

Grief

Coming to terms with loss
the homeopathic way

by *Bob Leckridge*

We all grieve. It's part of life. The fact that it is a universal experience raises the question of whether or not we should consider grieving to be normal and, if not, when is it not normal? In other words, when would it require treatment? That question, in turn, raises fundamental questions about the purpose of homeopathic treatment. After all, why would we want to treat normal life?

Let's begin by addressing that. The first principle of homeopathy is the treatment of like with like. Every remedy is described in the standard materia medica which collate the information from sources such as provings and clinical experience. These remedy descriptions are like stories or patterns. Homeopathic treatment involves selecting the remedy whose description best matches the stories or the life patterns of the patient. In orthodox medical practice we treat pathology – disturbances which we call diseases or illnesses.

However, the homeopathic approach is both deeper and more encompassing than the orthodox approach. It involves a full consideration of the person who has the disease, the human being who is experiencing the illness. This means that pretty much anything and everything the patient tells of their experience is potentially usable in the process of remedy selection. What this doesn't mean, however, is that every aspect of a human being or their experience can be changed by a remedy. We need to make a judgement about exactly what we're hoping to change. Let's consider grief in the light of that perspective.

The grieving process

Grief is well recognised to be a condition, or a process even, with several different aspects. It's often described as having distinct phases. The best-known description of phases came from Elisabeth Kübler-Ross in her 1969 book *On Death and Dying*: denial, anger, bargaining, depression and acceptance. Most people now agree that this descrip-

tion helps us to understand that grief can have many different forms and that as time passes these forms can change. However, it's also now widely accepted that not everyone who experiences grief goes through all of these stages, and that those who do experience all of these stages don't necessarily do so in that sequence.

Most of these phases can be distressing and uncomfortable and as healthcare is about the relief of suffering it's no surprise that doctors get involved in attempting to help people who are grieving. Orthodox drug approaches such as sedatives, painkillers and antidepressants may have a role to play in helping people who get stuck or overwhelmed in the process of grieving, but the main drawback in using that approach is that it frequently simply numbs the patient, suppressing the whole process and carries with it the danger that the stage of acceptance, of coming to terms with the now altered life, is either never reached or is unsuccessful.

The homeopathic approach to suffering is different. Homeopathic medicines don't suppress symptoms. Rather they stimulate the processes of repair, of recovery and even of growth. From a purely theoretical viewpoint therefore homeopathic medicines can play a more useful role in grief than drugs can. However, just let me add one word of caution here because although a remedy can facilitate the process of grieving, it cannot replace it. In other words, homeopathic remedies cannot make grief go away. Nor can they enable someone to avoid grief. Coming to terms with life without your loved one and coping with the impact of their death will still take time, care and attention. The best way to deal with grief is to come to terms with this massive change in life consciously with the support of loved ones or professionals who can listen, advise and care.

I personally don't find the Kübler-Ross stages of grief very helpful but as a GP I found that patients commonly

asked for help when particularly distressed or stuck in one of four common states. Initially, in the first few hours or days, there is often a state of shock. In the following weeks two states frequently cause trouble – a state of irritability, anger or even rage and a state of emotional upset (sadness and tears). Beyond the first few weeks, it's common to experience profound sadness, loneliness and a deep sense of loss, and at times this can develop into a real depression.

Homeopathic teaching has two insights to offer. The first is the process of healing and recovery. We know from our homeopathic principles that everybody is unique, so we accept that there is no "right" or "wrong" way to deal with grief. The second is that what Hahnemann referred to as "vital force" has a kind of intelligence. What that means is that our healing system deals with what's most important first and attends to more superficial, or minor problems later. We often experience this as an initial rise in energy or well-being before there is an improvement in specific symptoms and we also commonly find that "inner" problems resolve before "outer" ones. This is important to understand because some physical diseases, for example eczema, psoriasis, arthritis, can undergo flare-ups during grief, but might not improve until the underlying mental distress settles.

A further insight from homeopathy can be gleaned from the materia medica. The descriptions of the remedies show us common patterns of disorder as well as help us to understand what different people need to help them cope. Let me give some examples which I hope will make this clear.

Immediate phase – shock

When someone witnesses a death they might experience acute shock. This certainly occurs commonly in traumatic situations such as road traffic accidents and other violent deaths, but can also occur when someone who is ill suddenly collapses and dies. The shock reaction



is one we all know. When shocked by something we feel a bit stunned, a strange combination of both numbness and feeling everything more intensely – every little noise startles us, lights seem too bright and so on. Shock has elements of fear, agitation and even panic. This is a state well recognised as an indication for Aconite. It's that high adrenalin wide-eyed flight or fight response where the person feels shaky, afraid and rather stunned. Shock is an acute, intense, sudden state. It usually occurs at the time of the traumatic event and the good news is that it doesn't last long.

Acute instability

Whether or not shock is felt, what most people experience next is usually a period of great instability. This is a time of tremendous emotion and mood changes can be dramatic, swinging wildly from deep depression to hysterical laughing within minutes. The picture of Ignatia is typical of this period. It can show itself through rapidly changing, intensely mental states with outpourings of tears and distress one minute and silent closing down the next. This instability can lead to what appear to be inappropriate behaviours: laughing

when others are serious and sad, or refusing to speak when spoken to.

The person in the Ignatia state has a strong tendency to sigh big, deep sighs and they will frequently complain of the sensation of a lump in the throat which makes swallowing difficult – a symptom relieved more by the swallowing of solids than by liquids (quite contrary to what you'd expect). It's no surprise that this intense and unstable state most commonly appears in the first few hours and days after the bereavement but it's also a very common pattern to appear during funerals.

The angry phase

Anger will emerge to a greater or lesser extent depending on both the character of the individual and their prior feelings towards the deceased and the extent to which there is some sense of whether or not the person experienced a "good" death.

For example, the Magnesium salts, Magnesium carbonicum and Magnesium muriaticum both share the characteristic of rapidly flaring anger which disappears as quickly as it appears – flashes of anger. Both also share the characteristic of intense feelings of emotional sensitivity and loneliness. Kent describes them as being the remedies for the orphans and Jan Scholten, the Dutch homeopath, describes how they are frequently indicated in children whose parents have separated or divorced. Jan also suggests that Magnesium carbonicum is more indicated when the patient has strong feelings of anger towards their father and Magnesium muriaticum more indicated when the anger is felt towards their mother. This anger might have been present before the death of the particular parent or it might emerge only afterwards.

If the person's dying has gone badly then often the relatives and loved ones have strong feelings of injustice, feelings that the deceased was not well treated in their last illness or final days. That state of anger and indignation is commonly seen in the indications for Staphysagria which is another intense and unstable state characterised by the expression "it's not fair!" Colocynth, which we associate with abdominal colic, is also indicated in these angry, indignant states.

Loss

It doesn't take long before the bereaved feel a profound sense of loss. In the old materia medica, the language used to

describe this is “forsaken feeling”. There are quite a number of remedies which include this feature but let me just highlight a couple of very different patterns which share this common feeling. Pulsatilla is a remedy well indicated for people who have intense feelings of loss. In particular where people have a sense of loss characterised by feelings of abandonment. They don’t just feel alone, they feel as if they’ve been left alone.

The response to this deep feeling in the Pulsatilla patient is to seek comfort and support. They feel emotional, weepy and distressed and they need the company and sympathy of others. A person in such a state can come across as very needy and, it’s true, they do need a lot of care, support, and attention. They want to be hugged and held.

gotten about, they do need people to be aware of their need for personal time and space.

Getting stuck

When does grief ever need to be treated? Well, there’s a judgement to be made at every point. To what extent is the person’s distress not bearable? If some distress can be eased, then shouldn’t it be? And to what extent is the picture changing and evolving? In other words, is the person stuck? Or are they still progressing? These are not easy questions to answer but in answer to the first I think it is helpful to consider the question “is the person coping?” not “is the person suffering?” because suffering is an integral part of grief.

If the person is coping then there is

and that we show that care through helping and supporting in the ways which help them best.

Learning from the movies

Grief is a common theme in film. Let me just mention a couple of movies which you might find helpful. They show different ways of experiencing grief and different ways of coping with it.

First of all, in *Truly, Madly, Deeply* with Juliet Stevenson and Alan Rickman, the scene where Nina (played by Juliet) attends her counselling session is one of the most striking examples of the “Ignatia” state I’ve ever seen in movies. It’s hysterical, dramatic, swings wildly and ends abruptly with a total shutting down, like closing a lid. The whole movie deals with the wide range of emotions experienced by someone who has lost their loved one. It’s a bit surreal of course because Alan Rickman plays Jamie who most of the time appears in the movie as a ghost.

However, that kind of experience, where someone experiences exchanges with their dead loved one, is really not at all uncommon. Secondly, *In America* tells the story of an Irish family coming to terms with the loss of one of their children to leukaemia. Little Sarah Bolger who plays Christy gives a stunning portrayal of Natrum muriaticum at its best. She keeps her feelings to herself, spends time alone with her memories, resents consolation but ultimately is the one who heals the whole family.

And finally, take a look at *The Mother* for an amazing, realistic and ultimately heart-warming portrayal of a grieving widow. The fact that she has an affair with her daughter’s lover (played by Daniel Craig, the current James Bond) gives the story quite a different edge from other such tales. In homeopathic terms, I think she shows many of the features of the remedy Conium, which I haven’t mentioned so far, but which is a common remedy in the medium to long term for those who have lost not just their loved one but their lover.

All of these movies are weepies. You’ll need your tissues. But all three confront the hard realities of grief and portray a healing and a growth in the bereaved.

Photo: aquariuscollection.com



Sarah Bolger (front) playing Christy gives a stunning portrayal of Natrum muriaticum

The Pulsatilla state also has the feature of instability which we considered in the earlier phases of grief. Their moods may swing wildly and this, of course, makes the experience all the more unsettling, both for the person experiencing the grief and for those around him or her.

A very different way of dealing with the sense of loss is seen in the typical Natrum muriaticum picture. In this case, the person really needs to be left alone to deal with things. They absolutely hate fuss and feel much worse when people express their consolation towards them. To try to help them the same way you try to help someone who is in a Pulsatilla state will not bring any success. In fact, it will make them feel worse. The person who needs Natrum muriaticum really does need time alone and, whilst they don’t want to be ignored or for-

little need to intervene. But if they aren’t coping, then the next question has to be “what would help this person to cope better?” And the answer to that question is highly individualistic. I hope these simple examples I’ve given here already show how people may experience grief in different forms at various times. And how we all cope in our own ways. It’s important not to judge, not to assume that we know better than the bereaved but, instead, that we care about them



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