

Homeopathic Prescribing as an Apprehension of the Whole

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Introduction

Our way of apprehension as modern human beings¹ is characterised and defined by the realm of rationality (facts, rational analysis, quantification) which is often at odds with the less easily grasped realm of intuition (quality, value, experience). These opposing positions speak different and often irreconcilable languages. A key feature of rationality is reduction through material causation, whereas intuition uses metaphor, analogy or symbology and participative experience, which cannot be reduced. Healing by derivation (it comes from the Old English “haelan”—to restore to wholeness) is about the *whole* organism, something that science and by extension, biomedicine, has difficulty in grasping. In contrast, alternative and ethnomedical systems seem to be able to grasp wholes; they apprehend and experience the patient and what is to be cured on multiple levels. One of the tools they use is a form of knowing lost to us largely during the Enlightenment: gnosis, described by GILLES QUISPÉL (1988), a modern scholar of gnostic and esoteric history, as the third strand of European culture where rationality and faith represented the other two strands. Homeopaths certainly use a form of inner knowing, which has striking similarities to gnosis, when apprehending the patient. The patient picture forms as a bounded, but fuzzy emergent metaphor and is the key tool in homeopathic diagnosis and prescribing and may present us with an indication of how we can grapple with the problem of seeing a patient as a whole. It may also open up the healing process to deeper exploration through alignments with gnostic and esoteric philosophical currents now being more closely explored by scholars.

In this essay I will approach healing by way of bringing together three concepts: the idea of (1) the whole through an analysis of (2) how homeo-

paths apprehend their patients using (3) what I think is a form of gnosis. This route will end with the positing of the use of imaginative, “non-intellective consciousness” (ROSZAK 1995),² alongside and integrated with the more familiar linear, rational consciousness and will be shown to be potentially the same as, but certainly akin to what is now viewed as gnosis in some circles. This will open up a Pandora’s box of possibilities and introduce, through an alignment with gnostic and esoteric philosophical currents, an alternative way of conceiving of healing. It will also raise the prospect of a definition of healing which I will propose in my conclusion along with some ideas of how to investigate and augment it.

The dominant form of cognition in the West has been hugely influenced by the ancient Greeks, and more recently by the development and perceived success of the Enlightenment and its “children” science and technology. This has depended upon a number of fundamental philosophical assumptions which in turn rest on a deep split in the way that the world is apprehended. The split arose with the ancient Greeks and found its apotheosis in Descartes’s mind/body separation with far-reaching consequences for how life is lived, certainly for the majority of people. It has affected medicine, a purely science-based pursuit in its dominant expression as biomedicine, which considers and treats human beings as machines, an approach based on a materialist-reductionist set of assumptions. This approach is now confronting some serious theoretical challenges largely in the fields of evolution and ecology (KAUFFMAN 2007) where it is not effective at explaining certain phenomena, forcing scientists to think “outside the box” and test new theories. Driving this work is the challenge of how to deal with complex

systems and although the tools for implementing these new theories are not yet on the horizon, it will affect how we conceive of health and healing on a very fundamental level.

Complementary & alternative medical (CAM) approaches in the West do attempt to apprehend and treat people as wholes and biomedicine has been forced to respond to their challenge through a sort of syncretisation in the form of integrative medicine where CAM is acknowledged but does not alter the underpinning philosophy. A radical change in the underlying philosophy is critical for reform but will be a separate issue and will come from, in my opinion, the basic scientists and philosophers. It will still, however, leave us with the problem of therapeutic tools—if doctors are to apprehend the whole patient as the complexity it is, then how will this be achieved, what conceptual tools will be used? My argument is that we need to learn from those modalities and approaches that do indeed acknowledge a person as a whole—this will include CAM and traditional or indigenous healing practices. I am not going to address individual details of specific techniques but feel that an examination of the broader tools used and the philosophy underpinning the use of those tools might be more helpful in this quest.

The Split and its Limitations

The Axial Age, beginning around 500 B.C. in Greece, Persia, China and India gave birth to qualitatively different ways of thinking in religion and philosophy, which has been argued by some academics as the beginning of humankind's ability to self-reflect (BELLAH & JOAS 2012; JASPERS 1953) with a self-consciousness not previously seen (BAUMARD *et al.* 2015). From this point humankind loosened its ties to the mythological world, where life involved an intimate connection with *the divine* through society and the cosmos, and began the long journey to individuation and self-sufficiency. CHARLES TAYLOR sees this as the beginning of what he describes as the “great disembedding” (TAYLOR 2007, 2012) where mankind is sequentially separated from society, the cosmos and the divine finally resulting in a world where non belief in God is accepted. The ancient Greeks' definition of aesthetics reflects this incipient separation. They viewed perception through the sens-

es and moral discernment as distinct from perception in the form of rational cognition showing us how the development of reason and the cognitive possibly necessitated, through its distillation out of the mythological, a separation from the sensorial and the moral. We would now call this the fact/value split or, post Descartes, as the mind/body split where the mind is perceived as separate from the body or the senses which are then considered inferior. This is nowhere more evident than in biomedicine which relies almost solely on scientific reductionism and materialist, rational interpretations of empirical observations. It is an approach which views the world as constructed of parts and explanations of the world as dependent on breaking the parts into ever smaller parts—as the celebrated physicist, STEVEN WEINBERG, put it: “Explanatory arrows always point downward” (WEINBERG 1994). This way of understanding phenomena relies on explanations of higher order phenomena, *e.g.* a cell, having their functions and to some extent their ontology rooted in lower order phenomena, *e.g.* organelles, which in turn are explained through sub-structures such as membranes which are rooted in molecules which themselves have explanations and origins in the fundamental chemical and physical laws. In other words, there is a single set of laws that underpin all higher order phenomena and to which scientists look for explanation (KAUFFMAN 2007) as opposed to explanatory arrows that point upwards where higher order phenomena influence and explain the lower order laws. Reductionism holds that these lower order laws are eternal and universal and themselves can even be collapsed into one elegant equation governing all of physics and hence life. This philosophy essentially results in the perception and treatment of patients, living human organisms, as machines made of individual parts interacting mechanically with each other, all explained and underpinned by the mechanical laws of classical physics. It does not consider the more recent developments in quantum mechanics and complexity theory. It has, however, been extremely successful, particularly in acute medicine, but organisms are clearly not machines and researchers and medical practitioners are finding that this perspective is becoming limiting and might be curtailing our ability to effectively treat patients.

Contrary to this prevailing worldview, healing is about wholeness; the word itself derives from the Old English “haelan,” in turn derived from the Proto-German “hailijana” which is associated with the idea of making whole again and feeling safe. This sort of narrative implies a perspective that views illness as a rupture in the wholeness of our being with a consequent loss in certainty, control, freedom and the familiar, something discussed in a seminal article by KAY TOOMBS (1987) and more recently by HAVI CAREL (2016) who both use “phenomenology”³ to unpack the patient-physician experience. In other words, this rupture results in a loss of integrity in the person’s being in the world, a feeling of being unsafe and therefore vulnerable which in turn engenders suffering and pain. The transcendence of suffering through a form of narrative and spiritual experience, as discussed by THOMAS EGNEW (2005) after interviewing some prominent physicians, may indeed be the beginning of a working definition of healing. In her later book, TOOMBS (1992) expands on her earlier thesis, discussing the pre-reflective experience of illness and its reflective or analytical reception by a physician who is often unable to bridge the gap between seeing the patient as an object exhibiting a collection of symptoms called disease and the individual’s experience of their symptoms as an illness. She believes that if physicians could more deeply understand and enter into their patients’ experience then they would make better physicians.

This perception of the patient as a whole is a welcome development arising out of a more post-modern, phenomenological approach and I think a more lived understanding of the patient’s experience would make for better doctors. It does finally recognise that people are not machines, but how does a doctor schooled in reductionist biomedicine apprehend a person as a whole and then effectively intervene? Recent developments in integrative medicine have made a valiant attempt and are an improvement on an earlier era, but even so are a syncretistic blend of patient centered care with a whole systems approach where lifestyle, emotions and environment are considered and alternative medical modalities are often used (MANAHAN 2011). A method of this kind hinges on being able to identify all influences on the patient, a near impossible task, and the ability to compute

the relations, effects and most critically, the relative value, that each element has individually and collectively. It fails to see the patient as a complex whole; it still views them as composed of separate elements, even if it now listens more carefully and embraces more parts.

The reality of wholeness is not only arising from work in the humanities. Developments in the scientific field of complexity theory are also informing us that the living organism is a complex, whole entity made up of many relational elements forming overlapping and hierarchical networks that together self-organise and produce what are called higher order or emergent properties which cannot be predicted from the initial conditions and elements. Researchers are beginning to advance ideas around life having irreducible higher order properties (ROSSLNBROICH 2016) directly contradicting the central scientific dogma that all phenomena follow the same set of laws and can be reduced to their fundamental constituents. Emergence is also opening up discussion on the value of vitalism again (BOGNON-KÜSS *et al.* 2018)—the idea that the living organism may be animated by a dynamic vital force—and may indeed provide an explanation and the beginnings of a new philosophy to explore and develop tools to understand and work with life when viewed as more than the sum of its parts (CHEN 2018; SARTENAER 2018). In other words, what is beginning to emerge is that living organisms are not machines and that perhaps when dealing with life, the explanatory arrows point upwards. Yet, the question still persists: How does a doctor apprehend and therapeutically intervene in a whole, living and situated organism, exhibiting unpredictable emergent properties that demands to be seen as a complex entity and can no longer be viewed as a machine?

Biomedicine, beyond integrative medicine, has very few answers to this question, but CAM and ethnomedicine may well provide us with an instructive and informative perspective. Having been consigned to the peripheries for many and various reasons and largely dismissed by the mainstream biomedical community as “snake oil” (BAUSELL 2007), alternative medicine not only is able to apprehend the organism as a whole, but also has the tools to diagnose, treat and interpret the outcome. Apprehending a whole is indeed quite a foreign concept to a biomedical practitio-

ner schooled in reductionist analysis which deals in material facts and universal laws. Its way of thinking—breaking down and compartmentalising—is not accustomed to building up, creating something different and novel. Creating involves a completely different way of acquiring and processing knowledge—the acquisition of facts, self-discovery, imagination, use of your intuition, courage and trust. It is not a whimsical or arbitrary process, it is structured and systematic, but we, as a Western society, seem to have lost our faith in it. It may involve a re-integration of the cognitive with the sensual or perhaps it is another way of knowing that may have been lost on the journey out of the mythological world-view. Either way, a closer analysis of exactly how it functions in a healing system that employs such techniques would not only be valuable in uncovering the tools necessary in treating our patients as whole, living organisms, but would facilitate our understanding of the concept and process of healing.

The Homeopathic Perspective and Method

Samuel Hahnemann conceived of and established Homeopathy as a medical practice in the eighteenth century, a time when the Enlightenment had not yet taken complete hold of medicine and philosophical influences were still quite fluid certainly in terms of not being dominated by scientism. He was certainly influenced by German Romanticism as well as the new empiricism, viewing his method as supremely scientific. It was indeed based on meticulous and extensive observations of his patients and so is soundly empirical, but did not square with the rational, materialist currents stirred up by the successes of the Enlightenment (COULTER 1977). Hahnemann posited a vital force, an idea quite current in the 1700s, but which became increasingly disparaged as the Enlightenment progressed, not being able to accommodate what it saw as mysterious, unexplainable forces. The idea of the vital force is absolutely central to homeopathy; diagnosis, therapeutics and the interpretation of outcomes depend on a thorough and deep apprehension and understanding of the patient's individual vital force by the homeopath.

The initial consultation involves extensive questioning where the patient's inner mental/

emotional state, their general disposition along with the particular physical symptoms are clearly established. The homeopath is looking for specific, striking and characteristic symptoms that distinguish the patient's individual expression of their illness that then builds up into an integrated, homeopathically coherent picture composed of multiple symptoms and observations (tone of voice, emphasis, repetition, actions such as covering the mouth or crying) which gives the homeopath an overall impression of the *whole* patient at their time of distress. This impression that forms during the consultation is encapsulated in the mind of the homeopath as the patient picture which is matched to those pictures in the written homeopathic materia medica, recorded under what homeopaths call a remedy picture. A remedy is a substance (plant, mineral, animal, literally anything) whose properties have previously been elicited through "provings" where the extensively diluted substance is given to healthy volunteers who then record their experiences. These experiences are combined with homeopathic clinical knowledge in terms of cured symptoms and characteristics to form the remedy pictures. Matching of the received patient picture to the recorded remedy picture is achieved through a mix of linear symptom matching as well as the overall impression intuited by the homeopath of both the patient and the remedy.

This remedy picture which the homeopath has studied and meditated upon becomes embodied in the homeopath's consciousness and the matching to the patient picture occurs within as a type of certain knowing, a moment of what I believe is a form of inspired intuition. Both the remedy and the patient pictures are built up in similar ways—an accumulation of individual facts and observations—which reach a critical mass in their accrued complexity at the moment when the homeopath sees the match. The previously studied and embodied remedy pictures are activated by the emerging patient picture which, once it reaches a level of complexity and critical mass is matched in a moment of revelation or epiphany resulting in an intuition of the remedy for that particular patient at that time. This happens in a leap, not in the more familiar stepwise logical cause and effect manner (rational), and comes with a sense of surety and truth to the homeopath. They just

“know” in a more pre-reflective manner that this is the remedy. It is, however, critically dependent on doing the work of previously studying and understanding the remedy pictures and meticulously interviewing the patient, without which the critical mass is not reached, the complexity cannot form, the emergent pictures cannot be grasped and the whole cannot be intuited. The process reminds me of the adage: “the harder you work, the luckier you get.”

So, what homeopaths are able to achieve is the missing link in integrative medicine. They use active listening to apprehend the patient as a whole through a whole systems approach (extensive questioning around all elements of the patient’s *being*), but this is taken further through the patient picture which represents the patient initially in a linear manner and subsequently, in the match, analogically—it is essentially the emergent property of the consultation. The twin tools of intuition and analogy allow for an integration and a qualitative grasp of all the elements in terms of their relation to each other and their relative value and influence with the analogy or patient/remedy picture emerging as the concrete, although dynamic and fuzzy, manifestation of that knowing. It encapsulates the dynamic of relations with the remedy becoming the representative symbol, the metaphor for the patient’s state at that time. It is a bounded, but breathing, moving conceptual structure that evolves over time, dense and rich with meaning and a tool compatible with the incorporation of a more experiential, pre-reflective perspective.

Gnosis

According to the LIDDELL-SCOTT Greek-English Lexicon, gnosis means higher, esoteric knowledge or awareness (LIDDELL *et al.* 2006); the MERRIAM WEBSTER Dictionary (2020) defines it as “esoteric knowledge of spiritual truth held by the ancient Gnostics to be essential to salvation.” It is associated with the esoteric and with the spiritual and since the discovery of the gnostic gospels at Nag Hammadi in 1945 has become increasingly studied by scholars of religion largely due to the landmark publication by FRANCES YATES on GIORDANO BRUNO and the Hermetic Tradition (YATES 1964) in the mid-sixties. Since then interest in and discussion of gnosis and its relation to gnosticism,

esotericism and mysticism has grown and certainly garnered some controversy along the way. A recent collection edited by APRIL DE CONICK (2016b) has attempted to make sense of the current state of debate and is, in my opinion, a balanced and interesting compilation from a leader in the field. In her summary and introduction DE CONICK defines gnosis as

“knowledge of God [...] (it) is not discursive or rational knowledge [...] It is knowing, as in becoming personally acquainted or even *becoming* what one knows” (DE CONICK 2016a);

in other words, it is experiential knowledge (of *the divine*) or perhaps what is referred to as the pre-reflective in phenomenology? An exponent of gnosis, gnosticism, was initially viewed as a collection of religions that seemed to challenge the status quo and were consequently classed as heretical by the early Christian Church during the medieval and scholastic eras and certainly into the Renaissance when interest in them resurfaced with the revival of PLATO’s work by Marsilio Ficino.⁴ In modern times, a definition of gnosis and gnosticism has eluded academics; it has been viewed as either the invention of heresiologists or a self-styled designation by a group differing in their spiritual outlook to the mainstream religions. A useful and broader definition has, however, been put forward by DE CONICK (2013) and discussed by DILLON (2016) that views gnosticism as a particular spiritual orientation or even more broadly as a “cognitive frame” with five defining characteristics: (1) gnostics are in *personal* possession of gnosis, (2) gnosis as knowledge of God is experienced through an individual encounter with *the divine* through an initiatory rite of some kind; (3) this inner divinity in the human is part of their essence, (4) this spiritual truth is hidden within the scriptures which (5) requires a transgressive interpretation. She essentially views gnosis and gnosticism as a frame of mind or orientation that has been expressed through the spiritual, but is effectively a disruptor, part of the counter-culture, something that has been evident most recently in the new age movement which has strong gnostic resonances (HANEGRAFF 1998). So, by extension and removing any spiritual associations, gnosis can be seen as an opening to new knowledge (or truth) through a sort of personal revelation, through a direct indi-

vidual experience as opposed to an empirical one where phenomena are objectively observed; gnosis is purely subjective.

GILLES QUISPTEL (1988), advanced a theory of gnosis as a kind of intuitive, non-discursive way of knowing and as the third dimension of the European cultural tradition alongside rationality and faith. This sort of categorisation is useful, argues WOUTER HANEGRAAFF (2008) if applied in an analytical and not an historical capacity—gnostic ways of knowing can be found in both theology and philosophy and science as well as esotericism. In other words, gnosis is a tool alongside rationality and faith; possibly a tool that has been disparaged or ignored. HANEGRAAFF (2014) does view esoteric ideas and currents as having been “consigned to the wastebasket”—rejected—by mainstream philosophies in the West and may well be a window into the new and so potentially a disruptor. HANEGRAAFF (2008) further argues that gnosis differs from faith and rationality in that it can neither be communicated nor verified or falsified (reason can be communicated and verified, faith can be communicated) yet still consists of claims to knowledge that are deemed of real importance to the knower. Reason and faith are preliminary to gnosis which is seen as a gift from God and understood through something beyond the senses and rationality, a capacity described in the *Corpus Hermeticum*, a collection of Egyptian-Greek gnostic texts from the 2nd century AC. It is beyond words and requires the suppression of bodily senses, a sort of trance-like altered state of consciousness which HANEGRAAFF (*ibid.*) states cannot be understood with rational tools (in Philosophy and Philology), but will probably need the application of the less restrictive anthropological and psychological disciplines if we are to apprehend it in any way. He also advocates close reading of the texts, the *Corpus Hermeticum* and by extension, I think we could also turn to associated writings in the spiritual and alternative and ethnomedical worlds. From my experience, these have many common threads and are, at their fundaments, loosely based on what has been termed *The Perennial Philosophy* by many scholars (*e.g.*, Carl Jung, Frithjof Schuon, Gilles Quispel, Wolfgang Goethe, Aldous Huxley and many more).⁵

To return to our current discussion though, there are strong resonances and similarities in the

way that homeopaths apprehend their patient and remedy pictures and the above description of gnosis. Knowledge of a patient/remedy match comes to a homeopath fully formed in a sort of revelation although there is much rational work done prior to the revelation; almost like a gift and so not always guaranteed.⁶ This deeper, broader way of knowing that a homeopath uses to apprehend both the remedy and the patient pictures is a little more than intuition. It is a structured form of insight utilising imagination or creative thought that leads to a deep inner and personal apprehension of a truth that forms in the moment that the patient picture is matched with the remedy picture. A kind of gnosis, if you like, but also reflective of a wider and more fundamental set of alternative ideas which have been distilled as a set of four elements by ANTOINE FAIVRE (1994), the first “Chair of Western Esotericism at the University of Paris”: (1) the language of correspondence or analogy where higher realms are reflected in lower realms (*e.g.* patient pictures having corresponding remedy pictures); (2) living nature (expressed in homeopathy as a vital force); (3) use of imagination as a tool of understanding (an essential aspect of homeopathic apprehension during diagnosis—gnosis); (4) experience of transformation. Perhaps homeopaths are able, by embodying some of these principles, to apprehend and intervene in wholes; perhaps, and this is purely my own speculation, by extension these principles might assist us in apprehending a patient as a whole, dynamic, living entity. Gnosis, through its use of both rational and intuitive modes, may indeed be a route into understanding and unifying the splits in the current apprehension of the world. The emergent revelation, a pre-reflective form of knowing that is granted once the analytical work reaches a critical mass, may be a way to hold the pre-reflective alongside or even integrated with the reflective. A closer study of it, using FAIVRE’s four principles, as it operates through a modality such as homeopathy, may also provide a deeper insight into the healing process, not only in how to apprehend and intervene therapeutically, but also what to expect from the healing process as it unfolds.

Implications for the Concept of Healing—the Transformative Journey

Associating homeopathy, a therapeutic practice, with Western esotericism in terms of its use of one of the defining tools, gnosis, opens up a door to a philosophy largely ignored by the mainstream.⁷ Although it has a history of suppression by the Christian Church as heresy and later by science as non-scientific, it has essentially run underneath western culture, having had some relatively recent flowerings—Renaissance, 1800's occult and German Romanticism, 1960's New Age—leaving behind a rich literature. ANTON FAIVRE's descriptors, based on this body of literature, although still disputed, have stood the test of time and provide a useful conceptual framework for an alternative view of healing. This is providing we accept the assumption that healing is linked to wholes and the necessity of needing something other than the current reductionist-materialist paradigm to apprehend a whole. His first three elements, correspondence, living nature and imagination can be linked to how homeopaths apprehend, diagnose and treat their patients. The fourth element, transformation, is linked, in my opinion, to the unfolding healing process and is a common notion in many cultures (NIE *et al.* 2016) or as it is referred to—the journey. The concept of a journey incorporates the idea of travelling to another place, to somewhere different, perhaps new, but it implies a movement from one state of being to another state. If this is applied to someone who is travelling on a healing journey, the concept is internalised as the individual undertakes a personal journey of self-development, a change or transformation, triggered by a stimulus, an illness. The illness presents a challenge to the norm, rendering the current state uncomfortable forcing the individual to respond and journey to somewhere new, an unknown place. Many alternative medical practices speak of the journey into the unknown; homeopaths have often very little idea of what will happen to a patient once a remedy is administered. It is a voyage of mutual discovery which could result in positive or negative effects, but will most often constitute a movement onwards. It is referred to in some medical anthropological literature as the healing narrative (KLEINMAN 1988) with the idea of the narrative providing surround-

ing context to the trauma of the illness, context that often creates meaning for the individual.

Aspects of the healing journey are now being recognised in mainstream psychology circles as “post-traumatic growth” (PTG) (TEDESCHI 1995). In a landmark article, TEDESCHI and CALHOUN describe PTG as: ‘positive change that occurs as a result of the struggle with highly challenging life crises. It is manifested in a variety of ways, including an increased appreciation for life in general, more meaningful interpersonal relationships, an increased personal strength, changed priorities, and a richer existential and spiritual life.’ (TEDESCHI & CALHOUN 2004). These two authors write extensively about the idea of great suffering bringing great good being an ancient concept present in all religions and TZIPI WEISS directly connects it to The Perennial Philosophy (Weiss 2013) which describes the process of spiritual transformation in detail. So, it appears that PTG may be the most recent manifestation of an idea that has been with human beings in some form or another for millennia. The idea that trauma often in the form of illness can trigger a change for the good, a development or transformation on a deeply personal level resulting in greater meaning in life and relief from suffering—would this not also align with greater personal integration, becoming (more) whole, and could we call this healing? If so, then people have been writing about it for millennia, in the spiritual texts, as a way of transcending suffering—is healing essentially this? If so, then how do we harness these ideas, how do we use them to help our patients?

The first step, to my mind, after accepting that people are whole entities in the understanding of which the materialist-reductionist approach is limited implying that we need a new approach, would be to understand the process of the journey—its landmarks. So, to follow FAIVRE and to turn to the spiritual/esoteric literature, JOSEPH CAMPBELL's (1949) *Hero's Journey* offers a deep insight. The *Hero's Journey* describes a series of actions divided into roughly three main sections that are undertaken by the brave traveler and lead to “developmental growth, the promotion of healing, cultivation of social unity, advancing of society and deepening of cosmic understanding” (ALLISON *et al.* 2019). The actions required fall into (1) departure or separation which represents the

loss of one's usual safe environment; (2) initiation or suffering followed by personal growth and (3) return which represents the return of the transformed hero who is now able to give back what they have learned as a benefit to society. ALLISON & GOETHALS (2014; cf. ALLISON, KOCHER & GOETHALS 2016) have written extensively about the hero's journey and leadership and as psychologists have closely examined the requirements for and consequences of a journey of this kind (ALLISON *et al.* 2019). In particular, they discuss what they call transformative arcs: (1) egocentricity to sociocentricity with consequences of thinking beyond yourself and fostering connection with the wider world; (2) dependency to autonomy which necessitates a willingness to deviate from the dominant cultural patterns, breaking the mould to create the new (which echoes APRIL DECONICK's ideas on gnosis being used as a disruptor) and (3) stagnation to growth where one strives to fulfil their highest potential (*ibid.*). Collectively, these arcs bring a richer, more fulfilled life and critically, greater meaning within a wider context allowing one to accept and understand the function of trauma or illness.

Spiritual and mythological literature is littered with references to great transformative journeys, most notable being that of St John of the Cross who endured a long, dark night of the soul. Greek mythology speaks of a descent into the Underworld—*katabasis* or breakdown—followed by a journey back to the light; Carl Jung uncovered the process of individuation, an often painful confrontation with and integration of one's shadow and more recently, JORDAN PETERSON (1999) writes about the necessity and function of chaos, the unknown, in our personal development. This body of literature provides a wealth of ideas and new avenues of exploration in terms of understanding healing. The use of gnosis in understanding wholes (organisms, people) unites the rational and the intuitive into one process, connecting often separately compartmentalized areas such as the physical body, psychology and spirituality and in its connection with the esoteric world opens up new areas of philosophy and process. It also hints at a more dynamic way of viewing life, as a journey or a constant progression from one state to another, never returning to a previously stated "norm." Perhaps then, healing is one of the

mechanisms whereby human beings navigate specific gateways or transformations in their personal development; stages which are negotiated and transcended through a radical re-organisation of their whole being. These gateways can be identified and used as markers of progress along a defined and common process whose steps can be elucidated and that processes such as the *Hero's Journey* and others mentioned above will assist in greater understanding.

Conclusions

Biomedicine is highly effective in the treatment of acute disease, but fails when it comes to the chronic (MILANI & LAVIE 2015) which is more complex, multifactorial and now an increasing burden on our over-stretched health care systems, accounting for almost two-thirds of all disease (BRUNNER-LA ROCCA *et al.* 2016). It also has difficulty in dealing with co-morbidities, never mind whole organisms with their contradictory and overlapping properties and this is not due to a lack of trying or caring, it comes down to a limited and so failing philosophy. A philosophy that is underpinned by and depending on a materialist, reductionist approach to the living patient, an approach that is now being questioned in many fields, not only biology and medicine. The new thinking involves the acceptance of complex wholes with higher order, emergent properties that cannot be predicted from the initial set of conditions which does not fit with our current orthodox theoretical and practical diagnostic and therapeutic tools. In essence, we need a new philosophy, a new way of viewing the organism and divining and treating illness. This does not mean that we "throw the baby out with the bathwater;" I would not want a homeopath foisting an arnica tablet on me if I was lying in the road after a car accident, I would want emergency services to take me to hospital. It is a question of context and appropriateness and the widening of our perspective. But how do we merge these two approaches, how do we know which one is appropriate and when?

In this respect, IAIN MCGILCHRIST's (2019) work summarized in his book *The Master and his Emissary* may be quite informative. His research is focused on the right and left hemispheres of our brain and the type of thinking that each of them

undertake, but he crucially examines their relationship and relates this to the evolution of society over the past two millennia since the ancient Greeks. The right brain, left brain split evolved in vertebrates through an animal's need to focus on acquiring food in quite a narrow, practical way, but at the same time to keep one eye open for predators. As a result the left brain took on the role of focused attention while the right brain had open attention. In humans, who have large frontal lobes and particularly since the Axial Age when self-reflection, the ability to stand back, came about, this hemisphere division has been re-purposed. The right brain is now associated with the broadest view, the ability to grasp the interconnectedness of the elements of experience, the whole with its complexity and emotion where the left brain supplies the tools to grasp and manipulate that amorphous experience, it has denotative language, serial analysis, but is atomistic and reductive in its approach. Both functions are essential in apprehending and acting on our experience, but the relationship between the two is asymmetrical. The first experience of anything is through our right brain where the first thought also originates which is then passed to the left for serial analysis and expression through speech, but the meaning of it is then passed back to and integrated by the right brain. Essentially, the left deconstructs and manipulates what the right knows and then hands it back for integration into the larger context. Over the past few centuries, there has been an increasing overemphasis on the left brain as its way of knowing is simpler, more self-consistent, the 'greyiness' or complexity has been removed and we have been left with a way of apprehension that mirrors our the new digital, binary age that because of the simplification alarmingly thinks it knows it all.

MCGILCHRIST's description of this process is a startling reflection of how a homeopath apprehends the patient and chooses a remedy. The first encounter is through extensive questioning and observation of the patient forming an amorphous impression and experience that the homeopath presumably absorbs through their right brain. This impression is then processed and manipulated through left brain functions where individual symptoms are teased out and analysed which are then passed back to the right brain which puts the

whole picture into context with existing knowledge and experience allowing for the remedy to make itself known. This synthesis is an integration of the senses, all of them, and the rational which is used as a fine tool to order and structure, but the final expression comes from the right brain, from the broader perspective, the one that is able to work with complex wholes. This last stage may well be a corollary to gnosis and certainly fits with the description from the *Corpus Hermeticum* of it being beyond the senses and rationality where the knower or apprehender enters an altered state in order to "receive" the knowledge which comes as an internal, personal truth. The asymmetry that MCGILCHRIST proposes is indeed interesting—it appears that the right brain is dominant, it is primary and the final arbiter; the left brain is essentially a very fine and focused tool.

If we view biomedicine as aligned to this fine and focused tool then it is only part of the picture and should not dominate; context, interconnectness, relationships, relative values, wholes should dominate. By extension, the conclusion is that biomedicine is merely a tool in the box with intuition another tool and the integration of the two the final arbiter. But, the problem is that we do not currently trust our intuition and we do not have the formal structures to synthesise and integrate, allowing the answer to emerge. So, if orthodox Western medicine, biomedicine, is limited and not in keeping with how we as humans apprehend and process experience then we are truly failing our patients—we are not seeing their illnesses and trauma in context, we are not trusting our intuition, we are not engaging with them on the dominant level of experience. How do we remedy this? We broaden our perspective, we widen our context and we explore other areas.

Notes

1 My perspective throughout this essay is from that of the 21st Century western, post-Enlightenment where the materialist, reductive way of science predominates and where non-belief in *the divine* is possible. This is often contrasted to the pre-Enlightenment where subjective, participative and intuitive thinking along with belief in *the divine* is very much part of life. The latter is more akin to mythological apprehension.

2 In his book, *The Making of a Counter Culture*, Theodore Roszak describes the 1960's counter-cultural movements in terms of their opposition to what he terms the

technocracy—rapid industrialisation led by the universal acceptance of the authority of science, both natural and social. The counter culture stresses the importance of non-intellective factors particularly in terms of their opposition to the dominance of the rational; they promote quality over quantity and personal transformation over the social.

3 I have used the standard definition of phenomenology as appearing in the Stanford Encyclopedia of Philosophy (WOODRUFF SMITH 2013):

“The discipline of phenomenology may be defined initially as the study of structures of experience, or consciousness. Literally, phenomenology is the study of “phenomena”: appearances of things, or things as they appear in our experience, or the ways we experience things, thus the meanings things have in our experience. Phenomenology studies conscious experience as experienced from the subjective or first person point of view.”

4 For the interested reader, WOUTER HANEGRAAFF (2014), director of the “Center for the History of Hermetic Philosophy and Related Currents” at the University of Amsterdam, has written a comprehensive history of esoteric and gnostic currents which will introduce the reader to other researchers in the emerging field of Western Esoteric.

5 The scope of this essay does not extend to a detailed discussion of “The Perennial Philosophy” which in essence claims that all the world’s religions are at core based on the same set of spiritual truths. The interested reader can refer to any of the above-mentioned authors, particularly HUXLEY (1946) for a comprehensive introduction

6 I am a practicing homeopath and have discussed this at length with other practitioners who have similar experiences.

7 The “mainstream” in this context can be described by what it rejects, HANEGRAAFF (2016): “Esotericism can be understood as a general label for all those traditions in Western culture that had been rejected by rationalist and scientific thinkers since the eighteenth century, the period of the Enlightenment, as well as by dominant forms of Protestant Christianity since the sixteenth century, the age of the Reformation”.

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