

# The Unprejudiced Observer

## Liberating the Archetypes from Pathologised Stereotypes

Hahnemann's writings talk of the need for the homœopath to be the 'unprejudiced observer' and yet, in reality, we all bring with us our prejudices and stereotyping which inevitably affect the way we work in the consulting room and in how we experience remedy pictures.

This article attempts to address some of the problems in our colluding with prejudice and stereotypes, not only in terms of understanding what experiences our clients bring to us, and recognising which of their symptoms may be common to their specific community, but also in understanding how such collusion can consolidate disease rather than health, within individuals and communities.

### Culture and Lifestyles

As healers our starting point is one of addressing the physical, emotional, mental and spiritual disease which is presented by our clients. And yet, at times, we can misinterpret health for disease when it arises as difference – differences in culture, lifestyle and life experiences. What is normal in one culture may be strange, rare and peculiar in another. For example, not holding one's gaze would be completely healthy and respectful in Asian or American Indian cultures, yet in our consulting rooms how many of us may look up the rubric 'Looked at, cannot bear to be?' Emotions may be expressed differently, according to the specific cultural expression in different communities, and similar situations may even produce different experiences and construct different emotions. For example, in some societies trance states can be induced commonly so that pain is not experienced; in some Asian cultures laughing and crying is seen as upsetting the cosmic balance and disturbing the spiritual world. Basic concepts around emotions may also differ. For example in the Indian language there is no word for the western notion of 'guilt'. Instead there are words for 'criminal' behaviour, which to a western counsellor would convey a completely different picture and in Yoruba language, it is difficult to find equivalents for 'depression' and 'anxiety'.

Difference also applies to lifestyles and choices. Differences, for example, in sexuality have traditionally been seen as symptoms for treatment and continue to be seen as such within the homœopathic world.

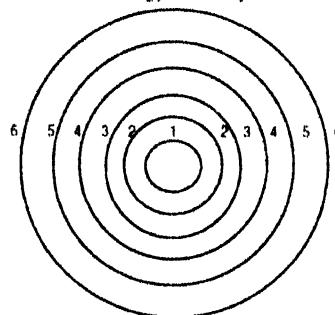
We need to explore our prejudices and stereotyping more – and within that exploration make sure we are challenging our prejudices and not ending up reinforcing them further! Yet, at this period of history it is difficult to raise these issues without being accused of wanting everyone to be 'politically correct'. As healers it is not so much about whether we are 'correct' but whether we are working in a way that helps the healing process of our clients, that re-empowers them and that does not collude with their disease, on every level. Often the reality of our lives as women, black people, lesbians, gay men or disabled people (to name some of our communities facing

most prejudice and stereotyping) is one of countering daily, many 'maintaining causes' for our disease.

### Adaptations to Oppression

Lindsay River at the Women and Homœopathy Conference in 1993 presented an excellent model for understanding the health of our clients in an overall way:

Levels of Pathology - Lindsay River 1993



1. Mental / Spiritual
2. Emotional / Psychic
3. Physical
4. Family - destructive patterns/inherited weaknesses
5. Community local patterns of prejudice/injustice and local environmental factors
6. Society - social injustice, environmental pollution diseases of affluence and poverty

Building on Vithoulkas' model of the construction of the human being, Lindsay has added our families, communities and society. There is a complete interaction between them in terms of our health and disease. How society relates to our community affects our state of health. Our health as a community may be damaged by the common racism, sexism or heterosexism we face. The ways in which we are related may lead us to develop similar methods of defence. So not only do our differences in culture and lifestyles need to be known to properly interpret what is health and what is disease, but also the kinds of oppression, prejudice and stereotyping we experience and our response to them. A common oppression may lead to a common set of 'symptoms' as the person attempts to either counter the oppression, adapt to it or protect him/herself from it. For example, one way of responding to discrimination, especially in a work situation, may be for the person to prove they are 'better than the norm' – an adaptive response caricatured in women as being 'unfeminine' or in Asian people as being 'too serious/studious'. Another protection is to challenge the norm which can then be seen as being 'too cocky', 'stropky' or 'surly' – more commonly stereotyped in Afro Caribbean people. Or by hiding behind the 'norm' and relying on protection from people who are 'within the norm' – which can then be stereotyped as the 'shy, brave victim' – a common response which disabled people are disabled by!

Once we have identified what is the common oppression

and the range of common responses to it, we can then differentiate between what is a healthy response and what is not. For example anger against racism is a healthy response when it is being used as an adaptive response in the service of protection and stabilisation – to not recognise that would be to pathologise the individual. However it also needs to be recognised that continual oppression can lead to pathology and illness – adaptive anger may cease to be protective after long term abuse and may indeed pathologise and lead to destruction and destabilisation of the person.

So all in all we need to clarify what we are pathologising as practitioners and what is, in fact, pathology.

### Inner or Outer?

Within cases we need to be able to identify what is common to the community or specific group and what presenting 'symptoms' may therefore also be common – e.g. hatred or fear of men by sexually abused women; a sense of duality in people of mixed race; lack of confidence for women who have been at home alone with children for years. Once identified we can then address whether this is a common state that needs to be addressed socially and politically; whether it is a common state of some protective, stabilising use in the individual or whether it has actually developed into individual physiological dysfunction or pathology.

It may not be appropriate to attempt to remove a useful defence mechanism. It will certainly not be useful to treat all features of the individual as symptoms. And it may not be useful to work on a mental, emotional or physical level with what may be better healed socially and politically. The concentric circles of Lindsay's model may not all line up neatly for healing throughout. For example, a healing of the rift between the inner 'masculine' and 'feminine' on a psychological or spiritual plane should not be confused with the healing of the divisions between men and women in the world, which are experienced by an abused woman.

As a teacher of mine has written:

'What counts as justice in the inner world may have very little or no bearing on what counts as justice in the external world...you must not reduce the political into the psychological...rather you must amplify the psychological with the political'.

### Ways of Working with the Clients

We can also build on our understanding of the link between oppression and disease in the ways that we work with clients. It is so healing to be 'met' in the place of pain, recognised and aided in moving on. We can do this in many ways – in the way we ask questions which reflect our understanding of the place that they are in, by the sensitivity of the language and terms we use and the ways in which we validate their survival mechanisms needed.

We can also help in this healing through the recognition of the stereotyping which may be happening and their liberation through their archetypes. The archetypes can be the goal within the healing process.

So what is a stereotype, how does it relate to the archetype and how can we liberate this?

### Stereotype:

Looking at the dictionary definitions of stereotype is, in fact, helpful:

'Stereotype – fixed, unchangeable, as opinions,' – *Chambers*;

'Stereotyped – lacking originality or individuality,

conventional, trite' – *Collins*

'Stereotyping – a tendency to think or act in a rigid, repetitive and often meaningless pattern' – *Collins*

So, in terms of clients, the stereotype is the fixed, stuck state. If we as practitioners stereotype clients we aid in cementing them within their stuck state, we move away from the flexible, adaptable healthy state towards the fixed pathology. Through stereotypes we can create rigid images of a whole culture or lifestyle and do not allow for individuality within those cultures. If the client is stuck themselves, we need to recognise that, to help in the moving on from the 'stuckness', into the healing process.

### Archetype:

So how does the archetype relate to this? The 'archetype – the original pattern, model, prototype' – *Chambers*. There are so many sources to refer to for definitions of the 'archetype', originally described by Jung, which are useful in homœopathy: Whitmont in *Psyche and Substance* describes archetypal symbols "as the expression of identical meanings not only in our individual dreams but also in the various religions, mystery teachings, mythologies and fairy tales as well as alchemistic sources". Assagioli, a founder of psychosynthesis also recognised the value of archetypes as universal principles which unify, heal and give meaning.

### Liberating the Archetype

Rima Handley at the 1992 Women and Homœopathy Conference spoke of Archetypes and Stereotypes and the relationship between psychosynthesis and homœopathy. Within this presentation she spoke of the ways in which a pathologised state can be moved on from the stereotype and into the archetype by both therapies. She explained how the psychotherapist mirrors back to the client, both the stuck state and the archetypal state. The mirroring of the stuck state enables the client to become more conscious of her habitual patterns, feel met and recognised there and therefore allowed the choice to change it. The mirroring of the archetypal state allows the client to experience a picture of the whole potential of that state and not just its restricted, stuck part. Within homœopathy the practitioner not only works in this way during the consultation but also provides the homœopathic remedy which carries both and the flexible state within it.

Whitmont goes into the transforming use of the archetype within the remedy in *Psyche and Substance*: "Archetypal fields – potentials of meaning that strive to reach actualisation – shape matter and psyche into patterns of what is to be, they set the directions of change and development." He explains how the archetype 'within' the energy field of the remedy transforms the vital force: "Forms; images – as archetypal, autonomous indeed transcendental patterns prior to and playing with substance, directing the life force and hence biochemistry, physiology and psychology – would prove to be the basic regulators."

So archetypes can be seen as the equivalent of force fields – the form without any content or value, the energy, the organising principle. In producing a remedy, the substance in its material form is transformed into its energy/field form, which in turn can be seen as transforming the stuck, fixed form of the stereotype into the flexible, value free archetype in the healing process. Particles are transformed into waves. The remedy itself transforms the stereotyped stuck state of the client into archetype, but if as practitioners we are adding to the stereotyping by the way we are seeing and working with

the client we can be countering the healing of the remedy.

The stereotyping of qualities degrades the archetype.

"Compassion can become self pity, joy become mania, peace become inertia..."

The hyperactive subpersonality can be seen as a distortion of the archetype of energy; the compulsive seducer is a distant relative of love in its higher aspect, the obstinate subpersonality may be seen as a distortion of will.

Yet these stereotypes are susceptible to transformation. They can be regarded as "psychological contents striving to appear later in a much more refined form".

The stereotype can be elevated into the archetype.

One mechanism which we can use to liberate the archetype is the imagery of ascent. Using visualisations of ascending, climbing, rising, we can explore the transformation of stereotypes into archetypes. We can explore our own stereotyping within and we can explore the stereotyping we project on to others. We can also share such techniques with our clients for their own work in freeing any 'stuck' states and integrating them within. And we can also situate this work in the context of recognising differences, oppressions and necessary protective mechanisms and recognising if we, as practitioners, are degrading our clients with stereotypes.

### Remedy Pictures

Not only do we need to explore the archetype within our work with clients, but also we need to be seeing the remedy pictures as archetypes. We are often taught remedy pictures as stereotypes in order to aid our understanding of them and our recognition of the appropriate remedy within a diseased state – but such stereotyping can limit our understanding of the healing potential of the remedy.

For example the picture of *Pulsatilla* as the needy hysterical girl: "tearful blondes, found in any household where there are

plenty of young girls" stereotypes and limits the understanding of the whole archetypal picture of vulnerability with both its negative and positive qualities. The picture of the Arsenicum 'bitter and critical old maid' only reflects a stuck frightened state and not the overall potential within, for order, accuracy and a goal for perfection.

We need to learn the remedy pictures in such an archetypal way to aid in the liberating of that archetype from the stuck stereotyped state, in our practice. We also need it to be taught in this way because every time a picture is given which stereotypes a group or community it wounds that community. Homœopaths laughing together at the suggestion that *Medorrhinum* should be "put in the water supply in San Francisco...there is a large percentage of homosexuals in that town" pathologises lesbian and gay sexuality. Stereotypes of different communities, such as Irish, Afro Caribbean, Asian or Arabic people being used to teach remedy pictures not only are politically and humanly insensitive and insulting to those communities but also feed into the pathologisation of individual clients. Their/our womanness, sexuality, ethnicity, culture, disability is seen as a diseased state or the response of the group to their situation is automatically seen as the disease. Individuals within those communities are dishonoured, disrespected and disempowered – the antithesis of everything which is needed for healing, i.e. honour, respect and empowerment. As homœopaths we need to be aiding the healing of families, communities and society as a whole if we wish to see healing of individuals within these groups. Liberation and healing go hand in hand.

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### From *Medical Advance*, January 1890, by J.T. Kent

"As an acute disease never forms a *complex* with a chronic one, the latter being suppressed until the former one has run its course, care must be taken when ascertaining the symptoms of the acute disease not to take into account old symptoms which belong to the chronic disease. But in some cases of acute disease, *symptoms* of the chronic disease remain and are active during the acute disease; such chronic *symptoms* are peculiar because they have not disappeared, and very often are guiding to the cure of the acute disease; while the remedy will have no relation to the chronic disease, yet that peculiar symptom will stand out and guide you to the remedy that will cure the acute disease, such symptoms are peculiar to the patient."

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**Dudgeon**, who translated much of Hahnemann's work and was a near-contemporary, wrote: "The best homœopath is not the one who pronounces nonsense as to what Hahnemann...(or anyone else)... did or is supposed to have done and who bases all his practice on the utterances of Hahnemann (or whomever), but the one who studies the Hahnemannian doctrine...with a clear critical eye, who refuses to believe in any dogma which does not stand up to the light of criticism, and who submits all the practical rule of Hahnemann...to the scrutiny of reason guided by experience."

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