

## Narrative in the Homeopathic History

### 1. Communication

Homeopaths are trained to examine interactions between life events and the constitutional sensitivities of the patient. It is not always clear why some patients are resilient in the face of a potential trigger event, while others begin a phase of illness from which they never spontaneously recover.

The patient's narrative provides us with the train of events that have diverted them from health. An understanding of the unique circumstances of their life is fundamental to our interpretation of their symptoms and emotional responses. Sensitivity to the circumstances of a patient's life should guide the direction of the enquiry and help to establish the relative significance of their prevailing signs, symptoms and reactions.

Both the symptom phenomena and their context are required for the formulation of a *disease model* (conceptual framework) Taken together these are vital prerequisites for a balanced analysis of the case.

A good homeopath provides the optimal environment for the unfolding of the patient's narrative, by means of:

- adequate consultation time
- attentiveness and 'unconditional positive regard'

These conditions are basic requirements for a successful interview. However, they will not bring us to understanding, in themselves, without:

- sensitivity to the patient's narrative thread and
- active evaluation of life events, in terms of their aetiological significance

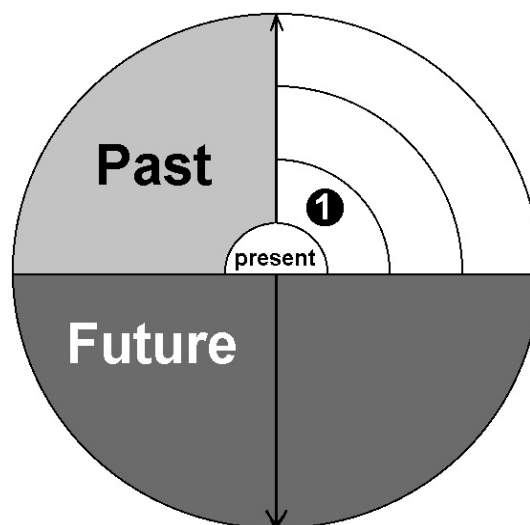
Awareness of these issues allows the experienced physician to subtly influence the balance of detail as the story unfolds, without breaking the patient's narrative thread.

Let us now look in more detail at an interview pathway:

This figure will help to provide a model for the patient's psychological journey during the interview process.

No two interviews take the same pathway. However, some interview pathways are more sympathetic to a patient's stream of consciousness than others.

The patient will often begin with an account of the recent past (1). "For the past three months I have been feeling persistently tired, and I have been having trouble shaking off cold viruses."



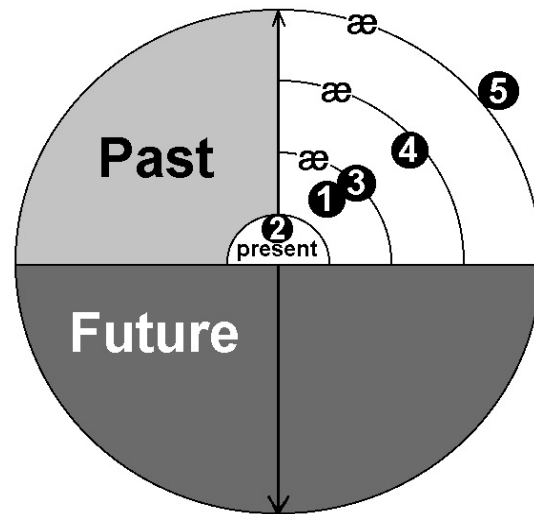
## Current Symptoms

Often the patient will then go on to tell you what their **current symptoms** are ②. “I’m suffering from a sore throat, swollen glands, tiredness and a constantly runny nose.

The circumstances of the first onset ③ may, or may not, be given spontaneously: “I was in the middle of my exams, when the symptoms first came on.”

Often the patient mentions the first onset of the present problems in a cursory way and may not mention them at all unless you specifically ask about possible aetiologies æ③. You might ask:

*‘Did something happen to undermine your resistance? Were there any upsets, accidents, bad shocks, bereavements, upheavals, disappointments, changes of house/job/diet/medication, infections...?’*



## Retrospective Survey

This is often the moment in the interview when the patient hesitates as they revisit their life circumstances prior to the onset of their illness. At this point ④ they consider the possibilities of deeper causation. Some patients draw a blank, in terms of what they think may be significant. In this event ask them simply to describe their life circumstances in the weeks or months preceding their illness. Other patients may describe a history of stress, fatigue, illhealth, medication... perhaps recognising for the first time the consequences of an earlier trigger event æ④. Aspects of their health in childhood and the health of parents and grandparents may reveal predispositions, or miasmatic influences ⑤.

## Present and Perspective on the Future

When the retrospective survey has been completed, the physician may encourage the patient to revisit their present symptoms ② and describe their current sensations, modalities, general and environmental sensitivities. Once this systematic enquiry is complete, many patients feel sufficiently relaxed and secure to describe their values, priorities, beliefs, mood and personality and perhaps their feelings about the key events already related. Sometimes they spontaneously revisit some of the most difficult issues from the past æ④. Thwarted expectations and disappointment may be part of their present state. Their hopes, expectations aspiration and fears concerning the future ⑥ become much easier to understand when their past and present ‘lives’ have been revisited and described.

