

Do's and Don'ts in the Treatment Room, Part 2

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When I attended the [Worsley Institute](#) and had the privilege of studying with [Dr. JR Worsley](#) and his proteges, a lot of time was spent teaching students how to be with a patient. One of the most important lessons taught was to put the patient first and keep in mind at all times that they are in our clinic because they are hurting on many levels.

It is inappropriate for the practitioner to bring into the treatment room their own personal baggage No matter how miserable we might be either because we just heard some terrible news or recently attended the funeral of a loved one, this is not the patient's concern. They come to us because they are looking for unconditionally focused attention and understanding.

Twenty years ago, when I studied [Ericksonian Hypnotherapy](#), we were taught never to mention anything about ourselves unless it was a story that was meant to help the person. Even then, the story should not last more than 15 seconds. If a helping story is shared, it should be introduced in this way: "I am sharing this personal story with you because I think it may help you, and for no other reason."

Most of us have, at one time or another, let something slip about our personal issues. Usually the response you will get from the patient is a glazed over look in their eyes, like they are spacing out. No words are necessary to convey how disappointed they are that attention is not on them. And hasn't the shoe been on the other foot from time to time? It is not uncommon to go to a health care practitioner and be given information about them that left us wondering if perhaps they should be paying us instead of us paying them.

In the past year, I have been to chiropractors who told me they have chronic back pain that nothing has been able to fix. One told me she has serious thyroid problems and work makes her tired. I naturally thought, "Oh gee, I'm making her tired." Just the other day, I went to a cranial-sacral therapist who had been traveling for three weeks straight. She told me she was having a hard time with all the toxic energy I was releasing and that I was an emotional mess. Not something a person going through mercury detox symptoms needs to hear. I wobbled out of her office, more tired than when I went in. I wished that she had been grounded and taken better care of herself because \$130 later, I was drained on more than one level.

Unfortunately, acupuncturists are equally guilty of dumping their problems on patients. I have been to colleagues who, after having put in the needles (a captive audience if ever there was one), began to pour out their financial and marital problems. I fired one acupuncturist because she was complaining that she found out her husband was drinking again.

This problem is more frequent than most people realize. It is our duty as acupuncturists and health care professionals to first take care of ourselves. When we are in balance, we can help our patients. Our patients need to trust us and not be put in the position of playing psychotherapist or counselor.

They are not there to listen to our woes - they are paying us to listen to them.

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