

AHMC 2021: Safety in case-taking

A trauma-informed journey from outside to inside to outside.

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Abstract

Homeopathic case-taking is a deeply therapeutic process. A person has the space to fully express the nature of their complaint/s and simultaneously, there is time for the practitioner to perceive the underlying cause of their alteration in health.

Like the theme of this conference, it's a journey together as the inside comes to the outside, and the weaving of the dance can be absolutely transformational in the healing process.

Homeopathic philosophy holds the value of the 'unprejudiced observer' as essential to understand the unique expression of symptoms in every case. However, when someone has a history of trauma, care needs to be taken to ensure safe disclosure so that the person does not experience re-traumatisation.

This presentation will utilise my experience as a homeopath and mental health practitioner in private practice to share insights from my learnings and evolution in practice.

The presentation will explore:

- A refresher of case-taking principles according to our esteemed teachers
- How this sits with trauma-informed care
- Ethics and duty of care
- Clinical examples highlighting the challenges
- Professional collaboration
- Supervision and mentoring
- Keeping yourself safe

Introduction

A few years ago, a retired woman came to see me (Sue for this paper). She had had a surgical procedure and was sure a suture had been left in her head. She had two cranial swellings that had the sensation of a suture within. Whilst the swellings were visible, there was no perceptible suture on clinical examination. She had presented for an acute consultation and requested a remedy to expel the foreign body. Suspecting more going on, I asked if she could return for a full consultation.

The next session commenced with my settling in to 'receive the case'. Within a short period of time, Sue began an outpouring of emotion. It was like a tap had been blocked and now was suddenly open and couldn't be turned off. I sat and listened, being the 'unprejudiced observer' and not interrupting. Her narrative was completely spontaneous and I had not prompted her with any questions. I had the impression that this was deeply therapeutic for

her, releasing a lifetime of trapped trauma, but I could not have been more wrong. She left the consultation and never returned. Through my following the usual method of homeopathic case-taking, she had unfortunately been re-traumatised.

It's often the challenges in practice that lead to the most powerful lessons and practitioner development.

My clinical practice includes both homeopathy and mental health. A Credentialed Mental Health Nurse in private practice, people are referred to see me for a diverse range of clinical presentations, from mental and emotional distress to chronic and lifelong mental illness. Had Sue been referred to me for a mental health consultation, I would have had my 'trauma-informed' hat firmly on and this unchecked outpouring would not have happened. At the first whiff of trauma in a typical mental health consult, I would have politely paused the consultation and had a conversation about safe disclosure of information, to prevent emotional dysregulation and potential re-traumatisation.

Reflective practice has generated a process of enquiry around safety in homeopathic consultation that I would like to explore in this paper. Starting with a journey back to our philosophical foundations in homeopathic case-taking and then contextualising this within the paradigm of trauma-informed care. Clinical experiences will be shared to illustrate some points.

Homeopathic case-taking

Homeopathic case-taking is a deeply therapeutic process and can be profoundly insightful for the person, with positive mental health outcomes associated (Johannes, 2010). A person has the space to fully express the nature of their complaint/s and simultaneously, there is time for the practitioner to perceive the underlying cause of their alteration in health. It's a journey together, as the inside comes to the outside, and the weaving of the dance can be absolutely transformational in the healing process. I concur with the words of Saine:

As homeopaths we have a window to understand a human being...we have a capacity to understand human nature differently, unique and probably greater than any other type of biological science. Through my study of homeopathy, I think I understand better the human being than to study philosophy or reading the best philosopher, or a psychologist, or a sociologist...(Saine, 2004).

Case taking '...is the process of perceiving and recording the inner experience of the patient' (Sankaran, 1999); it 'painstakingly brings forth an image which represents in its essence a particular vision of reality' (Vithoukias, 1990). It is this totality,

...which expresses the pathological disturbances on the dynamic plane and it is only by accurately and completely eliciting the totality of symptoms that the inner disturbance can be comprehended...it is a living expression drawn out of the most intimate and meaningful regions of the patient's life...it painstakingly brings forth an image which represents its essence in a particular vision of reality (Vithoukias, 1990, p. 171).

Samuel Hahnemann writes about case taking in aphorisms 82 to 104 of *The Organon*, the foundational philosophic text for homeopathic medicine and a continual reference point for all homeopaths. In these aphorisms, Hahnemann instructs homeopaths to be “unprejudiced observers” (Hahnemann, 2001) and key points of his instructions include:

§ 83: Individualising examination of a disease case ...demands nothing of the medical-art practitioner except freedom from bias and healthy senses, attention while observing and fidelity in recording the image of disease.

§ 84: The physician sees, hears and notices through the remaining senses what is altered or unusual about the patient...

§84: Keeps silent, allowing them to say all they have to say without interruption, unless they go off on side issues...

§89: And only after the person has finished freely relating pertinent information...should the physician ask more precise and specific questions if more information is required.

These are the roots on which homeopathic case-taking were built and most homeopathic philosophers have taken these as foundations and expanded from there.

Objective of case taking

The objective of case taking is to elicit the totality of symptoms, which are meaningful to the client - mental, physical and emotional, on which a homeopathic prescription is made (Close, 1991; Roberts, 1992); to ‘clearly trace the true picture of the disease and bring out the individual features in each case (Sankaran, 1999). It involves the application of the principles of homeopathy and having a firm grasp of these principles underpin good case taking (Sankaran, 1999).

Vithoulkas (1990) describes case taking as a ‘gentle catalytic process’, with the goal being to draw out the ‘essence of the inner pathology’ of the person – not about acquiring as much data as possible. This is congruent with Sankaran’s perspective above, and the job of the homeopath is to ‘...find the central disturbance which is often hidden by features of peripheral pathology’ (Sankaran, 1999, p. 231).

Both contemporary masters of homeopathy identify case taking as the tool to go beyond the external listing of the totality of symptoms to a deeper place representing the disturbance at a dynamic level. Sankaran calls this the ‘central disturbance’, which is the mental and general symptoms expressed by the person that are not attributed to their pathological diagnosis or outside influences pertaining to sociocultural traits and life experiences.

How do we do that?

Hahnemann establishes in aphorism 3 that the role of the physician is to clearly perceive what is to be cured in diseases and in each single case of disease; and in aphorism 211 that the ‘state of disposition’ determining the selection of remedy should be based on

characteristic symptoms that can be ‘least concealed from the observant physician’ (Hahnemann, 2001)

Each homeopath brings their own persona into the equation, based on their life experience, frame of reference and clinical expertise. Each client is unique in their style of communication and expression of their dis-ease. The perceptive homeopath adapts case taking to each individual and no two case takings are alike. There is no single formula and what works well for one practitioner or client may be different to another.

Guided by homeopathic philosophy, the recommended ‘attitude’ for the clinician is to have no preconceived ideas or prejudice, and that symptoms be accepted without judgement (Close, 1991; Vithoulkas, 1990). We are instructed to allow the person to express their symptoms in their own words, without interruption so that their train of thought is not broken – unless guidance is needed to keep them on track (Close, 1991).

To observe means to:

...look without judgement, to witness without analysis; you observe things as they are without prejudice, seeing what is in front of you, what is around you and what is within you... (Sankaran, 1999, pp. 263-264).

Good case taking enables the ‘picture’ to emerge spontaneously. From my own perspective, connecting with the person, being fully present and attuned to their state, providing absolute generative attention and sensitively following the person’s flow allows case taking to naturally follow the priorities of the person. Being heard in this particular way can be validating for clients and through the process of being allowed to think out loud for themselves, they often arrive at their own conclusion about the origin of their dis-ease, which can trigger self-awareness and healing (Hookham, 2016). And inadvertently, they have provided us with the centre of their case on which to base the prescription.

Observation skills are critical. Facial expressions, gestures, body language, mannerisms, use of language etcetera can help to identify what is intense, striking or significant in each case. This is particularly important where there is a history of trauma, as it will help the homeopath perceive early warning signs of emotional dysregulation. Should this happen, action is required to ensure emotional safety for the client.

What is trauma?

Psychological trauma is an affliction of the powerless...the victim is rendered helpless by overwhelming force...Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning...generally involve threats to life or bodily integrity, or a close personal encounter with violence or death (Herman, 2015, p. 33).

Trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain and body. This imprint has ongoing consequences for how the human organism manages to survive in the present...it results in a fundamental reorganisation of the way mind and brain manage perceptions. It changes not only how we

think and what we think about, but also our very capacity to think (van der Kolk, 2015, p. 21).

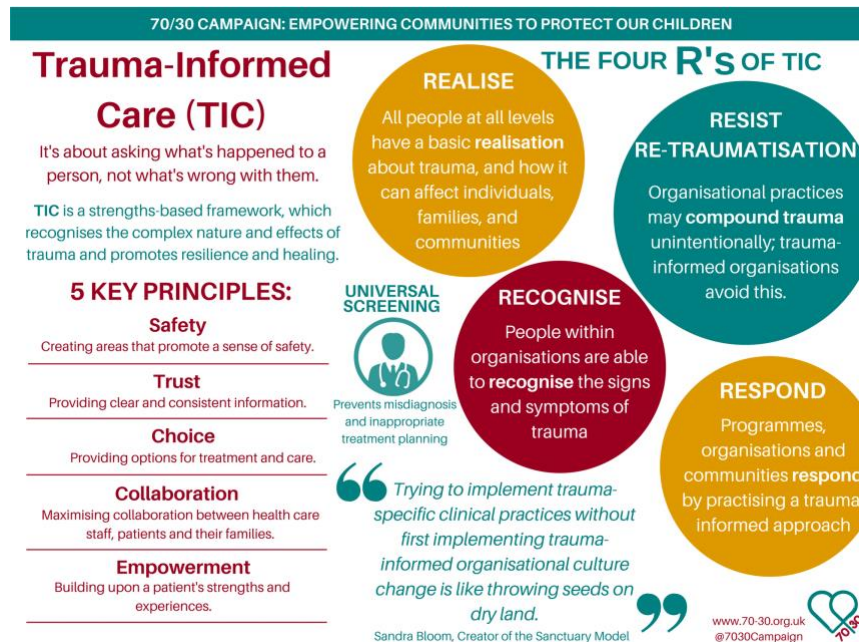
Traumatic events produce profound and lasting changes in physiological arousal, emotion, thinking and memory. Normally these functions are integrated. However, in trauma, they can be disconnected from each other. Traumatized people may experience the emotions without any recollection of the event. OR they may remember the event in detail but without emotion.

After a traumatic event, as an attempt to survive, people can go into a state of hyper-vigilance, permanent alertness and an array of biopsychosocial expressions – as if the danger might return at any time. It's like the baseline for danger is set higher than normal and the body is on alert. Small, seemingly insignificant reminders can bring the memory or feelings back. Even safe environments can seem dangerous.

Being aware of the ways people experience trauma can help practitioners see through a different lens. Rather than seeing a person's behaviour as a diagnosis or label, it is possible to look beyond this and see the highly traumatized people underneath.

Trauma-Informed Care

The following diagram captures the key concepts of trauma-informed care. It is essential that homeopaths are aware of this to ensure safety in case-taking for people impacted by trauma.



<https://www.wavetrust.org/Handlers/Download.ashx?IDMF=0dc22387-e656-4f23-bb73-a8628452bd7a>
5 Principles of trauma informed practice (an abridged version)

1. Safety and stabilisation

The environment where consultations happen need to ensure physical and emotional safety and prevent re-traumatisation (Butler, Critelli, & Rinfrette, 2011) for clients. This could include the location, parking and amenities for clients as well as the manner and communication of the clinician. Trauma survivors can be sensitive to non-verbal cues and a rushed and stressed practitioner may not be optimal for establishing a sense of safety.

Clinicians need to have adequate knowledge about the impact of trauma and an individual's triggers. The ideal therapeutic space is called the Window of Tolerance (Ogden, Pain, & Fisher, 2006; Siegel, 2011). In a homeopathic consultation, the aim is to prevent people from becoming hyper or hypo-aroused. In case-taking, if a client appears to be becoming dysregulated, it is important to implement strategies to restore emotions to the 'regulation zone'.

2. Trustworthy practices

Trauma survivors have often experienced betrayal and significant breaches in trust (Butler et al., 2011) and it can take time to establish trust within the therapeutic relationship. One of the ways this can be achieved is by respecting emotional limits and not pressuring people to disclose, maintaining confidentiality and informed consent and maintaining professional boundaries.

3. Choice

Emphasizing the client's choice is a corner stone of trauma-informed care. Giving them a choice to disclose information and set the pace for clinical engagement can help achieve this.

4. Collaboration

Survivors of trauma have often been victims of coercion. Homeopaths can honour this knowing by not attempting to coerce clients to disclose information or take homeopathic medicines if they are not ready. Collaboration includes recognition that the client has expertise and know what works for them. People with trauma histories are complex and care most often requires a collaborative approach with a team of people. This helps to give the client the support they need and helps the practitioner maintain their own safety and boundaries.

5. Empowerment

Issues of power are significant for trauma survivors because of the dynamics in abuse. Professionals are in positions of power and need to be mindful of this and not abuse their power. Giving consumers opportunities and a voice in planning their care and including family and friends in care planning can support empowerment.

Trauma sensitive case taking

Good case-taking has the capacity to elicit this totality of symptoms and individualise both the prescriptions and approach to care. However, to maintain safety trauma-impacted clients, this may need to be achieved over a period of time. Case taking and prescriptions may need a 'layered' approach, going slowly deeper with each follow up, according to the pace and trust of the client.

A person's vulnerability needs to be 'received', witnessed and respected by a healthy and resourceful practitioner (Townsend, 2010). If practitioners are emotionally healthy and self-aware, then safety within homeopathic consultations will be easier to deliver and maintain.

A trauma-informed approach would include caution when a history of trauma becomes apparent. This may include acknowledgment and validation of the traumatic experience, followed by an explanation of the importance of safe disclosure. There should be no attempt to probe or encourage people to talk about their traumatic experiences. Should disclosure be important for the person's healing journey, it may be appropriate to recommend that they do so gradually over a number of sessions. Reassurance needs to be given that there is no obligation to disclose anything they are not comfortable speaking about. Telling the story can be meaningful, however it can also be re-traumatising. This can trigger emotional dysregulation, which is not therapeutic for the person.

There are ways to take a case without having to rely on the story of the person's life; without having to go back through their trauma experiences risking re-traumatisation. It could be by asking a person to talk about their reaction to the incident or how adverse events affected them. This may still be too challenging for some, in which case different pathways need to be explored. Pathways could include exploring childhood experiences, fears, dreams, interests and hobbies, how they react to stress or why they chose the profession they are in. All of these explorations have the potential to leave the story behind and enter a state that is unbridged by interpretation and potentially accessing the true internal state.

I have recently been attending an online course, The Simplicity of Homeopathy with Rajan Sankaran. It occurred to me that this style of case-taking could be a useful one for people with trauma histories. To 'enter' the case with the presenting complaint and following the person's lead, observing the repetition of words or themes through several entry points, observing the hand gestures and then honing in on these key points to access the underlying state of the person completely bypasses the need for disclosure of trauma.

A few years ago, I had a client request homeopathy for her mental health condition. She had a history of significant trauma, including domestic violence, childhood sexual abuse, recent sexual violence, emotional and psychological violence. She had just birthed her first child, which had triggered a psychotic episode. She came to clinic in a heightened state, with pressured speech, extreme restlessness, inability to sleep, anxiety, panic and a paranoid delusions. Case taking was challenging, however Stramonium saved the day to the extent where she asked if she could lay on the bed and have a sleep. This was a very good indication that we were onto something for the acute management of her state.

That was the beginning of a six-month treatment plan, which was challenging and intensive. The client required extensive support throughout this period, including almost daily phone calls, constant reviews of homeopathic medicines and care coordination with other health providers. Mental health assessments were conducted as needed and care planning included discussing transfer of care to acute mental health or peri-natal mental health services. The client had been hospitalised before and was adamant that psychotropic medication or inpatient care were not options she wanted to consider. Over time, the psychosis resolved and she was able to continue to mother her child. One of her biggest fears throughout was losing her child to either the perpetrator of her abuse and father of the child or to child services.

Two years later, the client requested services again. This time she wanted to focus on her Obsessive Compulsive Disorder (OCD), which was significantly impacting her life. Terrified of germs, she constantly had to wash her hands, clothing, bedding and shower to feel safe. The time this took her was exhausting, she had no time for herself and was concerned about the impact on her child. Nappy changes and toilet training were hugely stressful.

At the time of this second presentation, the first half of the session was an outpouring of the current stressors overwhelming her life. I was aware that she was becoming hyper-aroused and I knew that this was not going to get us to the core state for the prescription. I decided to try a different style of questioning based on my recent learnings with Dr Sankaran and was pleased to see how gently asking her to comment on her experiences 'out of context' or 'dissociated from her life story' was able to move her beyond this. At one point, I asked her to notice the experience in her body and then scribble on a piece of paper. She then had to talk about the experience that came up looking at the scribble and what she said was powerful:

- Overwhelm
- All or nothing
- Insurmountable pain
- Chaos
- Deadline
- Open mouth gasping
- Isolated
- Alone
- Terrified
- Violent
- Dangerous
- Stuck
- Trapped
- Caged in
- Worthless
- Hopeless
- All for nothing
- Doomed to fail

These words confirmed key themes expressed in case-taking, helping with case analysis and remedy selection. The process itself took the client directly to the core and in moving away from the narrative of her life story, her emotions became more regulated in the process.

Duty of care:

Health professionals have a duty of care to the client, themselves and the profession of homeopathy. We aim to do no harm, which is especially important where people have a history of trauma. Homeopaths need to be aware of their limitations and refer on or work collaboratively when required. Clinical supervision is crucial when working with complex trauma-affected clients and documentation of clinical data and treatment recommendations is essential to protect your own safety.

Professional Codes of Conduct provide guidelines for best practice that we are ethically bound to follow as part of our registration obligations.

Conclusion

Homeopathic philosophy holds the value of the ‘unprejudiced observer’ as essential to understand the unique expression of symptoms in every case. However, when someone has a history of trauma, care needs to be taken to ensure safe disclosure so that the person does not experience re-traumatisation.

This paper has revisited the philosophy around homeopathic case-taking in the context of trauma-informed care. Contemporary approaches have illustrated that perhaps there are other ways to take a case that bypass the need for people to talk about traumatic experiences, even if these were the trigger for the onset of their dis-ease.

Homeopathy is holistic in its approach and we do not separate the mind from the body. We aim to treat the unique expression of alterations in health in each person, making it an individualised form of treatment. In theory, this makes it a good healthcare option for people with a history of trauma. However, because of the complex impact of trauma for many people, care has to be taken in homeopathic case-taking to ensure the physical and emotional safety of the client.

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