

Clinical Training in Homeopathic Practice

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Introduction

Up to now, clinical education in homeopathy has been largely concerned with the technical skills needed to conduct the homeopathic interview in order to collect and record the data needed for a homeopathic prescription, and avoided acknowledging the role of the therapeutic relationship as part of the healing process.

Since *Hahnemann* in his *Chronic Diseases* dogmatically attributed the “main cause” for the efficiency of the homeopathic treatment to the “medical treatment” [11], homeopathic literature and clinical education almost exclusively focuses on the homeopathic prescription process [17].

However, as has been shown by *Busche* [4], *Hahnemann* in his practice was more pragmatic than in his writings, and even anticipated essential elements of psychotherapy. He

- fostered an emotional and affective relationship with his patients,
- asked his patients to actively participate in the treatment by adopting a healthy life style, and
- tolerated self-medication in critical situations.

Furthermore, recent homeopathic research findings suggest that there is much more to homeopathic treatment than just the “medical” part of it [39]. To name but a few results:

Thompson & Weiss [33] have distinguished and analyzed the different elements of the homeopathic “package of care”. Their findings suggest that it is a complex intervention containing a number of factors which

may act both independently and interdependently. E.g. the in-depth enquiry into both physical and mental complaints not only brings about the symptoms needed for a homeopathic prescription, but also may lead to a *cathartic disclosure* from the part of the patient. Vice versa, the remedy matching process, if successful and leading to a truly homeopathic remedy, reflects that the practitioner developed a very clear *and therapeutic* understanding of the person’s situation.

In several studies it has been observed that patients seeking alternative treatment often bring with them an *openness to the mind-body connection* which in turn helps the physician to spot insights necessary for an accurate remedy selection [1, 6, 12].

Mercer & Reilly [25] have been able to show that, although good empathy is not itself sufficient for good outcome, there is no good outcome without satisfactory consultational empathy.

Thus, a more “holistic” approach to homeopathic practice should help the student not only to acquire the technical skills needed to collect and record the information required for a homeopathic prescription, but also to develop the appropriate “soft skills” [18, 32, 37]. Also prospective homeopaths

need to know how to foster a therapeutic relationship, while at the same time setting appropriate boundaries, or how to be able to deeply understand a patient’s world and to translate this understanding not only into a homeopathic remedy, but also allow for deep interpersonal communication.

1. Integrating Basic Therapeutic Skills and Attitudes in Clinical Education

How to teach students to integrate such “soft skills” into homeopathic practice?

One possibility is to teach the person-centred approach, which has been comprehensively researched [14, 15, 19] and offers a theoretical framework to understand and train the qualities homeopaths need in order to acknowledge and create the preconditions for a therapeutic relationship.

The person-centred approach is based on the belief that human beings possess a “self-actualising tendency” [21], i.e. the capacity to fully realize a person’s potential, which the founder, *Carl Rogers*, believed should be trusted and prized.

Ian Townsend [35] has pointed out that this “self-actualising tendency” parallels the vital force [10] established as a key concept in homeopathy. Also other core concepts in homeopathy, e.g. the requirement to non-judgmentally observe the patient’s symptoms [10, 38], resonate with *Rogers’* concepts. Thus, the person-centred approach should be suitable to broaden our understanding of the role of the therapeutic relationship [16, 20, 36, 37].

Rogers [30] defined six core elements as necessary to establish a therapeutic rela-

ABSTRACT

In recent years, homeopathic research findings have increased the awareness of the consultation as a therapeutic intervention in itself, independently or in conjunction with the homeopathic remedy. In this essay, the basic therapeutic skills and attitudes which should be integrated in homeopathic clinical education are explored, and the basic features of a practicable and cost-effective training concept are presented, which aims to foster the collaboration of schools and individual practitioners.

KEYWORDS Education, Therapeutic skills, Case-taking, Acceptance, Congruence, Empathic understanding, Intended learning outcomes, Teaching and learning activities, Assessment tasks, Clinical training



tionship, which can be phrased as follows [5]:

- Patient and homeopath are in psychological contact;
- The patient is in a vulnerable, anxious state;
- The homeopath experiences *unconditional positive regard* for the patient;
- She is able to *empathically understand* the patient's internal frame of reference;
- She is aware of her own feelings and inner attitudes, and meets the patient in a *congruent way*;
- The homeopath's acceptance, empathy and congruence is perceived by the patient at least to a minimal degree.

Although all six are core conditions, I will now concentrate on the three elements

- Acceptance or unconditional positive regard,
- empathic understanding, and
- congruence.

Acceptance

Acceptance is more than non-judgmental observation of the patient's symptoms [10,38]. It means to wholly accept and respect the patient as a person who is very well able to make his own, competent decisions [24,29,31]. As an example, when Hahnemann allowed for self-medication, he at the same time acknowledged the competence of his patients [4]. Acceptance is not to be confused with just being "nice" [28], it rather means valuing the client, albeit not praising him [34].

Empathic understanding

Acceptance is closely affiliated with the second core condition, **empathic understanding**. One could even say, it arises out of the counsellor's genuine interest and commitment to understand how the other person experiences the world from within her own belief system and context [29,31] and thus creates the condition where the vital force "reigns in supreme sovereignty" ([10], aphorism 9).

Vithoulkas [38] already introduced this thought into homeopathy, when he compared the interviewer to an active listener, who is able to empathically understand the patient, or even to a painter bringing forth an image representing the patient's particular vision of reality.

Empathy is much more than just sympathy or intellectual understanding. Empathy can release strong feelings in a patient – finally

they meet someone who takes the trouble to really understand what it feels being him or her. Rogers characterized empathy as "one of the most powerful and delicate ways we have of using ourselves" [30].

Congruence

The third condition, **congruence**, is more a state of self-awareness and integration of feelings and attitudes experienced [29]. A congruent homeopath has abandoned the "professional mask" [16] of what she thinks she should be, and has become appropriately visible as the authentic person she really is. She has accepted not only her positive, but also her challenging feelings, and meets the patient with genuine interest and concern [38].

Lived congruence demands the psychological and intellectual maturity of the homeopath to accepting her own thoughts and feelings [29] which also means that she is able to critically reflect on doctrines or "objective truths" [17,22,27].

Congruence makes it easier for patients to trust and to equally grow into a more congruent state themselves [13,23,31]. In dialogue with a congruent counterpart, they open up and reveal their innermost feelings [16]. This is different from what they tell when the interview is controlled and directed by a professional in his "expert-role" – the results of such interviews often do not accurately reflect the other person's view [9].

Thus, the person-centred approach is worth being considered as a possible framework to assist in enhancing the communication skills of students [26]. It goes without saying that students still need to be trained to develop the specific technical skills required for homeopathic case taking, too.

2. Integrating the Therapeutic Relationship into a Curriculum

The problem is how to integrate these "soft skills" into a curriculum. How can we train our students in skills and attitudes like this without turning school into a self-awareness group? How can we deal with the many issues connected in a safe and ethical way? And how can we know that students have acquired these skills and attitudes? I remember that when we worked on the second edition of the European Education

Guidelines [8], we were struggling exactly at this point. Meanwhile some very interesting educational concepts have been developed and tested.

One of them is to align

- intended learning outcomes (ILO),
- teaching and learning activities (TLA) and
- assessment tasks (AT) in the curriculum [2,3].

For example, if we want our students to learn how to drive a car (ILO), then the TLA is not to teach them how motors work in theory, or to watch others drive a car, but to let themselves drive a car under the supervision of a driving instructor, while the appropriate AT would be a driving test. A theoretical lecture about motor construction would be an appropriate TLA if we would like our students to distinguish the different theoretical principles that say, gasoline- and diesel-engines are based upon, and as AT one could choose perhaps between a classical written examination or giving a presentation.

Designing a curriculum this way as a first step requires careful consideration of the ILOs. What exactly is it that we want our students to know and be able to do in the end? And as in every profession, the homeopathic training involves both theoretical or declarative knowledge transfer, as well as the functional knowledge needed in practice. It is very obvious that both areas require quite different TLAs and ATs.

If, for example, we want our students to train in practice how to empathically understand a patient's world (ILO), then we first need to tell them about consultative empathy, and then gradually put the students in practical situations where they need this ability, and support them to develop it (TLA) [37]. The AT would be to check how well they do that. Students could as an example present some video segments of their own practical work to demonstrate how well they have been able to integrate empathy into their consultations.

The learning environment

The learning environment fostering such learning outcomes is necessarily one in which the student is highly motivated and active – which means small groups, adequately trained instructors, and an atmosphere free from fear. This is especially important because the students we teach

come from varying backgrounds and differ greatly in ability, motivation, age, ethnicity and so on. There has been a debate in education if teaching should be a selective activity, sorting those potentially capable from the ones lacking the necessary abilities, or an educating one, where all students are encouraged to adapt deep learning approaches and construct knowledge with their own activities, building on what they already know. Outcomes-based teaching and learning is more concentrated on what individual students *do*, than what their teachers think they *are* [2] – which, interestingly enough, nicely resonates with homeopathic principles.

I am aware that to align ILOs, TLAs and ATs means to rethink not only clinical training, but the whole concept of homeopathic education. We will have to reflect on how to actually translate this principle into educational practice and cost out the financial consequences. But given the present circumstances, where homeopathic schools in many countries experience a considerable drop in student numbers, it is by all means necessary – and possible – to implement changes in and further enhance the quality of homeopathic education.

Clinical apprenticeship

One of the first things we need to do is to cut down the number of hours students spend in the class room. We need to remember that the number of hours taught is not to be confused with the actual quality of a school. *Catherine Coulter* in her new book [7] presents a grass roots model for homeopathic education by clinical apprenticeship. She estimates that the core curriculum could be done in about 50 hours. Although this is certainly a rather provocative statement, it shows the area where we could save time and effort.

Teaching fishing

Most teachers will agree that it is not necessary to “give fish” to our students in teaching every single remedy or all the ramifications of our homeopathic theory. We can teach them “how to fish”, e.g. where to find appropriate information, how to best approach our vast body of materia medica and how to judge how reliable our theory and tools are.

Another feature of this concept is that schools do not need to arrange for expensive teaching clinics. It is possible to build upon the existing clinical knowledge and infrastructure of individual practitioners in

their area and send students out for individual or small group placement, already at a very early point in their homeopathic education. The duration of a placement should be at least one year in order to enable students to realistically evaluate the outcomes of the treatment in the patients.

Of course schools need to not only prepare students for this TLA properly, but also help them to acquire the knowledge base needed to understand what they see in practice. The homeopathic knowledge could be built up “just in time” on an as-needed-basis by both teachers and instructors [2].

A major feature in this concept is to ensure a good level of quality by additionally qualifying the practitioners to instruct the individual or small groups of students. The training should be arranged according to standards set by professional organisations and ECCH, and will have to involve

- supervision, as well as
- theoretical knowledge-transfer and practical training in
 - therapeutic relationship,
 - communication, and
 - education.

I am sure that it will be of interest at least for some experienced practitioners working in single practice to get together and re-evaluate old habits and beliefs and have the chance to work together with young, fresh minds.

Conclusion

What might be the outcome of this approach to homeopathic education?

The students benefit from an education which prepares them more efficiently for the challenges they are confronted with in clinical practice. The schools benefit from a new, highly attractive curriculum, and from not having to provide for an expensive teaching clinic setting. The practitioners benefit from a second foothold, an interesting professional challenge and the chance to work together with young, fresh minds. And last, but not least the whole profession would benefit by well-qualified practitioners who are able to participate effectively and equally in the integrated system of health care delivery of each country.

As with our current economic crisis, we need to remember that a crisis is a dynamic and productive state of being, as the Swiss

writer *Max Frisch* once said – provided that we manage to eliminate the tang of calamity.

I hope that we as a profession will seize this chance to change.

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Vita

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