

# Homœopathy and Jungian Psychology: Kindred Spirits

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**Abstract:** There is a substantial resonance between Jungian psychology and homœopathic medicine. In the latter, we seek to understand the patient in his or her totality by virtue of individualizing features, which guide us to the similar medicine. Likewise in Jungian psychology, the symbolic language of the unconscious—such as is revealed to us in dreams, active imagination and synchronicity—is a reflection of the aspects of the individual still to be discovered. The goal is the same: realization of the potential of each individual patient in terms of physical functioning and psychic expression. This paper addresses the complementary nature of these disciplines in some depth, by way of the exploration the topic of suffering, the mirror as metaphor and alchemical correlates.

**Keywords:** Jungian psychology and homeopathy, as complementary disciplines; Jungian psychology and homeopathy, alchemical correlates

## Kindred Spirits

What difference does it make if there are commonalities between Jungian psychology and homœopathy? How does knowledge of this concordance add to our awareness or our capacity to help people heal? How does alchemy fit into all this?

Employing the universal model of suffering, the metaphor of the mirror and references to the ancient art of alchemy, I propose to demonstrate how the complementary nature of Jungian psychology and homœopathy bring color and breadth to the terrain of our discipline of addressing the health of living beings, including ourselves.

“*Aude Sapere*”, the very first words of Hahnemann’s *Organon of the Art of Healing*, means, “dare to taste, to understand” (1) We will proceed in this spirit.

For me, this tour is akin to exploration of a grand mansion with many floors and elegantly appointed rooms. There is great detail of design in each room, and each holds the promise of a fruitful extended stay. For now, we will walk down the hallways, look briefly into each room, take in what we can and move on. (The dark basement, the closets, nooks and crannies and all

their mystery are a significant part of the tour). If one or more of the rooms attracts you, if you care to return and spend an evening in the kitchen, for example, preparing and tasting culinary delights, the place is available...

## The Absence of the Conflict of Opposites

In the Biblical story of creation, one of the many creation myths (or legends) that prevail in various cultures, Adam and Eve lived initially in a state of bliss and wholeness, but *without consciousness of conflict or differences*. That missing consciousness was born at the impetus of the serpent and Eve and the tasting of the fruit of the Tree of Knowledge of Good and Evil. *Thereby the unconscious totality or oneness became cleaved into the awareness of opposites and conflicts*. This “fall from grace” was regarded in the Bible as (the) original sin from which mankind then required purification. The transgression here is the same as that of Prometheus: appropriating for mortals that which belongs to the gods. This is the same as inflation, claiming for the ego that



Carl Jung

which belongs to the Self—more about this later.

As the legend goes, the redemption from original sin was to be accomplished by the later suffering of the Messiah. This sequence of experience of suffering of opposites is paralleled in the medical/psychological realm, in that “dis-ease” can be viewed as the separation of an individual from his desired state of harmony and the suffering that is experienced as a result. (Regarding this as the experience of a conflict of opposites rather than assigning values such as “sin” replaces a moral judgment with a practical one.)

The Jungian perspective on the event of the “fall” is that the serpent was the catalyst for the promotion of consciousness and the birth of mankind’s quest for conscious (as opposed to unconscious) wholeness. In other words, it heralded the beginning of each individual’s quest for conscious awareness of his or her true nature, his/her innate reality—the process Jung called *individuation*.

### Partial Glossary of Terms in Jungian Psychology

*(At best these are all imprecisely describable with words because they refer to the mystery of human existence and behavior and understanding, and are the subject of much debate and contention. I attempt to describe them in the clearest language possible. As you read these, you will already be able to make connections with your experience of homœopathy.)*

**Ego:** The part of us with which we perceive the world around us and make decisions and act; i.e., the center of the conscious mind, the part of us that we assume is in control, or “at the wheel.”

**Unconscious:** There is, in the totality of existence, that which is presently unknown and that which is unknowable. We can use the analogy of the ocean, parts of the depth of which are still to be explored and deeper parts that will never be experienced by humans. Included in the unknown are elements of information that we have previously known and forgotten or that we have repressed, because they were too painful at the time we experienced or thought them. This was the total extent of the unconscious, as defined by Freud; Jung referred to it as the **Personal Unconscious**. This contains such things as repressed painful childhood memories, forgotten abilities to solve problems, and other forgotten elements of the past, as well as other information of which we are not yet ready to become aware.

The **Collective Unconscious**, or **Objective Psyche** as he later called it, is comprised of the totality of non-personal elements in the history of existence: themes, images, information, patterns of being which appear repeatedly in human experience and fantasy. This can be described as the “Archetypal World,” or the realm of **Archetypes**. The collective unconscious contains the totality of knowledge of collective and individual existence in the universe. The archetypes are patterns of being and motifs which have repeated themselves in innumerable forms through history, thought, fantasy and human behavior. For example, mythological figures retain their fascination for us centuries after their original description because of their patterns of behavior and vulnerability, which reflect those patterns seen again and again in human nature, always in slightly modified form, depending on the individual’s unique expression of the archetype. In every film and novel we see the portrayal of archetypes. The collective unconscious *is the same in every human*, a storehouse of information and images which are at least partially accessible to everyone, depending on their willingness to explore them. An archetype is not knowable by us except—in part, and only in part—by means of its expression in one of its infinite variations in human experience.

*In homœopathy, we can refer to each medicine as representing an archetype in its physical and emotional characteristics. In doing so, we must realize that the domain of an individual remedy is unknown and unknowable in its entirety, but that we experience it in part (more so with well-proven and clinically tested remedies) and cannot corral it into limited, “pat” descriptions, such as “mental essences.” Of course, we look for the “fingerprint” of the remedy in the symptoms of the patient if we are considering the prescription of a polychrest. The fingerprint is that core cluster of symptoms, mentals, generals and modalities, without which prescription of the polychrest is less likely to be successful. Beyond that, there is tremendous variety in the presentations of the homœopathic archetypes. For example, archetypes such as those of *Sepia* and *Phosphorus* are known to us in larger part because of extensive provings, clinical cured symptoms and reconfirmation with experience, but the totality of the archetype is still not known by us, nor does the totality of the known constellation of aspects appear in any one patient. Similarly, like waxing moons, the archetypes of countless lesser-known remedies such as *Grindelia* or *Juglans regia* are partly in the shadow of still-to-be-conducted provings and clinical experiences.*

**Self:** In its encompassing of the totality of consciousness *and the unconscious*, the self transcends the ego. To quote Jung, "The self is not only the centre but also the whole circumference which embraces both conscious and unconscious; it is the centre of this totality, just as the ego is the centre of the conscious mind." (2) In accord with its all-encompassing nature, the Self is often spoken of by Jungians as the higher power, world spirit (*anima mundi*) or God. Mankind is regarded as matter, so that ego is matter, or subject, and Self is world spirit or object.

**Shadow:** The sum of all personal and collective psychic elements that are incompatible with the individual's conscious attitude and that are thereby denied expression in consciousness. These elements are regarded by the ego as inferior and undesirable, but assert themselves onto consciousness in the form of dreams and synchronicities (see below), including "accidents." In dreams, shadow material makes itself known in symbolic language and images. *Our shadow contains our personal mystery, which we are to unravel and explore over our lifetimes in the search for who we really are.*

**Symbol:** The best possible expression for something essentially unknown. Symbolic thinking is non-linear, right brain oriented; it is complementary to logical, linear, left brain thinking. (3) Symbols express the language of the unconscious. An example from Whitmont (4) was a dream of an asthmatic child in which she was swimming toward an island, and that "goat-people" wouldn't allow her onto the island, but kept pushing her back into the water. The child had a very emotionally suppressed mother who, accordingly, denied her own instinct. The "goat people," like mythological nature gods such as Pan, symbolized the "field" of denial of instinct which kept the mother, and thereby her child, from a dynamic relationship with themselves (and perpetuated the child's asthmatic state).

**Projection:** The (*unconscious*) act, by an individual, of attributing characteristics or feelings, which exist within his or her *shadow*, to other persons or to external objects. The reason for projection is that the characteristics, feelings or attributes are unacceptable for some reason. Examples include homophobia (because of the unacceptable homosexual tendencies of the individual from whom the projection emanates), bullying (aggression toward a vulnerable target based on the unaccepted vulnerability that the bully expe-

riences within) and racism (attributing shadow qualities to people of color or different ethnicity). Examples of positive projections include a patient attributing to a caregiver the possession of healing powers that are inherent but as yet undiscovered in the patient, because of poor self-esteem, fragility of ego strength, etc. Less dramatic instances of projection occur in each of our lives hundreds of times each day. There is usually a "hook" for the projection, in that the "projectee" will possess some aspect which invites or matches with, to some degree, the projection. *The stronger the feeling associated with an opinion or judgment or point of view, the more likely it is that projection is afoot. For this reason, it's wise to give wide berth to the fanatic as well as to be vigilant for his/her appearance in our own psyches.*

**Projection is not a conscious process and therefore, like illness, does not justify assigning blame. It carries however, as does illness, the responsibility for addressing it as fully and consciously as possible.**

It is crucial that health care professionals be aware of the element of projection known as **Transference**. Transference is projection on the part of the patient. The projection unconsciously endows the caregiver with psychic aspects of parents, and other significant figures, which exist in the patient's shadow. For example a patient may carry unconscious pessimism or a hypercritical nature that existed also in a parent, and may thereby unconsciously project it onto the caregiver; i.e., interpret statements of the caregiver as hypercritical. **Countertransference** denotes the unconscious projections which are directed from the caregiver to the patient; i.e., *the interaction in the consultation room is not exempt from psychological participation of both parties, much of which takes place on the unconscious level.* For example, the caregiver may have developed a persona of mildness and compliance, with an unconscious power drive based on controlling his/her environment with "an iron fist in a velvet glove." The caregiver may not be conscious of the "iron fist" part and experience and react to it, in projection onto the patient or others. This could manifest in irritation at patients asking questions about their care, choice of medicine, etc., with the caregiver attributing their own unconscious desire for control onto the patient and becoming unnecessarily angry about it.

This example illustrates an interesting and important concept: **The opposite of that which exists and is manifested consciously also dwells in the unconscious with the same**

**Intensity.** For example, an individual might have a great deal of indignation regarding a power-crazed public figure. The same individual will be likely to have unconscious issues with his or her own hunger for power.

**Anima, Animus:** The archetype of the contra-sexual aspect of each individual which is unconscious and unknowable except for its appearance in dreams and projections. (For example, female figures in dreams of a man are manifestations of his unconscious feminine side—his Anima—and likewise strong emotional reactions to women in his conscious life are a result of [unconscious] projections of attributes of his own psyche.) A parallel situation exists with the unconscious contra-sexual aspect of the woman, the Animus. “Animus possession” in a woman can manifest in her behaving like a dictatorial and belligerent man, while “anima possession” in a man can manifest in his behaving like a whiny, capricious woman. These are negative-sounding aspects; there are also positive contra-sexual projections by each gender.

The relation to the unconscious side of one’s personality (anima in the case of men, animus in the case of women) is the basis for the initiation of romantic relationships: an individual falls in love, especially in the beginning, with the unconscious aspect of themselves which they see manifested (i.e., projected) in the other person (See the book, *We*, by Robert Johnson)(5).

**Complex:** An emotionally charged “field” of ideas or images. It is unconscious because of its incompatibility with the (conscious) ego and the intentions of the conscious will, or because it is foreign and unfamiliar to the ego. A complex behaves like an independent being with a life of its own. Complexes have an archetypal “core” and a personal “shell;” in other words, there is an archetypal element (a classic theme or pattern of behaving or reacting) and a personal element (reflecting the individual’s unique portrayal of the archetype). When someone is “in a complex,” they are manifesting behaviors and feelings and thoughts about which they may say, “I don’t know what got into me!” This is an apt description in that they don’t have the complex, but rather “it has them.” Examples: inferiority complex, in which the person is “possessed” by the sense that they are inferior and behaves as such in relation to certain stimuli, for example situations of competition or achievement; or messiah complex, in which the individual is afflicted with a power drive which impels them to behave as if they have, and are ex-

pected to have, the solutions to everyone’s problems. We can go into and out of complexes, even more than one type, multiple times each day.

*This is an area in which there is an interface with homœopathy. If an individual carries the delusion that he or she is persecuted by others, for example, and seems to repeatedly encounter situations that reinforce this delusion, he is experiencing a complex in which, unconsciously, he carries a self-persecutory aspect within himself (his shadow). In homœopathy we might begin by studying the medicines which have the symptom, “Delusions, persecuted, he is” in the repertory. In Jungian psychology, the caregiver might approach the pathology from the standpoint of dreams and the symbols therein, which would begin, much like the homœopathic medicine, to reflect the individual’s delusion to him or herself, and thereby bring it to consciousness and “defuse” it. Complexes are related to myths, as in an individual having a life myth (personal legend) that is the core of her life-long challenge for individuation. The scapegoat myth, hero myth, victim myth, etc.*

**Persona:** (Latin, “actor’s mask”) The face we put on for the world; our system of adaptation to our way of relating in society. Identification with one’s persona (for example, seeing oneself as a scholar, a healer or even “a loser”) inhibits the flexibility necessary for discovery of one’s authentic range of being.

**Inflation:** Expansion of the personality beyond its proper limits by identification with the persona or with an archetype, producing an exaggerated sense of one’s self-importance. (6) This is an inevitable experience in the daily cycles of human emotion and behavior. Examples are one’s becoming identified with holiness, or becoming indignant at one’s authority being challenged or becoming identified with invulnerability. All these are surely to be eventually followed by compensating fluctuations in the opposite direction. Deflation is the mirror of inflation, in which the individual becomes identified with her hopeless state or her propensity to fail. The unconscious seems to operate in a cyclical and compensatory fashion in that inflation will be followed by a temporary alienation or “fall.”

**Synchronicity:** An acausal correspondence of two events which carry the same or similar meaning; the simultaneous occurrence of two meaningful but not causally related events. An example: an individual who is becoming inflated with thoughts of his sense of importance can at the same time hit his head on a tree branch or a door jamb, *with or without experiencing the significance*

*of the thump on the head.*

**Active Imagination:** A process in which an individual, in a relaxed semi-meditative state, visualizes a symbol that has appeared in his life and conducts a “dialogue” with that symbol for the purpose of discovering its relevance in his psyche. Example: an individual has three dreams of a falcon. In his healing process he would want to look at his personal associations with falcons and how his perception of “falcon energy” applies in his life, as well as the archetypal nature of falcons (the concept of “Medicine Cards” (7) can help here, though falcon, per se, is not represented there). In addition, he may initiate an active imagination in which he could have a dialogue with the falcon, perhaps asking such questions as, “What am I to learn from you?” (The homeopathic caregiver may also want to study the falcon remedies and see if it matches the symptoms of the patient). All this is in the service of illuminating the meaning of the falcon-symbol in the psyche, as a window to awareness of Self.

**Individuation:** The process of conscious realization of one’s unique psychological reality, including both strengths and limitations. It leads to the awareness of the Self as the regulating center of the psyche. (8) This is the process of the quest for the Holy Grail—our search for our genuine uniqueness which has been within us throughout our lives but which is obscured by our conditioning in our upbringing, our development of coping mechanisms, etc.: The lifelong search for who we really are.

### **Ego-Self Identification: Spirit Confined in Matter**

Returning to the concept of unconscious wholeness as experienced prior to the “fall,” it is approximated in primitive or aboriginal peoples who experience their world as a whole in which there is no “self” or “other,” but a unitary field in which everything is influenced by everything else. We may say, “but that is in actuality how I see the world!” The only difference is that the primitive people experienced the world this way from an unconscious rather than conscious state. They experienced inner symbols as external reality, as do psychotic people. The rising and setting of the sun were personal happenings, with which they were participants and necessary assistants. Therefore, in the state of unconscious wholeness or ego-self identification, superstition reigns; there is no psyche/soma or subject/object awareness. Any unexpected event is occasion for

alarm and action to propitiate the gods. This is much like the world of an infant in which the child is in the field of the mother primarily, and there is as yet no existence of an individual ego. The child is not differentiated from the world around it but functions as if the entire world is to respond to it. There is no “self” or “other,” no opposites. After 18 months of age, the child starts to say, “I,” and begins to draw circles as symbolic of emergence of the separation of ego and Self. (9) The circles are the first symbolic representation of the Self. “Unconscious wholeness,” again, can be viewed as the ego not yet having begun to distinguish itself from the Self, or world spirit.

“In the early stages of psychological development, God is hidden—in the cleverest place of all—in identification of oneself, one’s own ego. This idea of the hidden God corresponds to the Gnostic myth of Sophia, a personification of the Wisdom of God. In the process of creation, Sophia, the divine wisdom, descended into matter; and then in the course of that descent she became lost and imprisoned in matter, thus becoming the hidden God which is in need of release and redemption. This notion of the divine spirit imprisoned in matter, hidden in the darkness of the mind, represents the Self, hidden in identification with the ego. Matter, which is hiding Sophia, symbolizes the concrete, temporal, earthy reality of the individual ego. If God is imprisoned in matter, in the immature personality, the task of psychological development is no less than the redemption of (divinity) by human consciousness. This...was a theme basic to alchemy...the whole process of transmutation attempted to release and redeem a supreme value from its bondage in base matter. The base matter was the *prima materia*, the stuff one started with, corresponding to the inflated immaturities of one’s own psyche. This was to be transformed into the philosopher’s stone, a divine essence.” (10)

The notion of “God imprisoned in matter” in the foregoing is symbolically explained by alchemy and Jungian thought. The homeopathic methodology of potentization (dilution and succussion) echoes this same principle of alchemy as illustrated by the following passage.

[“From *The Golden Treatise of Hermes*, an ancient alchemical text, quoted in an article by G. Fenton Cameron, MD, entitled, “Antiquity of the Doctrine of Dynamization of Medicines by Dilution.”]:

“The bodies of the metals are domiciles of their spirits...when their terrestrial substance is by degrees made thin, extended and purified, the life and fire hitherto lying dormant is excited and made to appear. For the life which dwells in the metals is laid, as it were, asleep [in senses]; nor can it exert its pow-

ers or show itself unless the bodies (that is, the sensible and vegetable media of life) be first dissolved and turned into their radical source. Being brought to this degree at length; by abundance of their internal light they communicate their tingeing property to other imperfect bodies, transmuting them into a fixed and permanent substance. And this is the property of our medicine, into which the previous bodies of the spirit are reduced; that at first, one part thereof shall tinge ten parts of an imperfect body, then one hundred, then a thousand, and so infinitely on. By which the efficacy of the Creative Word is wonderfully evidenced; and by how much oftener the medicine is dissolved, by so much the more it increases in virtue; which otherwise, and without any more solution, would remain in its single or simple state of perfection. Here, then, is a celestial and divine fountain set open which no man is able to draw dry. (The very same teaching is to be found in the well-known alchemical work, *Introitus Apertus, &c.*, and also in the *Opusculum* of Trevisanus)."

Is this starting to sound familiar? We now have before us the following notions: (1) The original lack of distinction between ego and self, in the creation myth, in early life on the planet and in newborn children. Inherent in the lack of awareness of the distinction between ego and self is the concept of suffering unconsciously. This is the *prima materia*. Consciousness and the beginning awareness of meaning start with the emergence from identification with the Self. (2) The goal, in Jungian psychology, is the promotion of consciousness in the service of awareness of Self, one's true nature. (3) The alchemical *opus*, or creative work, is the taking of *prima materia*, or undifferentiated substance of some type, and subjecting it to processes to refine it into the philosopher's stone or into gold, to release the divine essence from the *prima materia*. Their idea was not to get rich by synthesizing gold, but to go through the steps of refinement in search of an ever more pure product. Jung became fascinated with this nearly lost art when he perceived it as not just a series of chemical and physical operations, but also as a metaphor or allegory for the process of psychological development—the refinement of one's personality, development of consciousness of oneself, or individuation. (4) The process in homœopathy is that of the synthesis of the medicines, the attenuation, succussion and release of a "divine essence" or potentized *prima materia*, which then, when applied in the process of *similia similibus curentur*, participates in the healing of the individual. This takes place on the psychological level (the promotion of consciousness) as well as the somatic level.

## Suffering

Suffering is what brings patients to our consultation rooms, regardless of our healing discipline. In homeopathy we utilize the principle that a medicine capable of producing a "similar suffering" (from the definition of homœopathy in Latin, describing a medicine which is a "mirror" of their state of illness) is given to an ill patient, the suffering will be eased. The nature of the suffering may be physical, emotional or mental.

In Jungian psychology, suffering is usually seen as a frustration of the current direction of the ego. This is a result of the Self bringing forth experiences which are challenges to the ego, for example an auto accident on the way to a job interview or a series of disturbing dreams at the beginning of a relationship, or abdominal pains when anticipating the next day at work. The suffering can also be a state of general anxiety or depression or feeling of inertia, etc. These situations are representative of the separation of ego and Self, the experience of opposites, of conflict. The state of suffering—often presenting initially as emotional and psychic—will be addressed by means of developing awareness of the symbolic language of the unconscious. These symbols—making themselves known through dreams, synchronicities, and active imagination of patients—portray the undiscovered issues that relate to the suffering of the patient. When the symbolic language is "decoded" with the active participation of the patient and professional, he or she is faced with a mirror image of an aspect of their (as yet undiscovered) self, and the process of healing can begin.

"Symbol, from the Greek word *Symbolon*' literally means 'that which has been thrown together'...In original Greek usage, symbols referred to two halves of an object such as a stick or a coin which two parties broke between them as a pledge and to prove later the identity of the presenter of one part to the holder of the other... (such as) the splitting lengthwise of a notched stick (the number of notches denoting the number of goods purchased) as part of a business transaction, the seller keeping one half and the buyer the other...the symbol leads us to the missing part of the whole man. *It relates us to our original totality...this is the reason for cultivating the symbolic life.*" (emphasis mine)(11)

*We can see that the mirror metaphor, the basis for genuine healing, is active in both modes of healing, homœopathy and Jungian psychology. Note here that the healing in the service of totality relates to conscious totality as opposed to the earlier unconscious totality or "wholeness."*

The symptoms which patients bring to us as

homœopaths, representative of their suffering, are not accompanied by conscious awareness of their meaning, but rather are manifestations of the mistuned vital force, that “spirit-like dynamis” which animates us (*Organon*, §9-17).(12) This “dynamis” is not visible to us in consciousness except in its generation of symptoms. Likewise the unconscious is not visible to us except in its manifestation of symbols. They are our bridge to the archetypal world. In depth (Jungian) psychology, if symbols are lived, or “acted out,” without being made conscious, they become symptoms of illness. For example in the *Lachesis* archetype, it can happen that a pattern of fears and dreams of snakes (which can symbolize agents for transformation, as in the Adam and Eve legend) can be instead conjoined with a behavior of unconsciously acting out their cold-blooded serpentine behavior of desiring what is not theirs and lashing out at those of whom they are jealous.

“To the extent that one is unaware of the symbolic dimension of existence, one experiences the vicissitudes of life as symptoms. Symptoms are disturbing states of mind which we are unable to control and which are essentially meaningless—that is, contain no value or significance. Symptoms, in face, are degraded symbols, degraded by the reductive fallacy of the ego. (the reductive fallacy reduces all symbolic imagery to elementary, known factors. It operates on the assumption that no true mystery, no essential unknown transcending the ego’s capacity for comprehension, exists. It assumes there are no true symbols, only signs—*summarized from an earlier paragraph*) Symptoms are intolerable precisely because they are meaningless. Almost any difficulty can be borne if we can discern its meaning. It is meaninglessness, which is the greatest threat to humanity.”(13)

*In homœopathy the path to the treasure (the similar remedy) is illuminated by consideration of the striking, unique and peculiar symptoms of the patient [Organon, §152-154] (14), such as desire for hot drinks during a fever, desire for motion in an injured part, or other striking generals, modalities, mental or clearly defined and consistent particular symptoms. In Jungian/depth psychology, the symbols from dreams or active imagination that are most vivid, striking and unusual show the way to the archetype that is wanting to be understood and expressed in consciousness.*

“At the beginning of an analysis, when one is gathering the anamnesis...we are most interested in knowing about those aspects that have libido (psychic energy) intensity, either positive or negative, because those spots of intensity will be indications

of where the Self is touching the ego’s developmental process. The same thing is true in analyzing the events of everyday life. Intense desires or reactions of all kinds are crucial, whether they be positive, creative and constructive, or devilish and dangerous. Either way, they are from the Self and are the things to which we need to pay most attention.”(15)

An individual’s conscious association with a particular image or symbol, such as a beautiful parrot, a rose in a vase in a dark hallway, or a relative or acquaintance who has a particular meaning in that person’s life, is then incorporated into the totality of symbols occurring in a particular dream. When the dream, in its symbolic nature, is now viewed as a whole, the meaning begins to become apparent as it is reflected to the patient. Again, this is very much like the (energetic) reflection process taking place in homœopathy with the administration of the similar medicine based on the striking symptoms in the context of the totality. In Whitmont’s example of the asthmatic child and her dreams of the “goat-people” who were interfering with her reaching the island, this aspect of the mother’s denial of her instinctual nature was inhibiting her child’s ability to breathe freely, because of mother’s tight controls. This is another instance of an unconscious psychological conflict being “acted out” as a symptom.

Edinger quotes another example of a symbol being acted out rather than experienced consciously, in a man who had a compulsion to wear women’s underwear, which made him feel more confident and effective. Without the awareness of meaning of the associated symbol, the man was in a state of shame and compulsion. When he became aware of the symbolism of men wearing women’s clothing as related to honoring the feminine archetype, he transformed a symptom into a conscious symbol, which allowed him to see himself as a participant in collective human enterprise. His awareness came from learning of the legend of Odysseus wearing the enchanted veil of Ino allowing him to survive swimming to shore in a huge storm on the sea, generated by Poseidon. Odysseus required the help of the feminine archetype in time of stress, but was told to cast the veil back into sea (back to the goddess) when he arrived safely on land.(16)

The area of inquiry related to the connection and correspondence of psyche and soma is still very much unexplored. How much do physical symptoms correspond with psychic states, how much are physical symptoms an “acting out” of a psychic conflict? Considering that the majority of systems in our physical body are not under conscious control, including the autonomic nervous system, the immune system, the processes of respiration, diges-

tion, hormonal function, etc., we have justification for intuiting a substantial connection between the unconscious and those countless physiological processes.

We have frequently experienced such correspondences with the remedy, *Ignatia*, with its conversion states related to grief and unexpressed emotions. Numerous other homeopathic medicines are well-known for their physical symptoms in response to incompletely expressed anger (*Staphysagria*, *Coccythia*, etc.) and suppression of emotions of fright (*Opium*), grief (*Natrum Muriaticum*, *Aurum*, *Phosphoric acid*, etc.), reaction to bad news (*Gelsemium*), and so on. The question remains, how much of the other physical symptoms and disease states are related to psychic issues? Whitmont, in *The Alchemy of Healing: Psyche and Soma* (17), explores some of these issues from an inclusive perspective.

### **Some of the other areas of commonality of the disciplines of homeopathy and Jungian psychology are:**

Both methods employ the use of *inductive reasoning*—drawing inferences from careful observation of phenomena versus deductive reasoning's hypothesizing followed by conduction of experiments to confirm or deny the hypothesis.

Both share an awareness of "dis-ease" as *dynamic* at its source and origin rather than material: a matter of subtle energies - the "spirit-like" vital force as described by Hahnemann, and the "world spirit" of the collective unconscious/ or archetypal psyche, as described by Jung.

In case-taking or *anamnesis* (the detailed recalling of one's own story) both address a disease process which is often hidden from view. Jung elaborated a description of categorization of people which he called typology.(18) It is extensive and worth exploring. Briefly, he delineated four major types: Feeling, Thinking, Sensation and Intuition, with each type being either predominately introverted or extroverted. This is the basis for the popular Meyers-Briggs analysis. Of course, there are individuals with classical qualities of each, and many with mixtures and shadings. These individual ways of accessing and reacting to their world affects, just as do the various homeopathic archetypes, how they will appear and react in case-taking as well as follow-up visits. Certainly the anamnesis is the indispensable basis for learning the details of an individual's uniqueness: the foundation upon which the therapy is built. If the details of the homeopathic case are not elucidated, important details may be lost, such as a single peculiar particular symptom or modality. Likewise, the whole medical, social, personal and family

history must be elicited. In the depth psychology patient, the personal history is emphasized, including details regarding family and other relationships, personal history, including the individual's reaction to major events in his life. Remember Edinger's earlier comments regarding aspects having intense psychic energy attached to them.

Again, the awareness of archetypes in both, the very basis for the tools and processes by which homeopathy and Jungian psychology promote healing.

Both methods employ *amplification* Where psychology attempts to elucidate symbols, homeopathy delves deeply into symptoms, often revealing language rich in symbology and metaphor. In Jungian psychology the amplification is aimed at connecting with the archetype which is trying to manifest. Gestalt techniques may be used to intensify the experience of the patient in relation to the symbol which has arisen. Also, mythological images are sought which resonate with the symbol which is being acted out or which appears in a dream. In the instance of the man compelled to wear women's underwear, the amplification came by way of identifying the image of Odysseus and the veil of Ino, as described previously. The result is the transformation of a symptom (unconscious) into a symbol (conscious). Interestingly, in Jungian exploration of the symbolic language of dreams, there is a feeling/emotional element in the patient which confirms that the reflective process is on the right track.

*The simultaneous relief of suffering with attainment of an added degree of consciousness* is common to both.

Some examples follow:

A woman in her 50's with a "wall of protection" her whole life, total loss of sexual desire and anger at a daughter who "baited" her each time she tried to communicate with her. After the similar medicine, the sexual desire returned, the woman had insight about her own anger in relation to her daughter and was able to confront her without the passion of anger, with resulting realignment of boundaries for them both. She also became aware of her tendency to overload herself, contributing to her emotional wall of protection.

A man with an unexplained constellation of debilitating gastrointestinal symptoms, in the course of homeopathic treatment experienced a diminution of those symptoms in parallel with an increasing awareness of his lifelong difficulty in allowing himself to be loved.

Another woman who had an array of physical symptoms, primarily musculoskeletal, had chronically poured herself into a state of codependency

with an alcoholic husband and his relationship with their daughter. Following the administration of the remedy and what she described as “a tornado going through my body”, she—in conjunction with an improvement of her physical symptoms—began to gain insight into her (realistically) limited role in the working-out of both of those family situations.

The case files of every homœopathic caregiver contain countless other such examples.

### Alchemical Correlates

In Jung's resurrection of the relevance of alchemy, he portrayed the parallels of common alchemical processes or “operations” on the *prima materia* (the crude substance to be transformed and refined) with similar processes of the human psyche in the process of maturation and growth and recognition of its true nature (the process of individuation). “*Calcinatio*,” the process of calcination or burning a substance into ashes parallels the process of totally “incinerating” a belief or delusion or way of behaving which is no longer useful. Initially devastating synchronicities in the outer world which correlate with the inner state can occur, such as in the fiery consumption of one's home or possessions. “*Mortificatio*” or “*Putrefactio*,” the process of death or rotting is sometimes necessary in the death and rebirth of an attitude. “*Sublimatio*,” or the heating of a substance in the alchemical retort until it turns to a gaseous state and then condenses inside the top of the vessel, corresponds to such psychological changes as “getting above” the problem and seeing it more objectively, or a distillation of an essential characteristic from that which is no longer valid in one's personality. “*Coagulatio*,” roughly the converse of *sublimatio*, cooling a liquid back into a solid form, or precipitation of a substance from a liquid, has to do more with a process of “bringing down to earth,” as in an individual who is ungrounded and unrealistic in his/her way of being in the world. Just by their names, one can roughly intuit an aspect of other operations (alchemically and psychologically) such as *Solutio*, *Separatio* and *Coniunctio*. (This is the briefest skimming of a very complicated and rich topic that adds to the understanding of the human psyche). (19,20)

A patient I'm seeing had multiple dreams in which alchemical operations were symbolized in very accessible forms, some with multiple processes. *It was interesting also, as an indication of its origin in the collective unconscious, that she had no prior knowledge of alchemy or alchemical processes.*

Besides our being able to observe in our patients their need for, or the experiencing of, the above operations before and after the administration of the medicines; we have, in homœopathy, an additional kinship with alchemy. Hahnemann was aware of

this by virtue of his own extensive studies. Salt, sulphur, mercury, lead, iron and others were substances involved in alchemical transformations. (21) Jung says of salt: “...the most outstanding properties of salt are bitterness and wisdom...the factor common to both, however incommensurable the two ideas may seem, is, psychologically, the function of feeling. Tears, sorrow and disappointment are bitter, but wisdom is the comforter in all psychic suffering. Indeed, bitterness and wisdom form a pair of alternatives: where there is bitterness wisdom is lacking, and where wisdom is there can be no bitterness.” (The correlation with a central feature of *Natrum muriaticum* is obvious). (22) Further, it was apparent to Jung that the life of the alchemist, devoted to these chemical operations, changed and became more rich as he progressed through this work. There is indeed a parallel in the life of the homœopathic or Jungian caregiver: they both must progress along the path of individuation as their work progresses.

### Suppression

This is rampant in humanity, in the psychological sense. Any time we are unwilling to experience and relate to symbols which come from the Self (the archetypal psyche), we are suppressing the process of our inner life. The more the suppression occurs, the more the unconscious material is acted out in projection rather than brought to consciousness. (I fear that antidepressants promote this state). \* An example: An individual whose childhood experiences led him to not trust anyone has dreams in which he is on a precipice and begins to slip over the edge, when he is picked up and carried to safety in the talons of an eagle. We could see the dream as suggesting that there is a(n eagle-like) power within himself that—if accessed—can save him from destruction caused by his mistrust. He could deny this possibility, not trust the dream, and experience projection of that power in others but not be able to claim it in himself (this would be another example of a positive projection). Another individual with a similar problem could have a dream of his car heading toward a brick wall at a high speed and have a hand come out of the darkness to steer the car to safety, but he pushes the hand away. His dream

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\* The dogma that “mental diseases are diseases of the brain” is a hangover from the materialism of the 1870's...let us hope that the time is not far off when this antiquated relic of ingrained and thoughtless materialism will be eradicated from the minds of our scientists.” (written in 1948!) Jung, *Collected Works, Vol. VIII The Structure and Dynamics of the Psyche*, ¶. 529.

could be seen as a reflection of his rejecting help to avert a disastrous outcome. He could either heed it or he could continue to figuratively push the hand aside and project the absence of a helping hand onto others in his environment; i.e., "Help is available for everyone else, but no one wants to help me." *Again, what is denied in consciousness is then constellated more strongly in the unconscious and becomes acted out in projection.*

We're all familiar with suppression in physical or mental illness in our patients, especially in their histories. The "reflection" of the similar homeopathic remedy begins to unravel this process.

### Transference and Countertransference

As described earlier, in the interaction of patient and professional in homeopathy and depth psychology, the relationship between patient and caregiver is an intimate one, and both may be affected deeply as a result of the interaction. In Jungian psychology, the relationship is a long one, and these issues are of more intense importance. Similarly, the longer and more difficult the relationship in the homeopathic system, the more likely it will be that these issues will need to be addressed on an ongoing basis. Suffering is commonly thought to occur only in the patient, but it can frequently occur in both, especially if progress is not occurring or if there exists an unacknowledged transference-countertransference situation which affects not only the patient but also the caregiver.<sup>(23)</sup> By now, it's pretty apparent that we're all in this together. Whether we're patient or caregiver, we can't escape the necessity of doing our inner work.

In the Jungian model, the suffering of conflicting opposites (usually involving ego desires opposing the impetus of the Self) can generally go one of two ways: the individual can become identified with the position of the ego or with an emotion in relation to the conflict, or he/she can persist in "holding the tension" between the opposite inclinations, not becoming identified with either, until the situation transforms. Crucifixion is an apt metaphor, with the cross representing the crossing of the opposites, and the crucifixion as bearing the tension that results. The metaphor extends to the Christ figure as exemplifying suffering in the service of conscious redemption (refer back to the earlier discussion of unconscious wholeness, "original sin", etc.)

It's like a tilting pool table: the pockets representing identification with a particular position or emotion and the cue ball being the ego. If the table is not allowed to tilt too far in any one direction, the ego doesn't disappear into identification with one emotion or position, while the Self works

out a transformation. This is not a passive process, but an actual "cooking" of the emotions, as if in the alchemical retort. The cooking is the voluntary experience of *feeling the feelings*. This can be, as many have experienced, an extremely intense process. As this is done, and attention is paid to the symbols which emerge from the unconscious (the self), the archetypal world cooperates in the process of transformation. The point is that suffering may be done consciously or unconsciously. The more conscious we are as we all undergo our inevitable sufferings, the more the meaning can become clear, making the suffering more bearable. It's akin to facing the adversary (and potential transformative agent) as opposed to having it invisible and behind us.

Hegel described the opposites as *thesis* and *antithesis*, which when borne in somewhat of a balance, results in a *synthesis*, which transcends and is different from both. (The synthesis then becomes the thesis of a new round and the process continues). The synthesis was referred to by Jung as the transcendent function, the factor which transforms the impasse. Suffering the tension of the opposites can happen on a small scale many times in each day, and can also last for months in more global conflicts within individuals.

*In the Jungian model, the transcendent function results from holding the tension of the opposites and attending to the symbols brought forward by the archetypal psyche/Self. In the homeopathic model, the transcendent function is supplied/catalyzed by the similar remedy. Therein lies the beauty of this wonderful art with which we are blessed. Once again we see the parallel between symptoms and symbols as leading to the healing process.*

Again the disciplines of homeopathy, Jungian psychology and alchemy are brought together in the following passage: "In the human body is concealed a certain metaphysical substance known to very few, which needeth no medicament, being itself an incorrupt medicament...the Philosophers (alchemists), through a kind of divine inspiration, knew that this virtue and heavenly vigour can be freed from its fetters; not by its contrary...but by its like. Since therefore some such thing is found, whether within man or outside him, which is conformable to this substance, the wise concluded that like things are to be fortified by like, by peace rather than by war."<sup>(24)</sup>

*An example of holding the tension in a minor conflict:* Your teenage daughter is dating a character who seems "iffy" as far as his integrity and his intentions for your daughter. You express your concerns before she leaves for a date with him on Saturday night, and she becomes very angry and says she hates her life because you don't understand or trust