As practitioners of Oriental medicine, we do not always want our practitioner/patient relationships to resemble those of a Western MD’s office. We would like to think of our therapeutic relationships as true partnerships in which both parties exchange information and ideas and strive to reach a treatment plan that is acceptable to both. Although it may be a partnership, that does not mean both parties have access to the same information. There are two different roles in this special relationship. The practitioner has the knowledge of his/her field backed by years of study and training. The patient has knowledge of his/her body, illness, and wants and needs backed by years of experience. Both sides of this relationship carry equal importance, but the parties involved cannot cross the boundaries of their respective roles within the relationship.

It is not the practitioner’s job to dictate to the patient what he/she needs or to determine what is the best course of action without taking the patient’s opinions into consideration. Likewise, it is...
not the patient’s role to direct the course of treatment or to pre-
sume to have enough knowledge of Oriental medicine to feel
that he/she is capable of making professional decisions about
the treatment. Both parties need to understand and abide by these
differing roles in order for the relationship and treatment to be
successful.

It is not uncommon to encounter patients who will be manipu-
lative and will try to either outsmart the practitioner or to direct
the course of their treatment by telling the practitioner what to
do. Manipulation can also occur when the patient feels entitled
to special treatment, attempting to get treatments at a lower cost,
or to arrange appointment times that may not be compatible with
the clinic’s schedule. At times, the patient may even try to make
the practitioner feel guilty and thus give in to the patient’s wishes.
When faced with this type of patient, the practitioner must rely
on his/her training, knowledge, and, above all, self-confidence
in order for everything to proceed smoothly.

**CLINICAL PRESENTATION:**

- Comparing the current practitioner or treatments with past
  practitioners or treatments
- Suggesting specific points or herbs that the practitioner
  “should” use
- Asking the practitioner to incorporate ideas from fields other
  than Oriental medicine
- Bargaining with the practitioner about fees or appointment
times
- Wanting to continue treatments even after no improvement is
  being noted

**CONTRIBUTING FACTORS:**
Home again
Lack of self-confidence is probably the biggest obstacle standing
in a practitioner’s way when faced with a manipulative patient. As they say, “A little knowledge is a dangerous thing.” Some of your patients will have had previous experience with Oriental medicine or may have done some reading on the subject. Others will have heard or read about a certain treatment or cure that they may tell you they want you to incorporate into the treatment. Especially at the beginning of your practice, you will be eager to please and even impress your patients. You will lack experience, the great teacher upon which you will eventually build your treatment strategies, and this lack of experience may induce you to yield some of your control over to the patient. The danger here lies in you losing control over the effectiveness of the treatments and having your own thoughts and energy become scattered as you try to accommodate the patient’s wishes. It is important not to be intimidated—even on your first day as an acupuncturist or herbalist.

There is no shame in not knowing a fact or not being sure of what to do or how to proceed. However, the patient need not be aware of your doubts. It is not necessary and certainly not desirable to let the patient know you feel unsure of yourself, but, at the same time, you also do not need to feel intimidated by the patient. If you truly do not know how to proceed, you can simply tell the patient that there are several treatment options for them and you will research each one and present this information at the next visit. Meanwhile, for the present treatment, you can always treat based on what is before you: the history, the pulse, and the tongue signs. In my experience, these will give you enough preliminary clues to begin a good initial treatment.

When faced with a manipulative patient, it is easy for practitioners to feel challenged and even “put upon.” These patients do not always react well when their suggestions or demands are not heeded. At times, the patient may use tactics such as guilt or ingratiating behavior to try to manipulate the practitioner’s actions. If they do not get their way, you may even lose the patient
As always, you need to find that middle ground on which you can show respect for your client's opinions, yet retain your place as the practitioner.

completely, but it is still better to lose a patient than to lose control of your practice! Fortunately, it is often the case that the patient will remain with you even if you cannot comply with their suggestions. In many cases, you will increase your patients' respect for you by standing your ground, especially when they experience the positive results of your work.

As stated throughout this book, it is not okay to get angry with the patient or to argue with them. In fact, arguing will only aggravate the situation. As always, you need to find that middle ground on which you can show respect for your patient's opinions, yet retain your place as the practitioner.

One of the dangers of acquiescing to a manipulative patient is that it makes it even easier for them to manipulate in the future. Dealing with manipulative patients does require establishing boundaries and setting limits. It also involves the great tool of education. You must find a way to educate your patients as to why their suggestions will not fit into your treatment plan. If possible, you might try to find some common ground whereby the patient will be satisfied, even if their original wishes are not met.

**Case in point:**

M. D. is a 50 year-old woman with a long history of insomnia that started during the illness and eventual death of her eight year-old daughter. She also suffers from an anxiety disorder that at times borders on panic. She is a chiropractor who often uses Applied Kinesiology (AK) in her practice. She contacted an Oriental medical practitioner in hopes of finally finding a solution for her insomnia and anxiety. When she initially called for the appointment, the
acupuncturist’s staff was put off because she insisted on being seen the next day, even though the practitioner’s schedule was full. The staff scheduled her for the day after that. When she came for her appointment, she informed the practitioner that she was disappointed she could not have taken her the day before, especially since her problem was quite pressing. She told the practitioner, “I have a friend who is an acupuncturist, and she would never make someone wait to see her.” The practitioner took this comment as something of an affront but continued with the appointment.

The practitioner prescribed an herbal formula based on the patient’s presentation, but the patient insisted that she “test” the formula with kinesiology before taking it. The practitioner reluctantly agreed, but the patient then stated that she could not take the formula because it did not “test right” and asked for another formula. The practitioner then prescribed a second, though in her opinion less appropriate, formula. This second formula “tested” to the patient’s satisfaction. However, on the return visit, the patient was again dissatisfied because the formula she was given was not having the desired effect.

- What went wrong?

This relationship started off on the wrong foot with the staff being challenged to find an appointment time that would suit the patient even though it was not in keeping with the office schedule. Things went from bad to worse when the patient made a comparison in which the present practitioner did not appear favorable. Although the practitioner was somewhat insulted by the remark, she also could not help taking it to heart and feeling that she would like to prove to the patient that she, too, was a caring healer. This herbalist was a believer in AK but had misgivings about the way the patient was using it. In the end, she chose to try to please and appease the patient but with less than satisfactory results. She should have stuck to her guns and given an explanation to the patient as to why the first formula was her primary choice and why the second formula
would probably not be effective. If the patient still refused to try the first formula, the herbalist might have had to suggest another practitioner or another type of discipline.

The upper hand

Sometimes patients will try to manipulate things other than the treatment itself. In fact, they may have nothing to say about the treatment but plenty to say about time or money. Time and money, as we all know, carry tremendous power and can be used as tools of manipulation by patients trying to get reduced fees or special time considerations. Again, as the practitioner, you must be willing and able to set limits and stand your ground.

The person who truly does not have the funds to pay for their treatments will usually find a fairly forthright way of requesting a payment schedule, or they simply will decide to put off treatment until they can afford it. In a manipulative situation, however, the patient may very well be able to afford the treatment. Money or lack thereof is not the actual issue. It is more a kind of bargaining chip, and what they are bargaining for is “the upper hand,” a chance to feel they have “gotten their way,” or even that they have “pulled one over” on someone.

Time can also be a bargaining chip. Some patients will try to maneuver their way into a busy schedule or try to talk the practitioner into staying late or coming in early just for them. They may also try to linger or prolong their treatment time. If there are other patients waiting in the office, the manipulative patient may even try to use their presence as a means to their ends. This is often done by complimenting the practitioner in front of these patients or trying to engage them in the situation. When this happens, the pressure on the practitioner is doubled, and it is usually then necessary to draw the patient into a private area to discuss the matter away from the influence of others.

**Cases in point:**
Case 1. An acupuncturist had been treating a terminally ill man for some time at a reduced rate because the gentleman’s finances were a problem. The acupuncturist had had no trouble working out a payment schedule that was acceptable to all concerned. During the course of the treatments, the practitioner had been introduced to several of the man’s family members. Unfortunately, the man passed away but, a few months later, his daughter called for an appointment for a case of tendonitis. When she showed up for the appointment, the first thing she asked was how much the treatment would cost. The acupuncturist quoted her his usual fees. The patient balked a little and stated that she thought she should be treated at a reduced rate like her father had been. The acupuncturist told her that that had been a special consideration and reiterated his usual fees.

The patient was quite persistent, however, and started complimenting the practitioner profusely, saying how his treatments had prolonged her father’s life and enhanced his quality of life. She stated that, since she was a close relative and was still grieving, she should also be given “a break” on the fee. When the acupuncturist held firm, the patient actually started a kind of bargaining process. The acupuncturist had become quite fond of the patient’s father when he was treating him, and the daughter’s insistence started wearing on him. Because time was being wasted on this topic, the acupuncturist finally gave into the patient’s wishes and did agree to treat her at a lower rate.

■ What went wrong?

This patient was quite skilled at emotional manipulation and knew what would tug at the acupuncturist’s heartstrings. She actually was able to afford the treatments but felt that she wanted the upper hand for some reason and so persisted until she was able to get her way. Even though the acupuncturist had an emotional attachment in this situation, he would have been wiser not to argue with the daughter. The fact that they already knew
each other did not help since he wanted to maintain the same professional and caring image he had created when treating the father.

He should have clearly and firmly explained that the father had received a reduced rate because of extenuating circumstances that did not apply across the board. He could have asked the daughter if she was having any financial problems that would interfere with her paying for the treatments or could have simply stated the fee and let the patient decide if she wanted to continue or not.

Case 2. After a treatment, a patient approached the front desk to make her next appointment. There were two other patients in the reception area at the time.

**Patient:** I’d like to make an appointment for next Friday at 6:00 PM.

**Receptionist:** You know that [the practitioner’s] last appointment on Fridays is at 5:00. I could get you in at 4:30 or 5:00.

**Patient:** Oh no, that won’t work. I have to come in next week, but it has to be Friday after 5:00. I’ve been coming here so long. Don’t you think she could make an exception just this once?

**Receptionist:** I’m sorry. She won’t be able to do that. Is there any other time you can make it next week?

**Patient:** (turning to the others in the waiting room) I just can’t believe it. She is usually so great, isn’t she? I mean, she has done so much to help me. Don’t you think I deserve a little slack here?

**Receptionist:** Well, I don’t know. Let me get [the practitioner] for you.

The receptionist then called the acupuncturist to the front desk
and explained the problem. The acupuncturist relented slightly and told the patient she could come in at 5:30 if she wanted to.

■ What went wrong?

Several errors were made in this scenario. First, the receptionist had perhaps not been fully instructed by the acupuncturist on how to handle this type of patient. Second, the receptionist should have spoken to the acupuncturist privately in order to allow her the time to assess the situation and make a decision about how to handle it. When the acupuncturist came to the front desk, she was immediately thrown into a situation in which the patient had tried to gain support from the other patients and the situation could have escalated had the acupuncturist not compromised. However, this type of action only paves the way for further future manipulation. If the patient had not been willing to schedule during normal hours of operation, she should have been told that she could have the first available appointment after Friday.

Driving with the brakes on

Other forms of manipulation may not always be so obvious. Sometimes a patient will use his or her lack of progress as a form of control. These are the patients who come to you week after week with the same complaint that does not seem to improve, yet they do not show discouragement with the treatments. Instead, they continue to make their appointments and are visibly shaken if the practitioner indicates that the treatments are not working and that it might be best to pursue another plan. Patients who demonstrate this type of behavior are often afraid to end the relationship with the practitioner. The fact that they are not getting better is not their fault; so they are absolved of that responsibility.

In addition, the relationship with the practitioner gives them a much-needed sense of being cared for. The attention they receive is important to them and may also be filling a void in
their lives. Nonetheless, you as the practitioner must realize that that is not your role. These cases can be emotionally very challenging and difficult for a practitioner. You see a hurting individual and sincerely want to help them. You do everything in your power towards that end, yet you see no progress and you become frustrated.

Most of these patients do not express anger or any type of blame towards the practitioner. In fact, in most cases, they may be overly grateful and try to reassure you that they think you are doing all you can to help. They may even blame their lack of progress on themselves with comments such as “I know you’re doing all you can to help me. It’s just me. I’m so messed up that no one can help me.” The self-pitying attitude is hard to brush off and will often make a practitioner feel that he/she wants to do even more to assist the patient.

Manipulative patients will embrace your suggestions and even try to prove to you how they’ve tried to follow up on your advice, but somehow it just did not work out in spite of their best efforts. When dealing with these patients, there is bound to come a time when you need to end the relationship. When this time comes, it is paramount to offer the patient some choices for what they can do next. Sending them away with no hope is extremely detrimental. However, it must also be made clear that the ultimate decision lies with them and that, if they do not like what you have offered as follow up advice, there is not much more you can do.

Case in point:

N. K. sought acupuncture treatment for a case of long-standing, severe depression at the suggestion of a friend. The initial inter-
view went well with the patient expressing a sincere desire to get well. The acupuncturist noticed that she was already taking some prescription antidepressants, but the patient stated they really were not helping. When asked how long she had been on the medication, she gave vague answers. When asked why she continued on the medication even though she did not feel it was helping, she gave even more vague answers. The acupuncturist proceeded to administer twice-weekly treatments for depression and was encouraged by the patient’s optimistic attitude towards acupuncture. After about four weeks of treatment, the patient demonstrated no noticeable improvement and, at times, told the acupuncturist that she thought the depression was getting worse.

The acupuncturist was becoming frustrated and referred the patient to a Five Elements practitioner. The patient took the information, but never called. When asked why, she put on a sad face and said, “What could she do that you can’t? You already know me and I feel comfortable here.” The acupuncturist also referred this patient to a local support group and suggested she also try Trauma Touch therapy. Again the patient seemed eager to try these avenues but came back stating she so far had not had time to go to the support group. She also stated she had done some research on Trauma Touch massage and felt that it would not help her.

The practitioner eventually became exasperated and told the patient there was not much more she could do for her and that the patient would have to try to find other sources of help. The patient left the office rather tearfully but did not return.

■ What went wrong?

The patient gave a hint early on in the treatments that she might be somewhat manipulative when she gave vague answers regarding her antidepressants. It might have been worthwhile for the acupuncturist to pursue this information in a little more detail and perhaps to consult with the doctor who prescribed the antide-
pressants if the patient would have agreed to that. As the treatments continued with no progress, the acupuncturist should have tried to gently taper off the frequency to once a week, then twice a month, etc. instead of abruptly ending the relationship.

When it became clear to the practitioner that the patient needed another means of treatment, the acupuncturist should have reiterated her original suggestions and given them to the patient in writing. In the gentlest way possible, she needed to let the patient know that, just because acupuncture was not working for her, there was still hope and the patient had not exhausted all her options. She needed to acknowledge the patient’s tearfulness and express sympathy but still hold firm to her own advice.

THE INSIDE STORY:

Manipulative patients can often prove to be frustrating and even annoying at times. Their desire to control the treatments can be a real challenge to any practitioner. It is helpful to understand that underneath this behavior is a person who has likely been manipulated themselves, either in a present situation or in a past instance from childhood. In more serious cases, there may be a history of sexual, physical, or emotional abuse. They feel out of control, yet also have a need to exert control. In so many cases, the only way they know how to do this is by mimicking the way they have been or are being treated.

Many of these patients may also have been somewhat neglected as children. Their behavior can often seem quite childlike, and they may be seeking a kind of surrogate parent or caregiver role from their health care providers. However, even though they seek to exert control, there is also a feeling that they have a deep need to be cared for and taken care of. If they have not been able to find this in their personal relationships, the health care provider is a logical choice to pursue.

Of course, these motives are usually quite subconscious, and it is
not the job of the Oriental medicine practitioner to analyze the patient or find answers to deep-rooted problems, but just being armed with a basic understanding of this type of patient can help the practitioner develop an effective treatment strategy that will benefit both the patient and the therapeutic relationship.

**QUESTIONS FOR CHAPTER SEVEN:**

1. Can you think of an instance in which you yourself used manipulative behavior? If so, what were your motives? What did you hope to achieve and were you successful?

2. Have you ever been in a situation in which someone manipulated you (or tried to)? How did it make you feel? How did you handle that situation?

3. What are some clinical presentations of a manipulative patient?

4. What are some of the underlying issues that may cause a person to be manipulative?

5. Scenario for discussion:
   J. W. is a 25 year-old woman with a history of irritable bowel syndrome (IBS). She is very squeamish about acupuncture needles, but has a large number of tattoos and body piercings. She often complains and even whines about how much the acupuncture needles hurt and that, when she had her piercings and tattoos, she did not feel much pain. She also mentions that she had had acupuncture “a long time ago” and that the needles did not hurt then. She often tells the practitioner which points not to needle and also requests the practitioner needle other
points that she says “don’t hurt so much.” How would you deal with this patient?