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The demonisation of the body in analysis.

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Analysis homeopathy and the demonisation of the body

Robert Withers

The analytic session has lapsed into silence. I am lost in my own thoughts for a few moments. When I turn back I find my client is writhing, as if in agony, on the couch. The muscles in her legs are clenched and contorted, her breathing rapid. I notice her eyes are frightened and glazed as she turns her head from side to side. By now, three years into the analysis I recognize the signs. She is caught in a flash back, reliving a terrifying experience from an appalling childhood.

I wonder whether to intervene with what has become one of my stock responses.

‘Are you having a flash back?’ or

‘Where are you now?’

But before I can decide what to say she starts to plead in a low voice.

‘I want you to speak now.’

‘To distract you from what’s happening in the flash back?’

She turns, catches my eye for an instant, (I sit beside her) and holds me with a despairing smile.

‘I’m afraid I’ll get lost in it.’

I know she’s talking about a fear of madness, of being unable to stop re-living the past and return to the here and now of the session. At times she can use the sound of my voice to do that. At other times though, it can become woven into the flashback itself. I also know from experience if she doesn’t speak about what is happening to her, she is likely

to self-harm when she gets home, and try to anaesthetize herself against the nightmares that will wake her up by drinking too much. She may also miss sessions or contemplate suicide in an attempt to avoid the maelstrom of emotion that has been stirred up.

'Try to talk about it' I say.

'There aren't any words. Just blackness.....'

Nevertheless as she starts to speak, haltingly at first, a picture begins to emerge and the flash back starts to turn to memory. At first there are likely to be bodily sensations.

Perhaps the sense of holding herself rocking beneath her cot in the hospital feeling abandoned by her parents. Or the smells, which she eventually identifies as her father's sweat and semen mixed with her own blood and shit and then pieces over the coming months into a memory of abuse.

The words recounting these experiences act as a thread linking her present to the past, herself to me and eventually, it is to be hoped, the fragments of herself together. At times however the fear becomes too great, the words cease and a stillness comes over her. She has cut the thread and found the imaginary safe place to which she retreated in childhood from the terror, the pain and the rage. She lies calm and emotionless while tears stream down my face. In her mind she is back in a world of squirrels and rabbits, where people are kind- for a while.

Little has changed since Freud's day. Perhaps today analysts would make more use of the transference and countertransference than he did. The flashback to feeling abandoned in the hospital might be linked to unmanageable feelings around an impending break; the

analyst's tears to her own uncried ones- and so on. Certainly tracking the transference significance of the flashbacks has been useful in ameliorating the danger of her becoming overwhelmed by them. In that sense the transference can act like a homeopathic version of the original trauma, a place where unmanageable feelings can be worked through. But despite this shift in emphasis, the essence of the analytic method with a patient like this remains remarkably similar to that employed by Freud in the early days of 'the talking cure' (see Freud 1893-6). It is frightening, time-consuming, hard work for both parties. It is nevertheless, potentially at least, immensely rewarding as feelings and experiences, which previously expressed themselves only in borderline or somatic symptoms begin to become contained and symbolized in words, thoughts, dreams and memories, for the first time.

Later on in the same day I am sitting with a patient who has come to see me from time to time for homeopathic treatment since the days before I trained to be an analyst. Her first son suffered from cerebral palsy shortly after birth. His doctors gave him little chance of ever doing much more than sitting up- let alone walking or talking. She attributes the fact that he has grown into a fairly normal young man largely to my homeopathic treatment. Today she is coming to see me because she is finding it hard to cope with her second, six-year-old son (by a different man). In the course of our session she remarks that she thinks some of her difficulties may be related to the fact that the boy's father effectively raped her two weeks after the birth.

I prescribe *staphis agria* 10M for her, a homeopathic remedy which is so dilute it doesn't chemically exist, and another remedy for her son. It is normal homeopathic practice to see members of the same family. A month later she returns saying she is still finding her son difficult, though much less of a 'little demon'. She herself feels more whole and able to cope. 'It is as if the remedy has stitched me up'. Of course she has the past experience of my help with her older son to bolster the hope that the remedies I have given will work. My feeling though is that her six year old may eventually need psychotherapy (but not with me). Nevertheless, it is fair to say that the symptomatic relief that she herself feels at this early stage is something it may have taken years of analytic work to achieve. She appears to feel more emotionally whole after the remedy despite not having really talked through the emotional effects of being raped by the boy's father. I however am left with a nagging sense of unease to accompany the gratification of having somehow helped her feel better.

That sense of unease contrasts with Edward Whitmont's apparent confidence in homeopathy in his article above.

When the consequences of serious childhood damage, emotional and physical abuse, rape, incest, war, concentration and prison-camp experiences, drug addiction or other inveterate conditioning have become imprinted somatically, they create stubbornly resistant dissociations and repetition compulsions. In these instances the therapeutic approach stands to benefit from addressing itself also, or perhaps even primarily, to the biologic-psychoid substratum, the 'subtle' body fields.

He writes; and leaves us in no doubt that he regards homeopathy as a highly effective way of working with those body fields (p. 378 of original). Despite Whitmont's claims to the contrary however, the existence of such body fields remains highly speculative. Nor

is there any scientifically acceptable evidence that homeopathy can act physically upon them (Linde K. et al 1997). There is therefore a danger of contributing to homeopathy's marginalisation by appealing to energy fields to explain its effects. As I hope to show however, there is another way of understanding at least some of its effects, which does not rely on the magical or the scientifically unproven. But before going on to consider this, I wish to pause to examine Whitmont's central project in the above article.

Working with analytic impasse

Put at its simplest, that project seems to me to be to propose that analysts consider using homeopathy in situations where potentially important analytic material is not psychologically accessible. Under these circumstances he suggests that homeopathic remedies can help make such material symbolisable and hence available for analysis. Without it, conventional analytic methods are, he believes, of only limited value and liable to reach an impasse. 'In order to modify the pathology of the psychoid', he says, 'psychotherapy is in need of complementary modalities of a precognitive [i.e. non-symbolic] nature'. He goes on to offer two cases to illustrate this point.

The search for ways of overcoming the problem of analytic impasse is of considerable therapeutic importance. I will return to consider the viability of Whitmont's particular solution to the problem in the course of this article, when I have laid the groundwork to do so more effectively. In the meantime I would like to acknowledge my debt to him for pioneering a Jungian approach to homeopathy. I found this invaluable in my own

academic research into the psychology of homeopathy (Withers 1979 a, b), and a source of inspiration in my eventual decision to train as an analyst.

My first case above illustrates, however, that conventional analytic methods need not be as limited in treating the somatically imprinted effects of serious childhood damage as he thinks. Relatively early on in the course of our work together for instance, the chronic fatigue, from which my client originally suffered, lifted significantly without recourse to any complementary therapy.

Whitmont might reply that not every analytic patient is able to flash back to traumatic material so readily. Although this is true, it is worth noting that that did not happen in this case until we had moved from once to four times a week analysis. It seems then as though the secure holding offered by a full analytic relationship may have been necessary for it to occur. It also seems though that Whitmont may have been too categorical in dismissing the clinical benefits of the analytic method in such cases.

Understanding homeopathy analytically

If Whitmont too readily dismisses the clinical potential of analysis, he is also I believe at times too quick to dismiss its explanatory power. Thus he regards Jung's attempts to understand alchemy in terms of the projection of the contents of the unconscious onto matter, as due to the limitations of his 'nineteenth-century positivistic medical viewpoint.' (p.374 of original). But I hope to illustrate that a combination of this Jungian

formulation with some of Bion's concepts (Bion 1950), can help illuminate the operation of homeopathy- without necessitating the upheaval of contemporary western science.

Whitmont's first case, it will be recalled, is of a woman in her mid twenties who seems to be suffering from severe depression and a borderline condition. The analysis reaches an impasse following a limited therapeutic regression and an intellectual understanding of the origin of her symptoms, which nevertheless leaves her depressed, lethargic and hopeless.

'These feelings centred around her sense of being neglected and held in contempt by her father...' he writes (p.380).

Rephrasing this we could say she was unable to manage her father's contempt, and that her symptoms stemmed from the *toxic* effect of internalizing this (Bion 1953). Whitmont gave her back an image of that contempt in a safe (*detoxified*) form- a remedy made of potentised puss from the scabies vesicle. She probably knew what substance he was giving her. So it is easy to imagine what a powerful emotional effect taking the remedy could have had. But even if he had withheld its name, she would still have believed she was taking the safe form of a substance that could cause her emotional and physical condition by the homeopathic principle. Such a substance would thus constitute an ideal *container* for the *projection* of the emotions at the heart of her pathology. Once projected there she only had to believe in the safety of the remedy she was given, and trust Whitmont's knowledge of homeopathy, in order to take those projections back in a symbolically *detoxified* and therefore therapeutic form. The fact that there was less than a

one in a billion chance of encountering even a single molecule of the original puss in the remedy is thus irrelevant. On this view its therapeutic effect was due to a psychological process of projection, transformation and re-introjection, which only appears magical because it was largely unconscious.

This could be considered an example of Bion's concept of the transformation of beta into alpha elements (ibid.). The remedy then would act as a container, via projection, of previously uncontained and therefore toxic beta elements. Homeopathic potentisation would represent their detoxification into alpha elements. Taking the remedy would enable their internalization in that form by the patient (ibid). Symptom relief could then follow (see Withers 2001). This formulation could be regarded as the offspring of a Jung/Bion marriage, and a variant of Fordham's theory of deintegration/reintegration (see e.g. Fordham 1957).

At the same time as these psychological effects of the remedy, there appear to have been parallel deintegrative and reintegrative processes at work in the actual dynamics of the transference and countertransference. Once more however, these seem to have been largely unconscious and go unremarked by Whitmont. Nevertheless, it is striking how like the patient's all knowing father he must have seemed to her when he made the shift from analyst to homeopath. As he himself says, this change involves

...the partial shift of archetypal role from that of relatively neutral observer and partner in the search to the medical model of director of treatment or all knowing guru.

So he both adopted the role of the all-knowing father, and gave her back an image of herself (in remedy form) as contemptible. Unlike her real father however Whitmont seems to have been able to tolerate the hostility unleashed when he assumed that position. The fact that their relationship was able to withstand it was, as he says, probably crucial in helping her turn her anger outward into the world rather than inwards into depression. But once more, it is not necessary to envisage a physical action of the remedy here in order to account for this process. To use a phrase attributed to Plaut (1956) Whitmont had 'incarnated the archetype' of the father. And it seems likely that the emergence of this emotionally charged theme into their relationship produced a significant therapeutic effect. Thus in my view Whitmont has underestimated the contribution that analysis can make to understanding the effects of both the remedy, and the therapeutic dynamics.

One question that naturally arises at this point is the extent to which homeopathy in general can be understood in terms of such psychological mechanisms. Whatever its physical effects, it certainly seems likely that psychological factors constitute a far larger part of its action than is generally recognized (see Withers 2001). All homeopathic remedies are chosen on the basis of their ability to mimic symptoms and psychological states. So they should all be capable in principle of facilitating the transformation of beta into alpha elements along the lines described above. Untransformed of course it is, in Bion's view, these beta elements that give rise to the psychosomatic, and borderline symptoms under discussion (Bion 1953, 1959).

It also seems relevant that remedies are dispensed on pills of milk sugar (lactose). The mother's offering of breast milk in response to her infant's cries of hunger is the early prototype of these processes of containment and transformation. So it is conceivable that taking the remedy triggers a body memory of these early experiences, and this too contributes to its therapeutic effect. Whatever the truth of these speculations, it seems clear that homeopathy is capable of evoking powerful psychological forces that need not remain entirely shrouded in mystery.

Impasse revisited

This however gives rise to a potentially embarrassing question for analysts. Like Whitmont I have noticed that homeopathy can quite often relieve symptoms more quickly than analysis. My homeopathic case above illustrates as much. But how can this be, if homeopathy itself is acting largely or wholly psychologically? Part of the answer to this question will be apparent from the preceding discussion. But I believe that further consideration of Whitmont's case reveals there may be an additional factor at work.

It seems likely from his account, that one thing that held up his patient's analysis was her fear of re-experiencing unbearable feelings of worthlessness in the transference. I have already pointed out above how the change from analyst to homeopath could have re-activated those feelings. Paradoxically however, they could have simultaneously been diminished by the administration of the remedy, because *any therapeutic change could*

now be attributed to that remedy rather than the analyst. In this way, uncontained feelings of envy towards him, which were blocking the analysis, could have been bypassed.

The work of Herbert Rosenfeld (1987) linking analytic impasse to envy is of special relevance here. He points out that at times in a conventional analysis it may feel more bearable to remain stuck than allow the analyst to promote therapeutic change. That way the unbearable envy of the analyst's apparent creativity in contrast to the patient's apparent emptiness is avoided. It should now be possible to understand why homeopathy may in practice permit symptomatic relief in certain cases of analytic impasse.

There are however potential dangers as well as benefits in this amalgamation of homeopathic and analytic practices. I will be in a better position to discuss these when I have briefly clarified some important differences between the two disciplines.

Homeopathy

The differences between analysis and homeopathy can easily become obscured in a case such as Whitmont's where the two have already been amalgamated. I think it is fair to say however that homeopathic patients are far more likely to present with physical or mixed emotional/physical symptoms than analytic ones. Where they do present emotionally as in my homeopathic case above, they tend to do so in a way that avoids not just envy but any regressive emotional involvement with the therapist. My patient for

instance was typical in that she reported crying after taking her *staphis agria* but did not cry in a session with me.

People who choose homeopathy may therefore self-select partly on the basis of a wish to avoid dependent relationships. They depend instead on their remedy, which thus acts like a transitional object (Winnicott 1951). Practitioners who choose homeopathy likewise may prefer to avoid the perceived dangers of close relationships. Appointments for instance occur typically only monthly.¹

I have also often noticed alarm in homeopathic supervisees when signs of strong emotion emerge in a session. The typical reaction is to wish to refer the patient straight on to a psychotherapist. This apparent fear of strong emotions often seems to be reciprocated in the patient. Certainly from an analytic point of view, the patient who somatises often does so to avoid feeling painful emotions or thinking about their implications (See e.g. Taylor 1985 on alexithymia). A shared fear of emotion may then underlie both parties' choice of homeopathy as a means of treatment.

Homeopathic theory is philosophically idealistic however despite its therapeutic reliance on remedies and fear of strong feelings. Emotion, spirit and mind are conceived as at the centre of the person, with the body on the periphery (Kent 1911, Vithoulkas 1980). But paradoxically there is very little therapeutic attempt to work directly with these

¹ See Duckworth and Stone in the present volume for a related discussion.

psychological elements. They are usually simply regarded as especially important factors in determining remedy choice and worked on through the remedies.

Analysis

All this contrasts strongly with analytic theory and practice. Despite its therapeutic emphasis on the mind for instance there are strong philosophically materialistic strands present in both Freudian and Jungian analysis. These are evident in Freud's 'Project towards a physiological psychology' (1896) as well as post-Jungian conceptions of the archetypes as innate genetically determined biological structures (see e.g. Stevens in the present volume).

Most significantly perhaps, whereas homeopaths and their patients appear to defend against regression and emotional relating, analysts and theirs appear to defend against the body and physical relating. Thus there is a taboo on touch, and analytic theory places the somatic in the most inaccessible pre-symbolic (psychoïd) part of the person. In part this is no more than common sense. Who for instance would expect to effectively treat a sore throat with psychotherapy? The successful homeopathic treatment of such a sore throat with a high potency remedy of course brings even this common sense into question. So does the operation of the placebo effect (see e.g. Peters 2001). But even leaving these instances aside, there are good reasons to suppose that the positioning of the body as taboo in psychotherapy is also partly defensive in origin.

In contrast to homeopaths, analysts and their patients seem to share a yearning for an intimate dependant relationship (see Duckworth and Stone in the present volume). The price of that intimacy however seems to be the exclusion of the body from the analytic relationship. Presumably in this way some of the dangers of both sexual acting out and ‘malignant regression’ (Bateman and Holmes 1995:162) are reduced. It was these dangers that in part led Freud to abandon the massage technique that accompanied the treatment of his early analytic cases (see Jones 1961). They also led to Breuer’s famous difficulties with Anna O and his eventual abandonment of psychoanalysis (ibid.). My first case above indicates an additional reason for what could be called this analytic ‘demonisation of the body’ however. It has to do with dissociation as a defense against trauma.

That patient, it will be recalled, retreated to an imaginary safe place when she experienced her environment as unbearably traumatic. She did this by dissociating from her body. As she flashed back to the original trauma, it was in her body that she first re-experienced it. The body thus became the site of ‘demonic’ experience as well as a potential source of healing from it. That duality can be seen in a dream of hers in which some unidentified people were trying to give her a baby with a squirrel’s head. The dream image seems to have depicted the reunion of mind (squirrel- representing the imaginary safe place) with body (represented by the baby). This dream occurred after she had relived a particularly traumatic piece of abuse, and it indicates her horror at having to face the monstrous consequences of that abuse emotionally, in order to heal from it.

Myths such as that of Theseus and the Minotaur seem to depict the same journey of the soul back from a state of dissociation to one of wholeness through facing the terror of the original trauma. The patient's ego here is in the place of the hero Theseus. The analyst like Ariadne holds the thread of words that helps him negotiate the labyrinth. The demonic Minotaur hidden at its heart is half bull, half man- the product of Queen Pasiphae's intercourse with a white bull (Graves, 1955). This bull seems to represent those unacceptable human desires (including incestuous wishes) that must be sacrificed in order to live in society, as well as the events that occur when they are not. The labyrinth itself could be regarded in part as an expression of a confusional defense thrown up to hide that (real or imagined) incest and its consequences: but also as a healthy response to the decision to attempt to overcome the defensive split between mind and body by confronting the trauma. It (the labyrinth) may thus serve to reduce the risk of breakdown by regulating the amount of reality to which consciousness is exposed.

Naturally the trauma at the heart of the labyrinth need not always be incest. In the precocious split of mind from body identified by Winnicott (1949) as the precursor of the false self, that trauma may have been the experience of disruptions to the state of 'going on being' in early infancy. While in certain schizoid individuals (see e.g. Guntrip 1968 p. 35) the very existence of appetites in the here and now may be experienced as traumatic. In all these cases however where a person identifies with a 'head ego', it tends to be the body that is feared as the apparent site of trauma. And this may contribute to attracting people to analysis, as a therapy that shares this phobia of the body and identification with the mind. It is hardly surprising under these circumstances if that fear at times overcomes

the psyche-soma's drive towards reintegration, and analytic work becomes stuck. A final consideration of the wisdom of Whitmont's project should now be possible.

Return to Whitmont's project

In the admittedly oversimplified account above, the analytic journey could be described as centripetal. That is, it is a movement of consciousness towards a confrontation with psyche-somatic reality. This contrasts with the centrifugal homeopathic journey described by Whitmont.² There a remedy is given to liberate parts of the ego from the bodily drives (body psychoid) with which they have become merged. From the analytic point of view therefore, there is a danger that the symptomatic relief afforded by homeopathy may be achieved at the expense of consciously working material through. When my homeopathic patient cried after taking her *staphis agria*, for instance, she did so without consciously knowing what she was crying about. Arguably though, the patient may feel this loss of consciousness is a price worth paying if it helps overcome genuine intractable analytic impasse, and affords some symptom relief.

Many apparent cases of impasse however may actually be surmountable analytically. Fordham (1957), Rosenfeld (1987), Bollas (1987) and others have all attempted to find ways of dealing with previously unanalysable material. They generally involve the analyst working closely on feelings engendered within the therapeutic relationship. But if even these methods fail, I do not personally see any reason for objecting to the use of homeopathy or other therapies to complement analytic work along the lines suggested by

Whitmont. In some ways the situation would then be similar to working analytically with patients on psychotropic medication, even though these act more chemically.

It should be noted however, that even psychiatrically trained analysts do not tend to medicate their own patients. I believe there are many good reasons for this, which apply equally to complementary therapy. The increased danger of malignant regression and sexual acting out when analysts work physically with their patients has already been touched on. And working homeopathically usually does involve examining patients, enquiring after their physical symptoms and giving them physical remedies- even if these act mainly psychologically. Such physical involvement could make the regressive pull, already strong in many analytic relationships, overwhelming. The potential for analytic abuse of power and the adoption of a kind of therapeutic omnipotence would thus be increased, as would the risk of breakdown in the patient. For these reasons I believe there are dangers in analysts treating their own patients with complementary medicine, which generally outweigh the potential therapeutic benefits.

Impasse in complementary therapy

On the other hand there are certain cases of what could be termed ‘complementary impasse’ that seem to stem from the emergence of problematic emotional material in the complementary therapy relationship. This can often be resolved through the application of relatively simple analytic insight. The centripetal nature of the homeopathic journey

² This formulation also seems to accord with Erich Neumann’s (1955) notion of ‘centroversion’.

lessens the risk of regression in such cases, although it can occur if the therapeutic relationship starts to evolve into a primarily psychotherapeutic one. For this reason it is generally preferable for the complementary therapist to refer the patient on to a colleague before this happens, even if he or she is analytically qualified. Presumably it is the fear of such an occurrence that accounts for the homeopathic mistrust of emotion remarked on above.

Conclusion

In this paper I have considered Edward Whitmont's proposal that analysts make use of homeopathy or other forms of complementary therapy in cases that seem intractable to ordinary analytic methods. I have concluded firstly that many such cases may not in fact be as intractable as they appear. Secondly that analysis itself can help make sense of both the action of homeopathic remedies and the effects of the therapeutic dynamics in many homeopathic (and other complementary therapy) cases. To that extent I have questioned Whitmont's formulation of homeopathy, which relies on a scientifically unsubstantiated appeal to 'subtle body fields'. Despite these reservations however I have argued that there is nothing intrinsically problematic in Whitmont's proposals, provided the analyst does not conduct both the analysis and the complementary treatment himself. In such cases the dangers of acting out, serious regression or even breakdown are in my opinion usually too great to justify the potential therapeutic benefits. I have gone on to point out some other possibilities for cooperation between analysis and complementary therapy

particularly in the use of basic analytic insight to help resolve certain cases of 'complementary impasse'.

Finally there are one or two loose ends I would like to attempt to tie up. I am aware that the presentation of my homeopathic vignettes at the start of this paper left some unanswered questions. Do I really believe that it might be possible to explain these cases, and especially the child's recovery from cerebral palsy, psychologically? And why did I feel uneasy when my homeopathic patient felt better?

I am not sure I can fully answer either of these questions. Part of my unease was no doubt due to the apparently magical nature of my homeopathic intervention; but also, I suspect, to the unequivocally positive transference I received. Did this mean that somebody else, the boy's father for instance, had to receive an equally strong negative transference? The answer to the other question I will have to leave open. I do recall however that the boy's mother was receiving counselling (with someone else) at the same time as I treated her son homeopathically for his cerebral palsy. And I often wonder what role, if any, that counselling may have had in his eventual recovery (see e.g. Mannoni, M 1970).

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