1961), and (2) how metaphors position the body as an interlocutor in conversation with the patient and provider. We further highlight similarities and differences between the ways that CAM/IM and conventional providers utilize body-as-agent talk. We suggest, however, that because body-as-agent talk exists as an interactive strategy that *all* providers in this study use, this communicative strategy may offer an important strategy for supporting patients in taking a more active stance in managing their bodies in illness.

2. Relevant literature

The investigation of body-as-agent talk in the clinic speaks to an ongoing conversation in the social sciences about the ways in which the body is experienced during illness. As many scholars have noted, a common illness experience for westerners involves the discovery of a self/body split in which it feels as if the body, which in health often goes unnoticed, has become a separate agent inflicting pain or otherwise refusing to cooperate (Scarry 1985; Kleinman 1988; Leder 1990; van Manen 1998). Instead of passing over the body in silence, disordered bodies become 'objectlike' and are experienced as impediments or obstacles (van Manen 1998). This new 'object-hood' of the body is often simultaneously experienced as an assertion of the body's agency, an experience Scarry (1985: 147) describes as a sense of 'my body hurts me'. This has been described as a sense of betrayal (Kleinman 1988: 45) that lends itself to expression in metaphor (Scarry 1985; Becker 1994; Periyakoil 2008). In both illness and normal changes related to aging or maturation, then, the body sometimes asserts itself as an agent with whom we must interact in new ways.

In this context, several clinicians assert that the job of the physician, beyond 'fixing the problem,' is to help restore the patient's sense of self-efficacy by encouraging the development of a more active relationship to his or her body (Kleinman 1988; van Manen 1998; Ellis-Hill *et al.* 2000; Chen 2015). This active relationship has been envisioned as a 'conversation' in which a patient can listen as well as 'attune' to their body in order to regain health (Chen 2015). The precise things a provider can do to help support this relationship include inviting patient narratives (e.g. Charon 2005), establishing shared decision-making practices (e.g. Barry and Edgman-Levitan 2012), or incorporating personality inventories into therapeutic practices to encourage self-awareness (Cloninger and Cloninger 2011). Here, we focus on how providers' use of body-as-agent metaphors contributes to this overarching goal, specifically by helping the patient to imagine their body as an interlocutor who is in ongoing conversation with them.

The notion that the use of a particular metaphor can play a role in healing draws on a substantial body of work in cognitive linguistics, medicine, and psychology (e.g. Lakoff and Johnson 1980; Kirmayer 1992; Arroliga *et al.* 2002; Kovecses 2005; Periyakoil 2008). This literature highlights the ways metaphors not only formulate the basis for patient expression, but are key tools in helping patients to shift their perspective on their condition and make better decisions with regard to their health. Metaphors thus are conceived of as *having purpose* in healing. Though many specific metaphors have been examined in this literature, only Fingerson (2005) has documented what we are calling 'body-as-agent' metaphors. Fingerson found that adolescent girls who begin menstruating speak of their bodies as having agency. No studies that we are aware of have focused on how clinicians leverage body-as-agent talk in clinic settings, as we do here.

Finally, the current paper builds upon and contributes to literature examining the underlying assumptions in biomedicine and CAM/IM with regard to the body. For example, much research on biomedicine emphasizes the ways in which the body becomes an object under the medical gaze (Good and Delvecchio-Good 1993; Sinclair 1997; Heath 2006). In contrast, CAM/IM research highlights the ways in which providers interact with their patients in order to support greater autonomy and initiative, including of the body (Oths 1994; Katz 2000; Barcan 2011). In the current paper, we question this dichotomy between biomedicine and CAM/IM, where biomedical physicians treat bodies as objects and CAM/IM providers treat bodies as agents. While perhaps generally true at the level of educational procedures or standard institutional practices, we suggest that engaging with patients at the level of the agentive body is a practice that does not require an alternative medical paradigm in order to be effective.

3. Methods

This study analyzes existing data collected for a multi-site study examining provider–patient communication about dietary supplements. The original study design has been described in full elsewhere (Tarn *et al.* 2015). Data were collected in Southern California between November 2011 and May 2013 from 603 patients and 61 providers (32 primary care physicians, 14 integrative medicine physicians, and 15 complementary and alternative medicine providers: five naturopathic doctors, five acupuncturists, and five chiropractors). Eligible patients were 18 years of age or older, and English- or Spanish-speaking. The UCLA and Kaiser Permanente Institutional Review Boards approved the study protocol. All subjects provided written informed consent prior to participating in the study. Upon enrollment, one office visit between each participating patient and their provider was audio-recorded. The recorded office visits were anonymized and professionally transcribed, and all transcripts were verified for accuracy by study staff. The current study is a secondary analysis of this transcript corpus.

For this study, we used Atlas.ti v7 (Scientific Software Development, Berlin) to identify every instance of the word 'body' that occurred in the corpus of 603 office visit transcripts. One investigator (SEP), an anthropologist and acupuncturist, inductively coded all instances of this word, to identify patterns in how patients and providers used the term. Instances where patients or providers talked about the body as speaking, responding, or otherwise acting were coded as 'body-as-agent'. Another anthropologist (JRG) reviewed these instances, after which the two reconciled coding differences through discussion. The coded passages and drafted analysis were shared with the studies other authors, a family medicine physician and doctor–patient communication researcher (DMT), and a CAM/IM practitioner and researcher (KKH), to consider the identified patterns in light of clinical concerns in their respective medical paradigms.

4. Results

Out of 603 consultations, we identified 160 instances of body-as-agent talk across 111 consultations (18%), involving 49 out of the 61 providers (80%) (Table 1). Similar percentages of conventional and IM/CAM providers employed body-as-agent talk, though IM/CAM providers used body-as-agent talk in a higher percentage of clinic visits (Table 2).

Table 1. *Frequency of body-as-agent talk*

	Providers (n = 61)	**Consultations (n = 603)**
Conventional medicine	24/32 (75%)	33/314 (11%)
Integrative medicine (IM)	14/14 (100%)	37/139 (27%)
Complementary and alternative medicine (CAM)	11/15 (73%)	41/150 (27%)
Totals	49/61 (80%)	111/603 (18%)

Table 2. *Frequency of body-as-agent talk in analyzed transcripts (corpus contained 61 providers and 603 consultations)*

	n total	Conventional medicine	IM	CAM
Providers	49	24 (49%)	14 (28.6%)	11 (22.4%)
Consultations	111	33 (29.7%)	37 (33.3%)	41 (37%)

The sections that follow clarify how body-as-agent talk was used by providers in a range of ways, including to enact the role of translator or expert and to support patients in establishing an ongoing relationship with their bodies. Specifically, we discuss how body-as-agent talk was used to explain medical problems, to facilitate real-time interaction with the body, to explain treatment, and to guide patients' future interactions with their bodies (Table 3).

Table 3. *Functions of body-as-agent talk*

	IM/CAM	Conventional medicine
Explaining medical problems	'*It's a shame because your body is really wanting to go to sleep right then… And then you kind of undo it.*' (IM 27)	'*Your body has learned how to protect your knee.*' (MD 26) '*The diarrhea is happening because your body's trying to get rid of the virus.*' (MD 11)
Facilitating real-time interaction with body during physical exam	'*I go to push in and you – your body instantly kinda locks me out of there.*' (CAM 60 [Naturopath])	–
Explaining treatment effects	'*All of these elements and treatments sort of work at sort of getting the body to relax.*' (IM 54)	'*You may be coughing up a bit… but it is a good thing because your body is cleaning house.*' (MD 35)
Guidance on how to interact with body	'*You know you really have to listen to your body… find out how your body – what your body says to you.*' (CAM 53 [Chiropractor])	'*Those are actually your body's warning signs that are telling you, "Go sit down".*' (MD 71)

4.1. Explaining medical problems

Patients arrive at the doctor's office seeking answers regarding what is 'wrong' with their health (van Manen 1998). In the course of interacting with their provider, they may offer their own sets of theories about what has happened. It is at this point where the provider steps in to offer explanations from an expert point of view. In the current data, all types of providers offered explanations for problems patients had identified. Oftentimes, such talk served as a corrective for patients' misperceptions of their own bodily processes. Some of these explanations included talk that positioned the body as an actor or agent.

Here, explanations where the body appeared as agent were often translations of the body's talk, desires, preferences, or thoughts, described in opposition to the patient's desires, preferences, or thoughts. Example 1, from a visit with a young, working mother who presented with panic attacks, illustrates this strategy in the talk of a conventional physician. After the patient had described life circumstances that were causing her a great deal of stress, the physician offered a translation of what he thought the patient's body was saying to her by way of the panic attacks.[1]

Example 1 (630/97)

Patient: And I was like, that's within – I thought it was in my head… – what is wrong with me?
Provider: No. This is a physical reaction. I think your body's telling you you gotta slow down a little bit.
Patient: I think so.

In contrast to the patient's proffered explanation that the problem was '*in my head*', a common turn of phrase that is often dismissive of pain as psychosomatic, the physician countered that the patient's panic attacks were a '*physical reaction*'. This reaction, moreover, was framed as the body's way of telling the patient that she was over-extending herself. With this wording, the physician implicated the agency of the body in resisting the pace of the patient's life as she tried to balance parenting, housekeeping, and a demanding work schedule. By reacting with panic attacks, the patient's body was communicating a message, telling the patient to '*slow down*'. The physician here stepped into the role of translating the body's message, affirming, at the same time, the patient's experience as real. In response, the patient appeared to assent to this alternative interpretation of her panic attacks, responding, '*I think so*'.

In other cases, providers attributed bodily responses to something the patient was doing unintentionally. In Example 2, a conventional physician interpreted his patient's irritated skin as the body's communicative response to something unknown.

Example 2 (787/11)

Provider: Have you been putting any creams on it?
Patient: I don't think I did. Just washing–
Provider: Let me get you a little cream to put on it. I think it's just a little bit of dermatitis, something your body didn't like.

The physician here explained a straightforward diagnostic term, '*dermatitis*', in more intuitively understandable terms as '*something your body didn't like*'. The body's agentive response was thus explained in relation to something the patient had done, but not necessarily consciously or knowingly. As in the first example, the physician positioned himself as someone able to 'read' the body's attempts to communicate.

In other instances, patients' actions were framed as having nothing to do with why their bodies were reacting. In Example 3, an IM physician postulated that the patient's thyroid issues had caused previous weight loss efforts to be unsuccessful.

Example 3 (855/49)

Provider: Right, if your thyroid is not correct, I don't care how much you exercise, how well you eat. Ya know what, your body's gonna say ah – laugh at you.

In this segment, the physician offered a potential explanation for the patient's unsuccessful weight-loss efforts. Using a hypothetical framing, the clinician argued that a body will refuse to cooperate with weight-loss efforts – metaphorically laughing at the patient – due to a medical problem that needs to be addressed. The uncooperativeness of the body, in this instance, signaled a thyroid imbalance. As before, the provider played a role in helping the patient to interpret the body as communicative.

In both CAM/IM and conventional settings, illness was also often framed as the body's efforts to protect itself. In Example 4, a chiropractor explained a patient's bodily response as a reaction to stress.

Example 4 (906/33)

Provider: And here is what I believe has happened. Every time that you have had to face stress in your life that was beyond your ability to adapt, you created a subluxation… I believe your body's intention was, 'Okay this is the best that I can do, but what I'm going to do is I'm going to come back later and then I'm going to be able to finish up the healing and take care of it, okay?'
Patient: Okay, okay.

Here, the chiropractor translated the intentions of the patient's body, quoting the body's imagined self-talk about how to handle stress, '*Ok, this is the best that I can do*'. In this example, the body is described as not only articulating thoughts but also rationalizing and planning for future healing. Several other CAM providers adopted this strategy of vocalizing the body's thoughts about handling ongoing stressors.

In these examples, the providers coded the body as an agent that was responding to the intentional or unintentional actions of the patient, or as an agentive force that was preventing or protecting untoward effects of patients' actions. Regardless of how patients' intentions were framed with regard to the intentionality of the body, these examples all demonstrated the ways in which physicians' body-as-agent talk underscored the separateness of self and body and yet brought the body into the room as a 'third speaker' – an interlocutor who

could respond to patients' actions and make specific requests as next-moves in the interactional sequence. The use of this metaphor here positioned the physician as an expert interpreter of the body's thoughts or words. Body-as-agent talk thus allows the physician to enact their professional role by translating the body's thoughts, speech, and intentions for the patient.

4.2. Real-time interaction

In the current dataset, there were many instances of patients' bodies being objectified in the talk of *both* conventional and CAM/IM providers. During physical examinations, many, if not most, providers explained what they were doing, and took great pains to make sure that patients were comfortable during the process. However, there were also several examples where the body's agency was highlighted in 'real-time' interactions that emphasized the body's feelings and speech in response to procedures during the physical examination.

Unlike the cases above, body-as-agent talk during physical examinations occurred almost exclusively in CAM contexts, and often occurred during chiropractors' and naturopaths' use of diagnostic muscle testing.[2] In these examples, the provider enacted a conversation with the body in real-time and translated the body's participation, as in Example 5, where a naturopath confirmed the patient's experience of soreness by explaining that her body was 'locking her out'.

Example 5 (127/60)

Patient: That's pretty tender, a little bit – or maybe not
Provider: Yeah, I can tell. Okay.
Patient: You can?
Provider: Yeah. You're doing something called guarding, which means I go to push in and you – your body instantly kinda locks me out of there…
Patient: Um-hum.

In this excerpt, the patient expressed awareness of tenderness in her lower abdomen during the physical exam. The naturopath responded by ratifying her experience, saying she could tell that it was tender or sore at that location because of something her body was doing. Note that she began her explanation by attributing agency to the patient, '*You're doing something called guarding*'. In mid-sentence, however, the provider shifted this attribution of agency. She started to say '*you*', and immediately switched to body-as-agent talk in which the body is doing the '*lock[ing] out*'. In making this switch, the provider both confirmed the patient's experience of tenderness, and provided an interpretation of the body's agentive responses to the provider's actions.

CAM/IM providers also commonly use body-as-agent talk during the physical exam to make – and explain – treatment decisions they were making in response to the body's words or actions. In Example 6, a chiropractor explained that her physical actions are a '*signal*' to the body to give her a priority.

Example 6 (287/53)

Provider: Hm-hmm. So right in the middle.
Patient: Mm-hm.
Provider: Keep it like that. That's just asking – this is my signal to your body to give me a priority. I need to know where to start, um, because I don't want to guess… So it looks like large intestine is our priority …and the gallbladder, those two.

In this example, the provider offered a detailed explanation of how the muscle-testing exam, for her, is an explicit conversation with the patient's body – one that defined and directed treatment priorities. With consistent affirmations from both the provider and the patient, this interaction displayed for the patient that her body was the ultimate decision-maker with regard to the healing priority.

With CAM practices that involved a physical treatment, providers commonly extended real-time interactions with the body-as-agent into the treatment phase of the visit. In Example 7, an acupuncturist returned to check her patient's pulses after the needles had been inserted for several minutes.

Example 7 (636/19)

Provider: So, your kidney pulse already picked back up.
Patient: Wow.
Provider: That's the thing. Pulses can change within a few minutes.
Patient: Yeah.
Provider: They can change if you talk poorly about them.
Patient: Really?
Provider: If you're like, oh god, your kidney pulse feels like shit.

Patient: Right.
Provider: Like ten minute[s] later if you put needles in then your kidney pulse will strengthen.
Patient: Wow.

In this example, the acupuncturist began by commenting that the patient's '*kidney pulse*' had already '*picked back up*', become more active or less sluggish, in response to the treatment. The patient was surprised by this, and responded, '*Wow*'. The acupuncturist capitalized on this surprise to create a teaching opportunity, explaining to the patient that the body listens to both actions (e.g. treatment) and talk, and responds in an agentive way.

All of the examples in this section demonstrate the act of real-time interaction with the body in the clinic, which serves as an interpretation of the body as a 'third speaker' who is in the room with both the patient and the provider. Interestingly, in most of these examples, the body is present simultaneously as an object being examined and as an agent who is speaking, acting, and being listened to. As we argue below, this dual focus on body as both object *and* agent not only continues to support the provider's role as expert interpreter, but also creates an opportunity for patients to rely less on 'objective' provider observations and statements, inviting them to reformulate their own dialogue with their bodies alongside the provider.

4.3. Explaining Treatment

Following the identification of existing medical problems and the process of a physical exam, a significant part of the medical visit in any setting involves some kind of treatment. This sometimes occurs during the visit, as with an acupuncturist or a chiropractic adjustment. Alternatively, it may involve suggestions for lifestyle adjustments or a prescription for medication. Treatment explanations position providers as experts, as healers who can predict what will happen following treatment which is aimed at restoring the body's capacity to act in healthful ways.

In the current dataset, all providers deployed the strategy of using body-as-agent talk to describe their intentions with regard to the treatments they were administering or prescribing. This approach to care involves the provider as an actor who is physically treating or prescribing medication and/or lifestyle advice in order to get the body to do something differently. In Example 8, a naturopath recommended that a patient eliminate gluten and dairy from her diet in order to avoid '*setting off*' her body.

Example 8 (749/46)

Patient: Can we get rid of it?
Provider: Yes and no. Theoretically, once you have an autoimmune disease it's always there but what we can do is treat your immune system to calm down enough and hopefully never have another flare-up. That's the ultimate goal… what we want to do is get your body to calm down enough so that it's not setting off.

In this example, the treatment that was suggested was something that the patient could implement to avoid medication. The provider framed this action in terms of getting the body to '*calm down enough so it's not setting off*'. The body was framed here as having an overactive response to food, and as therefore in need of guided intervention that would direct it to calm down.

Treatment explanations are also a way for providers to 'predict the future' in terms of what the body-as-agent will do or say once the patient implements suggested lifestyle adjustments or begins treatment with prescribed medications or physical therapies. In Example 9, a conventional physician anticipated the body's response to his patient's reduced consumption of a weight-loss tea.

Example 9 (788/30)

Provider: If you stop taking that, then your metabolism will brake because it is not a natural state for your body to be in a–
Patient: –Working all the time.
Provider: Exactly, to have your metabolism stimulated for a long time, so, probably what is going to happen is that your body will say, 'Okay, put on the brakes.'

In this excerpt, the physician predicted what the patient's body would say if she stopped drinking the tea. Likewise, in other examples (not extracted here) an IM physician noted that suggested dietary changes would reduce inflammation in one patient's body, which was described as the underlying cause of her weight problem: '*And so as we get your inflammation down*,' he explained, *'as we get your diet better, your body's all of a sudden gonna*

go towards what is a little more normal weight for you and more healthy for you' (134/49). This is also true in the case of prescribed treatments such as surgery or medication. One conventional physician thus predicted that, after the anticipated weight loss from bariatric surgery, '*your body stabilizes and you will kinda gain some of it back*' (432/17). With such future-oriented statements, providers demonstrate their knowledge and expertise about the body and how it will respond to diet and lifestyle changes or prescribed treatments. This future orientation rests on the shared perception that the body, at the present time, is dysfunctional. In other words, its 'normal' agency is somehow diminished or overly activated, and provider-guided actions that the patient can take will provide some corrective.

4.4. Guidance on how to interact with body

The final category in which we found providers deploying body-as-agent talk is derivative of the category described above, where providers offer explanations of treatment. This category consists of moments when the provider speaks to the patient about what to do and how to manage their illness in the time between the current and next visit. In most of the interactions, this consisted of relatively straightforward and directive advice that emphasized the agency of the patient as actor over the body, often in terms of adhering to prescribed regimens. Several CAM/integrative providers and a few conventional physicians described the body as an agent with whom the patient needs to learn how to interact in novel ways. In Example 10, an IM physician instructed a patient in applying self-acupressure at home, by emphasizing the patient's role as an interlocutor in communication with the body.

Example 10 (350/40)

Provider: Okay? So, the idea of acupressure is then yeah when you feel a sore spot you just need to keep kind of working at it, work out the knot by... pushing on it. It's actually sending the body a message to, you know, relax the area.

Here, the patient's actions were described as '*sending the body a message*'. The provider framed self-directed acupressure techniques as a communicative device aimed at reaching the disordered body. This metaphor of a new and ongoing conversation that the patient can and should have with their body is evident in another instance, where a chiropractor congratulated her patient: '*You're becoming your own doctor. You're really paying attention. You're asking your body... you're listening*' (291/53).

The above are examples where CAM/IM providers provided guidance to patients on how to interact with the body, i.e. to listen to and speak to the body, in new ways. Similar to how real-time interaction with the body in these settings may set the groundwork for increased support for patients to restructure their ongoing relationship with their own bodies, guidance on future interaction establishes the patient as an active participant in the healing process. Only a few instances of anything resembling this were found in the conventional visits included in the current data. In one instance, the guidance was restricted to dietary advice related to a specific illness, a case of intestinal infection that was predicted to take several weeks to heal: '*So stick to something like soups... Anything that your body can tolerate*' (417/11). Here, the body's ability to tolerate particular kinds of foods served as a guideline for structuring eating behavior. The patient was thus encouraged to interact with the body, and to recognize and adhere to its limitations. In Example 11, a conventional physician guided a patient to recognize potential fainting symptoms:

Example 11 (974/71)

Provider: Sweating, ringing of your ears, dimming of vision –
Patient: Yup.
Provider: – dry mouth, these are all the things we feel right before we're gonna faint. Those are actually your body's warning signs that are telling you, go sit down. ((Laughs))

Here, the physician described standard bodily '*warning signs*' to the patient, and provided guidance on how to respond when such signs arise.

Overall, guidance on interacting with the body-as-agent in the future offers an example of how the body's agency is productively introduced in the medical encounter in such a way as to empower patients as participants in their own interaction with and care for their body. At the

same time, these instances reinforce providers' roles as experts, interpreting the body's likely responses for the patient. While most instances of such guidance in the present dataset were found in CAM/IM settings, some conventional physicians also offered similar types of suggestions.

5. Discussion and conclusion

The previous sections examined body-as-agent talk in clinical interactions with CAM/IM and conventional providers. We demonstrated that all types of clinicians used body-as-agent talk in enacting their expert role of translator of the body's speech, actions, or intentions. In explaining medical problems, for example, providers served as interpreters for a body that the patient had fallen out of step with. For those who interpreted the body's talk during physical examinations, their role as translator became more explicit as it was brought into the moment. For those who drew upon body-as-agent talk to explain treatment effects, such talk positioned them as experts who were acting purposefully in response to what the body was saying. Finally, for providers who offered guidance to patients on how to interact with their bodies in the future, their expert role was maintained through statements that predicted how the body would respond to positive patient actions. Providers thus 'do things' (Austin 1961) with body-as-agent metaphors in order to enact their professional roles.

At the same time, we showed how such metaphors encode the body as a specific kind of communicative agent, one who has interpretive agency (Agha 2007) within a conversational frame. Here, the body acts as a 'third speaker' in the room, one 'whose actions have consequences for themselves or others' (Duranti 2004: 454). This coding of the body, we argue, has the capacity to serve as an explicit support for patients to take a more active stance *vis-à-vis* their bodies. This capacity was especially visible in instances of real-time interaction or guidance on how to interact with the body in the future, which overwhelmingly occurred in CAM/IM visits. This might be expected, based on the fact that CAM/IM providers often offer more muscle testing and manipulative treatments that are done in the clinic. Likewise, it might relate to the underlying philosophy, in many CAM modalities, that the body, as opposed to the doctor, is understood to be the primary 'healer' (Goldstein 1999; Ross 2012). Several conventional physicians, however, used body-as-agent talk to offer guidance on how to interact with the body in the future. This suggests that the adoption of supportive body-as-agent talk in the clinic can be utilized regardless of one's medical paradigm.

The current study contributes to at least three major areas in the existing literature. As described above, many scholars have shown that, in illness and pain, patients experience a shift in their relationship to their physical form such that their bodies become simultaneously more agentive and more 'objectlike' (Scarry 1985; Kleinman 1988; Leder 1990; van Manen 1998). Patients turn to doctors as experts in order to understand what is happening and learn what to do. The findings of the current study offer insight into how physicians and other providers enact this expert role in micro-interactions that position them as the interpreters of a body that the patient no longer understands. Several researchers and physicians further claim that one of the most important things physicians can do to help patients is to assist them in engaging with their body in new ways, regardless of the extent of the disorder (Kleinman 1988; van Manen 1998; Ellis-Hill *et al.* 2000; Chen 2015). It requires, in other words, a new kind of conversation or connection with the body-as-agent that can help the patient 'to restore confidence in body and self' (Kleinman 1988: 39). The current study offers specific examples of how body-as-agent talk, especially in terms of real-time interaction and guidance for the future, can be used to support patients in re-establishing the type of attuned relationship that research suggests is important.

Secondly, the present study contributes to the study of metaphor in medicine, where research has focused on the ways metaphors can support patients in shifting perspective and finding a new relationship to their bodies, their illnesses, and their journeys towards healing (Arroliga *et al.* 2002; Periyakoil 2008). Metaphors are conceived as *having purpose* in healing. Much of this literature has focused on metaphors in general, though some studies have suggested the ways in which particular metaphors, for example of coherence (Becker 1994), might lend themselves to better

supporting English-speaking patients. The current study contributes to this body of work by focusing on a specific metaphor – body-as-agent – as can be and is used purposefully in the clinic.

Finally, the fact that the body was positioned simultaneously as both object and agent in many of the current study's examples speaks to literature on CAM and biomedicine. In contrast to previous characterization of biomedicine and CAM as focusing on the body-as-object versus the body-as-agent, respectively (e.g. Katz 2000; Heath 2006; Barcan 2011), this study demonstrates how physicians practicing biomedicine or any CAM/IM modality can both corroborate the patient's need to be taken care of or witnessed by an expert, *and* their need to be supported in actively reconstructing a healthy relationship with their body. This finding problematizes the dichotomous characterization of CAM and biomedicine, and contributes empirical data towards a more nuanced academic appreciation of the micro-interactive practices that shape care in both kinds of settings.

In conclusion, we argue that the study of body-as-agent talk in the clinic offers an opportunity to witness one of the multiple ways that providers enact the role of translator of the disordered conversation between patients and their bodies; to model real-time conversations with the body-as-agent; and to support patients in establishing new relationships with their bodies. There were several limitations to the current study, including its focus solely on patients in Southern California, its focus only on consultations where body-as-agent talk *was* used, its lack of analysis of patient age and/or gender, and the fact that it only included audio-recordings of interactions. Likewise, the way in which the current dataset was structured unfortunately precluded our ability to say anything certain about when and why patients 'bought' body-as-agent talk when their providers used it. Future research should expand the study of body-as-agent talk to other locations and should incorporate more ethnographic methodologies. Given that we are suggesting that body-as-agent talk may improve clinical outcomes by placing patients in a communicative relationship with their bodies, an immediate future direction suggested by this study would be a direct examination of the effectiveness of any body-as-agent talk on patient-centered or clinical outcomes.

Endnotes

1. Numbers in examples refer to patient and provider study identification numbers. These are provided to give readers a sense of the diversity of providers from whom examples were taken.
2. In this diagnostic technique, the provider asks the patient to push back against a gentle pressure that the provider applies to part of the body while simultaneously verbalizing a question that is addressed to the body or part of the body. The patient's success or failure in resisting the pressure is interpreted as the body's response to the provider's question.

Acknowledgments

This study was supported by Grant Number R01AT005883 from the National Center for Complementary & Integrative Health (NCCIH) and the Office of Dietary Supplements (ODS). The content is solely the responsibility of the authors and does not necessarily represent the official views of NCCIH, ODS, or the National Institutes of Health.

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