

Resonances: Word, Voice and Mind in Medicine

The Art and Science of Listening from a Homeopathic Perspective
A Practical Seminar for Integrative Medical Practitioners

September 16-18, 2011

Presenter: Russell Steven Malcolm MB, ChB BA, FFHom.

Sponsored by: New York Medical College, The American Institute of Homeopathy
And The Homeopathic Medical Society of the State of New York

The Westin, City Center, Washington, DC
Approved for 20 AMA Category 1 CME Credits

The following seminar overview has been extracted from an interview with Russell Malcolm, MB, ChB, BA, FFHom.

Russell Malcolm is a homeopathic physician with over 25 years of clinical experience. He is a Fellow of the Faculty of Homeopathy, director of the Claremont Homeopathic Clinic, Glasgow, Scotland and former Director of Education at the Royal London Homeopathic Hospital (Royal Hospital for Integrative Medicine). He has university degrees in both medicine and the arts.

“This program will be an amalgam of a number of seminars that I have provided over the last 10 years in various European centers, including Prague, Utrecht, Bucharest, Moscow, London and Lisbon.

The last seminar I offered in the United States in 2008 was entitled “*Systems and Symbiosis: The Bowel Nosodes Reappraised*”. In contrast to “Systems and Symbiosis”, this conference looks at an entirely different category of clinical information. “Systems and Symbiosis” focused on the prescribing of nosodes for chronic illness. Its starting point was the biology of the gut. In “Systems and Symbiosis” we discussed how our microecology can be an important determinant of organic function and health.

In contrast, this new conference will examine the aetiology of chronic illness from an entirely different perspective. I hope that colleagues will find that the perspectives of the two conferences complement each other well, and that those who attended the first, will appreciate seeing the other side of the coin this year.

We all appreciate that illness can arise, not only from our biology but it can also arise because of the way we think, react, behave and live. The organic effects of our mental imperatives become entangled with our somatic function over time.

Understanding these phenomena in each individual patient requires an ability to penetrate the internal state through an analysis of words, voice and mind (in addition to the physical and pathological expression of illness). Whereas we covered mainly organic contexts for illness in the 2008 seminar, this time we will work from the life context - a diametrically opposite, yet essential, approach to chronic illness.

If illness is studied out of context, then we are in danger of treating it purely mechanistically. We may cut it out, suppress it, or endeavor to control the symptoms. However, without an understanding of the context for illness, it can rarely be cured.

When disease is revealed within its context, however, we can see why it evolved, what triggered it, what keeps it going, and what stops the patient from curing themselves. Once the context is understood, one can start to work creatively with complex problem-solving and seek a resolution on an individualized basis.

As soon as a symptom has a context, whether it is diagnostic, etiologic, or mental-emotional, then the meaning of that symptom and the meaning of that illness emerges. This understanding improves the chances that we can identify meaningful treatment solutions.

Context is paramount. So we must learn to view signs and symptoms within a context, and place the patient's experience within the framework of their unique narrative. This allows us to understand their experiences, and conceptualize their ideas in relation to their internal and external worlds. A process which is fundamental to the realistic understanding of their illness. With context comes richness, and with richness comes new solutions and new treatments.

The difference between the mechanistic practitioner (i.e. one who is primarily involved with symptom control) and the healer, has to do with appreciation, understanding and sensitivity to context.

By becoming sensitive to context, the practitioner is able to tune in to the patient's experience. One of the most important keys to this process lies with the patient's words and their vocal habits. This is where the mind reflects the dynamics of the case.

Most advanced homeopaths show themselves to be supremely context-sensitive people: practitioners who are able to place everything that they see and hear within some kind of meaningful context, (including etiological time-lines and social backgrounds). It is this understanding of context that helps experienced practitioners analyze the case in a superior manner and select effective treatments.

Many advanced homeopaths feel that they can work almost instinctively from perceptions of the patient's demeanour, observations of their behaviour and an assessment of their beliefs. These instinctual activities are, in fact, based on refined

observational techniques, and complex forms of information processing - techniques which can be learned, described and communicated to others.

When practitioners are shown the importance of life- context by means of illustrative video cases, then they will be better able to identify key factors in their own patients. Factors that they would perhaps never perceive otherwise.

If you understand the function of the whole, then the various disturbances of the parts becomes more significant and more understandable.

Truly context-sensitive practitioners are no longer satisfied to restrict treatment to a steroid ointment, painkiller, or depot injection. These treatment strategies are increasingly perceived as a mechanistic and limited response to systems-phenomena. Such treatments rarely resolve a problem permanently, because they don't address either the causal context for a condition, or its perpetuating factors.

Regardless of your specialist background, an improved insight into each patient's life-context is an enriching skill. It not only enriches the treatment options available to the patient, but it also enriches the working life of the practitioner.

This conference will examine the significance of narrative in medicine and explores how narrative insights can be developed, amplified, and transformed into a more effective tool for practitioners.

This conference is *not* about case-taking 'technique' as such, or protocol-driven approaches to health care. It is about integrating an artistic exploration of words and language into medicine - but in a way that has direct implications for care and therapeutic results. Our discussions will help to develop the medical craft closer toward the art of medicine.

Video material will be extensively supported by written texts, transcripts, and discussion throughout the weekend. There will be opportunities for workshop discussion of the information presented and the sharing of new ideas.

Day one focuses on **Words** as tools, words as metaphors and words as communicators of meaning. Words, within the poetry of speech and vocal patterns are explored and illustrated. Our first day starts with simple cases, with clear single etiological triggers, predictable clinical consequences, and no blocks to cure. In these basic scenarios, the expression of the case is fairly literal and the shape of the interview provides us with direct answers. In these opening illustrations there is very little 'entanglement' or difficulty with interpretation.

In subsequent sessions we will look at cases with more complexity and tackle the problem of making individualised constructs for patients.

Saturday's program will begin with a presentation on **Voice**. We will explore the physics and physiology of voice, alluding to the unique fractal properties of different voice types.

The concept of constitution is well known to many practitioners, particularly as it is expressed by patients on the physical and behavioural level.

However, constitution is also discernible in the vocal profile and we will utilize several advanced technologies, including speech-pattern analysis and spectrographic vocal analysis to show this.

We will also make reference to "Sprechgesang", (an expressionistic art form which utilizes pitched speech and musical rhythms) to illustrate vocal constitutions and speech patterns. Voice reflects many aspects of health and disease: whether disturbances arise from physical, physiological, or mental-emotional realms.

Understanding and interpreting how the voice expresses these dimensions is a practical part of the course, of direct value to every practitioner. In addition to the physical effects of illness on the voice, these analyses will enable us to recognize the emotional dynamic of a case, which often changes as the narrative progresses.

Longer case studies will develop our approach to narrative and show how word choices and the texture of speech, expose the underlying emotional content.

This will provide a heightened level of recognition for the relay of vocal dynamics and pitch, prosody, word symbolism, poetic syntax, metaphor, and a whole variety of other elements of human communication. This analysis deepens understanding and provides greater context for each case.

Day two of this seminar will help practitioners enrich their understanding of context. We will achieve this by tuning in, with greater sensitivity, to the vocal dynamics and behavioural cues that occur in every interview. In addition to live video recordings of consultations, there are other useful sources of information providing insights into the human condition and the life-contexts for illness.

We begin with the word and progress, via an examination of the voice, to a deeper appreciation of prosodic context. We will use the arts, including music, to help elucidate the different aspects of speech rhythms, emotional themes and recurrent motifs in patient communications. These living phenomena all have parallels within music and art and familiarity with the arts, is helpful for a deeper exploration of these abstract human concepts.

The performing arts can also illustrate what it means to be working in 'real time' and how to capture the living experience. This is the art of holistic medicine. Towards the end of the second day we will look at several long cases that illustrate and summarize everything done so far:

- words
- words within context
- aspects of the narrative
- the entanglement between narrative and the emotional course the patient is on
- the dynamics of the case as it is reflected in prosody,
- word juxtaposition, poetry, metaphor, symbolism,
- ‘real-time’ elements that appear transiently in the span of a patient’s interview.

On Sunday, the third and final day, we will focus on **Mind**. We will discuss the significance of the dominant ‘Catch-22’ in the patient’s life. This is a central and irreconcilable obstacle that most patients encounter. People struggling with a significant ‘Catch 22’ in their life often engage in an internal dialogue, but may be unable to move past this point in their struggle.

We will develop an understanding both of the patient’s internal dialogue and the way that this dialogue is presented to the interviewer in their narrative. It is up to every practitioner to see past the literal story, towards the issues that the patient is unable to reconcile – their particular ‘Catch-22’. This is often a universal theme that the patient is struggling with in particular way.

Some of the cases we will examine, are characterized by a struggle between the fundamental issues of spirituality and sexuality. Three long cases will be presented which illustrate entirely different aspects of this fundamental issue.

The conference interfaces physical, physiological, and the mental-emotional. It uses word, voice and mind as points of focus and as a means of illustrating health and disease. The conference, as a whole, moves from the particulars of words, through the constitution of the voice, toward an understanding the dynamics of the mind.

At the same time we move from the practical craft of medicine, towards an experience of the creative art of medical practice. This conference will allow every practitioner to sharpen and individualize his or her own prescribing process, as we move from the practical craft of medicine, towards the art of creating a new synthesis for each patient.

This conference is based on live cases and should be accessible to health care professionals from any clinical background. The majority of sessions will be dedicated to methodologies for deeper understanding of the case, rather than materia medica and therapeutics.

The course is scientifically grounded is and is not ideologically based. Although it represents a crossover between art and science, linguistics and psychiatry, narrative psychotherapy and the homeopathic therapeutic consultation, it nevertheless remains based on the science of observation.

- For psychiatrists, the conference will help explain the morbid progress of ideas and life experiences towards illness.
- For homeopaths, it will show how to find and identify the narrative thread of the patient.
- For advanced homeopaths, it will provide insight into observational features, particularly within the vocal constitution, that will allow the practitioner to model the particular illness state and individualize treatment more effectively.
- For allopaths, it will increase perceptual awareness of each patient's inner world and improve the inherent potential of the interview environment.

The course will represent a melting pot for different disciplines, providing insight into the value and relevance of exposure of health care professionals to culture, poetry, music, psychology, anthropology and sociology, in addition to the core biological sciences. Completion of this course will allow practitioners to work more holistically and with greater sensitivity to context, so that we are able to assess our patients with greater humility and understanding.

Ronald D. Whitmont, MD who assisted in editing this interview is Clinical Assistant Professor of Family and Community Medicine at New York Medical College in Valhalla, New York.