

A study of homeopathic practitioners' perceptions and experiences of the homeopathic consultation

Introduction

Homeopathy is popular and associated with high patient satisfaction and positive health outcomes but there are suggestions that this is because of the "therapeutic encounter" experienced in the consultation. Research into the consultation has primarily focused on patients' perspectives and identified a number of aspects that are valued. These include the holistic approach, being treated as an individual and the empowering nature of the consultation. Practitioners are perceived as being empathic, which can be therapeutic, supportive (Mercer & Reilly, 2004) and facilitates a trusting, equal and collaborative relationship. (Cartwright & Torr, 2005; Chatwin, 2003). Patients liked the long consultation as they could tell their "story" and be listened to in depth. Although there is a body of literature showing patients' views of the consultation, only one other in-depth study has explored the consultation from the practitioners' perspective (Dannheisser, 2009), despite evidence that the practitioners' contribution to the relationship affects patient outcomes (Ong *et al*, 1995). Therefore the aim of this study was to identify the experience and role of the practitioner within the consultation¹.

Methods

A qualitative approach was employed in this study using grounded theory, an approach to data collection and data analysis which aims to develop theory from the data. Grounded theory is suitable for investigating unexplored topics, processes and interactions (Glaser & Strauss, 1967). In the field of CAM the validity of qualitative methodology has been identified as fundamental to understanding and describing the philosophical foundations, contextual frameworks and key treatment components of CAM modalities (Fonnebo, *et al*. 2007).

Data collection proceeded through two phases. In phase 1 in-depth, face-to-face interviews were conducted with NHS, private, medical and non medical homeopaths using an open ended interview technique to gather experiences and perceptions.

Analysis was concurrent with data collection, beginning with labelling portions of text with codes then grouping codes together to form explanatory concepts. Concepts were in turn grouped together to form categories which comprise the theory developed from the data. Codes, concepts and categories were compared within and between interviews. From the interview data an emerging theoretical model of the homeopathic consultation developed.

In phase 2 the model was tested using non participant observation of homeopathic consultations and solicited practitioner diaries. Observation captured how practitioners interacted with patients within their practices, and any mismatch between verbal reports and observations were identified. Diaries were completed by practitioners who reflected on recent difficult consultations using an unstructured narrative format. This allowed insight into potentially sensitive areas and into behaviour inaccessible to participant observation and interviews.

The diaries and observations were analysed using a checklist of sensitised categories developed from phase 1. Reflections and observations of actions that confirmed, refuted or provided new data informed the final model.

Findings

Twenty-five homeopaths were interviewed, five consultations were observed and four diaries were collected. All homeopaths practised classical homeopathy over a period of 3 to 35 years and were based in the south of England. From the data, a theoretical model of a UK classical homeopathic consultation from the practitioners' perspectives was developed with five main categories (Eyles *et al*, 2010):

1. **Connecting.** The homeopathic process starts by establishing a therapeutic relationship, using empathy and rapport. Connecting also refers to the level of engagement that patients have with homeopathy, the engagement the practitioner has with practising homeopathy and the relationship the practitioner has with themselves.

2. **Exploring the journey together.** Through

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exploration the practitioner gets to know the patient. A shared understanding of the patient's problem and therapeutic needs is reached through disclosure and unravelling of a narrative.

3. **Finding the level.** The practitioner seeks to look beyond the superficial or presenting problem to evaluate and assess the needs and expectations of the patient within a homeopathic model, using vitalistic and holistic approaches.

4. **Responding therapeutically.** The homeopath is able to respond in a therapeutic way, either through the consultation process or by giving a remedy. This may also include a variety of other therapeutic strategies.

5. **Understanding self.** Having an understanding of one's self as a professional practitioner was construed to be important as it assisted the practitioners in the ability to connect with and understand their patients, and in managing the balance between the challenges and benefits of homeopathic practice.

Discussion

This study provides novel qualitative insights into practitioners' experiences and perceptions of how they view and enact the consultation. A complex therapeutic relationship is revealed where empathy and rapport assist patient disclosure and the practitioner in correctly identifying the patients' perspective of their illness and their health needs.

The homeopaths consider themselves an instrument in the therapeutic process; this has also been recognised in conventional medicine as an important factor in developing a therapeutic relationship (Balint, 1990; Di Blasi, 2001). However, this therapeutic process is not always harmonious and depends on the practitioner maintaining, through self-understanding, a balance between the challenges and benefits of homeopathic practice. Challenges include over-identifying with patients and difficulties with being a self-employed, autonomous practitioner. Benefits involve making connections with patients and the sometimes rewarding nature of homeopathic practice.

This study yields new insight into the nature of holistic consultations revealing a sequential process of dealing with expectations, which may change according to the patient's need. This is significant given the association between expectations and treatment outcomes observed in consultations.

The data shows in detail how narrative is explored in the consultation, revealing characteristics unique and specific to homeopathy. The elicitation of subjective and idiosyncratic symptoms in order to identify and match the appropriate remedy can be therapeutic, and is embedded in and interconnected with the consultation process. This has implications

for researchers, as it challenges the notion that the process of identifying and matching the remedy are separate to the consultation. These processes cannot therefore easily be separated from other non-specific factors, such as empathy and narrative exploration, corroborating a previous theoretical explanation by Weatherley-Jones et al (2004). Additionally this theoretical model could provide a tool to aid both the teaching and practice of homeopathy.

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