

HEURISTICS & BIAS IN HOMEOPATHY - Dr Keith Soutar

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I have been interested in heuristics and bias in homeopathy for a long time. It was the subject of my dissertation for specialist accreditation in 2004, which became a book in 2005 and was the subject of my Richard Hughes lecture in 2006, followed by a paper that same year.

The selection of the remedy as indicated by Hahnemann would seem to be a relatively simple process. If the homeopathic practitioner remains an unbiased observer and follows a logical processing of the information that the patient unveils in the consultation, then the remedy should reveal itself.

I think it is actually much more complex, as there are so many different methodologies available. Judging which methodology to choose is

difficult. So too is selecting which symptoms are most relevant to put into the repertorising "hopper" in order to sift out the "correct" remedy at the end of the process.

Behavioural Decision Research is the branch of psychology concerned with judgement and decision-making. There is now a wealth of information which shows that in a complex and changing world we tend to use simple empirical rules or heuristics. In general, these empirical rules are successful, and fairly accurate, even though they are not necessarily based on the same logical sequences as are algorithms.

Algorithms are named after the ninth century Persian mathematician, Al Khwarizmi. The word refers to a detailed sequence of actions to perform in a finite number of steps, in order to accomplish a task. Any computer programme is by definition an algorithm.

Heuristics are essentially empirical rules. They reduce or limit the search for solutions in areas that are difficult, complex or poorly understood. They are not necessarily logical, but can be based in part on intuition, experience and the "sixth sense" that people develop after they have been practising a discipline or craft for a length of time.

In the 1970s, Kahneman and Tversky introduced their "heuristics and bias" approach in judgement and decision-making research. Their work highlighted the reflexive mental processes that are used unconsciously to make complex decisions manageable. These heuristics often arrive at a very accurate result in a slick, quick manner. Sometimes, however, they are biased and can be inaccurate.

In a nutshell, Kahneman and Tversky described three general judgement heuristics that are employed in making judgements under conditions of uncertainty. These are:

- Representativeness heuristic: essentially judgements influenced by what is typical in a situation
- Availability heuristic: essentially judgements based on what comes easily to mind
- Anchoring and adjustment heuristic: essentially judgements relying on what comes first, followed by adjustment from that. A good example is anchoring on a period or group of the periodic table with a mineral remedy, then adjusting back and forth, or up and down to reach the remedy.

I think that these heuristics are unconsciously utilised whenever a homeopathic practitioner takes a case and goes in search of a remedy, whether they are using a "method" and are aiming to do a repertorisation, or are in a clinic situation with limited time and limited repertorisation facilities. In a case study you often see this in that first remedies may be near misses, but at follow-up appointments adjustments are made, as the case unfolds further, resulting in the right therapeutic remedy being found.

When you see this, you may be witnessing the representativeness and availability heuristics in action, with the bias effect, in that the first remedy is the one most typical for a particular condition (representative); or it is similar to a previous case that recalls a successful remedy to mind (availability). The bias is in asking questions to arrive at and confirm the choice. The second prescription may be arrived at by the anchoring and adjustment heuristic.

The case I want to present is an example of heuristics and bias in first and second prescription.

CASE STUDY

Jinx – I deserve what I get

M was a 33-year-old woman who arranged an appointment over the telephone in 2014. The message was that she felt low in her spirits, was unhappy with her life and had some "bad habits" she wanted to address.

So tell me a bit about why you have come to see me.

M: I was told to come by a friend. She said that I need to sort my act out. So here I am.

How did you feel about that?

M: What, about coming or about being told?

Both.

M: (*She shrugs.*) Not bothered, really. I owe it to her because she seems to care about me, though why, I don't know. I've pushed her away, just like I've pushed everyone away. That's why I'm a loner and I suppose I always will be. Anyway, I hope you can do something about my bad habits. No-one else has managed to help them.

Tell me more about the bad habits.

M: (*She shows me her hands with closely bitten nails.*) I can't stop biting them. I've always done it. I seem to need to bite them. (*She grimaces.*) My toe nails too. Or I did when I was still flexible enough to reach them. (*Hollow laugh.*) I've tried painting them with stuff that tastes bad, taping them up. I even saw a psychologist, but that was no good. It wasn't his fault (*the psychologist*), it was mine. I stopped going to see him.

I smoke too much. I drink and I get stropky and then I like to argue and debate with people. I push them away and if they won't be pushed, I just up and go. Oh and I have this skin thing. I get it under my arms and under my boobs. It feels dry and tight. And I have acne. At my age it should have gone, but I just keep getting it. I think that's another reason I shut myself away.

So how do you feel about people?

M: I don't. When I get this way out I just want to run away from them. It's worse when I have my period. I get horrid and drive everyone away before it comes on. Then I always feel guilty. It makes me cry. I can cry for England when I'm on my own.

Prescription

I prescribe Rx Sepia 30c at monthly intervals.

First follow-up three months later

M: I'm a bit better, I think, but I still feel down in the dumps. My acne got better for a while, but then it came back.

How do you feel about people now?

M: What, friends and family? I still get annoyed and cut myself off. I know I am doing it, but I can't help it. I just can't be bothered, but then I feel guilty about it. It's horrible, I just leave folk and I deserve everything I get.

Can you explain? What do you mean, you deserve everything you get?

M: Well look, my life is a mess. I'm a graduate, I have a fairly good brain, but I can't stick with a job for more than a couple of months. I get fed up, I make excuses and then I leave.

I can't get a property, can't even get close to raising money. So I'm still in a house-share just like a student. Even then I hate it. I don't use the sitting room, only use the kitchen to get a plate and a mug or glass, and then I'm off. I go to my room and I watch TV, or YouTube, maybe read and then go to bed. When I get like this I smoke too much, drink on my own and I bite my nails to bits. Look there's nothing left of them.

How does it make you feel?

M: (*Shrugs again – it seems to be a common gesture, as if of resignation.*) I can't complain. You see, it's like I'm bad luck to be around. Not that I give people bad luck. They don't lose money or have accidents or stuff like that. I just know that I'm going to make them unhappy or make a mess of things, so I – leave! (*She says it quite emphatically.*)

I can't get into a long relationship. I feel that I can't be hemmed in. That's what I always feel, as if people trap me. They suffocate me so I can't breathe. I like the idea of going out, but then I do something to screw it up. I dump them before they can dump me. I've done it to several guys. Two I really liked and they were both right for me, according to my friends. I couldn't help it; I just left them before they got too attached. I run, run, run and lock myself away. I'm the ultimate loner.

Are you happy being a loner?

M: (*She shrugs.*) Like I say, I'm not bothered. No, that's not true, it annoys me. I feel guilty for leaving people, or for leaving them in the lurch, which I've done a lot. I deserve their disdain, which is why some friends baffle me. Why do they still bother with me? (*She looks at*

her nails – still bitten.) I'm ashamed of how my hands look and I hate that I can't stop biting my nails.

Analysis

It is not all about finding a remedy. In my practice I use a simple model of a person's life that I call the Life Cycle. Basically it is a means of looking at the different levels or spheres that make up the person's life at any point in time. I find it is useful if I want to give someone strategies to deal with their condition.

You can focus on the dominant thing in their life, or on the main reason that they have consulted you. Indeed, as I run through it, it gives further room to explore their thoughts, emotions and actions. It seems a natural thing to do in homeopathic medicine, for we look at all these layers during a consultation.

There are six levels or spheres of life that we need to consider:

- Body – what physical symptoms are complained of? For example, pain, stiffness, tiredness or fatigue.
- Emotions – how does it make the person feel? For example, anxious, sad, depressed, angry or jealous of others who are not affected. But going deeper, what emotions are impinging adversely upon the person's enjoyment of life.
- Mind – how it affects the type of thoughts the person has? For example, pessimistic thoughts, negative thoughts, self-defeating thoughts, guilty thoughts.
- Behaviour – how it makes the person behave? For example, isolating them by avoiding things or people. Or by developing habits, e.g. smoking, drinking, taking drugs, having affairs, becoming inactive.
- Lifestyle – how it affects the person's ability to do things, their relationships, and also how events in their life impact on them.

Now take a look at Figure 1. You will see the five spheres starting with the Body sphere at the top. If you follow it clockwise you will see that it follows the order that I mentioned above – body, emotions, mind, behaviour, and lifestyle. And note the outer circle that encloses the whole structure. This

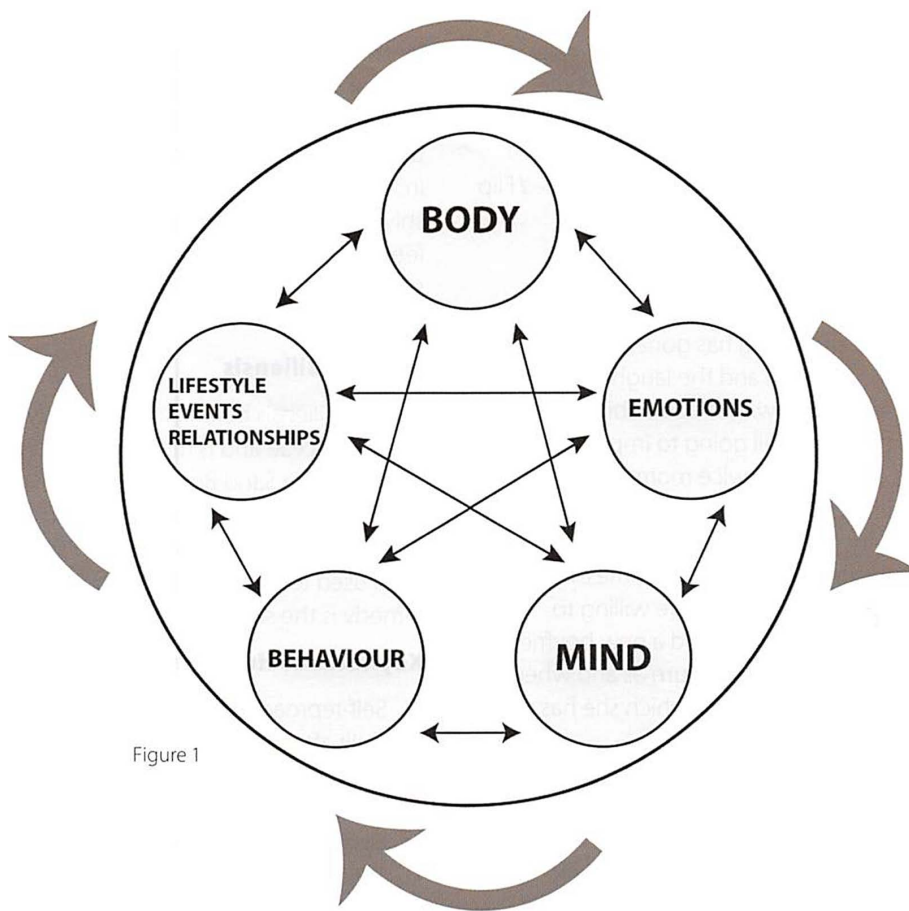


Figure 1

represents the individual's whole self, their life. In other words the five spheres all make up part of the individual's experience of life.

Notice also that there are double-headed arrows between the spheres. The outer arrows represent the general progression, because the order represents the way that a condition will tend to impact on a person. The

inner arrows show that each sphere will potentially impact on every other.

Essentially, since every sphere impacts on every other, as per the arrows, you can develop strategies with the patient. In this patient's case, we have a problem with what she calls her "bad habits". So, if we put "nail-biting" into the life cycle it gives you opportunities to give practical help

in the control of it, but it also may be useful in getting an insight into the habit and how it affects her.

So tell me about the nail-biting?

M: Just need to bite them. I sometimes do it without thinking. At other times I need to do it. I want to do it. I told you that I used to bite my toenails, too, didn't I?

It's like they get itchy underneath and biting down eases the itch. I used to bite my arms when I was a little girl, if I was cross.

Tell me about your temper.

M: I can be a hothead. I used to bite people if I was angry. My mum, usually, but also my cousins. I know, it's gross but it used to make me feel better straightaway.

Does biting your nails have the same effect?

M: *(She thinks for a while.)* Yes, I think it does.

OK, you said you felt you were bad luck. What did you mean?

M: I'm like Jonah. He was a jinx, wasn't he? He always brought bad luck. That's how I feel. He was swallowed by a whale and lived inside it. How awful was that, trapped inside and carried about, but unable to get out. Well, I feel like that. People tie me in, close in on me. *(She hugs herself and shudders.)* That's why I escape as soon as I can. I abandon them.

Prescription

I prescribe Rx Hura brasiliensis 200c daily for three days. In addition, we talked about the life cycle (I usually draw it in the consultation) to look at strategies to deal with the nail-biting, smoking and drinking; essentially lifestyle changes and substitution. Not with the intention of stopping smoking and drinking completely, but to modify them. The emphasis was more on the nail-biting.

Second follow-up, ten weeks later

M: I feel masses better. A definite change! I'm not shoving people away. I've even made up with a couple. And I have lost all that guilty feeling. My skin has cleared up pretty well now. I only get an occasional pimple.

So you are enjoying people again?

M: (*She gives me a big smile.*) Yes, I can hardly believe it. I've enjoyed just chilling out and having tea or a drink with friends. My mum says she's not seen me so relaxed in years.

How about the habits?

M: (*She shows me her hands.*) Not completely better, but it's controlled. They are starting to look like nails and I just don't seem to want to bite them any more. I'm not really enjoying smoking any more and I'll aim at stopping later. I don't like being a pariah and having to go out into the street, or into one of those smoking cages at cinemas. (*She laughs.*)

We talked about being a loner last time. A pariah is a sort of loner?

M: That's how I felt – a loner, an outsider. I suppose a sort of pariah, like Jonah.

You previously said a jinx?

M: I did, didn't!! Well no! That was rubbish, wasn't it? Nobody is really a jinx. I got that book you told me about and I practise that. I flip it and try to look at things differently. (*I had recommended a self-help book called Flip It.*) I'm a jinx no more.

Outcome

Overall, her body language is different. The shrugging has gone, there are more smiles and the laughs no longer seem hollow. The bad habits are potentially all going to improve.

I saw her twice more, each with improvement. The nail biting was very much improved, but she still had to suppress the urge at times. Much happier with life, more willing to socialise and she had a new boyfriend. She said she will return as and when she feels the need, which she has not since then.

Heuristics and bias and the remedy

The first prescription seemed apt at the time, as the desire to flee, the indifference, being browned off and dissatisfied all suggested Sepia. I feel that the keynotes provided the unconscious heuristics of both representativeness and availability and the bias may have resulted in directing the questioning to it. As I mentioned at the start, I think that is a common phenomenon.

The follow-up consultation resulted in adjustment. The loner, the outcast, the self-disgust – at her nails and her acne – now suggested the leprosy miasm.

Boericke says that Hura brasiliensis (Assacu) was used in Leprosy. He also describes the splinter-like sensation under the nails. Kent suggests that it has the desire to bite, especially the fingers.

The resignation, the shrugging, the feeling that it is all her fault, the self-reproach, the nagging guilt all suggest Hura brasiliensis. For me the striking thing was the sense of being hemmed in, the way she hugged herself and shivered. Her association with Jonah, feeling a jinx, a pariah (still with the smoking) once again suggested Hura brasiliensis.

Hura brasiliensis

Hura brasiliensis belongs to the family Euphorbiaceae and is more commonly known as the Sand Box tree. It is native to South America, Mesoamerica and the West Indies. The part of the plant used to produce the homeopathic remedy is the sap.

Keynotes of Hura brasiliensis

- Self-reproach
- Guilt after abandoning others
- Resignation
- Jinx
- Hemmed in and needs to escape
- Splinter-sensations
- Desire to bite – their own nails, themselves and others
- Tight skin conditions
- Acne and pimples

Dr Keith Souter

References

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