

Building Rapport with the Patient:

The Critical Component in Creating Effective Treatment Strategies

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I interact with hundreds of acupuncturists every year at symposia and conferences throughout the United States and Canada. I hear one concern expressed more than any other: a desire to connect with patients in a deeper, more meaningful way in order to create the most effective treatment plans possible. This skill, which in *Classical Five Element Acupuncture (CFEA)* is termed *rapport*, is something that can be learned. In fact, it is perhaps one of the most critical skills a practitioner can have. For me, it is also one of the most fulfilling parts of my work; creating rapport with patients allows me to hear their needs on a deep level, and respond to them with the acupuncture points I choose based on their most critical needs.

The Critical Component: Rapport

Being an outstanding practitioner requires knowing our patients in depth. As a practitioner and teacher of *CFEA*, I have found that learning to build rapport with patients is critical to learning this system of medicine. Of course, there must first be an intellectual understanding of the natural laws upon which this system is based, a framework on which to place the sensory information we receive from patients. But intellectual understanding of a patient's condition is not enough to reach the spirit, the level at which the vast majority of illness starts. Patients are not merely a collection of symptoms and syndromes. Each is a unique individual, with an individual story, feelings, needs, and wants – all of which must be taken into account. This is what is meant when *CFEA* practitioners say that we do not treat symptoms, but rather the individual who has them. No two patients are ever treated the same, even those with apparently identical symptoms.

See Me; Feel Me...

All people have an innate desire to be known and understood. We live in a culture, however, that does not encourage openness and honesty. Most patients come to us wearing a mask, or façade, which has become a protective “comfort zone” to them. Often, patients have become identified with the façade, believing it to be who they truly are. It is our responsibility to create an environment where patients can feel safe enough to risk being unsafe – letting down the mask and revealing true feelings, thoughts, and experience. The patient must feel safe and trusting enough to let another human being truly know him, trusting that he will be met with compassion, understanding, without judgment, and that the practitioner can actually do something to help. It is only by knowing who the patient is, where he is in his struggle: his thoughts, feelings, and inner experience, that we can know how and what to treat.

It is one thing to mouth the words “no judgment” and quite another really to embody that state. Having no judgment does not mean that the practitioner does not recognize imbalance. On the contrary, only in the state of real internal emptiness does true perception arise. When the practitioner is in a state of true

emptiness and clarity, she sees quite clearly the presence of imbalance and suffering in the patient. She also knows that suffering is part of life's process, and is compassionate and insightful about what it means, its cause, and how to help bring about needed change.

Compassion is the ability to empathize with another and the impulse to help without strings, judgment or attachment to particular outcomes. Any and all aspects of the human experience are simply that: experience. They are not inherently good or bad, any more than a rainy day is good or bad. If the rain thwarts our plans, we spin the story of how bad it is. If our crops and animals are dying from drought, rain is perceived as a blessing. The rain, for all of this, is simply rain, the result of natural processes. When we recognize the same processes in another as in ourselves, we discover an arc of empathy between us: patient and practitioner. Rapport emerges from such a state.

Internal Quietude and Empathy

To the degree that we have made peace with our own experience, we can be at one and at peace with another human being. We can enter a treatment room with simple curiosity and no other agenda. Our eyes are solely on the patient. In that state, the ego disappears, and only consciousness remains. We, the practitioners, are pure sensory receivers, having transcended any attempts to figure anything out, get anything right, or make a good impression. Our sole goal is to listen, in service, to another.

To the degree that we are in contradiction with and in judgment of, ourselves, we will also be in contradiction with and in judgment of others. Rather than being fully present and available to feel and react spontaneously to the experience and feelings of others, our heads are filled with positions, opinions, and judgments about them, or about ourselves. All of this blocks our internal sensitivity to the real and valuable diagnostic signals that the patient is constantly providing. Rather than saying, "Yes, tell me more," to the patient's experience, we judge, ignore, avoid, or defend against it. It is important to note that saying, "Yes" does not mean we necessarily like or wish to emulate the patient's experience or behavior, but it does mean we "get it." We can only get it if we have "tasted" and acknowledged the same inside ourselves, whatever it is, however beautiful or horrible.

The State of Emptiness

Among the teachings of T'ai Chi Chuan most applicable to the practice of acupuncture, is the idea of *listening ability*. This means the letting go of our tension, both in the body and mind, so that we are relaxed, balanced, and "empty." Empty means simply that – no internal chatter or effort to do anything. From emptiness, we can truly listen, feel, and spontaneously respond to another – whether it is an opponent in a field of battle, a relative, friend or acquaintance in a social situation, or a patient in a treatment room. We gently adhere, following the retreat of another, or yield in response to the pressure of another, always maintaining contact and awareness of where the other is, enabling us to respond with precise accuracy.

Meditative work is essential by the practitioner to awaken into the state of emptiness. The practice must orient the practitioner away from who he thinks he is. Who we think we are is nothing more than a

collection of thoughts, ideas, identifications, and attachments we have absorbed over a lifetime. These actually prevent us from being present with another person. We are limited by our self-identification in that, identified as some type of person possessing certain qualities and rejecting others, we cannot react with innocent spontaneity to the expression(s) of another human being. We are too busy trying to live up to a preconceived image, trying to get “it” right, do a good job, etc. Instead of simply reacting, we think of what to say next, what we just said, and whatever else is going on in our lives, which has nothing to do with the patient before us. Only when we are empty can we react spontaneously and place our full attention on the patient.

Seeing with Spiritual Eyes

Having no judgment means having no resistance to whatever is manifesting. This state arises out of a recognition that all manifestations of behavior, reactions, emotions, and states of physical and mental health are within the realm of possibility for any human being. These are all process functioning via natural laws, and simply a manifestation of the physical, emotional, mental, and spiritual experience of the patient. The manifestation of a person in a state of imbalance is not a manifestation of his/her true and healthy potential. When we see a patient through the eyes of spirit, with love and compassion, we see the potential, as well as what is interfering with the expression of that potential.

When we see through the calm of an empty self, we can then open to the full and complete process of another person – to take in anything at all and respond to it fully. This state is one of complete internal fearlessness and abandonment of our conditioned, defensive, and false selves. We are not attached to what the patient says, or how he says it, as we have left our personal process outside the treatment room. We are not thinking about what we’ll do to help, or whether it will work. We are not concerned at all about the results. We are totally in the present exhilaration of free-fall. As this state is liberating and exciting for us, so it is as well, for the patient.

Getting Into an Effective Treatment State

The first step to get into the proper state to interact with your patient effectively is simple, but not easy. Make a decision to put your attention solely on the patient. If and when you lose your focus, start over. Right then and there begin again. Start over as many times as necessary. Once you have made this decision, you will find it becomes easier to re-enter the innocent and curious state, fascinated by and about the person with you. You have a first row, front and center seat on this person’s life. You may well hear things that have never been told to anyone, but they will be told to you, because your rapport and interactive skills create trust. This is as it should be.

If you are with an established patient, where is he or she today in the process? Given the treatment you did last time, how would you expect the patient to be today? Is that what the presentation is, or is it different than you imagined? Why? What happened? These kinds of internal questions keep us interested, in service, excited, and on edge. As practitioners, we pursue with questions what arouses our curiosity, and notice what comes back from the patient. More importantly, we notice how the information comes back. Notice what you feel as you speak with and listen to the patient.

An Example of Rapport Building: “Stephanie”

I have a patient who experiences moments of physical “freezing up,” in which she becomes unable to move when under physical or emotional stress. She reported that exercise and physical movement help prevent the condition. As she enjoys music, I suggested that she to dance to her favorite music, privately, in order to get some physical movement. The suggestion seemed to put her into a state of shock. After a long silence, I repeated the suggestion. She responded fearfully; “No, that’s not my thing.”

We have all seen little children move spontaneously to music. Until it is conditioned or shamed out of us, innately we all are dancers. Though I do not know the specifics, I believe that something happened in this patient’s past that caused her to believe, “No, that’s not my thing.” I have never had my patient’s exact experience, but I do remember very clearly the following experience, which I can use to relate to hers. I was in kindergarten and we were painting at easels. My teacher was painting nearby and singing, “I Love Paris.” I chimed in on one of the verses and in the midst of my enthusiasm, splattered paint from my brush all over the teacher’s blouse. She was furious and unleashed a tirade of anger and threats at me such that it was years before I dared sing with abandon again. I was utterly terrified to try again. My patient was no different.

I felt her fear because I had tasted the same fear. If I could not embrace my own experience, I would have been unable to empathize with hers, unable to recognize her feeling, or to determine its appropriateness.

The inability to relate to a patient’s experience will derail efforts at making rapport. Rather than a real connection, there will be a distance between you and your patient. You will not be able to muster compassion and will be left with empty words, which will have little or no diagnostic meaning for you and no clinical impact on the person with whom you are working.

Stephanie’s Diagnosis and Treatment

Stephanie, the patient described above, came to me essentially unable to function normally in society. She is in her late 20s and resides in an assisted living facility. She is highly intelligent, but unable to hold a job or make friends. She relies on her family for financial support and lives in a constant state of anxiety. She does not offer much about herself in words, preferring to get right on the table and get her treatment. When I ask how she is feeling, she often begins to answer, then abruptly stops and says she’ll tell me another time. Her eyes are usually wide open, with a “deer in the headlights” quality.

In *CFEA*, the diagnosis of a person’s primary imbalance, known as the *Causative Factor (CF)*, is based on 4 types of *sensory information* given directly to us by the patient. These diagnostic indicators include: odor, color, sound of the voice, emotion, and assessing the needs of the patient’s mind and spirit.

While all of the five elemental sounds and emotions have their rightful place in a balanced and healthy individual, the presence of imbalance will cause them to over- or under-express. The inappropriateness catches our attention and leads us to diagnose the element that is the primary source of imbalance. The specific nature of the inappropriateness tells the practitioner precisely what the individual patient needs.

In this case, the patient's odor was putrid; the color (lateral to the eyes) was blue; the voice quality was groaning, and the predominant emotion was fear. The emotion of fear is appropriate in a given set of circumstances, allowing for caution as needed, but in this patient, it was present in any and every area of her life. Thus, it was excessive and inappropriate. The four classical diagnostic pillars pointed to Water as her *CF*.

As there are myriad varieties of water in nature, so are there many manifestations of this (or any) element within patients. Each patient is asking for help in a unique and individual way. In nature, water can manifest as a raging torrent, a vast ocean, a clear lake, a meandering stream, a gentle drizzle, a subtle trickle down a rock face, a frozen landscape, and many others. Once I established that this patient was a Water imbalance, I had to discern how its healthy expression in this patient was being disturbed. It is not enough to simply conclude, "Water CF," as there are 67 points on the Bladder meridian and 27 points on the Kidney, each of which has a specific purpose for a variety of patients. Which were needed in this patient's case?

In plain English (rather than acupuncture terminology), this patient's spirit was essentially dead and in need of profound resurrection; she was essentially frozen with fear, and weak and unstable at her core. She was unable to make eye contact, except for fleeting glances. To get her to respond at all, I softened my voice and asked very simple questions, the way I might relate to a lost, frightened child. My physical contact was gentle and reassuring. My verbal reassurance took the form of, "Yes, I understand. I'm going to help you." I became an ally, not an inquisitor. My choice of points over her first treatments was directed toward resuscitating her spirit, providing warmth, and repairing and strengthening her broken core stability. Within the first several treatments, she was able to meet me with clear and direct eye contact. There was light and joy in her expression. As I took her pulses, there was warmth in her contact and she reported feeling her first glimmer of hope that she could recover. After six weeks of treatment, she reported feeling more relaxed and at home in her own body than she had felt in decades.

Conclusion

Knowing how to "be" with a patient is an intuitive experience. The patient's state of being must be perceived within ourselves in the presence of the patient. Our interactions cannot be planned or rehearsed beforehand. There is no right way to be with everyone. What one patient will love will be entirely inappropriate for another. Accurate perception arises from the practitioner being in a state of emptiness, from which the state of rapport emerges effortlessly and spontaneously.

Being a practitioner of holistic medicine is nothing less than a spiritual practice. Seeing our own distractions and agendas and transcending them is the work of practicing this medicine. It's not easy, but it is endlessly exciting.

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