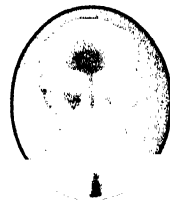


Use silence..... Be effective.....

ABSTRACT: *The first hospitality is nothing other than listening. Through listening, a homoeopath shows his politeness, his gentleness and also his compassion. The process of 'getting acquainted' with the patient becomes a smooth one if a homoeopath postures himself as a listener. A homoeopathic physician who sits on a chair with holistic philosophy in the mind, who has to deal with the patient from totalistic viewpoint, who has to keep his awareness fully to focus on emotions, on every body movement, gestures, postures, speech modulations etc, has to be a good listener. It is said that knowledge - seeker has to be a good listener. The process of case taking is a knowledge-seeking process. Ultimately it is the patient who gives knowledge to a homoeopathic physician.*



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THE COMPLEX HOMOEOPATHIC INTERROGATION

Homoeopathic interrogation is complex. To understand that life is difficult, is difficult for many people. Homoeopathic interrogation is not of a mere clinical orientation. It is multi-dimensional; for, it encompasses human orientation. Because homoeopathy is a life medicine, Homoeopathic interrogation is difficult. As it deals with humans but humans are complex. They have to be. Because they are special animals, specially gifted for intellectual faculties and for their ever increasing needs that actually turn and become greeds. Humans are the most destructive animals on this planet. Humans are difficult with humans, than with other animals. And all other lower animals must be finding difficulty in dealing with humans. The question comes to the mind - are we humans? Have we attained human hood in the process of evolution? Or have we devolved? Is the basic problem not able to shed off animal within human and hence the conflict and subsequent illnesses? Human becoming God is the real journey. All these considerations are important for a homoeopath. Because health is of three types - physical, mental and spiritual. What is to be cured in a patient depends on physician's knowledge which renders a specific approach to the physician.

THE SILENT COMMUNICATION

"The Doctor of the future will not give medicines, but will be someone who is able to listen."
— Thomas A Edison

I wonder what made Edison write this. Besides the tremendous benefits of listening, today's doctor doesn't have time to listen to the grievances of the patient, is also a reality. This doctor appears to be mostly coming from the modern medicine that has a mechanistic attitude 'fit everything into the machine and enjoy whatever comes out of it'. For a classical homoeopath, there is nothing like the doctor of the future. He has to do the essential job of listening, as he has to stand on the terra firma of adequate and accurate data and such type of data cannot be elicited unless the mouth is shut and ears are kept open long enough to allow entry of patient's flow of communication.

I give pivotal importance to listening. Listening doesn't happen automatically. But a physician has to enter into it, wisely, with discipline, with pros and cons, with perspective and prospective vision. Major difference between 'hearing' and 'listening' must be understood. Hearing means merely picking up sound vibrations while listening means making sense out of what we hear. Hearing is re-

lated with ear functioning while listening is related with ears, brain and mind.

"Active listening is an important way to bring about changes in people. Despite the popular notion that listening is a passive approach, clinical and research evidence clearly shows that sensitive listening is a most effective agent for individual personality change and group development"-Rogers and Farson.

The relation between silence and listening has also to be understood. One can be silent without listening to anybody. But for listening one has to be silent. However when one is in talking phase, listening is difficult, ambiguous and impossible too. 'A man is a slave of spoken words but he is a master of unspoken ones'.

SILENCE-THE MOST MUSICAL SONG

Silence is relative or total lack of sound. But this definition of silence is very inadequate. In silence it is expected that one is fully aware not just of physical but with understanding and knowledge. It is with sharp intellectual faculties and hence one is in a position to take an appropriate decision. Silence per se has no purpose or expression. When it is actualized as a sound in speech, it is called by the name silence. Silence is not an archetype; it is unnamable and unknowable. When it is expressed in a word, it is no longer silent.

'Real Silence begins when a reasonable being withdraws from the noise in order to find peace and order in his inner sanctuary'- Peter Minard. Silence can run from very active consciousness to very torpidity and this dimension must be known to a physician. Silence has the capacity to evoke many responses in a patient like threatening, panic, curiosity, anger and even suspicion. A patient can be comfortable or uncomfortable with a physician's silence but when used wisely in interacting with a patient, it can be a powerful communication tool. Silence is one of the more dramatic tools we can use with patients. It can intensify the expression of excitement, shock, anger, disappointment, and can motivate, persuade and educate just to name a few. All these emotions can be conveyed when sound and voice are omitted

with appropriate timing. On the other hand, silence at the wrong time may evoke a negative response in a patient. There is a saying, "Music is made beautiful by pauses between the notes." But these pauses must be well-timed. A long pause with eyes closed posture of a physician may allow a patient to think that a physician is sleeping! Silence must help for more fruitful conversation, it should facilitate the interview.

TYPES OF SILENCE

Silence fall into three distinct sections.

First is the Psychological, second Interactive, and third is Socio-cultural. All of these are distinctly defined through time, context and perception.

The Psychological form of silence can be identified through momentary silence in communicative interaction like hesitation, stutters, self-correction, deliberate slowing of speech for the purpose of clarification or mental processing of ideas to elaborate on topics of discussion. This silence type is short and combines internal or psychological factors into a physical form of external expression. Interactive silence can be found within interpersonal context - that is interpersonal relationships along with the management and maintenance that relationships require. This category of silence is evident through interactive roles, reactive tokens or turn-taking. Lastly, there is the Socio-cultural framework of silence in which the communication is formed through cultural norms and that it follows the culturally defined patterns of social interaction.

One more distinct way to remember a tragic accident and to remember the victims or casualties of such an event is a commemorative silence. This usually means one or more "minute of silence", in which one is supposed not to speak, but instead remember and reflect on the event.

RESONANCE

Each patient radiates his silent thoughts, feelings, expectations and beliefs to the physician. At the same time a physician also radiates his responses to the patient's silent communication. So each patient is simultaneously reflecting and responding to the physician's looks on his face and in his eyes,

tones of voice, shades of expression etc all completely, silently and 'unconsciously'. This is the actual stuff of communication. It is generally held that verbal communication is the most direct form of expression and body language is a supplement to this. A 'spiritual' way of looking at human beings sees the situation in reverse. It is actually the silent communication that is the most direct because it reveals the 'deep down truths' of an individual, while speech is 'indirect' in that it can represent what we think we should be like. Hence the importance of silence and listening in interrogation. In silence, the radiant energy of both the patient and the physician resonate with each other in a better way. Silence enhances observation and observation is actually an interaction. Observation changes what is observed and the physician can take advantage of this to perceive the patient's inner being.

EXAMPLE: If a man has a problem with anger and regards it as a bad thing and the physician also regards anger as a bad thing, then the resonance will be manifested in a common bridge between a patient and a physician and actually he will be subtly reinforcing the patient's problem. But if a physician inwardly believe that the expression of anger is completely natural and healthy, then this feeling state connects with a patient and the 'bridge' is a 'composite' of both and changes a patient from within. Since feelings are the 'electrons' in the shared bond, 'peaceful and accepting' attitude of a physician to anger will interact with a patient. A patient might experience this by feeling inwardly accepted by a physician, understood by a physician and be in a more receptive position to receive what a physician has to offer. This process of resonance is in actuality the application of the law of similars. In order to know where the shoe pinches, a physician should try to experience, through the image transference, the actual feeling states, the patient has gone through. A silent mind, freed from the onslaught of thoughts and thought patterns, is both a goal and an important step in dealing with a patient. Inner silence is understood to bring one in contact with

the divine or the ultimate reality of this moment. The ultimate truth of 'self-realization' is experienced by the great people in the silent phase of tranquility.

AN EXAMPLE OF CRYING: During the consultation, when a patient becomes very emotional and starts crying, it is always better to respect the crying, through the silence. Don't blame a patient or ask a delicate question at once during this period, the answer of which is difficult to give out. Don't jump to any big advice. Just concentrate on how the patient cries and this requires a silent mind. There are more than 50 types of crying and each one is different in its emotional energy and overtone. Perceive what changes the crying induces in you. See for discomfort in a patient and in such a case, turn slightly sideways. Rather than face the patient directly, focus on the book like a repertory or materia medica to give the impression that a physician is not staring at the patient. Once the spell of crying is over and a patient is reverting to emotional balance, ask a question relevant to the issue and wait for the reaction. This gives the patient a feeling of space, of being given the time and freedom to think about and form the response without being compelled. The counterpart of this is physician's own mental state and reaction. I recall one of student's reactions to patient's genuine crying. She also started crying and the whole scenario became too emotional. The professionalism and the emotionality should have a balance.

CONCLUSION

Silence is powerful in the arsenal of the doctors' communication toolbox. It demands the consciousness of refined type and when used correctly, it greatly impacts patient learning, motivation, and emotion, ultimately causing referral, retention and practice growth!

Silence is our deepest nature. The ownership belongs to us only.

Silence reveals.

Silence heals.

Be silent for efficiency.