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An assemblage of everyday technologies in the practice of western herbal medicine - a photo essay

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Abstract

Small, mundane technologies, such as stethoscopes, medicinal bottles, labels, cleaning and dispensing equipment, are integral to the practice of western herbal medicine (WHM) in the UK. A focus on such technologies reveals the dynamic character and porousness of medical systems and allows us to identify cultural interactions. In this photo essay, based on long-term anthropological research, I explore an assemblage of everyday technologies used by WHM practitioners and the ways in which these technologies contribute to shaping diagnostic stories, to performing (bio)medical legitimacy and invoking herbal traditions. The biomedical, herbal and domestic technologies-in-use come into view as vibrant and dynamic objects with highly contingent meanings and identities. Their absorption into this non-biomedical therapy supports the performance of (bio)medical legitimacy, authority, tradition and professionalism, while the use of everyday domestic objects may signal female-coded practices of care. This demonstrates the adaptability of a medical practice situated at the margin of mainstream healthcare and subject to ongoing technological and ideological influence. The strategic integration of this assemblage of everyday technologies into WHM contributes, I suggest, to evoking a competent,

trustworthy and time-honoured medical practice, which is simultaneously inscribed with multiple tensions, ambiguities and contestations.

Keywords: Authoritative knowledge, complementary and alternative medicine, diagnosis, medical legitimacy, medical pluralism, non-biomedical, healthcare, UK

Introduction

Individuals' use of non-biomedical healthcare¹ together with biomedical care, either concurrently or sequentially, is well established (e.g. Nissen et al., 2014; Skovgaard et al., 2012; Warren et al., 2013). The use of Western herbal medicine (WHM) and related products is no exception to this pattern of healthcare, especially when living with chronic conditions (e.g. Kentley et al., 2018; Loraschi et al., 2016; Nissen et al., 2014; Warren et al., 2013). Little however is known about how WHM practitioners and practitioners of other non-biomedical modalities mobilise and synthesise diverse knowledge and assemblages from different spheres in their clinical practice. To begin exploring these issues, I examine small, rather mundane objects-in-use by herbalists which many will be familiar with from biomedical contexts and domestic lives - for example, stethoscopes, blood pressure monitors, urine dipsticks as well as kitchen sinks, washing-up liquid and bottle brushes. These technologies, I suggest, are central not only to diagnostic practices in

¹ I use the term 'non-biomedical' in preference to 'complementary', 'alternative', 'integrative', 'traditional' or similar in order to denote that western herbal medicine and other non-biomedical therapies are grounded in their particular body of knowledge and practices, and are largely practiced outside the UK public healthcare system. The term 'biomedicine', sometimes also referred to as 'modern', 'Western', 'orthodox' or 'allopathic' medicine; is used to refer to that body of knowledge and associated clinical and experimental practices grounded in the medical sciences and practiced by clinicians. The term 'medicine' is used here to encompass medical systems and traditions irrespective of knowledge base, practices and acceptance within public healthcare; the term '(bio)medicine' signals fluidity between biomedicine and medicine, with different meanings emerging depending on context, actors and interlocutors. I commonly use the term 'herbalist' but also 'WHM practitioner', 'therapist' or similar; these terms are used interchangeably.

WHM but equally to mobilising authoritative knowledge and the performance of (bio)medical legitimacy, professionalism, tradition and care.

A brief comment on the genre of a photo essay: Photo essays are characterised by a combination of text and images, whereby the photographs must be at least as important as the text to the essay's impact (Newbury 2020). Because of this, Mitchell (1994: 290) describes the photo essay as “a truly composite form”. Photographs can display “the taken for granted moments that communicated ethnographic meaning” (Harper 2006: 158) and the same photograph may serve a range of different personal and ethnographic uses (Pink 2007). For instance, some of the images presented below were initially taken as part of my ethnographic field notes, and have since acquired meaning as visual inventories; depictions of settings and activities, and portrayals of intimate dimensions of the social (Harper 2002). By combining glimpses into a rarely accessible medical setting and short textual reflections, I seek to present an evocative visual/verbal narrative of a specific aspect of the practice of WHM.

Western herbal medicine in the UK

WHM is characterised by a person-centered approach to healthcare, where the person rather than the disease and its symptoms is in focus. To this end, herbalists prescribe and prepare individualised herbal mixtures, depending on a patient's perceived needs, treatment priorities negotiated between patient and herbalist, and chosen therapeutic strategies. These, in addition to herbal prescriptions, may include changes to diet, exercise, relaxation, and lifestyle in the broadest sense. Should a previously prescribed herbal preparation not have resulted in the desired improvements, each herb

and its combination with others are re-evaluated against presented symptoms and experiences, pointing to different diagnostic interpretations and resulting therapeutic possibilities.

Herbal practitioners describe themselves as “*facilitators*”² who aim to “*support*” their predominantly women patients, particularly through “*listening*” to their stories (Nissen 2013). The resulting focus on self-care, self-fulfillment, and tensions and dilemmas in women’s lives has been argued to contribute to both confronting and fulfilling women’s traditional gender roles and discourses of caring femininity (Nissen 2013). Further, some herbalists’ and patients’ perceptions of the naturalness of WHM and associated idea(l)s and practices of care foreground the significance of relationality and deeply held values of care/caring for self and human and non-human others, shaping what I have termed an ‘ordinary ethics of care’ (Nissen 2015).

Most herbal practice in the UK takes place outside the tax-funded National Health Service. Herbalists, a majority of whom are women, characteristically see each patient regularly over an extended period of time, either at a home-based or in a multidisciplinary clinic shared by practitioners of diverse non-biomedical modalities (Nissen 2010). Unlike other practitioners of non-biomedical therapies in the UK, WHM practitioners have the common law right enshrined in Henry XIII’s Herbalist Charter of 1542 to diagnose, prescribe and treat patients (Griggs 1997), a right which is otherwise reserved for physicians. Accordingly, diagnostic capacity is core to the profession’s self-understanding and to their clinical practice, whereby herbalists’ practices of listening, eliciting, recording and understanding patients’ verbal and bodily narratives and interpreting their meanings are interwoven with common biomedical technologies, such as stethoscopes, urine dip

² All words/sentences in italics are quotes from research participants.

sticks, and examination couches. These diagnostic technologies interact with dispensing and domestic technologies, creating a unique assemblage of everyday technologies (Arnold 2013). This is the focus of this photo essay.

Some methodological considerations

In this essay, I draw on an anthropological study of women's practice and use of WHM, carried out in the UK between 2005 and 2018, which was grounded in ethnographic fieldwork. Fieldwork comprised participant observation of consultations between herbalists and women patients, herbal training, herbalists' meetings and conferences; in-depth interviews and informal conversations with herbalists and their patients, as well as focus group discussions with herbalists. All participating herbalists were members of one (or both) of the main professional associations of WHM in the UK, the National Institute of Medical Herbalists and the College of Phytotherapy. The ten herbalists I have worked closely with over the course of fieldwork were trained in the UK; some have been practising as herbalists for 20 years and more, others had started in practice recently. For a fuller description of the study and its participants, see Nissen 2013, 2015. The photographs presented below were taken by me during fieldwork, with the exception of the image in Figure 7 which was taken by a participant in her clinic; all images are used with permission.

Key to my analysis is the understanding that words and images contextualize each other, whereby "the purpose of analysis is not to translate visual evidence into verbal knowledge, but to explore the relationship between visual and other (including verbal) knowledge" (Pink 2007:119). Photographs, transcripts, and fieldnotes relating to

individual participants, settings or activities were initially analysed and coded by emergent themes, later compared to other such data sources, and subsequently gathered into one complete data set for further analysis. Underpinning theoretical concepts (see below) were considered throughout. In this way, the analysis led to themes and relationships at different levels of abstraction and with varied relations to theory (Miles and Huberman 1994; Ryan and Bernard 2000, Pink 2007).

The explorations presented here are inspired by Arnold's (2013) notion of "everyday technology". Arnold points out that the functions and meanings assigned to technology are not the same everywhere and suggests that the "social life" or "cultural biographies" of objects need to be understood in context, as identical technologies can take on different meanings. Mukharji (2016), taking these ideas further in his historical exploration of change in Ayurvedic medicine in India, suggests that everyday technologies constitute "entangled objects" that are "the figure of crossing" through which we might glimpse cultural interactions; as "vibrant matter" (Bennett 2010) they have "the capacity to pull together and cross cultures in ways that give rise to new identities and figures" (Mukharji 2016: 27). Further, a focus on technologies highlights the dynamic character and porousness of medical systems which are "permeable to all kinds of technological and ideological influences effecting change and local adaptations" (Scheid 2002: 12).

Everyday technologies in context: Herbalist's working spaces



Figure 1: Herbalist's desk in consultation room



Figure 2: Herbal dispensaries

In most herbalists' consultation rooms, two working spaces predominate: a desk with two chairs (Figure 1) and an herbal dispensary (Figure 2). The small technologies characteristic of and used in these spaces can be understood as “figures of crossing” (Mukharji 2016) to/from different socio-cultural spheres, such as mainstream healthcare, pharmacy and laboratories, and our domestic lives.

Shaping diagnostic stories

Herbal consultations typically take place by the desk. In addition to various papers, books, note books, pens, a lamp and a glass of water, other objects sit on or above the desk: a mercury sphygmomanometer (blood pressure monitor), stethoscope, tissue-box,

clock, and a tuning fork; body scales are stowed underneath (Figure 1). This blend of stationery and personal items and diagnostic paraphernalia is typical of many desks used by herbalists. At the desk, the person's reasons for consulting an herbalist are elicited; their symptoms and concerns, and their medical history, diet, exercise and lifestyle are explored.

Name	postcode	code
Address	MOB	Phone
Date of Birth	Age	Referred by
Occupation		email
Family situation		Dr
Past treatment history	concession <input type="checkbox"/>	permission to write <input type="checkbox"/> done <input type="checkbox"/>
		Permission for mailing list <input type="checkbox"/>
Date	Allergies	Current medication
		supplements
Complaining of:		
Past Medical history:		
Family history:	Father	family history of
Mother	Paternal grandmother	atopy <input type="checkbox"/>
Maternal grandfather	Paternal grandfather	epilepsy <input type="checkbox"/>
Siblings	Children	heart disease <input type="checkbox"/>
		diabetes <input type="checkbox"/>
		Cancer <input type="checkbox"/>
Gynaecological		
Date last menstrual period		
Cardiovascular		
BP	pulse	
Respiratory		

Digestive			
Musculoskeletal			
Urinary			
Skin			
Nervous system			
Typology		examination	
Exercise / relaxation			
Weight / height			
Diet	Fluids	Tea	Coffee
Am	water		other
Lunch		alcohol per week	
P.m.		recreational drugs	
Diagnosis	care plan	recommendations	prescription

Figure 3: Case history form for first consultation

To listen to patients' stories and record the information disclosed, herbalists use a case history form that closely resembles biomedical inquiries into current and past medical history (Figure 3). Herbalists adapt the form they use to their particular therapeutic approach, which may privilege a biopsychosocial approach to diagnosis and treatment, a

spiritual interpretation of illness and associated therapeutics or a biomedical understanding of disease and its treatment (Nissen 2011). Forms therefore vary in length and detail; also, forms used for follow-up consultations tend to be significantly shorter than those for initial case-history taking.

Case history forms produce a particular rendering of patients' stories. They transform patients' lengthy and often chaotic narratives of bodily, emotional and social experiences into diagnostic signs (Berg 2004, 1998) informed by a particular underlying herbal philosophy and diagnostic approach. This, herbalists note, highlights the tension between "*the science and art of WHM*". Not all aspects of a medical history are necessarily addressed in a first consultation; additional information is elicited during follow-up meetings, at times leading to a change in diagnostic interpretation and therapeutic approach. Such fluid and ongoing diagnostic and therapeutic re/considerations may lead to a changeable and unstable life "under diagnosis" (Martin 2007).

Performing (bio)medical legitimacy

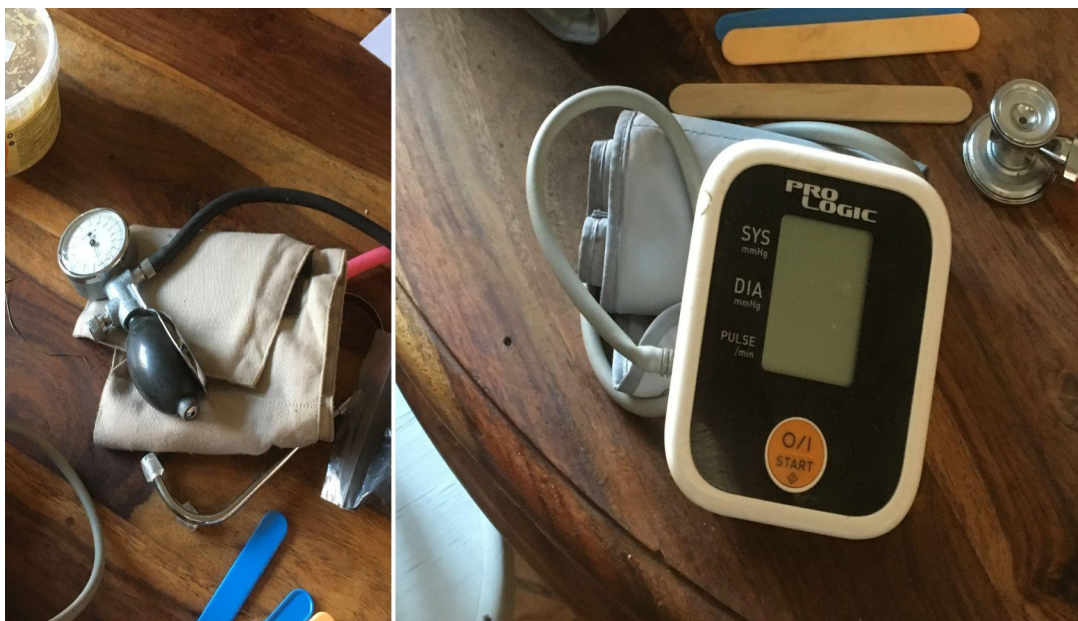


Figure 4: Sphygmomanometers

Sphygmomanometers (mercury, aneroid or digital), like case history forms, are ubiquitous in herbal consultation rooms (Figure 1 and 4) and signal herbalists' medical work of measuring patients' blood pressure and pulse rate, often during every consultation. The ubiquitousness of sphygmomanometers in herbal practice contrasts with the hallmark of a physician - the stethoscope (Rice 2010). In the more than 50 consultations observed, sphygmomanometers were always prominently visible and regularly used. Stethoscopes, on the other hand, were only used when taking blood pressure with a mercury or aneroid device, despite their many other diagnostic uses, such as in respiratory complaints.

The reasons for this difference are many-fold. Here I want to suggest just one. Measuring blood pressure and pulse rate is an easily acquired diagnostic skill involving the reading of numerical data, with stethoscopes being ancillary or even unnecessary, depending on equipment. By contrast, the effective utilisation of stethoscopes as diagnostic technology requires extensive practice in order to discern and interpret multiple normal and pathological bodily sounds. Although trained in clinical examination, most herbalists see considerably fewer patients than an average physician, and may therefore lack the opportunity to maintain, hone and embody this sensory expertise. Instead, I suggest, due to its easy use, the sphygmomanometer emplots a herbalist's performance of (bio)medical diagnosis and diagnostic competence.



Figure 5: Technologies for physical examination

Also frequently encountered in herbalists' consultation rooms is a physical examination couch where auscultation, percussion and palpation may be carried out (Figures 5 and 9, bottom right hand corner). Though rarely used, the couch is often prominently situated and appears to reinforce the above noted performative work, as do other diagnostic technologies, such as anatomical images (Figure 5), tuning fork (Figure 1), tongue depressors (Figure 4), urinary dipsticks and pH test strips (Figure 6). These small items tend to be kept amongst stationary on the desk (Figure 1) or occasionally tidied away in drawers.



Figure 6: Dip sticks and pH test strips

The use of urinary dipsticks and pH test strips result in colour-coded and easily legible information, similar to reading a patient's blood pressure. Such legible information contrasts with sensory data gathered through the visual and/or tactile evaluation of, for example, inflamed tonsils, swollen, hot joints or skin changes. Here, the herbalist's body constitutes the medium of collecting diagnostic data. This, in turn, differs from the above noted embodied knowing required for the effective utilisation of the stethoscope as diagnostic technology.

The legible diagnostic technologies, both individually and collectively, appear to strategically emplot and communicate an herbalist's presumed (bio)medically informed diagnostic competence and knowledge and serve to promote (bio)medical legitimacy. In so doing, these small technologies-in-use can be said to assert herbalists' common law right to (bio)medical diagnosis. The symbolic relevance (and/or possibly the practical insignificance) of a stethoscope as diagnostic instrument in WHM is, however, perhaps best reflected in - not least - the spatial proximity of two stethoscopes to a talisman gifted to the herbalist by a Peruvian healer (Figure 7).



Figure 7: Stethoscopes and talisman. Photo: M. Ronaldson

Invoking herbal traditions

In WHM, herbs are “*the face of the medicine*” and “*the symbol of the practitioner*”, as one herbalist explained. This centrality is prominently represented in herbal dispensaries (Figure 2). Dispensaries comprise liquid preparations, such as herbal tinctures and fluid extracts, but may include loose dried herbs in bulk and stored in resealable bags, ointments, creams, pills and tablets, aromatic oils, flower essences, lotions, syrups and other formulations. Herbal materials are required by law to be labeled with the Latin plant name, giving a dispensary a scientific and professional but also old-fashioned, if not mysterious, aura. This is reinforced by the herbal scent that infuses most herbal consultation rooms. The material objects, sensory experiences and personal associations seem to compel some patients to refer to their herbal medicines as “*potion*”, “*brew*” or “*magic in the bottle*”. Herbalists, on the other hand, mobilise professional language associated with pharmacy and apothecaries, such as “*herbal preparation*”, “*medication*” or “*prescription*” (Figure 3), distancing themselves from European herbal medicine’s historical association with witchcraft or alchemy.



Figure 8: Technologies for the dispensing of liquid herbal medicines

All herbalists used brown medicinal glass bottles for their patients' liquid preparations (Figure 8). Brown medicinal bottles also feature prominently on the website of one of the main professional organisations of WHM practitioners in the UK, the College of Practitioners of Phytotherapy (<https://thecpp.uk>). Apart from herbal products as such, brown medicinal glass bottles are perhaps the most iconic material form of WHM, both as objects and packaging technology (Mukharji 2016) and as distinctive representations of the continuity of herbal tradition, the apparent timelessness of WHM, and ongoing validity of traditional herbal knowledge and practices. Emergent changes in the significance of brown medicinal bottles are noteworthy. While long-established dispensaries tend to comprise brown medicinal bottles only, the plastic bottles in which liquid material is shipped by suppliers are also used more recently (Figure 2).



Figure 9: Herbalist-as-apothecary, dispensing liquid herbal medicines

Differently calibrated jugs resonant of laboratories and used for dispensing herbal fluid preparations (Figure 8) and large glass jars for preparing herbal tinctures, scales, funnel, and pestle and mortar (Figure 9) contribute to invoking the herbalist-as-apothecary (and scientist), as does the careful measuring while dispensing (Figure 9). Yet, herbal pharmacy can also be seen to be profoundly domestic. Glass bottles are recycled and therefore require cleaning, with clean and used bottles clearly separated on either side of a kitchen sink (Figure 2); dried herbs are weighed on household scales, and seeds ground with pestle and mortar. Kitchen sinks, bottle brushes, washing-up liquid, kitchen paper and dish cloth (Figure 2 and 9) code this work space as female, associated with women's domestic labour and other-directed caring femininity. Thus, the multiple technologies-in-use in herbal practice straddle different spheres, embodying contingent meanings and identities.

Concluding remarks

Attending to the cultural, political and gendered resonances of the assemblage of everyday technologies in the practice of WHM in the UK - from diagnosis to herbal medicines in a bottle - brings into view the interplay and porousness of medical systems as well as the creativity, tenacity and resolve of WHM practitioners, whose practice is situated at the margins of mainstream healthcare provision. The everyday technologies explored highlight the absorption of small biomedical technologies into a non-biomedical therapy, supporting the performance of (bio)medical legitimacy, authority, tradition and professionalism, while everyday domestic objects may signal female-coded practices of care. This reveals biomedical, herbal and domestic technologies as vibrant and dynamic objects with highly contingent meanings and identities and demonstrates the adaptability

of a medical practice subject to ongoing technological and ideological influences. The strategic integration of this assemblage of everyday technologies into WHM contributes, I suggest, to evoking a competent, trustworthy and time-honoured medical practice, which is simultaneously inscribed with multiple tensions, ambiguities and contestations.

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