Behind closed doors:

by Dee Parkin R.S.Hom with Teresa Moore R.S.Hom

Dee Parkin R.S.Hom has been a practising homeopath for 17yrs in Bristol. Dee has a background in mainstream health & social care sectors. For the past 10yrs she has specialised in mental health and substance misuse. More recently Dee has worked full time for a project in Bristol where she has been able to pull together all the strands of her work experience. Dee is passionate about standards in homeopathy especially how this links with integrated health.

Teresa Moore R.S.Hom provides clinical supervision to Dee. Teresa lives and practises in North Somerset. She also supervises, arranges seminars and is Chair of the Steering Group for the South West Homeopathic Group, where she is also Newsletter Editor.

The scope of homeopathic treatment in complex developmental trauma, a condition characterised by enduring mental conflict

Introduction

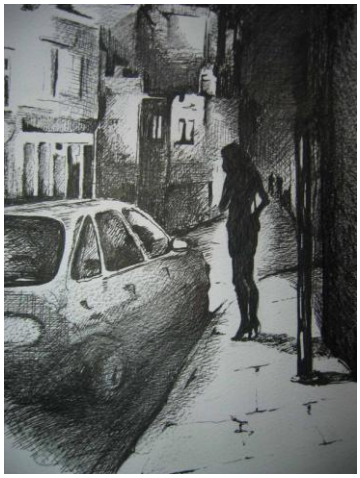
As a practicing homeopath I work for an organisation which provides a range of mainstream health and social services to street based sex workers in inner city Bristol. This particular client group highlights the torment and ambivalence of deep inner conflicts; their health is compromised on just about every level of the organism, spiritual, mental and emotional health, reproductive, sexual and generative, physical, interrelational and social. Contextualising the conflict these women experience may help us to look at the extent of homeopathic treatment in this condition.

The scope of this article

I will explore complex developmental trauma from three viewpoints, which when combined, should give a comprehensive and evidence based understanding. Firstly, I will give a general overview of some common characteristics seen in this client group. To do this I will use Hahnemann's classical methodology;[1] this approach may help to ground a myriad of manifestations: '*any one patient takes only a part of a chronic disease*' and '*chronic diseases must be investigated in the entire range of their symptoms*' By looking at a likely and frequent psychiatric diagnosis of women in this situation, Borderline Personality Disorder (BPD), and, in keeping with a Hahnemanian chronic disease approach, we can perform a repertory analysis of the indicated characteristics and find remedies with a similar expression.

Secondly, in order to provide a sound evidence base, I will use some conventional research which can translate into homeopathic concepts and underpin homeopathic treatment rationale and practice. I will demonstrate how the theories of Hans Selye, in relation to the stress mechanism, and Van der Kolk (et al)[2] regarding the developmental effects of complex trauma sustained in childhood, fit well with, and support, the homeopathic model. Van der Kolk discusses changes in limbic pathways in particular the way in which the body adapts to situational demands. In essence these studies say that the organism, when faced with a situation which threatens its integrity, will always adapt to protect itself in the best way it can. While conventional studies may use different terminology, we can all recognise fundamental homeopathic philosophy here.

Finally, I give a brief outline of the scope of homeopathy from both a clinical treatment and service delivery perspective in particular how this has been integrated within the organisational services offered to the clients.



Complex Developmental Trauma
This condition represents a repressed deep inner conflict, often brutally handed onto the next generation. It happens behind a wall of secrecy, guilt and shame. Society often colludes to keep its sinful secret hidden and silent through ignoring, blaming and shaming.

Most of its carriers are female who may remain forever frozen in a prison of a childhood that never was. Others do not live to tell its sorry tale. Sometimes, every so often it breaks out from behind closed doors in a blaze of shocking headlines '5 prostitutes murdered in Norwich', 3 prostitutes murdered in Bradford,' Yorkshire ripper murders'. Our statistics show 2 street sex workers have been **raped or assaulted each week** in the past 2 month period

Opening the doors
In desperation, many women want to try homeopathic treatment to help manage the conflicts which underlie their mental and emotional distress, substance misuse and failed relationships. For some of these women, opening this door is a revelation as often this is the first time they will have been asked or even talked about their life experiences, let alone had their experiences validated.

Some open the door ever so slightly and close it again. Their story has been hidden behind a wall of secrets and shame forever entwined with their own survival instincts, as these extracts from individual case histories reveal, *'no-one will believe you ; it's our secret', 'I felt like my mum knew but didn't want to talk about it, so how could I?', 'you liar'.* For them, there are many doors and it is a slower, piecemeal process where homeopathic remedies can be the keys.

For others the door remains firmly shut; do not touch, *'I am fine'*, they won't allow you or themselves to open up a painful wound, *'I don't want to see you today, I'm fine but can I have some of your arnica again?*

If and when the door is open and safety and trust have been established, treatment can be a painstaking process of putting the disconnected, and often conflicting, pieces of the person back together.

<u>Overview of case history analysis</u>

The common themes
In my experience, an analysis of the homeopathic case histories of this group show common themes. They relate little or no self esteem as expressed by feelings of ,*'worthless', 'dirty, I feel like a dirty bitch', 'he calls me a slag, that's all I am', 'a slut'*.

All the women manage their complex and conflicting emotions through actual deliberate self harm or harm themselves through their substance misuse or risky behaviour. In addition they cope with their distress through self medication[3], most common is a crack cocaine and heroin mix ('snowball') as well as Valium and alcohol. Frequently they have intense, unstable, exploitative relationships, often with the men who abuse them. However despite the abuse they are unable to leave through a chronic and distorted fear of abandonment. *'I love him, I can't leave, I know he knocks me about but he says he's sorry. He doesn't mean it. I'm an angry bitch and it upsets him. That's why he gets angry with me.* Extract from case-history, woman aged 28.

Pervading the case histories is a deep sense of emptiness.

Childhood: what childhood?
The profound mental and emotional trauma almost always occurs when a trusted primary adult care-giver betrays that child's innocence and sexually abuses the child.

'my mother has schizophrenia, my step father was a registered paedophile. From the age of four I was raped every night as I slept between them- imagine what that does to your head. I've been attacked, knifed, broken

*every bone in my body one way or another… All they can say is I've got a personality disorder, who the f*** wouldn't?'* Extract from case history, woman aged 46, referred for chronic treatment.

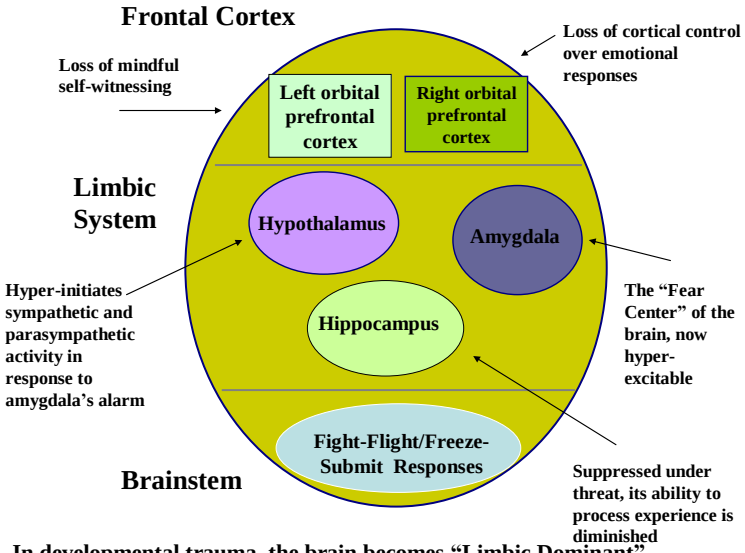
"I was sexually abused from the age of 4 by three members of my family – (wry laugh) I guess you can say we are a family of paedophiles….. When I work – I'm in control.' Extract from case history, woman aged 30.

Their experience happens behind a wall of secrecy and mostly, but by no means all, in the child's primary place of safety. It may have occurred before formal language began or recur on an on going basis, often compounded in an environment of domestic violence and neglect, '*repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation (*Herman 1992)[4].

The conflict: what needs to be healed?
The sexually abused child is left to somehow manage an inner battleground on which as an adult the key conflicts of this condition are repeated and re-enacted,

> '*She must find a way to preserve a sense of **trust** in people who are **untrustworthy**, **safety** in a situation which is **unsafe**, **control** in a situation which is terrifyingly **unpredictable**, **power** in a situation of **helplessness.'***(Herman 1992)[4] [Emphasis added].

How the women present
Typically this means that women who access the homeopathic treatment present either in mental/emotional chaos or physical health crisis. They may have suffered physical or sexual assaults or compromise their health through injecting drugs, Key case-management in this situation is to stabilise the chaos, deal appropriately with any health crisis and create a relationship where long term work can flourish.



In developmental trauma, the brain becomes "Limbic Dominant" Fisher, 2003 Ref [5]

Psychiatric diagnosis criteria and features (Gunderson & Kolb. 1989)[6] The most frequent diagnosis given to this client group is Borderline Personality Disorder (BPD). Viewing the BPD criteria as the functional and adaptive result of exposure to sustained trauma the diagnostic criteria can be a useful tool for the homeopath from a systematic or remedy epidemicus approach. We can begin repertory analysis, group/ differentiate rubrics and find remedies with a similar expression:-

Affect

- Impulsivity : substance abuse/dependence, compulsive, exploited or damaging sexual behaviour,
- Lability: mood shifts lasting a few hours
- Affective instability : helplessness, hopelessness, worthlessness, guilt
- Reactivity of mood : anxiety, anger

Cognition

- Dissociative symptoms and or ideation (feeling out of it or not remembering what said or did)
- Odd thinking
- Non delusional paranoia
- Unusual perceptions

Personal identity

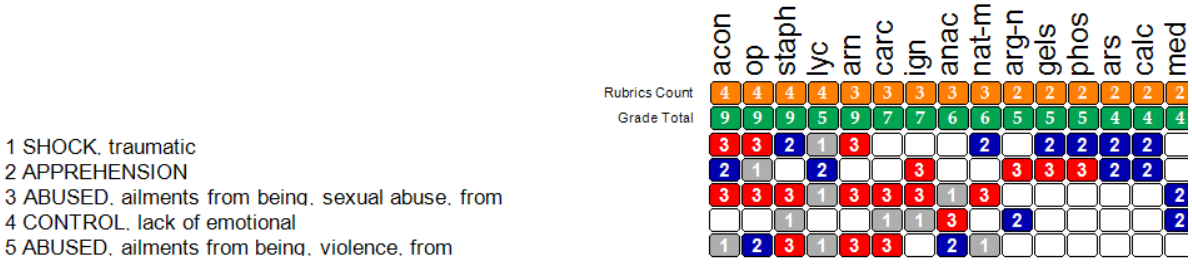
- Identity disturbance; unstable self-image
- Splitting of self – all good or all bad

Interpersonal relationships:

- Intense interpersonal relationships, merging of self
- alternating clinging and distancing in relationships, counter and co dependency
- Difficulty in trusting others, demandingness / entitlement
- Sensitivity to criticism or rejection

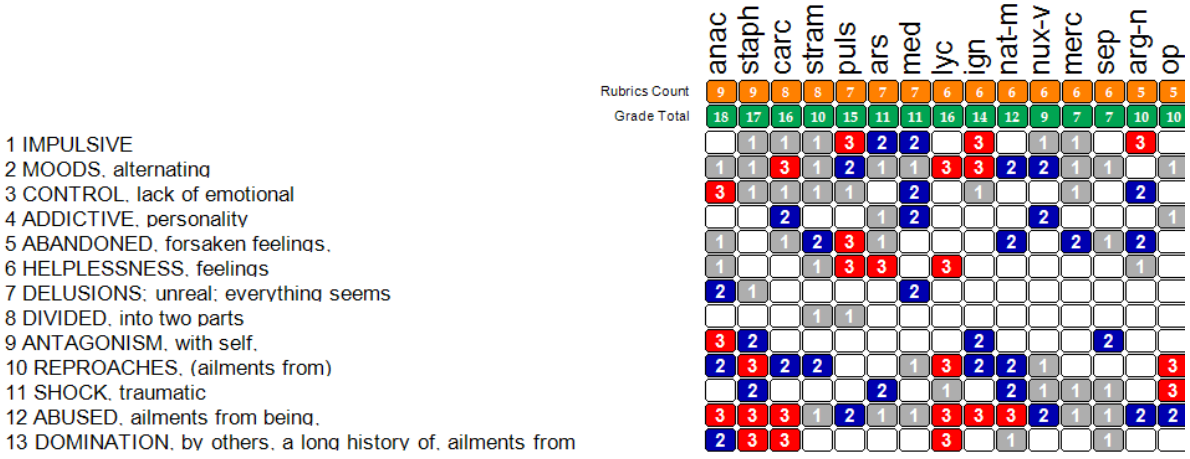
Repertorisation of the BPD diagnostic characteristics, including aetiology – in acute presentation

Repertorisation[7] 1 (acute, genus)
Arnica is a very frequent initial prescription. It is also apparent why heroin is often used for self medication, given its source, in common with homeopathic Opium



And in the chronic condition

Repertorisation[7] 2 (chronic – genus)
If the above repertorisation represents the genus or remedy epidemicus then of course individualization calls for a differential diagnosed and may include between smaller remedies which are more difficult to repertorise eg
Lyssin – Impulse; morbid; to stab his flesh with the knife he holds
Lac Caninum, Thuja - Delusion dirty that he is
Ambra Grisea – Dream abused, being too weak to defend himself
Falco Peregrinus –Manacled, feeling dirty, dominated and controlled, imprisoned, empty despair,



Prevalence and prognosis for BPD

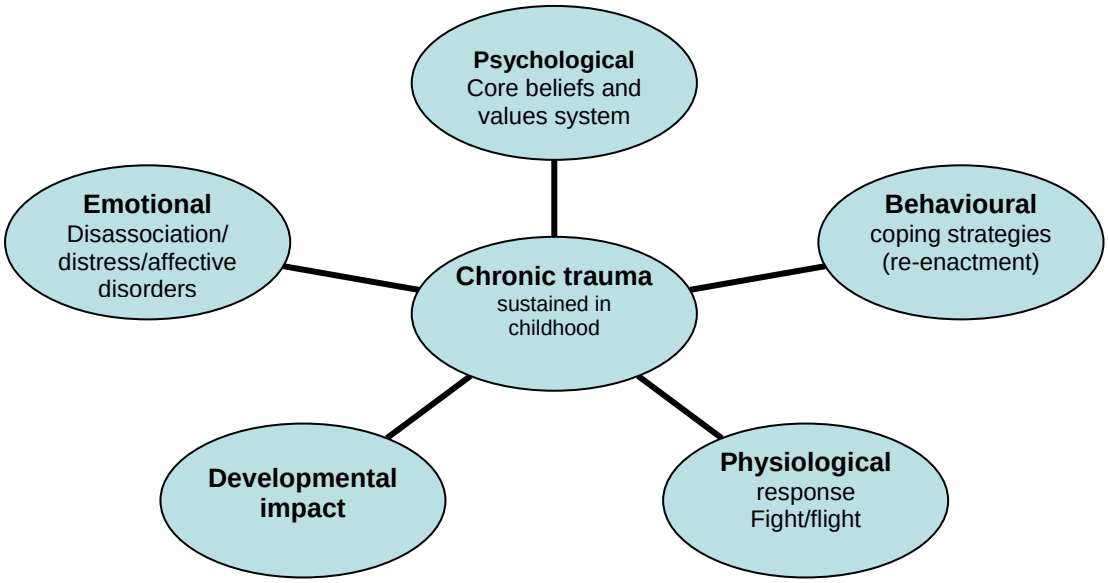
Extrapolated prevalence data from community surveys in a study by Coid (2003)[8] show a 9% suicide rate. Those diagnosed with BPD experience a high morbidity and poor prognosis, as confirmed by this

suicide rate. In addition our studies show 14 women have died in the past 7 years due to street violence.

Mainstream theories and psychological diagnosis

Neurobiological adaptation theories

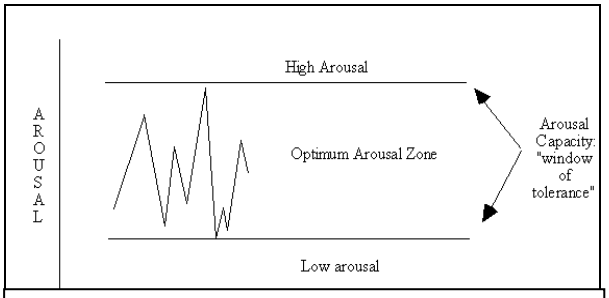
Chronic trauma interferes with the capacity to integrate sensory, emotional and cognitive information into a cohesive whole. It leaves the child/adult with profound deficits in every area of cognitive and emotional self-regulation. It is ***as if*** the 'mental and emotional regulostat' gets reset on red alert. Neurophysiological studies by both Van der Kolk and Herman discuss how the limbic system is hyper-aroused in chronic trauma which in turn affects emotional regulation, neurobiological development and memory recall. The schema below encapsulates the main effects. As homeopaths we would recognise the 'totality of symptomatology' and would say the person is reacting *as if* 'the lion is still there' (Sankaran, Spirit of Homeopathy)[9]. What we in homeopathy call 'delusions' are the 'core beliefs' in the language of contemporary psychology.



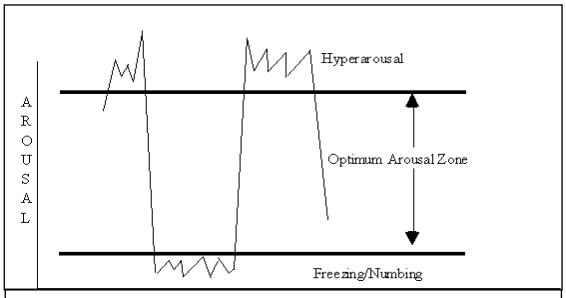
Stress adaptation theory

Hans Selye explains how normal and short lived stress [trauma] affects the organism; '*Natural homeostatic mechanisms are usually sufficient to maintain a normal state of resistance* (health)[10]. However, he goes on to say when faced with enduring stress this ordinary mechanism is not enough. The organism must adapt to 'endure' a prolonged level of attack, He says. *When faced with unusually heavy demands, however, ordinary homeostasis is not enough. The thermostat of defence must be raised to a higher level.*'

Selye calls this new 'reset' adapted state 'heterostasis' and says this is different from the usual, preset, homeostasis. His study proposes this remarkable conclusion, that this condition cannot be treated effectively with drugs which *act directly and specifically, and with an* 'antipathic' action ' *Heterostasis differs essentially from requiring treatment with drugs (e.g. antibiotics, antacids, analgesics).* Selye recommends '*treatment with artificial agents which stimulate the general and physiologic adaptive mechanisms through the development of normally dormant defensive tissue reactions'* (Selye 1984)[10]. [i.e. disease symptoms]



Homeostasis – normal functioning
within the Optimum Arousal Zone[11]



Heterostasis - Hyperarousal
outside the Optimum Arousal Zone[11]

How these two theories may provide an evidence base for homeopathic treatment

What Selye has shown in his research largely corresponds with Hahnemann's conclusions aph 57-60. Furthermore, homeopathic treatment is based on similars aph 63 – 66. When a substance is taken with a similar feeling to one experienced it temporarily appears to intensify i.e. over-reacting. This phenomenon is only transitory because the adapted state, heterostasis, is stimulated into responding to the additional stimulus with its opposite. This is called 'secondary reaction' (Hahnemann, 1986, pg 62) [10], the balancing mechanism. The corresponding effect to the homeopathic remedy is to re-set, at a lower level, the raised 'mental & emotional regulostat', just as Hans Selye suggests. In order to do this there must be a corresponding psychological correction.

Clinical practice

Individualised treatment: how an acute presentation can represent chronic trauma re-enactment. Further investigation revealed history of child sex abuse.
The following case presented in our homeopathic drop-in clinic and was seen and treated over a period of one and a half hours.
Female, aged 30. She has just seen an ex boyfriend in town and is in acute emotional distress and flashback recall. She relates the following:- A year ago he held the client hostage for 36 hours, subjecting her to a violent sexual and physical assault. 'I was sure I was going to die – he would do it, he had a gun. I did not think I would get out alive.' Appearance: looked pale, physically shaking, hypervigilant, hyper-aroused, agitated and sweating.
1st stage of treatment to address her 'Fear of Death'+++: **Aconite 200c** x 1 dose

After 5 minutes the patient is physically calmer and related 'He might get me if I go out of here, he could get me. If he gets me he will tie me up again, he will rape me. I can't go out there, what am I to do?'
2nd stage of treatment to address her 'Fear and Anticipation' +++: **Argentum nitricum 200c** x 1 dose.

After 5 minutes she is appreciably less restless and her thoughts are less chaotic. She goes out for a cigarette and returns after 5 minutes. 'He is still out there. He could kill me.'
3rd stage of treatment: still has 'Fear of Death' + but reducing : **Aconite 200c** x 1 dose.

After 3 minutes, she is more relaxed, could talk things through and went off to apply her make up.
After 30 minutes 'What will I do if I go out of here, he could get me. If he gets me he will tie me up again, he will rape me. I can't go out there.'
4th stage of treatment: although there is still 'Fear and Anticipation' it is much reduced **Argentum nitricum**: 200c x 1 dose.

She has calmed right down and leaves the centre much more confident.

From her criminal justice intervention worker we know she has not worked on the street, she has not drug used on top of her script, is happily maintaining her own tenancy and is integrated into the community.

The scope of homeopathic treatment, a service delivery perspective

Treatment cannot be effective for the sufferer if they are unable to access it because services fail to understand their clinical need. Our studies and experience show many of these women cannot manage 9-5 clinics or fixed times and appointment systems. The organisation provides a throughput of services and offer continuity of care, my homeopathic clinics have integrated into these services and adjusted to meet the clinical situation

- **Outreach** : women are seen and treated where appropriate, on the street, in their place of work
- **In-reach:** our drop-in clinic is multi disciplinary. I work with a visiting GP and sexual health consultant. No appointment needed.
- **Peripatetic clinics / call out:** we have developed homeopathy clinics or call out from a number of locations throughout the city e.g. hostels, day centres, sexual assault centre. Some of these may have a fixed location and time. They are more suited to women who have gained a degree of stability, away from the street.
- **Caseload management:** Some women who are stable in the community are ready to explore the issues which underlie their mental conflicts and substance misuse. These women can manage appointment times and can be seen in their own home or at our clinic at a time which suits them.

Conclusion

The task was to look at the scope of homeopathy in healing this conflict. This is a condition which is characterised by repeated trauma and acquired or inherited through a perpetrator / victim cycle of abuse. It is experienced by its sufferers as having acute and chronic as well as inherited manifestations and can affect the organism on every perceptible level. Using the method Hahnemann recommended for studying chronic disease enabled us to understand the depth and range of this disease in its entirety as well as the remedies suited to it. Homeopathic methodology has been demonstrated to be more than up to this task.

There is research already out there which can validate our approach. However it also shows how advantageous it would be if our terminology could be consistent with the mainstream; all health care practitioners could understand each other better. Here we can see the strands from prevalence and prognosis; psychiatric diagnosis and clinical experience unite within a cohesive model for homeopathic clinical practice, capable of treating the entire scope of this condition.

The evidence from my homeopathic case history analysis reports a reduction in their chronic symptoms of mental and emotional distress, for example anxiety, anger, sleep disturbance, nightmares, depression, substance misuse, self loathing and flashback recall. A clear demonstration that Homeopathic treatment has the scope needed to be effective in what can be a disparate and broad ranging spectrum of pathology.

However the final words belong to the women themselves, using the women's experience allows us gain a flavor of their individual, deep and enduring fight within themselves as well as others. I would like to acknowledge the courage of the women who bear the brunt of this condition and still find the capacity to love, laugh, live and survive against its odds. I also pay tribute to the ones who don't.

References

[1] Hahnemann, S. (1986). Organon of medicine. London: Victor Gollancz Ltd.

[2] Van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (1996). Traumatic stress: The effects of overwhelming experience on mind, body, and society. New York: Guilford press.

[3] Khantzian, E. J. (1985). The self medication hypothesis of addictive disorders: Focus on Heroin and Cocaine dependence. *American Journal of Psychiatry*, **142**, 1259-1264.

[4] Herman, J. (1992). Trauma and recovery. Pg 96. ISBN -10 0-465-08730-2

[5] Fisher 2003

[6] Gunderson, J.G., and Kolb, J.E. Discriminating features of borderline patients. *American Journal of Psychiatry*, 135:792-795, 1978.

[7] Isis Vision

[8] Coid Jeremy M.D. and Min Yang MPH Prevalence and correlates of personality disorder in Great Britain. *The British Journal of Psychiatry* (2006) 188: 423-431. doi: 10.1192/bjp.188.5.423

[9] Sankaran, R. D. R. (1991). The spirit of Homeopathy. Bombay: Homoeopathic Medical Pub

[10] Selye Hans M.D. The stress of life. Pg 85-6. McGraw Hill ISBN 0-07-056212-1

[11] Pat Ogden, M.A. and Kekuni Minton, PhD. Hakomi Somatics Institute and Naropa University Boulder, Colorado http://www.fsu.edu/~trauma/v6i3/v6i3a3.html

[12] Hahnemann S (1986) Organon of medicine. London: Victor Gollancz Ltd

Bibilography

Afuwape, S. A. (2003). Where are we with dual diagnosis?: A review of the literature. Pp 5. *A Dual Diagnosis toolkit resource produced by Rethink and turning point*. www.rethink.org/dualdiagnosis.

Bannerjee, S., Clancy, C., & Crome, I. (2002). Co existing problems of mental disorder and substance misuse (Dual Diagnosis) *An Information Manual*, **1**, 3-9. www.rcpsych.ac.uk/researchandtrainingunit/centreforappliedresearch/completedprojects/**dualdiagnosis**info

Barthel, H. (1988). Reprint, 3 volumes. Synthetic Repertory. *B. Jain publishers*. ISBN 3-7760-0892-x.

National Institute for Mental health. (2003). Personality disorder, no longer a diagnosis of exclusion. www.personalitydisorder.org.uk/assets/Resources/56.pdf -

Herman, J. L. (2003). Introduction: Hidden in plain sight: Clinical observations on prostitution. *Journal of Traumatic* Practice, **2** (3/4), 1-13. OR In M. Farley (Ed.). *Prostitution, Trafficking, and Traumatic* Stress (pp 1-13). Binghamton, NY: The Haworth Maltreatment & Trauma Press.

---

[1] Hahnemann, S. (1986). Organon of medicine. London: Victor Gollancz Ltd.

2 Van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (1996). Traumatic stress: The effects of overwhelming experience on mind, body, and society. New York: Guilford press.