

Ajit Kulkarni

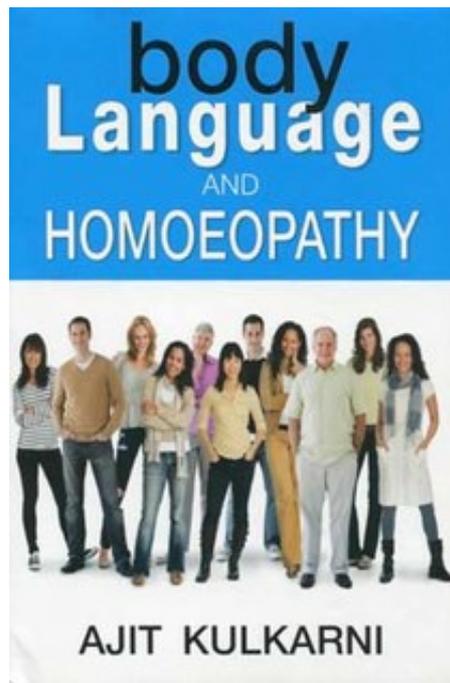
Body Language and Homoeopathy

Reading excerpt

[Body Language and Homoeopathy](#)

of [Ajit Kulkarni](#)

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he faces your back, thereby effectively creating a barrier, or turning away your head, avoiding eye contact, raising the book, etc.

Deliberate Reactions

People react in different ways giving a variety of responses when their personal space is invaded or violated.

Spread Out

Spreading out your belongings around you automatically indicates the boundaries of your personal space. For example, spreading out your books, purse or other articles when your personal space is being invaded by an outsider. This forms a barrier and gives clear signals to the person, not to advance beyond the boundaries of your spread out things.

Turn Your Back

This is the easiest way to defend your personal boundaries. Just turn your back to the other person so that he is able to see nothing but your back. Or when you are sitting on a chair, turn your chair such that the back of the chair faces the opposite person. This equally acts as an effective barrier.

Request the Person to Move

This is a direct verbal message conveyed to the opposite person to move away a little or make an excuse that the place around you is reserved for someone else who is about to arrive.

Verbal Warning

Giving a verbal warning when threatened by others like, 'Please stop' or something more directive like, 'You're sitting/standing too close to me' or 'Could you please move back', etc.

SITTING POSTURES FOR A DOCTOR AND A PATIENT

Silent and congenial surrounding at any place is sufficient for the process of homoeopathic case taking. It may either be in the doctor's cabin, a separate case-taking cabin, at the patient's home, or under a tree or on a river bank. Usually, homoeopathic case taking is done in the doctor's clinic. Discussions carried out while standing in the corridor or by keeping the door of the cabin open should be avoided whenever possible. Usually a doctor should stand at a distance respecting the 'personal space'. In order to achieve a more favourable discussion, it is better to sit at the bedside



Fig.15.19. 'Are you comfortable?'

(this is less tiring for the doctor). It also eliminates the unfavourable height difference between the doctor and the patient, if the patient is lying in bed, and lessens the external symbol of asymmetry.

Samy Molcho describes sitting as 'an ideal position for communicative exchange.' According to him, 'Sitting is a physical stance which leads to relaxation and unburdening of the organism. The body is in a condition where it can carry out a wide range of activities including gesticulations and gestures without a continuous tension in all of the muscles. This includes giving most of the signals which are used in the code of social understanding.'

The sitting posture of both, the doctor and the patient allows a fixed position in space and this affects the rapport which goes on developing during the ongoing interview. The spatial distance between the two is also

an expression of their personal distance. This also affects the loudness of speech, the possibility of watching one another and the eye contact. Chair of the doctor and patient should be of the same height. A feeling of inferiority may arise in the patient if the height of the doctor's chair is greater. An optimal conversation distance is between 90 and 150 cm. This is the distance of a hand-shake. It is also suitable for discussion of difficult or awkward subjects without the need of speaking too loudly that it can be heard by others.

The width of the table over which the discussion takes place must not be greater than 80-100 cm. There are however two seating positions which can be used for doctor-patient discussions (see illustration).

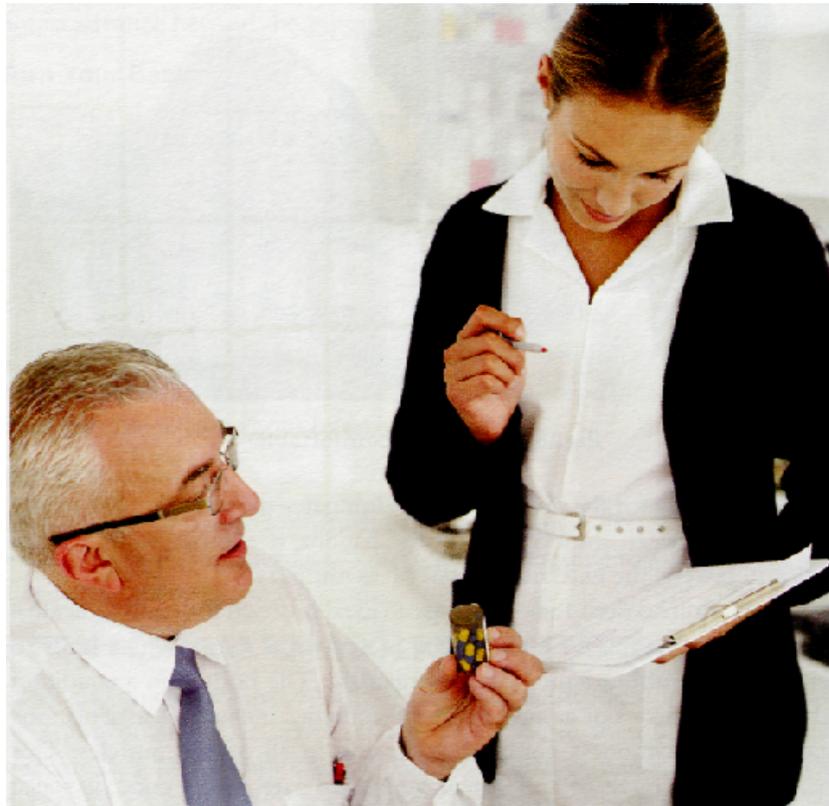


Fig. 15.20. Documentation pays off

Sitting Face to Face

Advantages of sitting face to face are:

- a. A physician is able to pay attention to the patient with full concentration.
- b. A physician can clearly observe the body language of the patient without any barrier.
- c. Prolonged interaction is possible in this position because both are comfortable.

Sitting Over a Corner

Doctor and patient seated at an angle of 90-150 degrees has some advantages:

- a. It avoids the 'frontal attack' of interaction as seen in case of sitting face to face.
- b. The variability of the angle gives flexibility to both, the doctor and the patient to move about.
- c. The oblique alignment of the patient (over the left corner of the desk) makes it easier for the doctor to take down the notes or arranging the things around him.
- d. It is also easier to take a pause during case-taking.
- e. Changes in position of either the doctor or the patient does not affect case taking profoundly as it does in sitting face to face.
- f. The distance can be changed more easily by the doctor or patient, although not beyond 90-150 cm range.

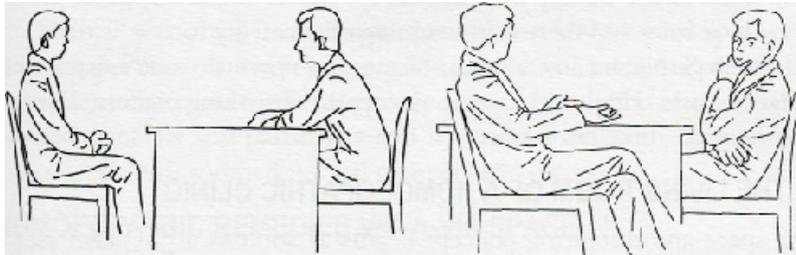


Fig. 15.21. (a) Seated face to face (b) Seated over the corner of a desk

SPACE, TACTILE COMMUNICATION AND TIME

Space and distancing as an element of body language is intimately related to tactile communication. For example, a teacher pats lightly on the back of a student to praise him. But if the same teacher starts throttling a student, it is not praising but threatening to life! Personal space varies in size depending on the situation, emotional state, gender and above all

the relationship with the other person. As a token of respect towards a teacher, a student often takes a submissive stand and represents a smaller space. Space and distancing has a unique significance as far as business deals are concerned. Proximity is a prerequisite to touch.

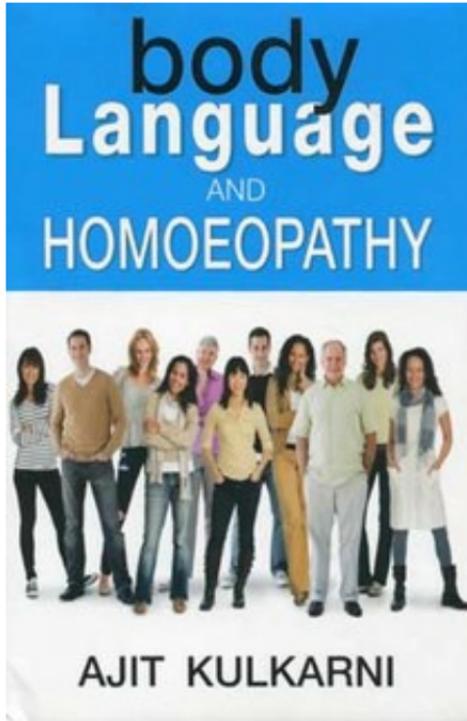
Time dimension defines the proxemics in many instances. I know a case of a boy who kissed his girlfriend at a wrong time. The girlfriend took this as humiliation and infringement of her personal space which ruined their relation. While travelling, I have no other role but of a traveller. But unfortunately if an accident occurs, then my role as a doctor comes upfront. With this change in time and role dimension, I have a space of recognition. But if I start intruding into other's space only because I am a doctor (when there is no need), then role defining becomes a problem in relation with space and time.

The world is shrinking into a global village and there is shortage of space and time. With this constraint, we have become over-possessive and intolerant to the invasion of our space and time — by anyone, even our family members. Technological advances have further added fuel to the fire. The saying, 'Every home has an orphan' stands true in the present times. The ultimate sufferers of this struggle of space and time are the children and the aged. We don't have enough space for our children, parents and grandparents and often look down upon them as unwanted. Respect, understanding and compromise with space and time curtail all such unfortunate things. With mutual symbiosis in shared space, people enjoy their roles and there is blossoming of creativity too.

Fateh S. Nabha has written, 'Time and space do not exist — only distance exists.' However, for a homoeopath, everything matters, whether it is the space, time or distance.

IN THE LIVING ROOM OF A HOMOEOPATHIC CLINIC

The space and distancing concept begins as soon as a physician sees a patient. The interaction between a physician and a patient in terms of spoken language and simultaneous observation of body language of the patient provides useful information needed to perceive the dimensions of this obvious element of body language. The way a patient is sitting, standing or lying on the examination table and the manner in which he occupies the space and distancing gives a clue to the physician. The physician <—> patient relationship invokes many roles like, aggressive - passive, passive-aggressive, aggressive-aggressive, passive-passive, etc.



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