

THE DIAGNOSTIC PILLAR: INTERVIEWING

Introduction

This diagnostic pillar ostensibly appears to be more accessible than the other three diagnostic approaches. This is because interviewing the client is not dependent on the subjective perception and interpretation of the signals that are being received through the fingertips, nose and ears. You do not, for example, have to judge how much a certain hue in the complexion is an aberration from what you ought to be seeing right now in the complexion. In general, we are better at intellectually interpreting verbal responses than we are at intellectually interpreting visual, olfactory, auditory or palpable signals. Nevertheless, this pillar contains the most pitfalls. This is because the same verbal response can have multiple diagnostic interpretations. The person's responses can also be misleading, since the client may not understand the question in the same way as you do. They may not remember correctly what you are asking them about or they may not even be consciously aware of what you have asked them about. They may, for example, believe that they do not sweat at night, but if you asked their wife, she would say that they do indeed sweat at night. They may also be imprecise in their answers. For example, a woman may not place any significance in her menstrual cycle being 26 days long or 30 days long. This for her is a regular cycle, because her menstruation arrives once a month. Even though her cycle can vary in length by up to four days, it is still regular in her eyes, because it comes once a month. Even if you ask her to elaborate with a supplementary question about the number of days in the cycle, she might reply that it is 28 days long, because for her there is no significant difference between a 26-, 28- or 30-day cycle, but for us as a diagnostician, there is. Even if you get precise and detailed answers, they will still not be definitive in relation to the diagnosis. They will just be pieces of a jigsaw puzzle, because in Chinese medicine everything must always be seen in a context. Night sweats can, for example, be a manifestation of *yin xu* and Damp-Heat. You will need to compare each answer you get with all the other symptoms and signs, as well as comparing the individual answers with the answers to all the other questions. This is a major difference between Chinese medicine and Western medicine. In Western medicine, A is often equal to B. In Chinese medicine, A will only be equal to B if D, G and R are present, whereas A will be equal to C, if D, F, J and W are present. It is therefore important that the questions you ask are very precise and comprehensive. For example, when you ask someone how their stools are and they say that they are regular, you need to find out what they really mean by this? Daily? Three times a day? Once a week? Furthermore, if they have constipation, it is important to know

what the stools are like – whether they are dry, pebble-like or long and thin like a pencil, whether there is pain and whether they are exhausted or relieved after they have passed the stools. Each answer you get will usually result in having to ask a further elaborative question, and each response to these questions must be seen in the context of the other answers and in the context of all the other signs and symptoms that you have observed.

Interviewing techniques

When we listen to the patient, we should not only listen to what they are saying, but also to the sound of their voice and its tone, speed and strength. We should also observe their body language, posture and eyes, the speed and strength of their body movements and so on. These things are not an aspect of this diagnostic pillar, but interviewing the client gives us ample opportunity to observe the person. It does, though, require a degree of ‘multi-tasking’ to focus intellectually on the conversation and the information that is being given, whilst trying to observe visually and listen to the more subtle diagnostic signs emanating from the client.

As written above, interviewing the client is perhaps the most accessible of the four diagnostic approaches, but it can also be the most difficult, because it is not always easy to get the information you need from the client. This may be because the client is not particularly aware of their bodily functions. They may consciously or subconsciously not want to answer all the questions that we ask. The opposite is often also the case: the patient tells you too much. These patients can start to take control of the conversation or they relay to you too many details and a surfeit of information that has no relevance to what you are asking them about. This is a problem because you only have a limited amount of time set aside for each patient and because it can be very exhausting as a therapist to spend so much energy staying focused and trying to steer the conversation back to the topic. Patients with Heat in the Heart are especially problematic in this way. Heat in the Heart means that they are over-communicative. Their *shen* can have difficulty distinguishing between what is relevant and irrelevant, and it cannot control how much they open up to others. What they say may have relevance for the diagnosis, but often they begin to talk about something other than what you asked them about. It is, of course, an important diagnostic sign in itself that they are talking and telling you so much. It is, perhaps, only this and a red tip on the tongue that tell you that they have some form of Heat in the Heart. Once you have established this, it is important that you gain control of the interview again. It is important to learn how to cut people off in a polite and courteous manner. This can be difficult because they might feel that what they are telling us is relevant to their situation or that they are paying you to listen to them. It may also be that what they are telling us has a great deal of relevance to their imbalances, but that we do not possess the relevant therapeutic skills to help them as a counsellor. This could, for example, be a woman who says that she has been subjected to incest or rape. This will be an extremely important

aetiological factor, but after we have listened and sensed how it affects and has affected her, it's not our job as an acupuncturist or herbalist to provide her with psychological counselling. We are not qualified to do this. We can offer empathy and we can give her the space to talk about it, but we must also be conscious of where our therapeutic tools and skills start and stop. In these situations, we must refer the client to others who possess these skills. We can, importantly, help her on the energetic level, and people who have undergone several years of counselling often experience a therapeutic breakthrough as a result of acupuncture. This, though, is through the actions of the needles and herbs and the space we create, not through our abilities as amateur psychotherapists.

Respect, sensitivity and being non-judgemental are keywords when interviewing clients. The patient must always feel that you have respect for them, that they can trust you and that you do not judge them. The latter is something most clients are excellent at doing themselves and they do not need any additional help! It is a great leap for some people to contact an acupuncturist or herbalist, as this is something that they may perceive of as being 'alternative' or even 'mystic'. It is important that they understand why we ask so many questions that can seem irrelevant and even strange. They may well have thought that it was enough to say that they suffer from migraines – that you would then stick some needles in the headache point and that would be all. It is therefore a good idea to explain how in Chinese medicine we are constantly looking for patterns and relationships, rather than isolated symptoms. You should explain to them how ostensibly disparate symptoms and signs can relate to a specific organ's functioning. For example, that the soreness in their knees and their tinnitus can relate to the Kidneys and that these signs therefore have relevance in the treatment of their night sweats – something that they have been told is hormonal. It is also important to inform the client of the difference between the Western medicine and Chinese medicine concepts of the internal organs. For example, when we say that there is an imbalance that relates to their Liver or Heart, this does not mean that they have cirrhosis or that they are about to have a cardiac arrest. We must explain to them that organs in Chinese medicine are more about functional relationships than physical structures.

Tact and respect are needed when you are enquiring into areas that may be sensitive or private. Some people may find it embarrassing to talk about certain aspects of the body. For example, a 15-year-old girl may not be completely comfortable talking to a 50-year-old man about her vaginal discharge. For others, it could be certain emotional aspects that they are sensitive about. It is therefore important that we win the client's trust in us as therapists and help them to understand why our questions are relevant.

It's also a good idea to rephrase questions so the person can relate to them or comprehend them. It is important to remember that the patient is not trained in Chinese medicine. It is, for example, unlikely that they will know what 'plumstone *qi*' is. This can, of course, easily be rephrased to asking them whether they have a sensation that there is a lump in the throat, as if there is something that they

cannot swallow. Other questions that are ostensibly straightforward should sometimes be reformulated, such as asking them whether they have a sensation of heat in the evening. The difference in temperature may be too subtle for them to register it as a sensation of heat or fever, but if you ask them whether they remove their jersey or are less sensitive to cold in the evening, they may answer yes.

There are various strategies that can be employed when interviewing the client. It is definitely important to gather as much information as possible that is relevant to the diagnosis. However, Bob Flaws believes that you should be systematic and only ask questions that are relevant to the imbalance patterns that may be manifesting in the specific disorder that the patient has sought help for. His view is that you should only investigate the patterns of imbalance that are relevant in the treatment of this disorder. His strategy is to look for confirmation or rejection of the patterns of imbalance that manifest in this disorder. Once you have received enough information to confirm or reject a pattern, you do not have to investigate further. He believes it is a sign of sloppiness when you ask haphazard questions and lack focus.

The second strategy is to investigate all the available avenues. In this way, it is possible to identify patterns of imbalance that may not initially seem relevant but are subsequently found to be significant in relation to the disorder that the patient presents with. The information obtained can also reveal symptoms and imbalances that the patient has not sought treatment for but that may well be more important to address in the treatment. They may, for example, have sought treatment for allergic rhinitis, but through the diagnostic investigation you discover that they suffer from insomnia, stress, palpitations and cardiac pain. In these situations, you must make the patient aware that Chinese medicine can treat these disorders or the imbalance. They may well decide that they still only want treatment of their rhinitis, but now they can make a conscious choice.

The two approaches are, of course, not mutually exclusive. In both scenarios it is important to follow a thread when interviewing a person and not just ask them random questions. You should thoroughly investigate a certain topic before moving on to another area of questioning. My personal opinion is that the more information that you can gather from a patient and the more detailed a picture you can paint, the more accurate the diagnosis will be. In both strategies, it is important that you do not just leap to the next question when a patient has given you an answer. You must ask yourself whether their response generates a new question or whether the answer needs elaboration or more specific details. For example, if when asking about their bowel movements, they respond that they have loose stools, you need to find out: what the consistency of the stools are; whether the stools are watery containing undigested food particles; whether the stools are sticky; whether the stools have a strong odour; whether there is a burning sensation in the anus during or after defecation; whether there is pain or if they feel bloated in the abdomen before they have bowel movements; whether the stools and their movements are influenced by certain foods or stress and so on

Interrogating the client is an integral part of the consultation and treatment. We must, though, be conscious from the outset and during the interview of precisely what information we are trying to gain. We must also be aware of how much time we have available to achieve these goals. If we have set aside an hour to diagnose and treat the client, we cannot sit talking to the client for three-quarters of an hour, as apart from treating the client, we must also receive payment and book a new appointment and they must dress and undress. This means that we, not the client, must be the one who controls the structure and direction of the interview.

The 10 questions

There are some classic questions or areas of verbal investigation. Classically, between 8 and 10 questions or areas of interrogation have been described. The list below is slightly longer, as I have expanded some of the areas of interrogation. Most of the 10 questions are also more categories of questions, rather than individual questions. The areas that I investigate when interviewing a client are:

- general questions, including: age, occupation, family situation, medical history and medication
- specific questions relating to the disorder or symptom that they are seeking treatment for, including the history and specific details of the disorder
- questions relating to body temperature and their relationship to heat and cold
- energy levels
- sweating
- thirst, appetite, taste, nausea and vomiting
- defecation and urination
- questions relating to the Heart
- questions relating to the Lung
- dizziness
- questions relating to the skin and hair
- questions relating to the ears, eyes, vision and hearing
- sleep
- pain, including headaches
- questions that are specific to women, for example questions about menstruation and childbirth
- questions that are specific to men

- emotions
- lifestyle and diet.

This list is not comprehensive and there are other areas that can be investigated verbally, but these are some of the most traditional focus areas.

The order of questions is not important. The questions will often be determined by the responses and in relation to the disorder that the patient has sought treatment for. What is important is to ensure that all relevant issues are investigated during the consultation. A well-designed journal is of great help here.

General questions

Age/gender

Knowing the age and gender of a person already gives us an idea of what imbalances are probable and thereby which signs and symptoms we should look for. This is because there are specific physiological factors that affect the respective genders and people of different ages. There are also certain lifestyle and emotional influences that are more relevant to specific genders and age groups. These are, of course, only probabilities and are definitely not certainties. This is because even though a person's age and gender will predispose them to certain imbalances, there are a great many other factors that will also have had an influence that may have resulted in completely different imbalances.

Women lose blood when they menstruate and when they give birth. This means that they have a tendency to develop not just *xue xu*, but also Spleen *qi xu*, because the Spleen will have to generate *gu qi* constantly to help replenish the *xue* that has been lost. This constant demand on their Spleen will also lead to their *mingmen* becoming weaker, especially when they are 35 and enter the fifth *jing* cycle, where there is a natural decline in strength of the *mingmen*. This will manifest with an increased tendency to Dampness and Phlegm. This is the reason many women's bodies become more pear-shaped at this age. When a woman is 49 years old, her *yin* and *xue* will be so depleted that she will enter menopause. This means that patterns of *xue xu* and *yin xu* Heat are more probable from this age onwards in women. As stated, it is very important to be observant of other possible patterns. Women's tendency to *xue xu* means that women may also manifest with Liver *qi* stagnation. This is because *xue* helps to moisten the Liver and make it flexible. Furthermore, women's position in society and the expectations placed on modern women, in terms of having a career whilst being a good mother, looking after the home, trying to look good and having an active social life, can all help to create a sense of frustration that will stagnate her Liver *qi*.

Young men tend more towards *shi* Heat, especially in the Liver and Stomach, because young men are more *yang* in general, but also due to their lifestyle, where a higher intake of alcohol is more likely than in women and older men. As written,

these examples are only broad generalisations and many people do not necessarily fit into these descriptions.

Teenagers tend to develop *shi* Heat. The reason for this is that their *mingmen* flares up during this period. This creates Heat in various organs. Heat in the Stomach can manifest in their appetites – most people have experienced a 16-year-old boy's insatiable appetite – and in their skin, where the Heat in the Stomach and Damp-Heat will mean that they are prone to acne. The increased heat from *mingmen* will also affect their mood. This is because the Heat will agitate the Liver and Heart making them more hot-tempered and moody. Their libido is also relatively high, due to the increased Heat from the *mingmen*.

Babies and small infants tend to develop food stagnation. This is because their Stomach and Spleen are not fully developed yet. The Stomach and Spleen are first fully developed from about the age of seven. This means that babies find it difficult to transform and process the food that they consume. One must therefore be careful of what they are given to eat; how much they are fed at a time and how often they are fed. This also, of course, applies to older children, but it is especially relevant for infants. Many disorders that affect babies and toddlers will relate to their tendency to develop what is known as accumulation disorder and the patterns of imbalance that this can engender.

Because children's *yin* is not strong, they tend to generate pathological Heat, especially when they get ill. When they are affected by *xie qi*, they will quickly develop a high fever, because their *yin* is not capable of controlling the Heat. This is also seen in the evening when they are tired. When their *yin* cannot control *yang* in the evening, they become overexcited and restless, and their cheeks become red and flushed.

The older people get, the more they become both *yin xu* and *yang xu*. This is because their Kidney *jing* becomes continuously weaker and the Kidneys are the root of all *yin* and *yang* in the body. However, this is not the whole story. It is because Kidney *yin xu* and *yang xu* will undermine other organs and these organs' production of the vital substances, resulting in a tendency to *qi xu* and *xue xu*. At the same time, there is also an increasing tendency to develop stagnations of *qi*, *xue* and Phlegm the older one gets. This can be clearly seen in the body movements of older people. There is not only a lack of strength, but also a lot of stiffness in their movements. Their skin will often manifest signs of *xue* stagnation, with many spider naevi, visible purple blood vessels and 'liver spots'.

Some Chinese medicine doctors also believe that there is an increasing accumulation of *xie* Heat retained inside the body as people get older. This is because each time there has been a pathological invasion of *xie qi*, there will remain a residue of the *xie qi* in the body. These residues of *xie qi* will accumulate, creating Heat and stagnating the vital substances. This is one of the theories behind the development of age-related cancer.