

Practitioner/Patient Rapport, Part IV: Developing Rapport with the Emotion of the Earth Element

Neil Gumenick, MAc, LAc, Dipl. Ac.

Introduction

We all have within us the need to receive and express all of the emotions - joy, sympathy, grief, fear and anger - which arise from the five elements. In previous articles, I discussed the emotions of anger, associated with the Wood Element, and joy, associated with Fire. In this article, I will cover sympathy, the emotion of Earth. I will discuss how the emotion arises from the nature of the element; how it manifests in health and disease; how we, as practitioners, can elicit and interpret the expressions of this emotion diagnostically; and how we can use sympathy to create rapport with patients.

Sympathy - Balanced and Unbalanced

What is sympathy? Sympathy is the emotion we feel when we are moved to help a little child who is hurting. It is the natural feeling of affection and affinity a mother has for her child. Ideally, our physical mother provides our first experience of appropriate earth energies and emotions, through a nuanced application of maternal sympathy that is finely attuned (or at least adequately attuned) to her child's needs and internal emotional states. She has the right biological equipment and, one hopes, the right temperament to provide this caring, welcoming, soothing and nurturing sympathy. A mother's nurturing love for her child expresses her desire to share of her abundance of milk, to care for, feed, and address every need for that child. She is, for each of us, the human gateway to our experience of the archetypal mother, who, like Mother Earth from which everything grows, continually feeds us and supports our very life, regardless of how we abuse her. The association of sympathy with the element Earth seems natural, because, like a good mother, the earth also welcomes us into life, gives us a feeling of belonging and sustains us. Earth grounds us and centers us. Appropriate sympathy is a healing balm - like being held secure in the arms of a good mother. A good mother provides this feeling of belonging by her continual presence and her attuned responses to our earliest needs.

I say a "good mother" because not all mothers are capable of providing this basic level of sympathetic attunement with their children - indeed, many mothers did not receive it from their own mothers. Unbalanced maternal sympathy can take many forms along a continuum that ranges from severe rejection, to neglect, to ambivalent and unpredictable care, to toxic intrusiveness.

There is no direct correspondence between how the Earth emotion will manifest and the presence or absence of sympathy in childhood. That is, the sympathetic failures of the mother can result in either excess or lack of sympathy in one's emotional expression. (And it is, of course, possible for children to derive needed sympathy from other important caretakers in their early environment.) If you were a neglected child, you may have grown up to crave sympathy excessively from others, or, alternatively, you might insist on "mothering" and taking care of everyone around you and, like an

exhausted martyr, accept no sympathy or help from anyone. Perhaps your own mother erred in the other direction, and smothered you with sympathy by babying you, not letting go of her attachments to you as a needy child, never letting you grow up, exaggerating your aches and pains to maintain her role as caretaker. Having had such an intrusive experience in connection with this emotion, you may now reject sympathy from others or be unable to give this emotion when it is genuinely called for. The point is that the giving and/or receiving of sympathy will be inappropriate. At the polar ends of the spectrum, then, you will either tend to read your environment as needing continual sympathy from you, or you will reject all bids for sympathy, and will dismiss others' offers of sympathy to you.

Throughout our lives, we continue to seek and provide sympathy. It is natural, as we live on this earth, to care for and nurture those around us. It is also natural to yearn for attentive, appropriate sympathy to comfort us as we face our own difficulties. Each element, when imbalanced, either craves or rejects the emotions it governs. As we heal the elements within us by becoming conscious and awake, the corresponding emotions tend to normalize, and sympathy, like all other emotions, will become a resource to permit a flexible response to our surroundings.

Using Sympathy Diagnostically

First, it is important to keep in mind that, although we associate certain emotions with particular elements, there are no impermeable boundaries that neatly contain emotions within their respective elements. Rather, every element contains within it the expressions of all elements, leading to various admixtures of emotional expression that reflect the characteristics of the specific elements in play.

Thus, although sympathy is the emotion corresponding to Earth - where it is expressed most purely - it by no means manifests solely in people whose primary elemental imbalance (Causative Factor) is Earth. Nor does sympathy limit its involvement to situations that involve obvious "mothering." For example, people with Wood imbalances often desperately need sympathy. Imagine the hardship of someone whose Planner (Liver) and Decision Maker (Gall Bladder) are imbalanced - not knowing what he or she wants, which way to go, when or how to start, feeling directionless, angry and frustrated at every turn. People with Fire imbalances need sympathy as well. They may feel alone, joyless, unable to love themselves or others, unable to receive love, to join in with others, or even to laugh. People with Metal imbalances may suffer by feeling cut off, unworthy, and unable to eliminate the garbage polluting their mind and spirit. Those with Water imbalances can feel so depleted that they may lack the will and internal reserves even to face the day. Fear plagues them, because everything is perceived as a threat. The pain and suffering caused by imbalances in any of the elements can elicit a natural sympathy in us and from us.

Further adding to the range of variation the practitioner will encounter is the fact that every emotion will look somewhat different as it is expressed in the life of unique individuals. Just as no two earths are the same in nature, no two expressions of sympathy will be the same. Some earths are rocky; others are loamy, sandy, muddy, hard, etc. They are all earth, but as different as any two mothers on the planet.

To develop your appreciation of the various guises of sympathy, it may help to think about how sympathy has been alive in your own life. Have you given or needed sympathy when jilted by a lover, or when disappointed because someone did not share your enthusiasm (Fire)? Ever given or needed comfort because no one seemed to see just how hard it all was (Earth)? Ever sympathized with someone who was demoralized and feeling worthless (Metal)? Ever been a soothing companion to someone who was afraid (Water)? Ever given understanding to someone who was over the top with anger (Wood)? In each of these manifestations of the Five Elements, we may

require sympathy or be moved to offer it.

Patients generally come to us with specific problems or needs, often as a last resort when nothing else has helped them. This situation, by its very nature, calls for our sympathy. Some of you are already predisposed to easily offer sympathy. Others of you will need to attend to conditions of lack or excess that will impair your ability to provide sympathy when needed. Our patients don't usually want to be smothered with our concern, but a comforting touch and a kind word often go a long way. As practitioners, we must be able to call forth this emotion when needed and be conscious of the *response* in the patient.

manner. Our sympathetic intent should be expressed coherently and consistently not only by our choice of words, but through the modulation of our voice, our body language, our touch, facial expression, our gaze, and our proximity and physical relationship to the patient. By proximity, I mean how close and in what position you are relative to the patient. Consider the energetic message given when you are sitting right next to the treatment table, near the patient's head (with the patient lying upon it, face up) so that you are both at the same level and close enough to whisper. This orientation gives a very different message than if you were standing at the foot of the table, for example, towering above the patient and quite physically distant. Neither one is better than the other. If you are attentive to the subtle communication between you and your patient, either can be equally effective in terms of how you communicate and valuable in terms of diagnosis, by observing how the patient responds. It is just as likely that some patients will prefer the distance to the close-up intimacy. Sometimes, we are not aware of the messages we send out. The patients *are*. Whether we are conscious or not, the patients will react to everything we say and do. When we become fully aware and mindful of the intentions of our actions, everything we do has purpose. Everything in the treatment room becomes alive with meaning.

Evaluating the Patient's Response

In the clinical setting, the key to knowing if sympathy is wanted or needed is revealed in how the patient responds to our particular offers of sympathy or gestures of care. As we discussed at length in part III of this series, we perceive our patient's response not in our heads, but in our bodies, using information from all our senses, in the context of the rapport that we have established. To the extent that our attunement is accurate, our expression of sympathy will be appropriate for each patient.

When we are in rapport, at one with the patient, we may perceive the patient's relief at being heard, seen and understood. When a patient is being fed that which he or she most strongly and deeply hungers for, there is often a relaxation of the "body armor," a change in the breathing, perhaps a slowing of the breath, or the intake of a deep breath, and softening of the facial expression. The energy required to hold up the defensive mask is released as patients are touched at their core.

Suppose a patient complains of some labeled disease (take your pick). We feel the emotion in ourselves and touch the patient with the intention of giving sympathy. How do we do this? There is a certain touch that a mother uses to soothe her hurting child. It is not, for example, the kind of touch a mother would use when disciplining her child. When we genuinely are moved to give sympathy, we touch in a way that communicates our *intention*. The patient *must* respond, and *how* they respond is all-important. How someone responds to physical contact can in itself be very useful diagnostically, but when you add to it the clues derived from their corresponding tone of voice and facial expression, our diagnostic database is even more powerful.

You can also use direct questions and sympathetic responses to elicit diagnostic clues from your

patient. The following are a few examples of questions and responses that actively engage a patient's Earth element:

- Tell me about your mother.
- What kind of mom was she?
- How do you feel about children?
- Who takes care of you? How does he or she show it?
- Where do you feel at home?
- When have you been a caregiver to another?
- What do you do to nourish yourself?
- How is your appetite?
- Do you enjoy your food?
- What do you eat and drink in a typical day?
- Yes, I understand.
- That must have been terrible.
- You poor thing.
- Well, that's just the way it goes, isn't it? (lack of sympathy)

Suppose your patient complains of some ailment, and you investigate by saying something like "Oh, that must be so difficult." If the gesture is taken in to an appropriate degree (given the actual seriousness of their complaint) and then released (because the moment does pass), we would consider that to be appropriate. If it makes the patient uncomfortable to receive sympathy, you may perceive it in the patient's words, but more certainly in the sound of the voice, body language, facial expression, and breathing. The patient may bristle, writhe, deflect or resist. This would be inappropriate. On the other hand, if the patient *cannot* release the emotion, you will see him or her cling to it, lap it up, marinate in it. The patient will be temporarily filled by the emotion, but will likely ask for more, not always in words, but sometimes by a note of appeal in the voice. When given sympathy, the body may relax, the facial expression soften; the patient may lean into you and/or grasp your hand with a different quality, often clinging as if to communicate, "Thank God someone understands." You can, if your senses are awake, sense this change in the energy. This will register as a "jar" in your body. If you get repeated experiences of this same "jarring," you have one diagnostic indicator, a "leg of the stool" from which you can begin to diagnose the patient's Causative Factor.

If you perceive the continual sound of singing as this same patient talks, likened to an appealing, whining, complaining voice, you now have another clue. Singing is the sound a mother makes when she picks up her hurt child. The voice soothes and comforts. It says, "There, there my little thing, Mama's here." We all have that voice within ourselves, both the need to express and receive it. In a given set of circumstances, it is a most natural and healthy expression, but if the vast majority of our words, regardless of the content, come out with that sound, it is *inappropriate*. The voice seems to ask, "Can't you - or anyone - understand? It's so hard ." So, if you perceive this sound continually and inappropriately from this patient, you now have two "legs of the stool": emotion and sound pointing to Earth as the Causative Factor.

Finally, if you perceive the color yellow predominating lateral to the eyes and a fragrant odor (sickeningly sweet, like overripe fruit), you know accurately that the patient before you is an Earth Causative Factor. That means an imbalance in the Stomach and/or Spleen Official is at the root of the symptoms, whatever the symptoms are labeled.

If the patient's expression of inappropriate sympathy changes during the course of treatment, becoming more appropriate, dominating the personality to a lesser degree, allowing the other four elements to appropriately express themselves, you have good evidence that your treatments are reaching the *level* of cause. Other reliable indicators would include a beneficial pulse change on all

12 Officials, a change in the intensity of the predominant facial color, the sound of the voice, and the odor.

Conclusion

You can now see that to be in rapport with one patient, you may have to proffer a good deal of sympathy, while with others, you will need to titrate the dose of sympathy carefully. There are even instances where you must withhold it. The key to knowing what is needed in a particular situation - and, in fact, the key to becoming a good diagnostician - is developing our sensitivity. To some degree, this involves reclaiming the sensitivity that we all had as young children, but have lost through lack of use and placing our priorities in the pursuit of material goals. Most of us never took classes in school in smelling, seeing, feeling, or listening. There has been no emphasis placed on developing our senses.

There are no tricks or shortcuts to developing our sensitivity. There are no magic formulae to memorize and apply. The only way we can know what a patient needs is through refining our own senses. The good news is that, with proper training, we *can* reawaken our senses, learn what the sensory information means and how to translate it into our treatment plans and our ongoing relationship with our patients. In so doing, we not only heal our patients, but enrich our own lives immeasurably. We begin to live our lives in gratitude for the subtle treasures of every moment because, with our senses awake, we perceive an ever-wider range of experience. There is no greater reward than this.

JUNE 2002