

The Attitude of Homeopathic Education

"What should be taught to a student of homeopathy?" I have asked many teachers of homeopathy this question. The answers I most often hear include "The Organon, materia medica, case taking, and case analysis." I concluded that most people think the study of homeopathy is learning a bunch of knowledge/ information. I see this reflected in the average homeopathic school or seminar in North America.

I believe that a homeopath should learn homeopathic attitudes, skills and knowledge-- in that order. This article will define and examine these subjects so that anyone can sit in a homeopathic classroom and consider the topic for themselves.

What are the attitudes that make a good homeopath? This is another question I have asked many homeopathic educators. I have made lists of suggested attitudes, published them in a number of journals and then painfully discovered that lists don't accomplish much. What I mean is that people learn attitudes more from the attitude of the teacher and less from the content of the instructor per se.

Recently I went to a Jan Scholten seminar in New York. The strongest aspect of the seminar was the humble and understated quality of the man himself. His manner, demeanor and questions such as " Who told you that?" or "Why not try it this way?" reflected an open, inquiring and supportive teacher. These are the attitudes important to an effective homeopath and educator. To give a contrasting example - in a different seminar- a participant, a director of a homeopathic college in the UK, raised his hand and suggested the remedy Baryta phosphoricum for the case under discussion. The presenter, an eminent homeopath, replied quickly and in no uncertain terms that " We don't know enough about that remedy." End of conversation. The attitude here was one of arrogance and intolerance.

My observation of the community of homeopathic practitioners is that we have inherited certain attitudes from our teachers (Hahnemann being no exception). These attitudes include the belief that the homeopathy of the teacher is somehow better than that of others. I know, because when I graduated from Homeopathy College of Homeopathy in 1989 I came to NY and I thought I knew more about homeopathy than most because I knew the best method of homeopathy--the one I had learned in my school. I quickly realized the ineffectiveness of my attitude.

As far as attitudes are concerned, I value curiosity, commitment, life-long learning, passion, humility and positive interdependence. But it is not enough to know what attitudes to have. I design my classrooms and programs to reflect these attitudes. This requires the skill to work with the "real" student issues about learning homeopathy. By "real" I mean personal. Students come to study homeopathy for a variety of reasons. These reasons motivate as well as filter the learning process. Different students value different aspects of their homeopathic education. For example, often times students don't value time spent on interpersonal skills, (which happens to be about 90% of what homeopaths spend their time doing!) One of the most important questions of the first year of homeopathic school is how does one develop sound interpersonal skills. A good deal of classroom time ought to be devoted to this issue.

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Through the discussion and development of cooperative skills, students improve their ability to evaluate the effectiveness of their learning process. This evaluation in turn becomes the skill required in evaluating the effectiveness of homeopathic treatment. If the student doesn't agree with what we, the faculty, administration and students emphasize in the learning environment, then the student at least has a clearer sense of what his or her needs are in learning homeopathy. One student of mine, who retired from dentistry to start a practice of acupuncture and now homeopathy, concluded by the end of the first year that he wanted to go back to dentistry. He had come to understand what the issues were around his dissatisfaction and, after making some changes, was able to return to dentistry with renewed excitement and vigor.

The attitude that teachers in my school are expected to project is that learning needs are important. The message that students pass on to their patients is that personal needs around healing are important as well. We must learn to respect one another by developing a sound ability to listen to feedback and adjust our expectations to every individual situation. That, to me, is homeopathic.

My attitude about homeopathy is that, as a practice, homeopathy is more fundamentally a skill. It is closer to having a vocation than mastering a traditional body of knowledge such as art history or chemistry. So the primary focus of my classroom is to help students practice their skills: the basic set of skills I call practice methodology, which includes case taking, case analysis, and case management. For me, the best way to master these skills is to practice. If I were teaching someone to ride a horse or play an instrument I wouldn't put them in a large lecture hall and tell them how to do it. I would lend them an instrument or get them on a horse.

In academia, the basic classroom design of a skill-oriented program is called problem-based learning. This means the problem is encountered first in the learning process. Then students have to evaluate and decide what knowledge and/or skills are needed to solve the problem, which motivates them to study and use appropriate resources. This is relatively easy because homeopathic practice is intrinsically problem-based in nature. The basic problem is "What remedy can I find for this person?"

In the traditional educational paradigm, the assumption is that one has to "know enough" to solve the problem. So we go through two years of lectures, listening, reading, studying, memorizing, and regurgitating the information before having an opportunity to deal with real situations. A simple problem-based classroom in homeopathy can be set up the first day of school, as this example from one of my recent classrooms shows: case of a woman who has phobias since she was in a car accident. Students break into groups and make a list of the characteristics of the case. They write their lists on the board and we have a class discussion about the differences between the lists. The discussion facilitates the students' learning about what types of information are important in homeopathic analysis. Interestingly, one doesn't have to know anything about homeopathy to do this activity. (It makes a great design for an introductory talk.)

The point is that I can teach the skill of characterizing a case by having students discover it. They then go home and try it a few times, refining a new skill. Most homeopathic education and all of case methodology can be taught this way. The bad news is that most

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homeopathy schools still require knowledge before practice. Interestingly, the best medical schools in the US and Canada are shifting their focus to problem-based learning.

After the students have spent some time on attitudes and skills, they quickly find a great need for knowledge. In this way, adult learners are motivated to do the hard work of learning the huge volume of information required of a well-trained clinical practitioner. They also have enough experience to find meaning in the material studied, and they put into action the knowledge they are gaining so rapidly.

The knowledge required of a homeopath is actually two sided. While many think it is all the material listed in our curriculum-- knowing Hahnemann, provings, remedies, etc., in this day and age, the function of knowledge is changing. The advent of computers has completely reorganized the relative value of homeopathic materia medica. In the actual practice of homeopathy the focus shifts from the amount of knowledge necessary to knowing where to find the solution.

Another example will help to clarify - I was watching students solve a case in my clinic. The students characterized the problem for the patient: she had been traumatized by her husband. Every time she walked into the room where it happened, she had a difficult time breathing. She also awakes at 4:00 in the morning. (We essentially ignored her psoriasis and joint pains, which are not characteristic to the case.) In looking for a remedy to cover the symptoms, we quickly came to Nux-v which was not satisfactory. Our conclusion was that "Ailments from shock" was the most useful rubric. We considered the remedies in the rubric and came up with a short list of five including Arnica and Opium. The group decided that each student would take one remedy, and using their materia medica they would rule in or rule out one remedy each. I observed the process the students went through next. They took out their Morrison's Desktop Guide or their Vermeulen Synoptic Materia Medica, then read the lists of keynotes therein, and noticed that the case didn't have most of what was in the keynote materia medica. As they considered each remedy this way they managed to get to three remedies that were actually all good choices. But what they didn't do was go to a materia medica such as Clarke's Dictionary, Allen's Encyclopedia, or Hering's Materia Medica, to see which of the remedies covered the asthmatic response from the shock.

The ability to solve the problem depended upon either knowing Arnica or Opium to that level of detail, or in this case, knowing which type of materia medica - which resource - would help solve the problem. Some students will learn materia medica so deeply that they remember subtle details. Most will have to continually rely on our resources to effectively practice homeopathy. For this reason computers have facilitated the contemporary homeopaths' utilization of a much wider range of remedies.

The practice of homeopathy is not an easy art. It requires years of perseverance and practice. It is during the long course of homeopathic education that a student develops the attitudes, skills and knowledge of a competent homeopath. I now understand these three components of homeopathic education as having a hierarchy, much in the way that mental, emotional, and physical traits are perceived in homeopathy. Attitudes are the deepest and most pervasive part of the homeopathic paradigm; skills are the tools we use to practice our art, knowledge is the information that informs our skills. Thus attitudes

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are the deepest and knowledge is the most superficial. To me, this is the beginning of a pedagogy in homeopathy . If one really learns a homeopathic attitude, this will prevade the rest of the learning.

I think it is time we took a closer look at the educational values around which we structure educational paradigms in homeopathy. We need to make a commitment to developing healthy homeopathic practitioners, by integrating homeopathic thinking into the way we inform our teaching paradigms. I encourage everyone to assess their own learning process and consider this approach.

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