

From a Patient's Perspective: Touching the Patient

Constance Scharff, PhD

I recently attended an acupuncture symposium in the southern United States. There were hundreds of acupuncturists present. Some practiced TCM, and others practiced the Five-Element style. There were practitioners who were primarily herbalists, those who specialized in fertility, and others who practiced using techniques I'd never heard of. The variety of specialties and medical philosophies was fascinating.

During the conference, I went to a well-attended presentation by a speaker who teaches the Five-Element system of acupuncture. He suggested that practitioners can garner important information by touching and making physical contact with their patients. I was surprised when the 60 or so acupuncturists in attendance let out a collective gasp of horror at this proposition. In the course of the ensuing discussion, I learned that other than an initial physical exam, limited palpation to locate points, and the taking of pulses, many, if not most, acupuncturists consider the act of physical touch to be taboo.

When I gave this reaction some consideration, it really was no surprise. I live in California and I don't know a health care practitioner who isn't at least somewhat concerned about being sued. And yet, the thought of acupuncturists being apprehensive about touching their patients filled me with a sense of sadness and a feeling that an important connection between the patient and practitioner is being lost.

While I have received TCM treatments previously, I currently work with an acupuncturist who practices Worsley-style Five-Element acupuncture. In this system of medicine, the practitioner makes physical contact with the patient in order to assess the patient's odor, color, sound and emotion. The practitioner then [uses that information](#) to determine the patient's causative factor or CF.¹⁻² Bringing the patient's elemental imbalance energetically to parity with their other elements is this treatment's [primary goal](#).³ Five-Element acupuncturists work from [the assumption](#) that the patient's disease processes give way when internal balance on the levels of mind, body and spirit are restored.⁴ As [acupuncturist JR Worsley said](#), "The spirit can move mountains; it can certainly shift disease."⁵



It is possible to reach a person's spirit when you touch their body. In a mind-body-spirit approach to wellness, making physical contact with the patient, and thereby reaching their spirit, is of utmost importance. To do this, the practitioner must learn how to touch the patient in such a way that it is nonthreatening. Nonsexual, appropriate physical interaction is possible and an important means of reaching a patient at the level of spirit. Finding someone who could help restore health to my spirit in addition to my body was part of the reason that I chose to receive Five-Element acupuncture.

I am not a touchy-feely sort of person. When I was first referred to my current acupuncturist, I was warned, "Don't freak out, but the acupuncturist I'm sending you to is likely to take your hand or make physical contact with you in some other way." Sure enough, in the initial consultation, as my acupuncturist sat with me and asked me questions about my history and life, he reached across the small table between us and took my hand. While I had expected to want to punch him if he did something like that, I found that I actually welcomed his touch. I had been afraid and uneasy. His hand reassured me and made it safe for me to continue. Physical contact between us opened the door for me to trust him.

I was told later that hand-to-hand contact is often the best for assessing the state of the mind and spirit, particularly the five emotions related to the five elements: warmth (fire), sympathy (earth), acknowledgement (metal), reassurance (water), and direction (wood).

Of course, not all patients welcome physical contact. While I liked and appreciated that my acupuncturist took my hand in our initial meeting, I did not want even to be palpated in certain places prior to needling. Shortly after I started seeing my current acupuncturist, I asked him not to use any points located between my waist and knees. I had allowed him to use a point on my lower abdomen not long after I began to see him and found that being palpated by him there made me uncomfortable. I gave him clear boundaries. I made it known that I would accept contact in certain ways and not in others. The fact that he respected my boundaries, even though my discomfort

initially limited his ability to treat me, helped me to trust him even more. We now joke that while I would probably never allow him to needle *Ren 1* (and I've been told over and over that I don't need it), my restrictions about being palpated have relaxed over time.

There are many ways in which touch can manifest. Some patients will like a long hand hold or close proximity to the acupuncturist. The patient may like you to sit right beside them on the treatment table, put your hand on their shoulder and leave it there. Others might prefer less intimacy, such as a pat of reassurance on the forearm or a quick touch of acknowledgement. Some patients will feel dismissed if there is no physical interaction. Others will feel entirely the opposite, requiring space and little or no physical contact. In some cases, the patient may make the first contact, reaching out to the practitioner.

As my acupuncturist has explained to me: "It is the job of the practitioner to sense who he is with and how to approach the patient with his physical proximity, physical positioning of the patient (as well as himself), timely changes of position...what kind of physical contact, facial expression, tone of voice, choice of words, etc. [to use]. It is also his job to read the patient's reaction to all of the above and know if he is on the right track or not."

The patient's reaction to being touched is an excellent diagnostic tool for the practitioner. It can provide sensory information to help the acupuncturist discern the patient's CF, the state of their mind and spirit. This will ultimately allow the practitioner to create an effective treatment plan including the selection of points to needle. I have watched as my practitioner and his teacher approached patients. Some react as I did in my initial consultation, latching onto the practitioner for support. Others pull away. Some bully the practitioner. Still others allow the contact while looking at the practitioner with contempt or disgust until distance and separation are provided. No matter how the patient reacts to physical contact, the practitioner can use that information to assist in treatment planning. How does the patient hold the practitioner's hand? What message(s) are they giving when they are touched? How are they using their body to make requests of the practitioner? What needs are being expressed?

The human connection that can be provided by the acupuncturist and the use of touch as a diagnostic tool should not be lost. These positive attributes of physical touch certainly should not be discarded out of fear. Patients who have acupuncturists who employ regular physical contact as part of treatment have said to me that they either appreciate the interaction or accept it as something the practitioner needs to do to learn more about them. One patient who does not care for much physical interaction said that she appreciated that the practitioner touches her, because the speed with which she withdraws from the acupuncturist provides a good indication of what kind of day she's having. The more quickly she pulls away from the practitioner, the more she needs the treatment. The use of touch can give supplemental information to that garnered from tongue or pulse diagnoses, and the conversation had at the beginning of a treatment.

From the patient's point of view, touch can be one of the means through which rapport is built. If I wanted to be treated like an untouchable or "Typhoid Mary," I could seek treatment in the antiseptic confines of a hospital. I go to my acupuncturist in part because it feels like he is in the treatment process with me. He interacts with me on multiple, meaningful levels. This interaction adds another layer to the fruitfulness of our work together.

When, how and why a practitioner makes physical contact with their patient(s) is a matter of setting and maintaining professional boundaries. My suggestion is to trust your instincts and your patient(s). We can tell the difference between professional, supportive physical interaction and groping. Learn how to make physical contact in ways that are clearly professional and nonthreatening. Learn how to read the patient's response to this interaction. If you are brave and

learn how to employ appropriate, meaningful touch with your patients, you might be surprised by what you learn about yourself, and us.

References:

1. Worsley JR. *Traditional Acupuncture: Volume II Traditional Diagnosis*. Miami Lakes, Fla.: The Worsley Institute of Classical Acupuncture, 1990.
2. *Ibid*.
3. Worsley JR. *Classical Five-Element Acupuncture: Volume III The Five Elements and the Officials*. Miami Lakes, Fla.: The Worsley Institute of Classical Acupuncture, 1998.
4. Worsley JR. *Talking About Acupuncture in New York*. Deerfield Beach, Fla: Health Communications, 2004.
5. Worsley JR, quoted by Gumenick NR.
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