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**Christopher K. Johannes, PhD, HD (RHom), NCC, LPC,
Ian Townsend, MA, F. S. Hom (retired) and Jane Ferris, PhD**

Abstract

Homeopathy is the second major form of medicine in the world, used by an estimated 500 million people (Fisher, 2006; Schumaker, 2009) and included in the National Health Service in several countries, such as France, Mexico and Denmark. A comprehensive analysis of research evidence to date on the effectiveness, safety, and cost of homeopathy commissioned by the Swiss health authorities and published in a 2011 report upheld it as a valid, effective and important addition to conventional health care. (World Health Organization, 2011a; 2011b), Mental health related issues comprise nearly a quarter or more of the global burden of disease. Homeopathic treatment in mental health care has been increasing, in step with these rising trends, as well as in response to global calls for the 'right to health' and free access to greater treatment options (UN Committee on Economic, Social, and Cultural Rights).

In countries and cultures where access to conventional mental health care is either not available, scarce, unaffordable or culturally inappropriate, homeopathy has played an important role, providing treatment to millions. In countries where psychotherapy is accepted, there are also many who are unhappy because the focus is often on medications to dull symptoms rather than to resolve the underlying issues. In this article we examine elements suggesting homeopathy may inherently contribute to the humanistically allied psychotherapeutic process, particularly with relation to the person-centered approach. Illustrative vignettes drawn from Ferris' (2008) doctoral investigation of the lived experience of psychotherapists working with patients given homeopathic remedies suggests the possibility of fruitful integration and collaboration. Our discussion considers the benefits that homeopathy offers in its ability to effect positive outcomes, the shared features of the homeopathic and psychotherapeutic treatment processes, the core ingredients of a homeopathic counseling approach, the holistic role of homeopathy in recognizing the somatic intelligence in integrated mind-body healing, and its benefits in advancing the psychotherapeutic process.

Key words: homeopathy, psychotherapy, mental health care, Samuel Hahnemann , Carl Rogers, person-centered psychotherapy approach, mindfulness, mind-body health

Introduction

Homeopathy is a two hundred year-old system of medicine and medical science based foremost on the principle that “like cures like.” In simple terms, a substance will have a healing effect in a carefully chosen and systematically prepared small dose when given to an individual manifesting symptoms closely resembling that substances’ toxicology in large doses. Homeopathy treats illnesses with substances that may be diluted up to one part in several millions yet retain medicinal effectiveness (Townsend, 2002).

A small challenge to the psychophysiological/ bioenergetic system of an organism stimulates that organism to deal with the challenge. The competence developed by the organism with the small challenge enables it to deal with the similar but more intense challenges that it is facing.

It is a little known fact that homeopathy anticipated the developments of psychiatry, psychology and psychotherapy. Homeopathy contains within its historical and current practice an interviewing style and therapeutic stance that would be immediately recognizable to those formally trained in psychological approaches and congruent with many of their practices (Bohn 1970).

More than twenty points of similarity between the homeopathic consultation and the person-centered approach have been demonstrated (Townsend, 2011a). For instance, as early as 1810, Samuel Hahnemann, the German physician who founded homeopathy, was recommending that the practitioner take a very deep and far-reaching case history, grounded in the reporting of the patient. Hahnemann’s guidelines for the medical interview from 1842 anticipated the development of professional psychology (Dannheisser, 2009). Hahnemann also predicted essential elements of psychotherapy in the treatment of a family network of patients from 1831-1835, fostering an emotional and affective relationship with them, and seeking their active participation in the treatment regime (Kessler, 2009).

Homeopathy systematically classified the symptoms that various substances produced in mind and body as a unified whole, long before the developments of modern medicine, psychiatry and psychology. Homeopathic remedies were used in the care, management and cure of the whole person – mind and body. Homeopathy today continues to be practiced as an integrated mind-body medicine.

At the time of the development of homeopathy, western medicine’s understanding of physiological and therapeutic process was limited, its practice was often draconian, and positive outcomes were limited. Hahnemann developed an approach radically different from the conventional medicine of the time – through cycles of observation, experiment and refinement over a period spanning more than forty years. The homeopathic approach places treatment within the context of the patient’s life, her understanding and her experiencing of herself, her family history and relationships, her environment and every other aspect of her existence.

A meticulously detailed history enables the homeopath to identify one or more remedies that will be specifically effective in relieving the presenting problems and their underlying causes. There are homeopathic remedies that can be of help with emotional problems. Often, the remedies are prescribed for physical problems, and the benefits to the physical problems are accompanied by benefits to emotional issues as well.

Case example 1

Chloe recalls a time when she had a significant emotional reaction to a remedy. Before the interview she hadn’t thought specifically about the emotional effects of homeopathic remedies.

I remember taking a remedy because one of my eyes would tear constantly. I don't remember what Ann gave me that time but I sobbed for days after the remedy and then it cleared up the weeping eye. I thought that was wonderful. It was years since I split with my partner, I was single parenting, and I was holding a lot in. It was a powerful experience. All the grief I had been unable to feel in the year preceding the breakup came tumbling out. Melissa's results [Chloe's daughter, mentioned below] have been even more dramatic. Symptoms just stop immediately. For example she had something gross in her throat but after a remedy it was gone. Also mood states could be changed immediately. I haven't paid attention to psychological shifts in myself but Ann has cleared me of most menopausal symptoms and we are still working on some difficult fibroids. (Ferris, 2008, p. 109)

The treatment came to involve a uniquely structured clinical interview that thoughtfully elicits detailed symptoms across mind-body and social functioning, including chronic, multi-system, and polysymptomatic presentations. In order to arrive at the correct homeopathic medicine (hereafter referred to as 'remedy'), this time-consuming interview requires the homeopath to facilitate a conversation yielding sufficient detail on which to base a prescription. A trusting relationship facilitates and deepens this process.

The skill of the therapeutic interview became the 'art' and expertise emblematic of homeopathy's clinical practice, an essential aspect in homeopathic treatment that is required in order to pinpoint the appropriate remedy. In this aspect alone, homeopathy is at once medical care and psychotherapy in areas and cultures (e.g. Indian subcontinent, African continent, Central and South America) where homeopathy plays an important and sometimes dominant role in healthcare. Often, this is the only psychotherapy available.

Conventional medicine identifies interactions of mind and body. Somatopsychic symptomatology, in which organic, physiological, and/or 'medical' conditions manifest psychiatric illness and psychosocial dysfunction are well recognized in the clinical medical and mental health literature. For example, the LANGE Clinical Manual of Psychiatry (Flaherty, et. al. 1989) lists 11 different categories of medical conditions that may present with psychological symptoms. These include the full gamut of depressive and mood disorders, anxiety, sleep disturbance, withdrawal, obsessive-compulsive behaviors, behavioral agitation, inability to concentrate, and sexual and relationship issues (Fábrega, Jr. 1997). There are also comprehensive lists of psychosomatic conditions identified in the literature in which psychological factors contribute to, exacerbate, or manifest as symptoms and physical conditions (Kraden, 2012; Philbrick, 2011; Amos & Robinson, 2010; Sarno, 2007).

In this paper the authors bring the enormous psychotherapeutic potentials of homeopathy to the attention of the western therapeutic community. A rich seam of interconnection between our disciplines exists in the psychotherapeutic literature, as noted by Townsend (2011a – *in date order*): Jackson, 1959; Haley, 1963; ETC Watzwalick, Beavin & Jackson (1967), Sherman & Coleman Nelson 1968, Schutz & Turner 1976, Zeig (1980), Malcolm (1981), Levant & Shlien (1984), Schott & Schott (1990), Riebel 1984, Whitmont (1991), Lietaer (1998), Roback et al. (1999), Risque (1999), White 2000, Townsend 2002, 2004, Johannes (2005), Ferris (2009), Hartog 2009, Townsend, 2009, White 2009, Bell & Koithan (2010), Sylvestri (2010), Ferris (2010), Johannes & van der Zee (2010), Taylor (2011), Townsend, 2010, 2011a, 2011b.]

A continuing dialogue between conventional and homeopathic medical practitioners and researchers could prove extremely fruitful in exploring and identifying areas of synergy. These may extend further, to include the mind-body-spirit links that are ever-present aspects of mind-body and body-mind problems and that can be vital in finding solutions to these problems.

Homeopathy – a therapeutic conversation

Most patients making use of homeopathic medicine enter consultation with the goal of finding an alternative, natural and safe means of relief to what they perceive to be mainly physical problems. They might suffer from conditions like migraine, irritable bowel syndrome or arthritis. A number come seeking relief from 'stress' or some other recognizably psychosomatic state. An increasing number come with mental health issues (Bhatia 2010), or to otherwise relieve an emotional or behavioral problem.

The homeopathic consultation and treatment process frequently provides clients with a profoundly insightful and unexpected type of therapeutic conversation that yields positive mental health outcomes beyond the presenting physical problem (Johannes & McNeill 2005, Johannes, van der Zee, Lindgren 2009, Johannes 2010). These sorts of psychotherapeutic interactions occur even though the homeopathic interview is rarely perceived as 'counseling' or 'therapy' by either the practitioner or the client. This approach would be immediately recognizable to regular readers of this Journal and others familiar with holistic healing approaches.

People coming to homeopaths for consultations very frequently report that the history-taking process is therapeutic, in and of itself.

Case example 2

Chloe has practiced psychotherapy for many years, specializing in couples and family therapy. She also does psycho-educational work with young parents. She was introduced to homeopathy after the birth of her daughter, when she found a homeopath who reminded her of the leading character in a book from her childhood, the Mrs. Piggle-Wiggle Stories. These stories told tales of frustrated parents who turned to the neighborhood expert to 'cure' their children of terrible behaviors. Mrs. Piggle Wiggle always used paradoxical interventions, not unlike homeopathic remedies, as in "A little of what ails you."

My first experience with homeopathy was after the birth of my daughter in 1992. Early in her life she was diagnosed with a bronchial problem called RSV... Ann, our homeopath, understood my daughter in a way that nobody else did. I got a clear idea that I belonged in homeopathy. Speaking to a homeopath was like the best psychotherapy hour because of the questions they ask. There is something so satisfying about the digging that they do and the details that Ann attended to in my family. I found myself thinking about myself in ways that I haven't done before. Ann's questions were so great and to me she was like Mrs. Piggle-Wiggle. I think that I immediately understood the paradoxical piece of like cures like. (Ferris, 2008, p. 107-108)

The perception of homeopathic efficacy in the eyes of the public and of other caregivers hinges mainly on the remedies used in treatment, without understanding or recognizing the value of the consulting process or its role in mental healthcare. The first author's professional experience with homeopathy and his interpretation of the multicultural counseling literature suggest that many non-white, non-Western populations prefer structured approaches for clarifying the nature of their illnesses within a 'medicalized' or somatic focus. It appears that the body and its ailments are seen as separate from the person's life experiences. Clients may prefer and derive significant benefit from homeopathy's therapeutic conversation, which is focused upon their symptoms but includes consideration of many factors in their lives that might be related to their presenting issues. They may sometimes choose

homeopathic consultations over traditional mental health services because the latter, for many, may be inaccessible or stigmatized within their family and their culture.

This lack of awareness of the mental health benefits of homeopathy presents several problems. We may be missing many opportunities to consider an expanded role for homeopathy, where it could contribute a wider therapeutic menu. Not the least of its benefits is that homeopathy can be more affordable and efficient in meeting the growing and increasingly serious mental health needs of our times.

Case example 3

Leigh is a depth psychologist, practicing for over ten years. She is retired from a full career in ministry... [She] began her graduate training in psychology when she was in mid-career. Her first exposure to homeopathy was eight years ago when she began working with a consultant who is a Jungian analyst and also, by chance, a homeopath. Leigh incorporates the possibility of homeopathy into her practice by asking clients if they have ever heard of homeopathy. She says:

“I bring this possibility to their attention especially if they do not want medication.” Christine (her consultant) says, “When you think medication, think homeopathy.”

“I have trained my mind now to think homeopathy. I still think medication, but I add the thoughts of homeopathy into it. So if I am recommending medication, or if I know a person needs it or needs a boost in the therapy, I will suggest that an alternative to medication is homeopathy. If someone is medication phobic, I will explain that this is not a medication. This is a substance that has been diluted and shaken so that there is actually none of the substance left except for energy and that the energy is very powerful. The energy needs to match their energy. It is not going to go against it. It is not an anti-depressant or an anti-biotic. It is something similar to what is going on within them. In the similarity there is healing.” (Ferris, 2008, p. 75)

Homeopathy: an integrated mind-body consultation process

Homeopathy is much more than a therapeutic placebo within the context of a medicinal ritual space, as has been claimed by some (Bornhoft & Matthiessen, 2011). Homeopaths do not prescribe their medicines in the hurried and mechanized manner that conventional medical practitioners are often forced to do. Homeopathic interventions involve extensive, in-depth interactions with their patients.

Broadly speaking, homeopathic interviews include many of the defining factors common to most of the nearly 400 different forms of psychotherapy identified (Kazdin, 1986; Prochaska, 2008) such as a healing relationship; a therapeutic setting; an accepting and compassionate encouragement and exploration of issue pertinent and meaningful narrative; a defined therapeutic methodology grounded in a particular theoretical and empirical understanding of the determinants of mind-body health; and a mindful focus on phenomenological expression and clarification with intent of healing, healthy development and wellness.

The homeopathic interview incorporates a unique type of therapeutic approach consistent with humanistic principles: in clinical interviewing; in psycho-educational practice, advising and disseminating information on health-promoting lifestyles; and in the client-practitioner relationship.

Process elements of therapeutic efficacy

The clinical interview, with its various case-taking styles, (dependent on practitioner and school of

homeopathy), offer several or all of the following seven process elements of therapeutic efficacy (Johannes, 2010, p179-182):

1. *The relationship between client and homeopath* is a crucial factor in the healing process and its outcomes. It opens a safe, supportive, and encouraging space within which to contain the client's experience and enable a restoration of health and alleviation of suffering. The homeopath provides an accepting and non-judgmental witnessing space that elicits, reflects and respects the client's process: s/he empathizes, shows care and regard for all aspects of the client's, remembered and discovered experience. Transference and counter-transference dynamics are taken into account and drawn upon following homeopathic principles for the goal of healing. Seasoned homeopaths are finely attuned to their own experience of the client, how the client experiences them, and the inter-subjective space that develops during the consultation. Homeopaths may incorporate some degree of self-disclosure and reflected observation within this relationship. Some measure of emotional catharsis or unburdening of suppressed and/or repressed material is common within the homeopathic consultation, or following the application of the appropriate homeopathic treatment. These interactions mirror the awarenesses and processing of transference and counter-transference of conventional psychotherapy.

Case Example 4

Continuing Chloe's report from Case Example 1 and 2:

From the very beginning I had this fabulous positive transference to Ann. She works with children so well and she had my 3-year-old daughter, Melissa, talking in her office. Historically, Melissa was terribly frightened of doctors and had to be held down when they inoculated her. Even though I loved our pediatricians and the nursing staff I was disturbed by that procedure. What a contrast it was to have Ann not even need to touch Melissa. They would talk about all of these funny little things. Many of Melissa's behaviors that drove me nuts, Ann found adorable. That was wonderful. She was more than a homeopath and would help me with parenting. Melissa and I both had sleep issues. I was irritable from sleep deprivation and often worried about what kind of mother I was. Ann became Mrs. Piggle-Wiggle personified for me. It snowballed from there. She is now my primary care physician. I rarely go to an allopathic doctor. Western medicine is now a complement to homeopathy for me, rather than the other way around. (Ferris, 2008, p. 109)

2. *The homeopath provides a healing ritual* within which the goals of restoring health and optimal functioning can be achieved. The homeopathic process offers a particular methodology for the express intent of healing that relies on a unique and defined set of therapeutic procedures. This therapeutic methodology benefits from the healing effects known to all therapeutic rituals (Achterberg & Dossey, 1994; Frank & Frank, 1991; see also San Francisco SOC, n.d.). The basic goals may include emotional healing, positive mental health and healthy relationships. Narratives are important aspects of the interview. They may include symbolism, metaphor, analogies and imagery, all of which contribute to clinical conceptualization and to selections of remedies and treatments in the service of healing (Sankaran, 2007; Whitmont, 1991; Cichetti, 2005).

3. *The homeopath employs listening skills* that encourage a complete and open-ended phenomenological 'coming to terms' across mind-body-spirit dimensions of experience. The homeopath's active and reflective listening skills encourage clients to put their experiences (e.g. symptoms, reactions, dispositions) into words (both literally and figuratively coming to terms) thereby distilling and clarifying insight, order, structure, meaning and some measures of acceptance, control, value, and/or distance from the experience to therapeutic effect.

In the authors' combined (50 years) experience of the homeopathic interview, a common response from the client is often 'no-one has listened to me/ understood me/ helped me understand myself so carefully before.' Such complaints often come from clients who have previously been in many varieties of therapies.

Case example 5

Julia is a European medical doctor and homeopath with a Master's degree in clinical depth psychology. She attended medical school in Vienna, got her Masters in the States, and completed her training in homeopathy in Europe. She was part of a psychiatric crisis intervention team that went out into the community, also worked with teenage psychotic patients, and now works with a family constellation focus. She was surprised to notice that she found

...homeopathy very compatible with my medical and psychological training. Homeopathy is much more tolerant. What has fascinated me from the beginning about homeopathy is that you listen to all of what a patient is telling you. If you simply listen from a medical point of view, much of what people say doesn't make any sense because it is not part of medical education and one wouldn't really know what to do with it. By adding the psychological component to it, more clarity is gained. For a homeopath, the total system of information makes sense. One collects all symptoms without discarding anything. People may say the weirdest things, and even if it doesn't make sense at the moment, bring it in as a symptom, and you might find a remedy where this symptom happens to be a keynote. It is an incredible experience to develop listening capacity. (Ferris, 2008, p. 153)

Case example 6

Chloe, a psychotherapist, finds that her review of cases she refers to her homeopath colleague is an important part of her consultation process. Both professionals working together are able to obtain a greater perspective on the client's core issues.

We usually have an initial consult with each other after my client's first session. I give some history and she shares some initial impressions. I am always fascinated that she can get to basic information that I wasn't able to obtain as a therapist after 3 or 4 years. It is often about substance abuse or something pretty significant that didn't come out. Somehow something triggered it for the client in the homeopathic interview so they talked about it. She found out something important about almost every client. Our consultation is often while she is still searching for a remedy if she didn't find it during the initial interview. Whatever insight I offer must help her put some pieces together. She feels it fills out the case and helps her a great deal. It gives her a larger picture. I wonder if it isn't a good idea for adults in general to get as many perspectives as possible. (Ferris, 2008, p. 114)

4. *The homeopathic process encourages the depiction, expression and clarification of the client's 'narrative.'* The specific problem(s) brought to the consultation are reported and their contextualization within an overall life story, developing over time, is shared. In this way the individual narrative is placed within a range of experience of importance to the client, where special importance is placed on the developmental sequence: its unfolding, the important milestones of circumstances and events. This narrative assists in the homeopath's (like the counselor's) grasp of the client's 'Sosein' (a phrase used in homeopathic case analysis per Strenger, 2009) or perception of what is to be cured.

The client's narrative and profile that emerge during the homeopathic treatment process encourage new insights, meaning and an organizing and coherent 'storying' of themselves to

make sense of their experiences - where they've been, where they are and where they are going in relation to surrender, acceptance or renewed freedom and choice.

In this way, process element 3 above serves to facilitate the exposing, clarification and articulation of all the 'what' elements of the client's story, whilst the next element encourages the emergence of the gestalt accompanying these; a making sense of all the information extracted and expressed through that process.

5. *The homeopathic process provides a particular explanatory framework and conceptual model within which to make sense of the client's experience and narrative for healing effect.* Within this framework, the client may be exposed to new ways of making sense of their experience, may arrive at new attributions and may update certain belief and explanatory models on which to base current and future decisions. In this way, the homeopathic process may encourage a new way to adapt, cope, relate to self and others, or otherwise exercise their relative will and freedom of choice. The homeopathic framework's energetic, holistic, and transpersonal aspects may facilitate subtle or significant shifts in how experience, self, others, and the world at large are related to and valued.

6. *The phenomenological, developmental, individualized, and holistic aspects of the homeopathic process* encourage a more "mindful," attentive, accepting and integral perspective. Client self-monitoring, self-reflection, and attentive focusing and awareness (e.g. *Mindfulness*: Merizalde, 1997; *Focusing*: Chauhan, 2006) are embedded throughout the homeopathic healing path. The individualizing of the homeopathic case is in line with humanistic counseling postulates for regard and respect to the unique individual, their relative freedom, and inherent development and healing dynamics. The encouragement and prompts to report on subtleties of inner experience and outer symptoms is in line with current Mindfulness trends in integrative medicine and psychotherapies (McCracken, 2011).

7. *The homeopathic consultation often involves specific education* (e.g. providing information, self-care methods, dietary advice, stress management guidance) on matters of relevance to their presenting concerns, to the deeper healing goals agreed upon, and the general welfare of the client.

Comparisons with counseling

We know from the counseling and psychotherapy literature (Frank, 1973; Frank & Frank, (1991) that virtually all approaches share four common features which appear to underlie many of the similar positive outcomes demonstrated by them:

1. A relationship between therapist and patient in which the therapist is seen by the patient as competent and caring,
2. A socially and culturally defined practice setting where this relationship intended for healing occurs,
3. The exploration / encouragement / witnessing of a "story" or explanation accounting for the patient's suffering and how it may be resolved, and
4. A "method" or set of procedures that both therapist and patient place

confidence and agree to participate in for the intent of restoring the patient's health and well-being.

The number and duration of therapeutic sessions may vary; the knowledge-base, underlying rationales and methodologies can be widely different, but the above factors remain common.

Such factors certainly occur within homeopathic consultation processes and are increasingly being identified as such in homeopathic literature. (See, for example, *in date order*: Vithoulkas, 1986; Spring, 1990; Reves, 1993; Sherr, 1994; Norland, 1998; Kaplan, 2001; Reilly, 2001; Johannes & McNeill, 2005; Chauhan, 2006; Chauhan, 2007; Muckenheim, 2007; Sankaran, 2007; Hartog, 2009; Barzman, 2010; Chauhan, 2010; Ferris, 2010; Roy, 2011; Townsend, 2011a & b; Eyles, Ledon & Brien, 2012.)

Considering the above psychotherapeutic aspects of homeopathic consultations, homeopaths clearly offer a lot more than simply 'remedy provision' to encourage healing. The correspondences with the four common features reported in the counseling and psychotherapy literature is clear. Homeopaths are, therefore, already providing psychotherapy whether they identify it that way or not.

Homeopaths working as and with psychotherapists

Is there anything else about homeopathy that might make it a desirable or even a preferable choice for people with psychological issues? Traditional mental health therapies are often criticized for their ethnocultural biases. As mentioned above, this is an important factor explaining why people from non-Western Euro-American cultures are less likely to access or benefit from needed mental health care (Johannes & Erwin, 2005). Can homeopathy offer a more attractive, culturally neutral position for this population? Clients who may not, perhaps, think of consulting a conventional professional mental healthcare professional might be more inclined to consult a psychotherapist who practices homeopathy or a homeopath who is open to consultations for psychological issues.

Reports from around the world acclaim the success of homeopathy in the treatment of mental health conditions. The authors of this article have heard numerous praises for the work of our colleagues in diverse countries and cultures, including: Africa, India, Scotland, Germany, Australia, Romania, Russia, China, Pakistan, Iran, Mexico, Japan, Brazil, Venezuela, Cuba and the Philippines. Reports from our colleagues who work in many of these places, such as Dr. Seema Bhat, Dr. Manish Bhatia, Dr. Fernando Risquez, Jeremy Sherr and Dr. Harry van der Zee, confirm that homeopathy is popular particularly where conventional counseling and psychiatric care is not available or poorly accessed. (See also Poitevin, 1999).

Homeopathy may also be preferred at times by psychotherapists, in place of psychotherapy.

Case example 7

Barbara has been in practice as a clinical psychologist since 1984 and is a Jungian analyst and minister. Explaining why she referred her friend to an analyst-homeopath rather than an analyst, she mentions:

This was a woman from another culture and I didn't think that she would be open to long-term treatment. It was an acute state. She needed to get through it and I didn't think that she would be interested in analysis. She was in an emotional crisis and I thought she would be helped best by something that the analyst-homeopath could offer her: homeopathy, traditional

medication and being with her on a short- term basis. He never told me the name of it but he told me after a while that it was a remedy that makes people more connected to themselves and to others. That was a good remedy for her. I looked over my notes of my work with her in preparation for this interview and it was fascinating reading how much that had been a theme in our work before the remedy. He was able to pick up on that theme with a structured homeopathic interview. (Ferris, 2008, p. 86-87)

Body elements common to psychiatry and homeopathy

In addition to the seven elements and four common factors described previously, homeopathy also has something else in common with psychiatry, its allopathic counterpart in conventional medicine. Homeopathy focuses on the health of the body. This includes:

1. *Psychosomatic conditions* – mental / psychological / behavioral states and traits influencing the body and its functioning
2. *Somatopsychic symptomatology* – psychological and mood disturbances that result from metabolic problems)
3. *The embodied mind* – the way in which the mind manifests the structure and holding patterns and functioning of the body
4. *How the potential of the body as a source of intelligence and direction is realized, interrupted, or held*
5. *The use of medicinal substances* enlisted to help restore health or effect cure.

Elements differing between psychiatry and homeopathy

The health-related outcome criteria of homeopathy and psychiatry have some important differences. It is fairly frequent to have an allopathic drug-dependent psychiatric patient suffering with varieties of secondary problems created by the use of drugs, including: suppression of various cognitive and emotional functions; troublesome and serious side effects; social or intrapersonal stigma of being on psychiatric medications; and heavy economic burdens of medication costs. Many of these drugs are habituating, so that a user may find it very difficult to withdraw from drug use, even when side effects or clinical improvements warrant discontinuation of the medication. These may be high prices to pay for being successfully treated with a conventional psychiatric drug, even though this medication has restored 'normal' functioning in an isolated area so that psychiatric symptoms are no longer evident. This would be an unacceptable outcome for the homeopath.

Transpersonal aspects of homeopathy

Homeopathy goes beyond the focus it shares with conventional psychiatry, including holistic, humanistic, individualized, bioenergetic, transpersonal and nonlocal temporal conceptualizations and outcome criteria for human health and healing (Johannes & McNeill 2005; Johannes & van der Zee 2009; Whitmont 1991a).

Homeopathy provides explanatory frameworks that acknowledge but may also transcend the causal and descriptive frameworks of conventional psychiatry. Homeopathy incorporates nonlocal, temporally layered and nonlinear emergent frameworks. Within these conceptualizations the health condition that manifests is viewed as an individual qualitative expression resulting from systemic dynamics not reducible to psychosomatic or somatopsychic mechanisms (Johannes, 2002). In this way, the homeopathic process also provides a mind-body bridge to integrate the health of the body into any endeavor towards mental health.

Advantages of homeopathic remedies when conventional medicine has not helped

We realize that some of this discussion might appear to be a polemic against conventional medical treatments. Here are typical examples showing how homeopathy can be highly effective on many

levels for problems where conventional medical interventions are of limited help or where they provide help but at very high costs.

Case example 8

Caryn, a psychotherapist/homeopath, tells the story of the first case where she was inspired to use homeopathy. This illustrates the magic and the reality of homeopathic remedies in therapy:

My client was a 72-year-old, morbidly obese woman who had been bedridden for 7 years. Her son was looking for a therapist to give her support. I was still building my practice and I lived nearby, so I thought that it would work.

When I started to see her she was in a hospice and was supposed to die in a month or two. She was quite depressed but there was still much vital energy. It didn't seem like she was ready to go but she clearly was getting more and more depressed. After a month and a half I decided to abandon caution and give her a remedy. I told her son, "I do homeopathy and I am thinking of giving your mother a remedy." He said, "Sure, yes, go ahead." Her son was very involved with this case that was more like social work in many ways.

I gave her a combination of Natrum muriaticum aurum (a gold salt) and Ambra grisia (ambergris) and I left. Three days later I got a call from a VNA hospice nurse who contacted me regularly: "I am just calling to tell you that she is doing much better." I said, "Oh, ok, I am glad to hear that." She said, "I don't know why but she seems to be much better." I said, "Great, thanks for checking in." Half a day later the son called up and asked what I gave his mother. I told him and he said that her depression had lifted. She lived another 6 years and I continued to see her. We had to have a party when they kicked her out of hospice because she was going to live.

She continued in long-term depth psychotherapy with me. It was extraordinary work to do at her age. (Ferris, 2008, p. 170)

Case example 9

Lindsay is a Jungian analyst with a personal interest in biodynamic gardening that is based on homeopathic principles. She first became involved in homeopathy through health concerns of her children. Her view is that, particularly when people feel shattered or fragmented, a remedy will help them hold together and be able to have whatever feelings are there.

In my experience the difference between someone who takes antidepressants and someone who takes a homeopathic remedy is the difference of night and day. When someone takes antidepressants and they stop, a tidal wave of feeling can hit them. It is like a dam has been there and then the feelings burst forth. I don't know how much of that is physiological from going off the antidepressant, and how much is what hasn't been felt. In contrast I know when I took (a particular homeopathic remedy) it wasn't that I was less sad; it was that I had energy again to do the psychological work I needed to be doing. (Ferris, 2008, p. 97)

We know that a large percentage of patients in primary care seek treatment for health conditions that defy clear diagnostic categories. Typically, these are polysystemic, mind-body conditions where causal pathways are not well understood, and that have been resistant to conventional medical approaches. We also know that the majority of drugs for mental health (such as antidepressants, stimulants for ADHD, sedatives and sleeping pills) are prescribed by general practitioners rather than by psychiatrists. Many GPs may be likely to view such ill-defined diagnostic conditions as stress related or psychosomatic conditions and to prescribe industry-recommended psychiatric medications.

A study by Anderson et al. (1989) described the “necessary fallibility” and worrisome variations in accuracy of clinical diagnosis. To complicate it even further, a large percent of psychiatric patients receiving medications for their ‘mental health’ troubles were later re-diagnosed as having ‘medical’ disorders causing their psychiatric symptoms (Flaherty et. al. 1989; Schenkenberg, 1999; and Koranyi, 1979). We can speculate on the range of costs and burdens this “necessary fallibility” of conventional care produces.

Even worse, repeated studies have shown that conventional medication errors cause over 100,000 deaths annually in the US alone, from drugs that are properly prescribed and properly used (Lazarou, Pomeranz & Corey, 1998). Extrapolated to global medication use, this suggests that millions of people die every year from conventional medications.

Homeopathy may have a clear role to play in these circumstances because it avoids such diagnostic and therapeutic knots and offers a safe alternative and cost-effective model of conceptualization and treatment. We are not suggesting that homeopathy replace conventional medical care but that it can be helpfully integrated with conventional care. The homeopathic approach can readily be incorporated into preventive, behavioral, and mind-body medicine programs in which a homeopath can be a vital member of an integrated treatment team (Kreisberg, 2007).

Mindfulness aspects of the homeopathic treatment process

Another fundamental part of the homeopathic treatment process may be its mindfulness-supporting aspect. Mindfulness can be defined as an ability to attend to and perceive one’s present-moment experience with non-evaluative and accepting awareness (Tophoff, 2006).

Mindfulness is an ability to dis-identify with and simply ‘witness’ the phenomenology of on-going moment to moment experience - whether inner sensations, thoughts, and feelings or external events - in a non-attached fashion. A substantial and growing body of evidence suggests that mindfulness is positively related with an increasing number of health related parameters (Kohls, Sauer & Walach, 2009) and that emotional symptoms including anxiety, depression and stress respond well to mindfulness-based interventions (Grossman, et al. 2004; Kohls, Segal, Williams, & Teasdale, 2002; Sauer & Walach, 2009). Mindfulness also supports spiritual health, which is usually overlooked in conventional medical interventions and] poorly addressed in many conventional counseling traditions. Mindfulness enlists the positive psychological benefits known to accrue from self-monitoring and self-acceptance (Geller, 2003). It is an ability that can be relatively simply taught and trained for therapeutic and healing benefit. The focus of homeopathic consultation on the phenomenology of symptoms and experience is very much in line with a mindfulness approach, and assists both homeopath and client to perceive ‘what has to be cured’ (Clason, 2006).

The nature of the consultation process requires keen attention of the homeopath to symptoms across domains of being and experience. The ability to attend to this holistic spectrum of functioning results in clients’ awarenesses of connections, relationships and meanings hitherto not consciously acknowledged. Often this helps the homeopath to identify the essence of the case, contributing in major ways to healings and cures.

This quality of the homeopathic consultation inherently provides a measure of client introduction to mindfulness, paving the way for further instruction in the kind of mindfulness interventions successfully used in mainstream treatment programs. So as mindfulness may be one of the most basic common factors alongside the client-practitioner relationship in positive health outcomes, it is also a unique aspect already partially embedded in the homeopathic process that bridges its roles and

potentials across mind-body health. The additional training of homeopaths in mindfulness-based interventions could be an added psychoeducational counseling tool to equip them for an even greater role as health professionals able to navigate mind-body experience.

The person-centered psychological perspective is central to homeopathic consultations and interviewing

Rogers' (1951) person-centered psychotherapeutic approach (PCA hereafter) most closely echoes the processes the authors see happening in the homeopathic consultation. The PCA not only provides understandable ways of helping students develop their caring skills but also gives experienced practitioners a powerful way of thinking more reflectively and professionally about what they are doing in and with the therapeutic conversation that forms so much of the core of homeopathy (Kaplan, 2001; Townsend, 2011b). Broad overlaps with homeopathy can also be seen in other psychology schools of practice, such as Humanistic Psychology, Focusing, Jungian, PCA, Psychodynamic, Transactional Analysis, and Transpersonal therapy. Combining homeopathy with these and other therapies has proved attractive to many homeopaths (Chauhan, 2006; Cichetti, 2005; Ossege, 2005; Pinto, 1995; Pool, 1991; Twentyman, 1989; Whitmont, 1991a, b; 1993).

The advantage for homeopaths in acknowledging the PCA as central to their discipline is that it supplies a language with which to talk about our therapeutic conversation ('case-taking'). It provides a well-established set of concepts for considering what we are doing in that conversation, and it identifies an attainable set of skills and attitudes with which to advance the process. All of these are of considerable value in our training curriculum: in a similar way that being knowledgeable about homeopathic principles makes possible accurate case taking, analysis and case management, so a facility with Rogers' approaches enhances the therapeutic conversation of homeopaths among themselves and with psychotherapist colleagues.

Accounts in the literature of homeopathy, early psychology and later humanistic writings and especially those of the PCA, closely link our disciplines together. As early as 1914, Freud was using exactly the same language to describe transference that Hahnemann had used a century earlier to talk about the way in which homeopathic remedies worked. In homeopathic literature, Beat Spring (1990) was the first person to clearly remark on the similarity between Rogers' ideas and homeopathy:

In a person-centred psychotherapy session, as taught by Carl Rogers in La Jolla, California, you very empathically listen to the report of the client. You abstain from any judgement or desire to give advice and literally try to understand and see the world through the eyes of the client. You may ask questions to get a better and deeper understanding of what he/she just said or give him signs of your understanding to encourage him... You are not leading but just following the process very attentively. You are not in the position of knowing better than the patient what he needs. You just help him find that out himself (Spring, 1990, p49).

The writings of homeopaths Hahnemann, Kaplan, Norland, Vithoulkas and of many person-centred psychotherapy authors are similar, in terms of a general worldview of the human condition, health and disease. The philosophies of both disciplines and their essential concepts and practices originated from dissatisfaction with the then-current orthodox, reductionist and limited medical practice. They grew out of cycles of observation, client and practitioner experience, experiment, reflection and re-conceptualisation. This evolution of theory through cycles of practice consistently encouraged the

respective practitioners to work from the interpersonal experiences they participated in rather than superimposing a structured model or theory for communications in their practice.

So practitioners of both disciplines rely on a client-led narrative, encouraged by close attention to the core conditions of the PCA.

Homeopaths focus on a non-judgemental observation of an individual's state of health or disease – 'a good homoeopath learns to perceive disease as a continually evolving process which begins in the womb and unless arrested and cured, ends in the tomb' (Sankaran, 1991, p. 33) – and additionally provide the dynamic minimum in the form of the most 'similar' homeopathic remedy. In terms of effecting process at the energetic (vital) level, the former practitioner seeks to do nothing to the actualising tendency (and does it very well!), and the latter does next to nothing in providing a minimum stimulus.

In both disciplines, the quality of the encounter between practitioner and patient/ client provides a mirror in which the individual is free (or not) to meet himself. The difference is, appropriately, very small. Person-centred practitioners seek to provide nothing but the required therapeutic conditions and observe, non-judgmentally, any movement of the actualising tendency. (Townsend, 2002, p. 85)

Homeopaths are familiar with unconditional positive regard under the label of 'the unprejudiced observer.' Vithoulkas (1980) used the phrase non-judgemental acceptance in regard to the patient's symptoms, and Kaplan (2001), drawing from PCA (Thorne 1991) echoed Hahnemann (Kessler, *ibid*) in advocating a loving attitude or warmth towards the client. This highlights the issue that a critical attitude on the part of homeopaths can prevent patients from revealing important information needed for the homeopathic prescription, a fact which PCA research had established long ago (Dittes, 1957).

Our understanding of empathy also parallels that found in person-centred literature (Townsend, 2010:189-195). For example, Vithoulkas' (1980) described the process of resonating with person-centered readers.

In listening actively to the patient, the homeopath's imagination and sensitivity must be highly involved. The homeopath must develop the capacity to live the experience of the patient. This is not merely a matter of putting oneself into the shoes of the patient, but rather one of perceiving the patient's experience in his or her own context. (*ibid*: 173)

We suggest that the person-centered approach to understanding the complexities of human existence and its unique mode of being with people while they explore their concerns best matches the homeopathic clinical encounter.

(See more references in Appendix A)

Homeopathy's impact: psychotherapeutic process and outcomes

What does homeopathy have to offer for addressing mental health issues? The recent integrative medical textbook *Homeopathy and Mental Health Care: Integrative Principles, Practice, and Research* (Johannes & Van der Zee, 2010), documents some of the research and positive clinical history as well as outcomes of homeopathic treatment applied to a full range of mental health concerns of medical and healthcare professionals across 10 countries. This is a compilation reflecting the burgeoning practices and literature demonstrating the overlaps between homeopathy and other diverse

approaches that share historic parallels, similar concepts and practical ways of dealing with psychotherapeutic issues.

A frequent report in homeopathic circles is of the patient who remarks, at the end of a lengthy homeopathic case interview, "You know, I've never told anybody that before." This holds true for patients familiar with many different forms of psychotherapy. Another typical anecdote is of the patient who has held therapeutic issues unresolved for long periods of time, finding them dissolved rapidly with homeopathic treatment,

Case example 10

One of the authors well remembers the client who came for treatment for anxiety, in the course of which was revealed decades-long history of self-abuse involving the cutting and scarification of her arms, a self-abuse which was currently ongoing, and clinically evident. A couple of days after the patient received classical homeopathic treatment (that is one dose of one remedy), he took a phone call from his client, who asked, "... *what **have** you done to me?*" It transpired that our patient was astonished that the impulse-to-harm, which had been part of her life-background for so long, had completely disappeared. The patient was followed for another five years, and that impulse never returned.

(Further correspondences between homeopathy and various forms of psychotherapy can be found in Appendix A.)

Research on homeopathy combined with depth psychotherapy

A recent qualitative study on the role of homeopathy role in the psychotherapeutic process and outcomes confirms many of our observations. Jane Ferris (one of the present authors), a psychologist working in San Francisco, investigated how homeopathy interacts with depth psychotherapy. She interviewed 13 therapists for her doctoral dissertation, discovering that her interviewees valued the relationships they had with homeopaths. Here is a typical comment:

"I am always fascinated that she can get to basic information that I wasn't able to obtain as a therapist after three or four years. It is often about substance abuse or something pretty significant that didn't come out. She found out something important about almost every client."

(Ferris 2010, p. 260)

Here is a partial summary of general findings from this study. The following positive qualitative outcomes were present after the introduction of homeopathy into the treatment/ therapy process:

- Improvement in serious mental health problems
- Better sleep, increased energy
- Personality changes
- Less depression
- Reduced medications
- More able to discuss new issues
- Increased resiliency
- Decreased suicidality
- Greater distance from and disidentification with problems
- Shorter therapy time
- More decisive
- Opening to feelings
- More loving
- Less obsessive

- Feeling safe, centered, grounded, and positive
- Movement out of difficult relationships
- Move to deeper (therapy) work
- Attachment issues improved
- More movement in dreams and dreams as messengers of healing
- More available and connected

This list provides a qualitative sense of what homeopathy can do, expanding what has been presented in clinical and pragmatic research literature. It supports the reports of homeopaths and patients that homeopathy is not just for so-called strictly physical problems, but is a highly effective system for treating mental health issues as well.

Conclusion

Homeopathy offers an approach that could play a significant role in enhancing the psychotherapeutic process. Homeopathy offers safe, gentle, non-toxic remedies, administered with holistic principles. Homeopathic treatments and clinical interviewing processes closely parallel those of psychotherapeutic practice. They can provide ideal alternatives to conventional medications where drug where support is necessary. As a humanistically-aligned form of therapy in it's own right, homeopathy provides an approach hugely sympathetic to the nuances of psychotherapeutic practice. As the various authors cited above indicate, the synergy of homeopathy within psychotherapeutic practice offers surprising benefits.

Further research and development of respectful alliances would be a step toward enhanced therapeutic potentials and improved outcomes in each of our disciplines.

Appendix A. Further resources

Psychotherapeutic benefits of homeopathy

Edward Whitmont (1996) presented two borderline case studies from his personal experience to illustrate the therapeutic potential of homeopathy for the practicing psychotherapist. The importance of these is discussed in Ferris (2008).

Merizalde (1997, 2008) reviews clinical studies and case reports documenting the efficacy of homeopathy in the treatment of various psychiatric disorders. The author reports the remarkable convergence of the symptoms of many homeopathic remedies and the characteristics of many modern psychiatric clinical syndromes, giving examples.

The Belgium doctor and homeopath Henk Van Hootegem graduated as a general physician in 1982. In a detailed case study (2007) the importance of the (psychodynamic) working alliance and its impact on positive therapeutic outcomes is discussed. He describes the process by which both therapeutic exploration and homeopathic remedy action connect dynamically and differentiates between the impact of each element.

He reports *“from the beginning of my practice, I was interested in homeopathy . . . in the course of my homeopathic practice, I became more and more aware of the importance of the therapeutic relationship.”* and he further states: *“In my current practice, I frequently combine homeopathy with methods and insights from psychoanalysis. One approach complements the other.”* (Van Hootegem 2011)

Perhaps the most compelling account of how our two approaches might be combined is found in a 1992 article where the South American doctor and therapist, Risquez provides us with a very detailed (almost a verbatim transcript) case study.

Whilst such references describe some knowledge of the areas of synergy existing between homeopathy and psychotherapy, the authors note the relative rarity of this sort of report.

The person-centered psychological perspective is central to homeopathic consultations and interviewing

Both psychotherapy and homeopathy understand the idea of suppression and share an understanding of holistic functioning. {Seeman, 1984, 146) describes PCA's organismic functioning as “a pervasive phenomenon that includes all of a person's behavioural subsystems: biochemical, physiological, perceptual, cognitive, and interpersonal.” The central importance of homeostasis is shared, and each is equally concerned to place the internal meaning of the individuals' experiencing in a patient-led process, which stresses the unity of the organism and the idea of hierarchy of levels. Homeopathy does this through its careful case-taking and remedy-matching analysis and PCA approaches.

For homeopaths, Rogers' third core condition, congruence, links to the idea of self-awareness (Hahnemann, 1982), also in Dudgeon (1851/1995:724-728); what Vithoukas (1980:170) refers to as the interviewer needing to become conscious of his or her own responses to the patient. The medical homeopath Hehr (1983) clearly shows how Hahnemann was aware of this necessity in 1829. The contemporary practice of the American homeopath Jennifer Smith (Smith, 2000) describes this in action.

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Christopher K. Johannes, PhD, DHM, HD(R.Hom.), NCC, LPC, LMHC, RPP, MBPsS is a professional counselor, homeopath, and educator currently living in Kyoto, Japan. He is Tokunin Assistant Professor at Kansai Gaidai College, Hirakata, Japan, and a Visiting Lecturer at Ritsumeikan University, Minami-Kusatsu, Japan. He is also an Associate Professor of psychology, complementary medicine, and integral health studies at Akamai University, and is currently Vice Chair of the Akamai University Institutional Research Board.

Contact:

drckj777@hotmail.com



Ian Townsend, Ian Townsend MA, F. S. Hom (retired), FHEA, MAHPP, Associate Lecturer, Person-Centred Practice has practiced as a homeopath for over 20 years. He taught in many of the UK's private homeopathy colleges, and presented papers on the applications of the person-centered approach to homeopathy. In 2011 he was awarded an Honorary Fellowship of the Society of Homeopaths, and previously he was the UK's first employed Professional Conduct Officer that Society. Now retired, he still enjoys teaching locally: the person-centered aspects of a Foundation Degree in Counseling.

Contact:

ian.townsend@yahoo.co.uk

<http://www.linkedin.com/profile>



Jane A. Ferris, PhD is a depth psychologist in private practice in San Francisco. She teaches and continues to explore the integration of energy medicine, spirituality, and depth psychotherapy. Her doctorate is from Pacifica Graduate Institute in Santa Barbara, CA and her graduate internship was at the C. G. Jung Institute in San Francisco. In her dissertation Dr. Ferris researched the use of homeopathy in psychotherapy.

Contact:

1719 Union St.

San Francisco, CA 94123

(415) 264-3476 drjaneferris@gmail.com



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