

The homoeopathic counsellor

Michelle Hookham

ABSTRACT

This paper conceptualises the notion of the homoeopathic counsellor, according to the literature, and utilises examples of where homoeopathic case-taking and counselling have had deeper therapeutic value. It revises homoeopathic philosophy from Hahnemann's *Organon of Medicine*, and considerations from leading homoeopaths, both past and contemporary, relevant to the therapeutic role of the homoeopath. Aspects of counselling and psychodynamic theory in relation to homoeopathic processes are discussed, with case examples to illustrate each. Applications of *The Thinking Environment* model are shared as a tool to help build safe and empathic relationships that allow people to reach their own insights during their homoeopathic consultations. The paper concludes with affirmation that there is synergy between homoeopathic practice and counselling, and presents the case for additional qualifications to help homoeopaths build their practice.

Introduction

Homoeopathic consultations include periods of deep listening to allow people to fully express their alteration in health and how this is affecting them, combined with incisive questions and time for the practitioner to understand the totality of symptoms and underlying cause of their dis-ease. This process can be profoundly insightful for people and they can have an unexpected therapeutic experience with positive benefits for their emotional wellbeing (1–3). Thus, through the very nature of client work, psychodynamic case-taking practices and adhering to the philosophy of practice, homoeopaths are often inadvertent counsellors.

For the purpose of this article, the term homoeopathic counsellor is used, since it is established in the literature. However, psychotherapist might also be considered, to reflect deeper perspectives of homoeopathic engagement with clients, as illustrated in the definitions below.

'A counsellor is a person who is trained to listen to people and give them advice about their problems' (4).

In relation to homoeopathic practice, I particularly like the 'trained to listen' part of this definition but am not so keen on the 'give advice'. I would prefer the definition to be: 'a counsellor is a person who is trained to listen to people and facilitate their journey to understanding and resolving their own challenges.'

Psychotherapy is defined by Silvestri (5) as a process where people are guided to identify how problems and grievances are connected to past and present situations and how to resolve them through understanding this pattern and being empowered to make a positive change as a result. This resonates with the deeper aspect of homoeopathic case-taking.

Homoeopathic consultations

The primary objective of the homoeopathic consultation is to elicit the totality of symptoms (mental, physical, emotional and spiritual) which are meaningful to the client, on which to base a homoeopathic prescription (6–8). Homoeopaths also need to know what is curable in a person's dis-ease,

Image: Adobe Stock

what is curative in medicines; to know the obstacles to cure (§3); and to be preservers or advisors of health (§4) (9, 10). Consultations are not just about getting as much information as possible. In many cases, they are a 'gentle catalytic process to draw out the essence of inner pathology' (8) or a journey to a deeper understanding, which Sankaran (11) calls the Central Disturbance, the Inner Pattern or Inner Song. The homoeopathic consultation is thus a collaborative journey, sensitively encouraging the person to externalise their inner state.

Homoeopathic case-taking often starts with an exploration of the external symptoms, then going to the deeper expressions and bringing the inner pattern to the outside (2). In many cases, channels such as fears, dreams, hobbies, reactions to stress, coping strategies, strengths, gestures and major life experiences can help to elicit a deeper understanding and exciting or maintaining causes of dis-ease. Implicitly, homoeopaths are often working in psychodynamic ways as they explore the underlying cause of dis-ease in each case. Homoeopathic processes can thus be similar to psychological therapies, with a key difference: eliciting the pathology pattern and matching that with the most indicated homoeopathic medicine. This process can be profoundly insightful for people, and they can have an unexpected therapeutic experience with positive benefits for their emotional wellbeing (1, 2).

Established pathways

The concept of the homoeopathic counsellor is not a new idea. Authors, practitioners and academics have discussed various aspects of this topic and the integration of homoeopathy and psychotherapy over the last few decades. There is recognition that practitioners may have additional qualifications/modalities that are utilised in clinical practice and discussion about whether a formal combined credential would be beneficial for the profession. Interestingly, Silvestri (5) places homoeopathy as more closely related to the interpersonal practices than the medical sciences and argues that it is the ongoing conversation with clients that guides the essence of homoeopathic medicines.

Townsend (12) has written several articles on the topic of psychological therapies and homoeopathy, with comprehensive literature scoping to incorporate the progression of ideas over time. He draws on several sources to posit that homoeopathic consultations include multiple factors common to forms of psychotherapy, such as an accepting, compassionate and encouraging exploration of issues; an empirical understanding of determinants of mind body health; and a 'mindful focus on phenomenological expression and clarification with intent of healing …' (3). To provide a consistent theoretical basis for the integration of homoeopathic and psychological approaches, Townsend established that the most closely aligned body of knowledge was Carl Rogers' Person-Centred Approach (PCA), and found it 'startling the extent to which both homoeopathy and the PCA share a radical outlook on health and disease' (12). Rogers' PCA recommended six conditions (psychological contact between client and practitioner, capacity to receive/respect/witness their vulnerability by a healthy practitioner, unconditional positive regard, empathy, congruence and awareness) for optimum therapeutic engagement, which provide a useful language for homoeopaths to reflect on the therapeutic conversation.

Jane Ferris' (13) research explored the interaction of homoeopathy and depth psychotherapy, with findings that homoeopathy can work synergistically with therapy to help increase a client's awareness and functioning. She considered that clients and therapists need to be educated about homoeopathy to give people informed choice in their treatment options at a time where the biomedical model predominates culture.

Saine (14) considers that there is a difference between the two, and that homoeopaths should be able to evaluate and know if it's a case for homoeopathy or psychotherapy. His teachings give guidance for homoeopaths regarding the use of psychotherapy, including the following:

1. If the disease is dynamic, the treatment must be dynamic, otherwise psychotherapy may aggravate pathology. In such cases, he argues, psychotherapy could be helpful for education and guidance after homoeopathic treatment has taken effect.
2. If the disease is not dynamic, psychotherapy may be helpful to relieve psychological suffering, though this alone won't cure the disease.
3. Sometimes a combination of homoeopathy and psychotherapy is needed, with each practitioner having the right training.
4. If a trauma triggers the miasm, no amount of psychotherapy will make them feel better. The right remedy will be required to 'unlock' the case, remove the effect of the trauma and decrease suffering. In such cases, good health will return even without therapy.

To carry the concept of the homoeopathic counsellor forward, Johannes (1) explored aspects of homoeopathic work that correlate with counselling practice and the theoretical alignment and potential for a formal 'credential' or qualification.

He considered that this may serve to help to establish alliances with established mental health disciplines, and considered it a natural extension to practice, since the '… homoeopathic treatment process already consists of a form of counselling … and offers a lot more than remedy provision to effect healing.' Despite the generation of ideas and a proposal, the concept does not appear to have progressed into practice.

Psychodynamic theory

Whilst counselling and psychotherapy are recognised therapeutic disciplines, I consider the dynamic interaction of therapeutic engagement of the homoeopathic consultation to be psychodynamic in nature. As both a homoeopath and mental health practitioner, there are times when I use the skill sets interchangeably. For example, if I felt stuck in a consult with a mental health client, I might adopt a homoeopathic case-taking technique to help the client explore a deeper aspect of their psyche or behaviour. Once the person is able to connect with this, the insight gained is used for further reflection and to support their recovery.

Psychodynamic theory, coined by Sigmund Freud, seeks to understand human behaviour that comes from unconscious processes, that may have begun in childhood, and of which people might be completely unaware (15). It considers what is happening in a person's inner world to explain the motivational and driving forces of their external actions, behaviours, emotions and relationship dynamics (16). Whilst Freud did not make specific working applications for this paradigm, it was taken up by many of his contemporaries and has become a key analytical framework in social sciences.

Pfanzelt (17) writes that psychodynamic therapy and homoeopathy have similarities in theory and practice, since both have a foundation of understanding the aetiology in each case. For example, homoeopathy considers familial patterns in chronic disease and psychodynamic theory considers childhood experiences as a primary cause of mental/emotional disease. Pfanzelt advocates that psychodynamic psychotherapy and homoeopathy can work well together for the benefit of the patient when indicated, providing there is a relationship of mutual trust and respect between practitioners. Vithoulkas (8) also asserts that the homoeopathic case-taking process is similar to psychoanalysis, with the proviso that the aim of a homoeopathic consultation is to elicit the symptom totality and to understand the deeper pathology, not to analyse further.

Homoeopathic philosophy perspectives

According to Hahnemann (9), a '*mistunement*' of the vital force is expressed through symptoms '*everywhere present*' (§11). He tells us that in all somatic disease the mental/emotional state is always altered and is considered pre-eminent symptoms within the symptom complex (§210). For this reason, Hahnemann asserts that true restoration of health can only happen if one considers the mental/emotional changes along with the other symptoms in every case and chooses a remedy similar to the disease picture (§ 213). Hence, the whole complex of symptoms needs to be investigated so that a medicine can be prescribed that can extinguish the whole disease (§217). This holistic prerequisite to consider mental/emotional aspects helps people to make connections between the mind and the body. This has its own therapeutic value, again linking a psychodynamic approach to the homoeopathic counsellor potential.

Mental/emotional disease and counselling

Hahnemann identified four general types of mental/emotional disease. Each one has a corresponding therapeutic application or approach in relation to counselling, which are outlined below and summarised in Table 1.

1. Chronic one-sided mental/emotional disease (true dynamic diseases).

Hahnemann's philosophy asserted that almost all 'true' mental/emotional diseases originate from somatic diseases, where the mental/emotional symptoms increase and somatic symptoms diminish (§215). Mental/emotional disease arising from somatic disease can only be cured by anti-miasmatic medication in conjunction with adapted living habits, plus the appropriate psychological approach to 'feed the soul' (§228).

2. Acute flare-ups of psora.

Hahnemann's philosophy observed that although acute insanity may have a trigger, it almost always springs from internal psora (§221). He identified three stages: the original somatic disease, the chronic mental/emotional disease and acute exacerbation of the chronic state. Hahnemann wrote that the acute flare-up must be treated with the indicated acute remedy, but once this has passed, the chronic state needs to be treated with the indicated anti-psoric/anti-syphilitic to prevent recurrence (§222).

In dynamic (true) mental/emotional disease, Elia and Kellerstein (2010: 1st lesson) suggest that mental emotional diseases stemming from somatic disease will worsen with psychological/rational approaches because people are not in control of their state. However, Hookham (18) considers that therapeutic interventions, such as de-escalation techniques and low-stimulus environments, can be helpful for people experiencing florid psychosis and mania.



Image: Adobe Stock

3. Mental/emotional disease from bad upbringing and habits.

Hahnemann also observed that mental/emotional disease can stem from '*… faulty upbringing, bad habits, perverted morality, neglect of the spirit, superstitions or ignorance*' (§224). These will respond to psychological approaches and lifestyle coaching.

4. Diseases spun by the soul.

The fourth classification of mental/emotional disease, according to Hahnemann, are those that develop from the mind and then trigger somatic symptoms (§225). These are pathologies that are caused by persistent worry, mortification, vexation, abuse, fear or fright. They can be transformed by therapy, as long as the disease is new and hasn't deranged the somatic state too much (§226). These diseases are also psoric and should be treated with an anti-psoric homoeopathic medicine during convalescence (§227).

Table 1: Summary of mental/emotional diseases and applicability of counselling

Type of M/E disease	Characteristics	Treatment	Counselling
Chronic one-sided mental/emotional diseases (true M/E disease)	Originate from somatic disease where M/E symptoms heighten and somatic symptoms diminish.	Can only be cured with anti-miasmatic treatment	In conjunction with psychological support to 'feed the soul'
Acute flare ups of psora	Acute insanity may have a trigger but almost always springs from internal psora. There are three stages: the original somatic disease, the chronic mental/ emotional disease and acute exacerbation of the chronic state.	The acute flare up must be treated with the indicated acute remedy, but once this has passed, the chronic state needs to be treated with the indicated anti-psoric/anti-syphilitic to prevent recurrence.	True dynamic M/E diseases may worsen with psychological or rational approaches, since the person is not in control. However, some techniques may help relieve symptoms and de-escalate heightened states.
M/E disease from bad upbringing and habits	Can stem from faulty upbringing, bad habits, perverted morality, neglect of the spirit, superstitions or ignorance.	Know the things that derange health (§4). Identify exciting and maintaining causes and remove these obstacles to cure (§§ 5, 7)	Respond well to psychological approaches and lifestyle coaching
Diseases spun by the soul	Pathologies caused by persistent worry, mortification, vexation, abuse, fear or fright.	Treat underlying predisposition	Can be transformed by therapy, as long as the disease hasn't affected the somatic state too much.

Cases

The following five cases illustrate examples of the therapeutic value of the homoeopathic counsellor. The first two showcase the importance of exciting mental/emotional causes in acute ailments; the third case, the role of lifestyle coaching in conjunction with good homoeopathic prescribing; the fourth takes the role of the homoeopathic counsellor to another level, as an application of *The Thinking Environment* is utilised to help a client explore his own existential challenge. The fifth case illustrates how a simple cognitive behavioural therapy (CBT) style of approach for anxiety can elicit good repertory symptoms for a client. This case demonstrates how the interplay of psychodynamic therapy and homoeopathy can complement the practice of the other, in a way that is flexible and holistic, for the benefit of the client.

Case 1: Young adult male presenting with acute indisposition

- Scrapy, dry sore throat
- Blocked ears; 'thick head'; heaviness of the eyes
- Frontal headache
- Onset – sneezing profusely, then to throat, with white patches on tonsil; chills, headache and low-grade fever

Treated with acute remedies (home prescribing), with some effect but not resolving. After 2 weeks:
I'm on the brink of falling over to the point where I can't function.

Exploring the exciting cause:
What was going on when you became unwell?

I had a meeting with managers. They told me I need to relax and let go of expectations to succeed as an actor (had worked for 10 years to hone skills, train, attend auditions etc.); that I need to live my life and see what happens; that I'm too tight and trying too hard.

It hit me hard emotionally. It made me disheartened. I came to the realisation that I was only hurting myself by high pressure and expectations. It was killing me. I was putting in the work and not getting the reward, which was detrimental to my physical health.

The night I got the news, I worked myself up; it was all sudden; I was low; what's the point? I felt constricted as I want it so much.

Feeling: disheartened and sad; not good enough; exhausted with it all.

Counselling:
Through this process, client realised the true causation of his acute illness. He resolved to focus more on self-care; things that bring him joy, such as listening to music, writing and travel. I read out the remedy picture of *Carcinosinum*, which also had therapeutic value to help him understand his state.

Homoeopathy:
Carcinosinum 200C split dose. Wait one week, then take constitutional remedy (*Cereus bonplandii*). He had done well on *Argentum nitricum* for acute performance anxiety.

Case 2: Middle-aged man with acute indisposition

- Head cold; sudden onset; 'all in the head'; low grade fever, with chills and rigor; runny nose; earache; nose blocked alternating with streaming; pounding headache; increased saliva; thirstless; lethargic; throat pain. Despite sickness, client continued to go to work.

Exploring the exciting cause:
What was going on when you became unwell?

I was under quite a bit of stress. I've not been under this amount of stress for a long time. There were huge responsibilities for investors in my company; I had some major financial stressors with the business, which has put me under a lot of pressure. I've been controlling my thinking quite well, but I've had some dark thoughts, but trying to maintain positive thoughts. Bad thoughts include wanting to end my life; thinking that the family would be better off without me. The thoughts scared me.

NB: This client had built a financial enterprise from scratch which, within a few years, was a multimillion-dollar company, employing 16 staff. The company was growing and expanding rapidly.

How is your mood?
Bad; on edge; tense; I have massive anxiety about business failure, like a big weight.
His wife affirmed 'I haven't seen him this on edge for some time.'

What are you doing for self-care?
I wake at 4 am and go for a walk and listen to pod casts. I have taken myself off coffee, chocolate and sugar past three weeks (was having eight cups of coffee per day).

Counselling:
I expressed curiosity about his rising at 4 am to listen to podcasts and affirmations. He responded that it was his time; he would stand under a tree, barefoot in complete stillness. I reflected back that the practice may be a guise for focused generating of abundance (stemming from his fear of failure) rather than self-care. At this, the client began sobbing. It resonated strongly and he acknowledged that it was true.

I asked him to give himself permission to rest and relax.

Homoeopathy:
Bryonia as needed.
Once recovering, *Diamond* 200C twice daily for 2 days.

Case 3: 22-year-old female with chronic illness

This client reported lifelong issues with health but most recently excessive, unexplained weight gain, syncope, chronic



fatigue syndrome, migraines in addition to lymphoedema, Hashimoto's, polycystic ovarian syndrome, recurrent chest infections with regular antibiotics. She reported a history of psychogenic seizures, where she would lose consciousness when overwhelmed. Medical investigations had detected no organic causes.

A brief personal and family history revealed a premature, Caesarean birth, tonsillectomy at age 13 and chronic fatigue syndrome age 14. Her mother had cancer around this time. She had SARS-Covid-19 in January 2022 and also had the MTHFR double mutation.

Family history:
Mother: breast cancer 2009
Father: aortic valve replacement 2020
Brother: renal failure and kidney transplant
Sister: Hashimoto's and fibromyalgia

She was on allopathic medication:
Toprimate 75 bd – migraine (finishing up)
Thyroxine 100mg – autoimmune
Escitalopram 20mg – Anxiety (now 10mg, coming off soon via doctor)
Midodrine 7.5 – hypotension
Hx Flu vax and Covid vax
New anti-seizure medication (name not known)

This client had the benefit of having her case taken by Dr Sankaran during an online course in 2021. Case-taking was able to ascertain the inner pattern, including sensation, superclass and kingdom. *Drosera* 1M, twice daily for two days only, repeated monthly was prescribed. The client did really well on this remedy over the next year. The seizures stopped and she was able to return to work. Her mood improved dramatically, and she was feeling a lot more optimistic about her life.

Image: Adobe Stock

Counselling:
Counselling in this particular case was around lifestyle coaching. For this, she was referred to a naturopath who specialises in diet, nutrition and weight loss. Her initial assessment showed 'significant mitochondrial dysfunction and cellular toxicity due to chronic gut dysbiosis and pathogenic bowel flora'. She was put on a naturopathic detoxification and restoration program and a full GAPS Diet, plus supplements and lifestyle coaching. This approach had a significant benefit. The client lost a lot of weight, regained energy and reported that she was able to achieve what she wanted to in her life. Her confidence grew and she has become more independent and self-assured.

The Thinking Environment: framework for therapeutic engagement

The Thinking Environment provides an excellent framework for homoeopathic case-taking and extension into the counselling role. Many of the components of this methodology correlate, as practitioners strive to create an atmosphere conducive to optimizing the client's experience and to elicit the totality of symptoms. Hookham (19) considers that when homoeopaths are deeply immersed in case-taking, they may actually become *Thinking Environments* for their clients. For the purpose of this presentation, a brief summary is provided here.

The Thinking Environment is a framework comprising ten components, that together optimise the conditions for rigorous independent or group thinking (20). In an immersive experience of the ten components, when people engage in an environment where they feel at ease, appreciated and encouraged; where they have access to the right kinds of questions and information to inform their thinking; where feelings can be expressed safely and there is genuine equality and respect for difference; where they are provided with a particular quality of attention that is generative by nature; and where they know they will not be interrupted, transformative, insightful thinking can occur (20).

Passmore and Sinclair (21) identify Nancy Kline's *Time to Think* as an approach that embodies the person-centred philosophy and as such, nominate the application of her work as a key contributor to a humanistic approach. A person-centred approach extends from the therapeutic ideology established by Carl Rogers (1961), with subsequent contributions by Maslow (1968) and Csikszentmihalyi (2002) (21). It honours the whole person and their capabilities, creativity, resourcefulness, potential for development and growth, as opposed to pessimism or pathology apparent in other psychotherapeutic approaches (21). Utilising applications of *The Thinking Environment* helps build safe and empathic relationships and allows people to reach their own insights. Whilst there may be other seemingly similar approaches, there is something unique about Kline's system that creates the right environment 'to listen so well and so carefully to give attention so respectfully that they can think for themselves in a new way' (21).

Whilst rigorous academic literature on *The Thinking Environment* is lacking (22), there is solid reference to applications of Kline's popularity and work in business and coaching manuals. From the field of neuroscience, evidence supports Kline's assertion that higher quality thinking emerges from giving a person time to think (23, 24). Research conducted by Darby (25) found that applications of *The Thinking Environment* made a valuable difference in meetings. In particular, the introduction of 'rounds', where everyone had an equal time to speak without interruption, formulating agenda items as incisive questions and the *Time to Think Council* process created an inclusive environment with increased openness and idea generation. Outcomes of their research included a deeper valuing of difference and increased capacity to generate shared knowledge, by engaging collective ideation (26). Similarly, Havers' (26) study found that aspects of an organisation's culture could be significantly improved when they adopt applications of *The Thinking Environment* model; that it fostered a strengths-based culture, where equality is valued and feelings can be expressed productively.

> Homoeopathic case-taking that allows people to be held in these ten components not only elicits rich symptoms that are uppermost to the person's current situation but may inadvertently help them to elicit fresh perspectives and insights that can be transformational.

There are times in homoeopathic consultations where people clearly need time to think about a particular challenge, and if supported correctly, can have great therapeutic value. This is where the role of the homoeopathic counsellor comes in. Homoeopaths are already good at that, since they are trained to take cases without interruption, and free from prejudice. With just a few tweaks to the skill set, homoeopaths can not only come to the most indicated remedy but can enable the client to come to their own conclusions about underlying causes, unhelpful patterns, or lifestyle changes they need to make to find equilibrium and wellbeing. This is illustrated in the following case.

Case 4: 19-year-old male who needed a counselling approach to work through issue

This young man has been a client throughout his childhood and has done well on *Cuprum metallicum*. During a homoeopathic consultation, he began talking about a personal challenge, and I thought it would help him if he had the time to think about it for himself. I decided to adopt a *Thinking Environment* approach with him and allow him to process his issue without interruption. This is what happened:

Opening question: what would you like to think about and what are your thoughts?

I am struggling with the church and the people involved. I have social standing and reputation in the church, but I don't know whether to stay or go. I am torn between what I want and what others want for me.

As part of our church, we need to serve a mission. I don't know if I'll ever be ready. I don't think I could do the best for other people because of the way I interact with people.

I don't feel I could offer them the best insight or teachings to come to the church.

I think I haven't been the best person myself.

I don't know what the problem is, but I've known from age nine that I interact differently. I'm not normal. I have a different personality, which makes me come across as weird.

Maybe I miss social cues or respond differently.

I asked mum if I'm autistic as I feel different to everyone else.

I care about what others think and seek approval as I was bullied when younger.

My question: what more do you think, or feel, or want to say?



His Question: should I leave the church?

I consider leaving the church but know it would affect the relationships with my family. I hate the thought of disappointing them. I can't see the benefits that outweigh the risks.

I worry they will think I'm being influenced by the opinion of others.

One of the benefits is that I'll have more time to do things and to look after myself, as I work six days and church is all day on Sundays. I'm not able to live my life. I've always wanted to go camping at the weekend. That would be beneficial for me.

I push myself too hard. I stay back late at work and put my hand up to help boss, then regret it.

I need the time to feel human again.

My head feels like a dam, with lots of information.

I feel banked up.

I get really disorientated and overwhelmed.

What if I'm wrong?

It's a life choice.

To take a leap of faith and see where I end up.

The final choice is a yes or no, but I'm indecisive.

There are so many people advising, I can't see a clear decision.

How will it affect my relationships with family?

What if this is something they can't process or don't accept my choice?

Do I depend on them for advice and guidance?

Am I afraid of losing that?

It comes back to having a mentor.

I don't want to put the stress on them; that they'll feel I haven't done right by them.

My Question: what do you assume is stopping you from leaving the church?

How it will affect those around me.

I don't want to lose the connection with my brother.

Disappointing them.

I don't want them to feel they've failed.

I love the spiritual experience without the church.

Risk over reward.

If I knew it would affect my relationships, I wouldn't leave.

I'd sacrifice my happiness to keep the relationship with my brother.

I'd hate to think they don't trust me and lose their trust.

I overthink it and spiral.

What I'm looking for is something to stop me overthinking and have the clarity of thought.

I want a definitive answer.

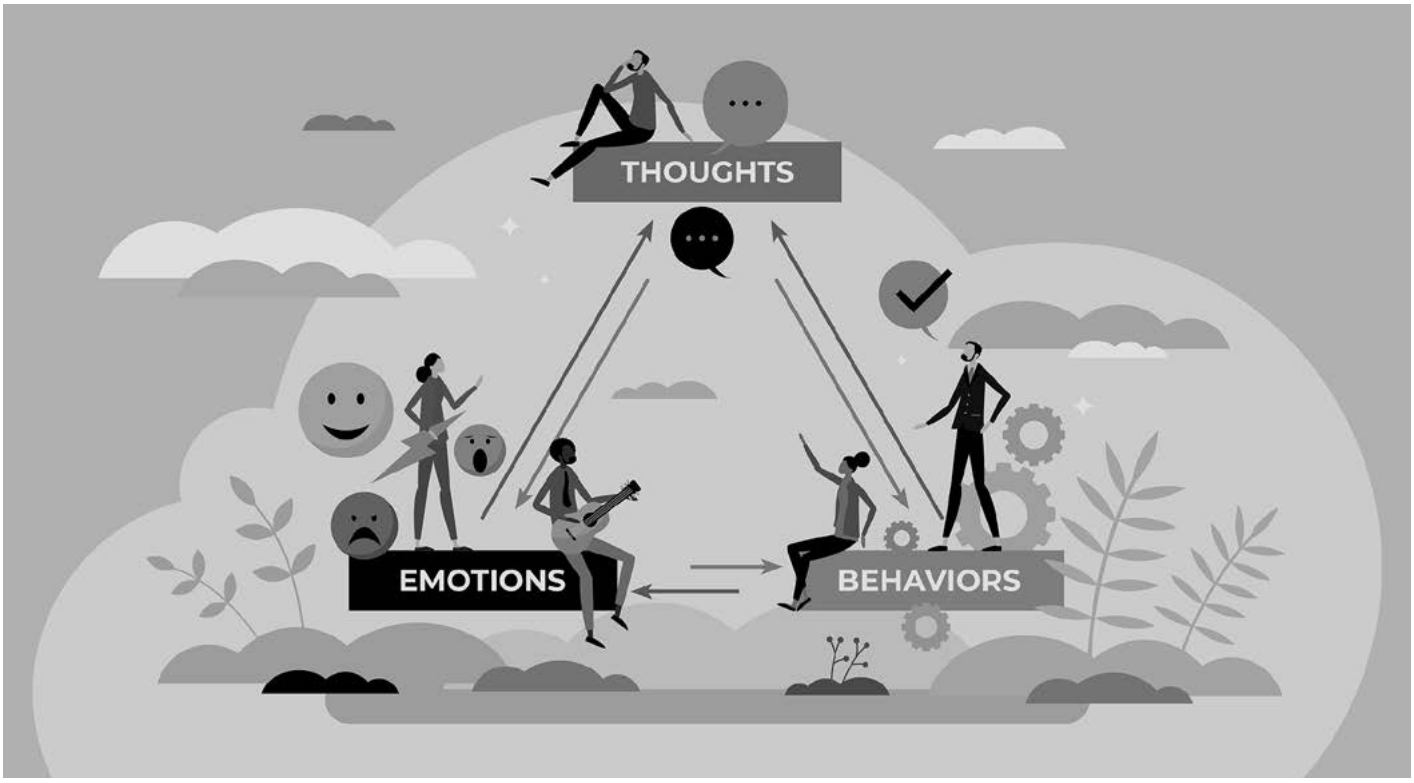
My Question: of all those things or possibly anything else that springs to mind, what do you most assume is stopping you from leaving the church?

I most assume that if I leave the church, there will be a negative effect on relationships with my family.

My Question: do you think it's true that leaving the church would do this?

No, it's false. It's me focusing on what I don't want instead of what I do want.

Image: Adobe Stock



My Question: if it's not true that leaving the church would damage relationships with your family, what is a more accurate and truer alternative?

If I leave the church, I will still have a good relationship with my family, and they will be accepting and understanding of my choice and love me no matter what. That's unconditional love.

My Question: if you knew that you could still have a loving relationship with your family after leaving the church, what would you now do?

I'd take the leap of faith and progress my life as I see fit!

Here, the client has been able to reach his own path, by just being provided with the space to think out loud for themselves.

Note:
I encourage homoeopaths who want to deepen their active listening skills and counselling capacity, to consider taking a short course in *The Thinking Environment* methodology. In the interim, for those who would like some practical tools, Hookham's (19) *Similia* article explains each of the ten components of a *Thinking Environment* and their application in homoeopathic case-taking.

Case 5: Cognitive behavioural therapy for anxiety, helps repertorisation

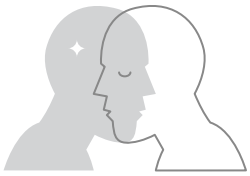
This client was referred to see me for psychological support, opinion and management for debilitating anxiety and panic disorder, complex trauma, and obsessive-compulsive disorder (OCD). Her symptoms were so extreme, she found it difficult to leave the house. She was in a constant state of terror and thought that everything in the environment was a potential threat to her safety. Through a cognitive behavioural therapy (CBT) style of activity of breaking her experiences down into thoughts, feelings, physicals and behaviours, she was able to see the negative feedback loop that was perpetuating the anxiety. She identified places in the cycle where she could potentially implement strategies to help break the cycle. These strategies are listed below the table.

At that time of her treatment, she had not been prescribed homoeopathic medicine. However, as I worked with her to develop strategies to manage her crippling anxiety, I couldn't help but notice the symptoms coming out in repertory language, which would be useful in a homoeopathic case.



Image: Adobe Stock

Table 2: Case 5 CBT activity, breaking the cycle of anxiety

1. Physical symptoms	2. Thought - I've missed something, something's wrong	3. Behaviours	4. Feelings
Shortness of breath Hot Sweaty palms Shaking Nausea as if I will vomit Bring on my own symptoms if I have blocked nose or other minor ailment Hypochondriasis Hyperventilate	Everything makes me have a panic attack I'm scared to go out in public Crowds, people make me anxious I'm trapped I can't breathe Something bad is going to happen Everyone's going to hurt me I will be hurt by someone Everything I eat is poison if not made by me People are out to kill me Every spot is cancer I have so many problems I might as well die You have jinxed it If I don't touch something or perform a ritual my mum or brother will die I'm going to get into a car accident; I will cause a car accident I will die in my sleep	Pacing, monitor breathing Crying Clenching fists; shake my legs Feel my fingernails Isolate myself Google everything; scared of getting sick Superstitious, not saying certain words as will come true, e.g. cancer Checking behaviours, OCD; if I don't do this, I will die Handwashing Hypervigilance Looking over shoulder Biting skin around fingers until they bleed Pull out my hair Constant checking blood sugar levels, half hourly	Scared Anxious Flustered Yuk Gross Dirty Fear of cancer Fear of dying Frozen with fear Things go really slow Sad Over excited; hyper about little things 

Self-care and homoeopathic guidance

As mentioned earlier, homoeopaths need to know what is curable in disease, what is curative in medicines, to know the obstacles to cure (§3); and to be preservers or advisors of health (§4) (9). To be able to do this well, homoeopaths need to know enough to guide their clients towards health, and also to know the unhealthy practices in their own lives, how to address/correct them and to be role models of this for their clients. This is another dimension to the counselling role of the homoeopath.

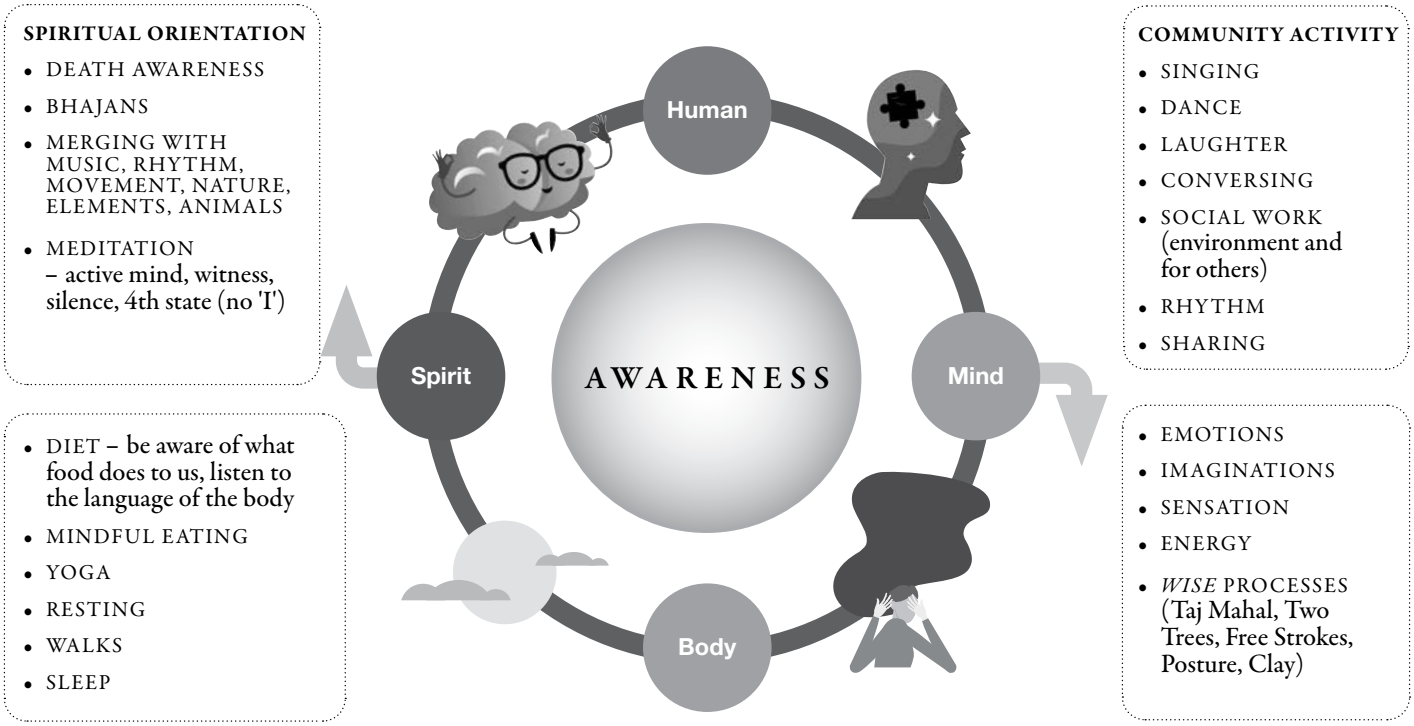
There are many philosophies for self-care and personal development and homoeopaths will be drawn to practices that resonate for them. They will bring their own unique life experience and skill sets to support/counsel/coach clients to achieve their wellbeing goals. For the purpose of this paper, I am just referencing one model to encapsulate the holistic and counselling component of homoeopathic healthcare.



The model developed by Sankaran (2019) portrays the aspects of people that need to be a simultaneous focus in order to preserve health, illustrated in the diagram below. This model is congruent with homoeopathic practice, since it is holistic and incorporates all dimensions of a person, contextualised to their life. Sankaran maintains that to heal all these aspects, the core construct is awareness. As homoeopaths move into more awareness about their role as counsellor or guide, this model provides a good framework to support their clients in all aspects of their lives. And it is a way for homoeopaths to consider their own self-care to prioritise our own wellbeing as we strive to support others.

Image: Adobe Stock

Table 3: Awareness is key to the dimensions of wellbeing (27)



Suggestions of ways to facilitate wellbeing across these domains include:

Body: to look after our physical health, through diet, exercise, hygiene.

Mind: to become more aware of our emotions and sensations.

Community: doing things together, sharing, socialising and finding your true role in the community. Without this role and associated meaning in life, health will deteriorate.

Spiritual: need to see ourselves in a much larger context, as part of nature, then to access this orientation through meditative practices, books or enlightened people.

The *Witnessing the Inner Song Experience (WISE)* process

For those who naturally gravitate towards a psychodynamic way of homoeopathic case-taking like myself, Sankaran's *WISE* process offers a powerful tool to help clients externalise their 'inner song' (or pattern), through the use of images and other mediums. This is an adjunct to comprehensive case-taking, once all other aspects have been diligently attended, including case analysis and repertorisation. A good understanding of the *Sensation Method* is considered a prerequisite to using this technique, and knowledge of Sankaran's six 'super classes' in homoeopathy, a concept based on fundamental somatic reactions (28), helps interpret the expression of the internal state. When there is synergy between all of these applications of case-taking and analysis, the accuracy of prescriptions is considered to be much higher.

The following short summary is from Sankaran's latest book, *From Shadow to Light* (29), which provides information about the *WISE* philosophy and instructions for using the *WISE* process.

WISE = Witnessing the Inner Song Experience, where:

Witnessing: is the process of observing from a distance, in minute detail, without judgement.

Inner: is looking inward to understand how the outside world has affected what is happening on the inside.

Song: refers to the inner pattern, 'like a melody playing within us'. It is unique to each person, irrespective of what is happening externally.

Experience: is the energy pattern of what lies within, that is beyond mind, reason and logic, yet is felt simultaneously in the mind and body.

According to Sankaran, *WISE* stems from assumptions that:

- Stress is a reaction to the perception of external events, not necessarily as a result of them.
- The reaction or perception of stress comes from an embedded pattern, called the 'inner song'.
- The homoeopath must explore the pattern through various windows or lenses.
- One of the most informative lenses is the imaginary situation that occurs in the subconscious mind, often triggered by stress, and associated with an underlying sensation or somatic experience.

Sankaran has named the individual experience that emerges (and is not logical), the 'sensation', which he considers is part of the pattern where the individual is stuck.

Sankaran learned over a long period of observation, reflection and study with colleagues that externalising the inner pattern becomes much easier if the imagination can be projected onto something else. It helps people to detach the focus from themselves and onto the pattern itself. Hence *WISE* processes

Image: Adobe Stock

use a series of photographs, doodles, postures to help bypass the logical mind and bring the inner patter from the subconscious to the conscious.

One of the main intentions of this process is to help clients look within and see their own pattern, which is also psychodynamic and therapeutic, circling back to the role of the homoeopathic counsellor. Through the awareness and insight into their own pattern, they may also gain understanding of other parts of their life.

Perspectives

As a side note, there are many different approaches to homoeopathic case-taking, analysis and prescribing, including Hahnemannian, Kentian, Boenninghausen, *Sensation Method, Facial Analysis,* 'Classical', organ prescribing etc. Homoeopathy is holistic healthcare, tailored to the individual. Since people are diverse, a range of tools are necessary to tailor the approach in each case. It is my opinion that all approaches have their place to help the practitioner find the similimum in each case, in order to heal the sick, rapidly, gently and permanently (§§ 1, 2) (30).

Conclusion

This paper has proposed that through the very nature of client work, psychodynamic case-taking practices and adhering to the philosophy of practice, homoeopaths are often inadvertent counsellors. The role of the homoeopathic counsellor has been explored from theoretical and practical perspectives and a diverse range of de-identified real-life cases were utilised to illustrate therapeutic approaches to support client wellbeing and their homoeopathic prescription. It has also been demonstrated that counselling techniques can inadvertently elicit excellent repertory language symptoms, evidencing the complementarity of homoeopathic practice and counselling. Further, applications of *The Thinking Environment* were outlined as a potential framework for further practitioner development in homoeopathic case-taking and towards the homoeopathic counsellor role.

Given that there is a potential therapeutic synergy between counselling and homoeopathic practise, I highly recommend undertaking further study and professional development. Counselling courses are relatively short and will increase your capacity and confidence in clinical practice. Further, a counselling qualification will provide an excellent aligned modality, that will support your practice through referral-based pathways such as General Practitioners (GP) and the National Disability Insurance Scheme (NDIS).

References

1. Johannes CK. *The Homeopathic Counsellor, Beyond the Remedy.* In: Johannes C, van der Zee H, editors. Homeopathy and Mental Health Care, Integrative Practice and Research. The Netherlands: Homeolinks Publishers; 2010.
2. Hookham M. *Safety in case-taking: A trauma-informed journey from outside to inside to outside. Similia*, The Australian Journal of Homoeopathic Medicine. 2021;34(2):6–11.
3. Townsend I, Hom F, Ferris J. *Homeopathy and Psychotherapy*. Homeopathy. 2013;13(1).
4. Cambridge Dictionary. Internet2023 [Available from: https://dictionary.cambridge.org/dictionary/english/counsellor.
5. Silvestri K. *Integrating Psychotherapy and Homeopathy: A means to determining the needs of the vital force*, Homeopathy and Mental Health Care: Integrative Practice, Principles and Research, Edited by Christopher K. Johannes and Harry van der Zee, Haren, The Netherlands: Homeolinks Publishers. 2010.
6. Close S. *The Genius of Homoeopathy, Lectures and essays on homoeopathic philosophy.* New Delhi: B Jain Publishers Pvt. Ltd.; 1991.
7. Roberts H. *The Principles and Art of Cure by Homoeopathy*. 2nd ed. New Delhi: B Jain Publishers Pvt. Ltd; 1992.
8. Vithoulkas G. *The Science of Homeopathy.* New Delhi: B Jain Publishers Pvt. Ltd.; 1990.
9. Hahnemann S. *Organon of the Medical Art* by Dr Samuel Hahnemann, adopted from the sixth edition of the Organon completed in 1842. 6 ed. O'Reilly W, editor. USA: Birdcage Books; 2001.
10. Kent JT. *Lectures on Homoeopathic Philosophy,* 1849–1916. UK: Homoeopathic Book Service; 1990.
11. Sankaran R. *The Spirit of Homoeopathy*. 3rd ed. India: Homoeopathic Medical Publishers; 1999.
12. Townsend I. *From Unprejudiced Observer to Narrative Facilitator, Rogers' Person-Centred Approach and the Homeopathic Consultation*. In: Johannes C, van der Zee H, editors. Homeopathy and Mental Health Care. The Netherlands: Homeolinks Publishers; 2010.
13. Ferris J. *Is Homeopathy Useful in Psychotherapy.* Johannes, CK/Van der Zee, H(Eds 2010) Homeopathy and Mental Health Care: Integrative practice, principles, and research Homeolinks Publishers, AB Haren, The Netherlands.
14. Saine A. T*eachings, Psychiatric Patients and Pure Classical Homeopathy.* Netherlands: Lutra Services BV Eindhoven; 2004.
15. Deal KH. *Psychodynamic theory*. Advances in Social Work. 2007;8(1):184–95.
16. Kets de Vries MF, Cheak A. *Psychodynamic approach*. 2014.
17. Pfanzelt I. *Homeopathy and psychotherapy – an ideal relationship*. Allgemeine Homöopathische Zeitung. 2017;262(02):CM03/.
18. Hookham M. *Homoeopathy and Mental Health – Hahnemann's Perspective. Similia,* The Australian Journal of Homoeopathic Medicine. 2014;30.
19. Hookham M. *The Thinking Environment: an ideal model for homeopathic consultations. Similia*, The Australian Journal of Homoeopathic Medicine. 2016;28(1).
20. Kline N. T*ime to Think*. UK: Octopus Publishing; 2011.
21. Passmore J, Sinclair T. *Humanistic Approach and the Time to Think Model.* Becoming a Coach: Springer; 2020. p. 119–26.
22. Johnston D. *How do coaches and clients create and experience thinking environments?* International Journal of Evidence Based Coaching and Mentoring. 2021;15.
23. Brown P, Brown V. *Neuropsychology For Coaches: Understanding The Basics.* McGraw-Hill Education (UK); 2012.
24. Hunter M. *Creating a Thinking Environment for English Language Learners. A Model for Staff Development Training* [Précis of a Masters Research thesis]. University of Chester; 2018.
25. Darby S. *Dynamic resistance: third: sector processes for transforming neoliberalization*. Antipode. 2016;48(4):977–99.
26. Havers E. *A study of whether, and how meetings held in a Thinking Environment® impact organisational life*. Masters Research for the University of Portsmouth(Einzusehen auf Nachfrage: Emilyhavers@btinternet com). 2008.
27. Sankaran R. *Sankaran DeWise.* India: Homoeopathic Medical Publishers; 2019.
28. Sankaran R. *Superclasses in Homeopathy.* Mumbai, India: Homoeopathic Medical Publishers; 2023.
29. Sankaran R. *From Shadow to Light: The WISE processes in homeopathic case-taking.* 1st ed. India: Homoeopathic Medical Publishers; 2021.
30. Hahnemann S, Dudgeon RE. *Organon of medicine*. Reprint ed. New Delhi Jain; 1990.



Michelle Hookham
Credentialed mental health nurse and homoeopath, with experience spanning 30 years in healthcare across a diverse range of settings. She has an established private practice in Windsor, and clinical experience across both professions enhances the practice of the other, with the evolution of a unique skill set that is both flexible and holistic. Michelle is a past chairperson to the International Council for Homeopathy (ICH) and past national president of the Australian Homoeopathic Association (AHA). She is currently undertaking a PhD in psychosocial wellbeing and disaster recovery.