

For pity's sake: the dynamics of manipulation and power games of patients and carers

In medicine we are constantly hampered by an ideology of hierarchy which has been set up from the outset usually by the simple idea of going to another person who “knows” when you don't “know” about the health or state of dis-ease of the body. In more chronic cases of dis-ease or discomfort of the human-condition there are patterns of manipulation and power-games that are always involved in the “care” situation.

There are 4 expressions of people involved in a care giving situation:-

The true-patient: cannot ask for help and is help-less - yin

The false-patient: who manipulates - yang

The carer: who is directed by the patient - yin

The false-carer: who gives direction - yang

Pity and pitying are the dynamic of the false-patient state and the false-carer who gives direction. These aspects are the yang involved in the care work. The nature of the yin is adaptive so it not fundamentally be about the ideology of pity. Pity is really about a mental state, about an idea involving hierarchical power and the control of it.

The false-patient is the one who basically likes to direct other people and yet cannot do as they would wish to without another person's help. So the process then becomes about manipulation in order to control another person. This is not a problem if the person is a yin-carer and while they do feel satiated to some extent by having control of another person, or getting the attention and sense of connection that they need, the patient never obtains much relief. In this case the carer also feels satiated, in that she or he is being directed which accords with his or her nature. While it may be that the domineering patient doesn't really know what is beneficial for them, the contact with the yin calmer person by-nature than the more active yang-carer is actually often the best policy, although this situation can easily turn into an abuse of the carer and an increased stress in its direction unless there is a careful vigilance.

The yang-carer is all about power. He or she is really doing the job of caring but primarily for their own sense of control. This person shouldn't really be a carer and they are considered to be false-carers as the nature of the job is for the yin. The worst situation of all is when a false-carer comes in contact with a false-patient which is a very explosive situation. Basically the two yang powers try to control one another, the patient via manipulation and an attempt to get “pity” and the yang will attempt to gain power by demonstrating a “you'll get what you're given” attitude and a refusal to provide anything the way the patient wants them to.

Fundamentally the best situation for the false-carer is to be associated with the true-patient as this yin will counter the yang of the carer's directing nature, but this way around there can be an abuse of the patient via the carer, so this becomes a problem. Ideally the false-carer will provide care for very short periods of time in acute situations

such as emergency ward medicine. The long-term carer for chronic patterns needs to be yin. In this way there is peace.

Pity is an interesting concept and is always found in the false-patient and false-carer situation as it is about power and control. The nature of pity is to try to gain some security and comfort and to be pitied can seem a good idea if you want to gain power or control over a situation or environment. The false-carer approach is non-pitying and of only providing something when “they” want to. This shows “I am in control, I don't have to give you anything I don't want to”. It also signifies that the patient needs to yield to the hierarchy and dominance of the false-carer in order to get what they want. This of course can provide very aggressive reactions from both parties as each ardently defends their corner.

Pity in itself is founded on the idea that “I” am separate from “you”, and a base level sense of separation. The false-carer definitely feels this as does the false-patient. For them both this represents a fight because neither of them can see how in fact they are one and the same thing. The nature of the yin involvement is always that the yin cools and calms the yang, and as such allows the true nature of the connection process to come out rather than it being about a process of pitying and withholding of pity.

Interestingly the false-patient may well have been a false-carer previously in life and so their very similarity prevents the occurrence of healing. Generally yang-carers cannot provide this kind of attention other than for very short periods as by nature their expression is expansive and a clinical situation requires an internal connection with the energy which is not on the superficial plain. The yang-carer may well be impervious to the patient's influence but fundamentally this shows an unwillingness to be in relation to the patient which is what is vital in treatment as it is deeply intimate, yet impersonal.

Caring as a profession is something which people do for many reasons but actually the role is only effective for a few. A true-carer who is yin by nature needs to ensure they are not manipulated by the patient's ideas but rather be directed by what is “really” needed. This requires a sense of calm stillness to diagnosis the situation and again this is a yin trait to be able to do this without judgment. Treatment then proceeds not only from the basis of what the patient says, but also in responding to what the patient says, filtering out what the patient thinks they need from what they actually need and speaking to them in such a way that they realize that there is no threat involved. A false-carer does not have the patience for this and will come in with guns blazing and direct things from the outset, causing a lot of agitation and problems unless it is an acute situation where the patient cannot respond and then their skills are greatly useful with a faster response than those of the yin. The false-carer therefore is really a true-paramedic, so to speak. The yin-carer is the epicentre of medical approach especially as the process of what “I think” or “I want” can easily be set aside allowing what is real and relevant to come out of the interaction. Also the interaction naturally fuses because yin and yang are balanced and this means the treatment itself is neither about the role of “patient” nor “practitioner” but actually something that simply occurs energetically when these magnetic fields are in the same

proximity. This is medicine without really trying which is the way healing fundamentally occurs.

The nature of medicine that is actually about dis-ease of sufferance always needs to be dealt with by the yin-caring expression. In the physical situation of accident or acute sickness which rather than dis-ease is more about immediate climate or environmental changes, then the yang can be involved. This also relates to the different types of medicine. For chronic dis-ease, medicines which deal with the whole are required and this is intrinsically yin. Acute situations are often surgical and focused and this requires an acute response which is now covered by modern medicine although was a very small part of ancient medicine also. (For more on understating this please read my book “Medical Oneness: the way to unite all forms of medicine” available on the Books page of this website).

Mis-management of care-based situations are really about people trying to fit themselves into expressions and roles that don’t suit them. Pity is just another word for the belief in separation or dualism. Healing only occurs when there is some relief derived from the realisation that “you” and “I” are not as separate as we seem.

(I would like to recommend the work of Akinobu Kishi whose treatment methodology “Sei-ki” brings us back to the true core of ancient healing understanding, the nature of the true-carer/ yin. The expression of which he speaks is at the root of treatment of the deficiency, which is fundamentally the key tenet of Classical medicine. Kishi not only revives this understanding but makes it clear that patient and practitioner are not divided and that in all interactions, but most particularly in caring and treatments situations, neither practitioner nor patient them-“selves” is involved but that at the point of connection or resonance something else happens beyond separation. It is a greatly important insight. [Sei-ki: Life in Resonance, the secret art of shiatsu](#))

David Nassim
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