DESCRIBE THE PROBLEMS SUFFERED BY PEOPLE WITH ADDICTIONS, AND THEIR TREATMENT BY THE HOMŒOPATH WITH REFERENCE TO THEIR SUSCEPTIBILITY.

> 'Addicts are people who crave something, yet who have called off their search prematurely, getting themselves stuck on some kind of substitute level.'
> 'Addiction is cowardice in the face of new experiences.' (*Dethlefson, 1990. p237*)

> 'The – partly psychical and partly physical – inimical potences in life on earth (which we call disease malignities) do not possess an absolute power to morbidly mistune the human condition. We become diseased by them only when our organism is just exactly and sufficiently disposed and laid open to be assailed by the cause of disease that is present, and to be altered in its condition, mistuned and displaced into abnormal feelings and functions. Hence these inimical potences do not make everyone sick every time.' (*Hahnemann, 1842.(b) § 31*)

The nature of addiction represents a stuckness in the life of the sufferer, whatever the focus of that addiction. As Dethlefson points out, anything in the world of forms may become addictive – money, power, fame, possessions, influence, knowledge, pleasure, eating, drinking, asceticism, religious ideas, drugs, to name but a few. People become prey to addiction by virtue of their susceptibility, which has to be viewed in both positive and negative context (see Nature of Addiction below) and it could be reasoned that the closer the *pattern* of their susceptibility to the *form* of the addictive substance, the stronger will be the *attraction* of that addiction (whether it manifests with or without a degree of control), and the harder the road to cure.

Too often, the effort of the healing professions is concentrated on forms of addiction that are substance-based, are deemed socially reprehensible, and/or where modern medical techniques can establish a biochemical signature of dependency, losing sight of the fact that addiction in any form is a symptom of ill health. This very narrowness of focus serves to perpetuate the problems of sufferers; isolating them from the remainder of supposedly 'healthy' society, exacerbating feelings of shame and guilt, and disempowering them at some level from the responsibility for their condition. It also serves to perpetuate the problems of those sufferers whose particular addiction is sanctioned by society, leading them to the conclusion that their behaviour represents a healthy impulse, and fixing them every bit as firmly in their pattern of stuckness as it does to those whose behaviour is perceived as pathological. The judgements made by society on the nature of particular addictions constitute an illuminating contribution towards understanding the dynamics of each form of addiction from a homœopathic perspective, highlighting both the susceptibility of the individual sufferer as well as that of the culture in which they live.

THE NATURE OF ADDICTION

The importance of the 'unprejudiced observer' becomes paramount in dealing with such conditions – the comment above by Dethlefson (a spiritual psychologist attempting an holistic interpretation of illness) that 'addiction is cowardice in the face of new experiences' is in essence no different from saying that sickness is the inability to respond dynamically to any given situation, but the judgmental tone of his statement is clear. However, his preceding comment on the nature of addiction, that it *represents a substitution for the true goal of the sufferer's life*, is insightful and central to the problem. The image of the mythological quest which he invokes to support his argument can be equated to 'the higher purposes of our existence' cited by Hahnemann (§ 9) as the aim of life. Susceptibility, according to Jeremy Sherr, is 'the great cosmic magnet' – it is the particular pattern of energy which we, as individuals, dance to the tune of, whether in positive or negative aspect. It equates to the higher purposes of our existence as well as our propensity to become stuck in a particular negative

manifestation of that energy. In this context, addiction as substitution, and as a reflection of underlying susceptibility, is clearly understandable.

Addictive tendencies emanate from the will (*must* have, *can't* do without), the innermost of man according to Kent. They are therefore central to the sufferer's case. Vithoulkas translates Kent's 'Will' to his 'Mental' sphere, in which he also includes the spiritual, and this provides clear connections to understanding the nature of addiction in terms of spiritual quest outlined above. Kent also stated that Love represented Will and Understanding combined. The conjunction of will and understanding represents spirituality and all world religions equate the nature of the divine with love. This gives the key to the nature of addiction. All forms of addiction can be understood in terms of a perversion of the search for spiritual truth, ie. love.

ALCOHOLISM & RELIGIOUS MANIA

A clear example of this can be seen in the nature of alcohol (and also in slightly different ways in all other psychoactive substances such as tobacco, marijuana, cocaine, LSD and other psychedelics). Alcohol has been associated with religious rituals in a positive sense since pre-historic times, and continues to be so in, for example, the communion of the Christian churches. In its ability to lower inhibitions, it fosters a sense of universal brotherhood, the sense of community essential to the free-flow of energy within a particular society which is fundamental to its health (much as the free-flow of energy within the individual is fundamental to health).

One polarity of this condition, that of total isolation and disconnection from community, can be seen in the extremes of alcohol addiction. Free-flow of energy represents conflict-free existence, which is generally what is longed for by those prone to alcohol addiction who find a similar in alcohol's rosy, but very temporary, illusions that everyone is your best friend and there are no problems in the world. The messenger has been mistaken for the message – a 'mistunement' of understanding. The labelling of addicts as escapists in their desire for conflict-free existence also highlights an incomplete understanding of the particular dynamic at work.

The other polarity manifests in religious mania, often fundamentalist and literal in nature. Again, the messenger (whether person or words) has been mistaken for the message. The connection with alcohol is also apparent in the fact that many such sufferers tend to be vehement teetotallers, stuck in denial and self-righteousness to a possibly even greater extent – because their behaviour is not deemed socially unacceptable – than the alcoholic is stuck in theirs.

The ultimate in alcohol addiction is represented by the single homeless alcoholic, and within this group the religious connections can still be plainly perceived. The stereotypical imagery portrays the sufferer in his 'bash' (shelter) clutching a bottle of Buckfast wine (made by monks). Note that 'bash' is also a word used to describe binge drinking, a slightly different form of shelter. There is a prevalence of religious groups in outreach projects designed to help such people, and sufferers are expected to participate in religious activities in return for some provision of the essentials of life. Their frequent relapses are punished by further disconnection and isolation, resulting in a deepened sense of failure, rejection and shame on the part of the sufferers, and a greater sense of self-righteousness on the part of their 'saviours'. Most of these outreach projects have a tendency to lack of cooperation with other agencies and work in isolation. Lack of trust is a major hurdle; sufferers are perceived as unreliable and uncooperative by workers, who are in turn perceived as such by sufferers if their expectations are not met. Both helpers and helped are 'proving' the substance (or acting out their susceptibilities) and the situation becomes intractable.

While this is an extreme example, it serves to highlight the problems experienced by addicts of any kind. Those drawn to help them frequently (possibly always?) display a similar susceptibility, and while in doing so offer the

chance of providing the sufferer with something closer to the simillimum, rarely achieve those ends due to the obstructions in their own dynamic and risk deepening the pathology in the process.

HOMŒOPATHIC TREATMENT

The task of homœopathic treatment is to find a better similar for the addict's susceptibilities than that provided by the substance (material or immaterial) to which they are addicted. In the sense that the nature of the addiction is close to the centre of the case, it provides important insights into the totality. However, there are considerable difficulties. Firstly, the habit of the addiction acts as a maintaining 'cause' in the sufferer's pathology. Secondly, the issues at the heart of addiction are common to all of humanity and offer little in the way of remedy differentiation. Thirdly, the addiction itself may, in overlaying the case with material and dynamic symptoms of the addictive substance, obscure the characteristic symptomatology of the case (much as with allopathic drug regimes). Cases where the addictive tendency is not focused on a particular substance (for example, compulsive eating) or where the addiction is less material (for example, power, possessions, fame, etc) should therefore be clearer and easier to address – although in the latter instances, the addiction may not be perceived as a problem and the sufferer will not present for treatment in the first place.

The first issue can be addressed by the use of LM potencies, where the sufferer is receiving a daily dose of the remedy. This has several advantages. It provides continual input of the remedy dynamic which goes some way towards counteracting the negative effects of continued addiction and allows a gentle and gradual substitution for the substance dynamic which, being more material, is less potent. It satisfies the sufferer's need for habitual, regular stimulation. It is also less likely to provoke an unpleasant and discouraging aggravation. However, the wider circumstances attached to the particular addiction may make progress difficult. If, for instance, a craving for the feeling of universal brotherhood (basically a healthy impulse), which is being substituted in the bonhomie of the local pub, cannot be satisfied elsewhere in the person's life, the alcohol, which in this case is a more secondary concommitant to the central issue, is extremely difficult to avoid.

The second and third issues come down to the skill of case-taking. What is the primary focus of the addiction? Is it the substance itself? Or is the substance, as in the example above, a more secondary (if intimately associated) issue? Reported symptoms need to be carefully evaluated against the known dynamic of the addictive substance to differentiate those which are characteristic to the sufferer. Given that the addictive substance will be closely tuned to the sufferer's susceptibility, this is no simple matter. As with allopathic drug regimes, a careful history needs to be taken to establish what was present in the case before the addiction took hold. This is also fraught with difficulty. All the psychoactive substances to which people commonly become addicted have some impact on memory, and addiction, unlike an allopathic drug regime, starts gradually and imperceptibly – in other words, the patient may not be capable of recalling or differentiating the necessary information.

A further difficulty lies in the tendency to relapse, seen in many substance addictions. If the therapy fails, however temporarily, in providing a stronger substitute to that of the addiction, the 'great cosmic magnet' of susceptibility will draw the patient back into their addiction if their will is insufficiently strong to resist. The guilt and shame this engenders leads to a substantial risk that the patient will drop out of treatment. Given that in most cases we prescribe a *similar* rather than the grail of the *simillimum*, it seems likely that the best hope in a case with poor prognosis would lie in a multi-disciplinary approach, combining homœopathy with, for example, counselling, support from social services, and a change in lifestyle designed to fill the spiritual vacuum that the addiction has been attempting to palliate.

The very fact that addiction is so close to the core of the sufferer's existence makes its treatment so very difficult.

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