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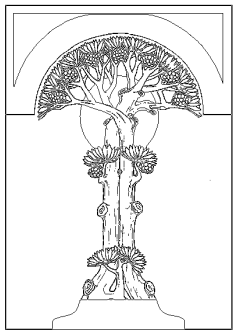

Pre-membership Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

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Unit 48

Therapeutic Pointers (B) for Week 4

'Sexual Abuse'

Sexual Abuse

Introduction

Patients present frequently to homeopathic practitioners with problems stemming directly or indirectly from a history of sexual abuse. Around half of all patients in whom abuse is fully revealed make a clear association between these events and their subsequent physical health and symptoms.

These patients are often explicit about the abuse from the first consultation. The remainder often present with chronic symptomatology and their history of abuse is rarely explicit in the narrative of their initial consultation. Past abuse in these patients may not be expressed in early review consultations either. Somatising symptoms are commonly encountered in both groups but appear to be more common in the second group.

History Taking

Respect for each individual story is essential in the homeopathic history taking process. The practitioner should take care to avoid any judgement or projection that might arise from their own cultural standpoint.

This approach pertains to both the events and the patient's experience of these events and their consequences for them. It is also vital to avoid any judgmental interpretation of the patient's story that might arise from our own limited experience (and our own moral, legal, religious, medical, cultural, personal or emotional framework). An empathic, respectful and non-judgmental approach is essential both for maintaining the patient's confidence in the homeopathic encounter and also ensures that remedy prescribing and support are appropriate to the patient's individual needs.

Since homeopaths use open questioning and avoid premature closure, as far as possible, on all matters that are important to the patient, we generally run into fewer semantic issues compared with interviewers who have agendas that are defined by their professional role (lawyer, policeman, social worker, psychotherapist or psychiatrist etc).

Nevertheless it is important to have an awareness of appropriate interview language and, because many patients who have encountered abuse have also been through their story before, they may incorporate the interview jargon of earlier interviews, which can include certain 'short-hand' terminology of the kind used by professionals or found in media reports.

Glossaries exist to familiarise and orientate professionals working to support those who have encountered abuse. eg: *Thematic Glossary of current terminology related to Sexual Exploitation and Abuse (SEA)* in the context of the United Nations
https://hr.un.org/sites/hr.un.org/files/SEA%20Glossary%20%20%5BSecond%20Edition%20-%202017%5D%20-%20English_0.pdf

- or this simpler example that has been drawn up to facilitate abuse reporting in a higher education setting (see supplements)
https://www.plymouth.ac.uk/uploads/production/document/path/18/18342 /Sexual_violence_and_misconduct_glossary.pdf

We should be aware that the institutionalisation that has taken place in the 'language of abuse' has both strengths and weaknesses. While we need to maintain an awareness of the current semantics and respect non-judgmental language, as homeopaths we must also be careful to avoid accepting short-hand terminology like 'victim' or 'grooming' or 'controlling behaviour' at face value.

It is vital to ask what the patient actually experienced and what they mean by whatever 'inherited' terminology they are using, since generic terminology can be used to hide the nuances of feeling and response which are unique to each individual circumstance.

If a patient 'breaks down' emotionally in the interview, it is important that the practitioner does not assume to understand the fabric of emotions expressed in those moments by the patient.

One of the most fundamental errors made by inexperienced homeopaths is to read, for example, 'anger' or 'embarrassment' into the patient's emotional response as they relate their story. Those practitioners then repertorise on the feelings that they believe 'must' be behind the patient's response.

Those prevailing feelings that the patient expresses with tears, gestures and behaviours must be made explicit in words and properly contextualised before they can be considered to be reliable for the purposes of case analysis.

Do not put words in the patient's mouth, or project feelings into their mind that are not already there! In your desire to show empathy, do not extend your opinion on how the patient 'must feel'. To do so almost always reveals that the practitioner is projecting how they imagine they would feel in the circumstances the patient has described.

This is implicitly a form of judgmental thinking, or worse, it can represent the practitioner's collusion with a set of cultural expectations of what a being a 'victim' or 'survivor' must mean. A few patients, for example, might actually feel bereft, or their tears might express profoundly disappointed love, while their professional interviewer sympathizes with their 'hatred' of that 'worthless' abuser.

Somatising 'syndromes'

Homeopathy is almost uniquely placed to interpret the pain of abuse both literally and metaphorically for the formulation of a treatment response.

An association between chronic pain and a history of abuse is recognised in conventional medical research. A few examples from the research literature are referenced below.

Chronic pelvic pain and previous sexual abuse
Alampe MD SölderMD A Ennemoser MD C SchubertMD G Rumpold PhD W Söllner MD
Department of Medical Psychology and Psychotherapy, University Hospitals, Innsbruck, Innsbruck, Austria
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Available online 15 November 2000.
Volume 96, Issue 6, December 2000, Pages 929-933
Obstetrics & Gynecology

https://www.sciencedirect.com/science/article/abs/pii/S0029784400010723

Abuse history and chronic pain in women: I. Prevalences of sexual abuse and physical abuse.
Walling MK1, Reiter RC, O'Hara MW, Milburn AK, Lilly G, Vincent SD
Obstetrics and Gynecology, 01 Aug 1994, 84(2):193-199
PMID: 8041529

The association between chronic pelvic pain, psychiatric diagnoses, and childhood sexual abuse.
Harrop-Griffiths J, Katon W, Walker E, Holm L, Russo J, Hickok L
Obstetrics and Gynecology, 01 Apr 1988, 71(4):589-594
PMID: 2965326

Abstract
Twenty-five women with chronic pelvic pain who had undergone diagnostic laparoscopy and 30 women who had laparoscopic examinations for tubal sterilization or infertility investigation were compared psychologically using structured psychiatric and sexual abuse interviews. Results of the fiberoptic pelvic examination were rated independently using the American Fertility Society classification of endometriosis. Compared with controls, the patients with chronic pelvic pain showed significantly greater prevalence of lifetime major depression, current major depression, lifetime substance abuse, adult sexual dysfunction, and somatization. They were also significantly more likely than controls to have been a victim of childhood and adult sexual abuse. There were no significant differences in either the degree or type of pelvic disease between patients with pelvic pain and controls.

Homeopathic Treatment in Abuse Cases with Somatisation

The following synthetic search shows the alignment of a number of remedies with pelvic pain and 'ailments from' and are of likely value in cases of sexual abuse:

Clipboard 1		sep.	lyc.	thuj.	staph.	am.	plat.	caust.	nuxv.	calc-p.	kreos.	berb.	ign.	abon.	nat-m.	med.	ars.	nat-c.	falco-pe.	iac-c.	croc.	am-m.	anac.	hyos.	lyss.	lob.	op.	xanth.	ambr.	androc.	cann-i.	cupr.	cur.	cycl.
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1. FEMALE GENITALIA/SEX - PAIN - Ovaries	(126) 1	2	3	1	2	1	2	-	-	-	1	-	2	1	-	1	1	-	-	2	-	1	-	-	1	1	-	2	-	-	-	-	-	-
2. FEMALE GENITALIA/SEX - PAIN - Uterus	(106) 1	2	2	-	-	1	2	2	3	2	1	-	1	2	2	-	1	2	1	2	1	-	-	1	1	1	1	-	-	-	-	-	1	-
3. FEMALE GENITALIA/SEX - PAIN - Vagina	(38) 1	2	2	1	2	-	-	-	1	2	2	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. RECTUM - PAIN	(169) 1	2	3	3	1	1	1	3	2	1	1	1	3	1	1	1	2	1	1	-	2	1	1	-	-	-	-	-	-	1	1	-	1	-	1
5. URETHRA - PAIN	(47) 1	-	1	2	-	-	-	1	-	1	-	1	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
6. ABDOMEN - PAIN - Pelvic region - Bones - sore	(5) 1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. ABDOMEN - PAIN - extending to - Genitals	(14) 1	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. ABDOMEN - PAIN - extending to - Pubic region	(3) 1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. ABDOMEN - PUBIC REGION; complaints of	(38) 1	-	-	1	1	-	2	1	1	-	-	1	-	-	1	-	-	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
10. MIND - AILMENTS FROM - abused; after being - sexually	(44) 9	3	1	1	3	3	2	1	1	1	1	1	3	3	3	2	1	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1

Subgroups of these evolve various compensatory behaviours and strategies:

Control and emotional suppression (Cancer miasm)

eg: *Staphisagria, Ignatia, Anacardium, Arsenicum, Carcinosinum*

Hidden guilt, with or without STDs, chronic vaginosis etc (Sycotic miasm)

eg: *Thuja, Causticum, Lac can. Medorrhinum, Crocus*

Delusions that they are 'unclean', 'tainted' or unworthy of love:
(Sankharan Leprosy miasm)
These patients can be trapped by their negative memories. Although their sex drive can sometimes be high and they can enjoy masturbation, these individuals can also become averse or completely indifferent to sex with their life partners (and become emotionally disengaged during sex).

eg: *Falco-per., Ambra gris., Sepia* (and some other sea remedies)

React to coition with acute pain (including non-pelvic pains eg. headache) become self-protecting and untrusting. Intermittent symptoms in specific circumstances (Sankharan malarial miasm)

eg: *Ammonium mur., Natrum mur., Berberis*

Learn to use sex control or abuse others - power and dominance
(Syphilitic miasm)

eg: *Platina., Aurum mur., Androc. Orig.*

Sexual inadequacy.

Some patients have never regained confidence in their relationship to the opposite sex. They struggle on for a while as dutiful but uptight lovers. (Psoric miasm)

These patients are often unable to let go of their self-consciousness and act out their feelings for the other. They can be sexually attracted to strangers but in the event they freeze up and fail. Repressed and not-authentic in relationships. They sometimes come out of themselves if they find a same sex lover.

eg. *Lyc., Nat-c., Cupr.*

Somatisation of Fear and Anger as pain to generative organs (often at night) and sometimes experienced more vividly in their dream content:

eg. *Stramonium, Aconitum*

Note:
Although all the remedy types listed above can manifest these behaviours following abuse, the converse is not necessarily true: ie not all patients who manifest these behaviours have suffered abuse.
Similarly not all patients who respond constitutionally to these remedies suffer from the psycho-sexual and relational issues as they are described here.