

BACH FLOWER THERAPY



A NEW PARADIGM IN MEDICINE

A PRACTICAL AND COMPREHENSIVE GUIDE

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THE TREATMENT OF TOMORROW WILL BE ESSENTIALLY TO BRING FOUR QUALITIES TO THE PATIENT.

FIRST, PEACE. SECONDLY, HOPE. THIRDLY, JOY. AND FOURTHLY, FAITH.

E. BACH

MANY THANKS TO ALL MY TEACHERS AND TUTORS WHO INTRODUCED ME INTO THE ART OF MEDICINE.

MANY THANKS ALSO TO LYNN MACWHINNIE FOR HER ADVICES AND SUGGESTIONS.

AND SPECIAL THANKS TO MY WIFE JOZEFÍNA FOR HER LOVE, PATIENCE, SUPPORT AND INSPIRING DISCUSSIONS.

*Lord, make me an instrument of Your peace:
Where there is hatred, let me sow love;
Where there is injury, pardon;
Where there is doubt, faith;
Where there is despair, hope;
Where there is darkness, light;
Where there is sadness, joy.*

*O, Divine Master, grant that I may not so much seek
To be consoled as to console;
To be understood as to understand;
To be loved as to love;*

*For it is in giving that we receive;
It is in pardoning that we are pardoned;
It is in dying that we are born again to eternal life.*

Prayer of St. Francis of Assisi

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Foreword

Publications are always influenced by the personal experience of the author. To help you to better understand the background of my work and the origin of the ideas mentioned in this book, I will describe my personal path that finally led me to the practice of Bach flower therapy (BFT). It was quite tortuous and sometimes even led me to a dead end. I had to repeatedly change my direction and to thoroughly “upgrade” my approach to my patients and to the therapy generally. For those who are not interested, they can simply skip this part and go directly to chapter 1.

Both my parents are doctors, so the cases of patients and their diseases were a regular theme of discussions when I was growing. My father, an excellent surgeon, discovered during his practice that the quality of communication with the patient could significantly enhance the pace of the healing process.

At the beginning of my studies at the medical faculty my approach was very rational; allopathic medicine was the only acceptable method for me. I even planned to make a scientific research and to develop new anti-cancer agents. However, after two years of studies, I felt disappointed by allopathic outcomes, especially in its limited efficacy in chronic diseases. I started to look for other treatment options. I spent the next two years studying traditional Chinese medicine. However, this method differed too much from the medicine I studied at school. I wasn't able to merge these two approaches together and for me, it was an either-or choice, either to stay in allopathic medicine or to switch fully to Chinese medicine, and I chose the former while also seeking other alternative methods.

My friends were keen on Homeopathy. Although my materialistic mind doubted the efficacy of Homeopathy I finally decided to do a test. I asked my dad to use *Arnica montana*, a homeopathic remedy prescribed in blunt injuries and hematomas, during the treatment of some of his surgical patients. Dad agreed. The first patient was a motorbike driver who crashed and had a huge hematoma in his thigh, containing about one litre of clotted blood. I did not believe the remedy could have any effect and neither did my father, so the test was quite objective. However, one week later, my dad welcomed me with a comment “*Your Arnica is almost like a miracle!*” According to his experience, such large hematomas need at least two weeks to begin to reabsorb and a further six weeks to fully disappear. Treating such patients isn't easy because there is a high risk of infectious complications with the necessity of surgical intervention. However, in this patient, the hematoma has already begun to diminish three days after the beginning of the treatment with *Arnica* and two weeks later it has completely disappeared. That experience influenced us both; my father became one of the rare surgeons in Central Europe who regularly used *Arnica* in seriously injured patients at the intensive care unit and I decided to explore this “weird” method more deeply.

At that time I also had some personal problems that gradually worsened and I left me feeling hopeless. Luckily, I met a very gifted homeopath who completely changed my life. Simple treatment with small white pills showed me a new direction in my personal and professional life. In one word it was a miracle.

After graduation, I started to work in a faculty hospital at the clinic of internal medicine. This period brought me a lot of experiences in allopathic medicine; I also enjoyed teaching medical students. However, because I worked at a research department, there was growing pressure on me to do scientific work instead of treating actual patients. I personally wanted to do a very specific research, to investigate the effect of Homeopathy; however, in the university hospital any usage of alternative methods was prohibited. That is why ten years later I decided to change my specialization and became a general practitioner.

General practitioners are much more independent than employees of a hospital. They can use any treatment method if they consider it useful for their patients. They also take care of their patients for a long time and are often familiar with details from their family and professional life. That is why they can understand and treat problems of their patients in their full perspective.

In Homeopathy as well as in BFT, the psychic state of the patient is very important. To be able to better understand various aspects of human mentality, I took part in a continuous psychotherapeutic training in Transactional Analysis(TA)¹. Because the links between psychic problems and somatic complaints became more and more obvious to me, I finally added still one specialisation, psychosomatic medicine.

As for Homeopathy, I continued to develop my knowledge and treat patients. However, my results were sometimes amazing but more frequently the therapy failed. My alternative practice was still very imperfect. I got lost in the complexity of Homeopathy with thousands of remedies and their complicated descriptions. There were plenty of theories that sometimes even contradicted. It led to a confusion and disappointment. I looked for some simple methods that could be used directly in the consulting room of a G. P. and could be combined freely with allopathic medicine.

I happened to be walking along the street and saw a poster inviting people to a lecture about Bach flower therapy (BFT). It was this lecture that aroused my interest in this method. I made my first experiments with the essences and I was astonished how simple and efficient BFT was. I especially enjoyed the collaborative character of this method. In Homeopathy the whole responsibility for the therapy lies on the therapist – he makes the diagnosis and he selects suitable remedy. In BFT the treatment is similar to a dialogue. The patient describes his situation and emotions and the therapist suggests suitable remedies, with the patient involved in deciding the final combination. The patient can actively participate in selecting remedies and he² is encouraged to learn the basics of BFT and to bring new ideas and suggestions to the next consultation. The therapist and the patient both share the responsibility for the result. The bespoke essence combination is adjusted according to patient's actual state, so any subsequent changes in prescription are adjusted accordingly. The patient is also free to make other steps to encourage their own therapeutic process. Depending on the problem, the therapist may suggest the patient consider learning suitable assertive and communication techniques, or exercising regularly or taking extra driving lessons to overcome the fear of driving etc.

¹ Transactional analysis is a therapeutic approach developed during 1950's and 1960's by Eric Berne and his co-workers. In contrast with other psychotherapeutic methods, it uses a simple language and its theory is easily understandable. Thanks to Berne's famous book "*Games People Play*", millions of people throughout the world know the model of Parent, Adult and Child, strokes, transactions, games. For those who would like to learn more about this approach, see Stewart's and Joines's excellent book *TA Today* (Stewart & Joines, 2012). For me, transactional analysis serves as a compass; it helps me to understand what the cause of patient's problem is and which direction to go.

² For the reason of simplicity, I usually refer to 'any' patient or to 'any' therapist as "he". However, unless explicitly stated, the sentence concerns women as well as men and the pronoun can be freely replaced by "she".

My findings with BFT prompted me take the decision to switch from Homeopathy to BFT. At the beginning, I used the same approach as I used when studying Homeopathy. I bought many books and spent time collecting information about remedies. Because the obtained information did not satisfy me I also created complex theories and models on how to make the prescription more precise and how to go to the heart of the problem. However, four years later I had to admit that this “scientific” approach had failed. My results, although better than when using Homeopathy, were only average. Further accumulation of knowledge brought no significant improvement. My practice became a mere routine and sophisticated but useless theories limited the effective prescriptions. I felt frustrated and I needed another impulse to find a new direction.

I decided to give up all the ineffective theories and to go back to the roots of BFT and read again *Twelve Healers*, a basic book about BFT. There I finally found the solution in Dr. Bach’s own words:

📖 No science, no knowledge is necessary, apart from the simple methods described herein; and they who will obtain the greatest benefit from this God-sent Gift will be those who keep it pure as it is; free from science, free from theories, for everything in Nature is simple.

...

Thus, behind all disease lie our fears, our anxieties, our greed, our likes and dislikes. Let us seek these out and heal them, and with the healing of them will go the disease from which we suffer.

That is it! We should stay with what the patient says and how we perceive his emotional state. We do not need any special theory; we just need to cultivate the art of listening and our sensitivity. This simple approach is sufficient to make an effective prescription and to heal the patient.

However, it is not easy for patients to share their deepest feelings with another person. The patient needs to trust the therapist. That is why our most important task as BFT practitioners is to establish a firm **therapeutic relationship**. When it is reliable enough, the patient will reveal more easily his innermost emotions. The prescription becomes much easier.

Here my psychotherapeutic training proved to be very beneficent. Psychologists pay a lot of attention to the therapeutic relationship. It is their only treatment tool they have; they treat patients with themselves, with their own personality.³ Psychological literature about therapeutic relationship is abundant and there are various techniques that can help to establish a firm relationship more easily. Carl Rogers⁴, one of the greatest psychologists in the history, postulated a few “**necessary and sufficient con-**

³ Although there are many psychotherapeutic schools, they offer only models how to understand human mentality but a real change can be facilitated by the personality of the therapist only. According to the studies comparing effect of various schools, there aren’t significant differences. What decides is the character of the patient and the therapist and their relationship.

⁴ 📖 *Carl Ransom Rogers (January 8, 1902 – February 4, 1987) was a prominent American psychologist and promoter of the humanistic approach (or client-centred approach) in psychology. Rogers is widely considered to be one of the founding fathers of psychotherapy research and was honoured for his pioneering research with the Award for Distinguished Scientific Contributions by the American Psychological Association (APA) in 1956. The person-centred approach, his own unique approach to understanding personality and human relationships, found wide application in various domains such as psychotherapy and counselling (client-centred therapy), education (student-centred learning), organizations, and other group settings. For his professional work he was bestowed the Award for Distinguished Professional Contributions to Psychology by the APA in 1972. In a study by Steven J. Haggblom and colleagues using six criteria such as citations and recognition, Rogers was found to*

ditions” (therapist’s congruity, empathy and unconditional positive regard towards the patient) for effective therapy. He also developed a technique called **reflective listening** that makes the communication smoother and helps the therapist to understand the way how the patient perceives the world around him.

During the time, Roger’s work became a cornerstone of modern psychology. These principles and techniques were further elaborated by Rogers’s followers into a very practical method that supports patients in making a significant change in their life – **motivational interviewing (MI)**⁵. During the forty years of its development, this tool proved its efficacy and became widespread. It is not used only by psychologists but it entered many other areas of human activities also. Doctors, nurses, counsellors, trainers, teachers, social workers, policemen and policewomen, priests or probation officers, they all can profit from its usage.

I began to use this technique in my work with my patients and although my first attempts were very clumsy I could see immediate improvement in the quality of the communication. A few well-chosen sentences had the power to change the whole atmosphere in the consulting room, and selection of essences became much easier. The patients felt more comfortable and they were willing to reveal their hidden pains. My patients felt that I understood them. They participated more actively in the therapy and the results improved generally.

My practice further developed. At the beginning, allopathic medicine and BFT remained separate; I used BFT as a stand-alone treatment method. I prescribed essences only for patients who asked me for it. However, over time I realized that BFT could be helpful for other patients too. I began to offer BFT also to suitable patients in my medical practice who had some psychic or physical complaints and they had never heard about BFT. My goal was to integrate BFT with allopathic medicine. I discovered that both methods were complementary to each other; one offered what the second lacked. Allopathic medicine guaranteed safety for the patient and was able to deal with serious clinical conditions while BFT worked as an excellent preventive and supportive tool. In less severe cases, BFT could cure the patient alone. BFT helped the patient to fight with the disease and to mobilize his own resources, and to be able to cope better with the disease in the future. Because these methods worked on a quite different level, there was no conflict between them; they both could be used either together or separately.

And this is the way in which I practice BFT now. My goal is to integrate both approaches together. At present, there is a general tendency to stand complementary and alternative methods against the allopathic medicine. Many therapists and doctors take a radical stance; they promote one method and

be the sixth most eminent psychologist of the 20th century and second, among clinicians, only to Sigmund Freud. (Wikipedia about Carl Rogers)

⁵ Motivation interviewing is an approach originally developed by William R. Miller and Stephen Rollnick for the treatment of alcoholics and drug abusers. Treating such patients is about guiding them to decide to abstain and to make this decision permanent. William Miller discovered that the way how he communicated with his patients significantly influenced the probability of change. On the base of a meticulous analysis of records of hundreds of consultations he defined basic guidelines of MI. MI is based on person-centred approach but the difference is that it can actively guide the patient or client towards the change. In comparison with a allopathic person-centred approach, the treatment with MI is more goal-oriented and that is why it can be faster than standard psychotherapy. Besides, it does not require any previous psychological education; even laypersons can use MI after a few weeks of training.

Further research confirmed that the principles of MI are universal and they are applicable in any area of human activity where the quality of communication plays a crucial role, like social work, coaching and counselling, probation etc. Communication techniques described in this book are mainly based on this method. For those who would like to learn more, see Miller’s and Rollnick’s basic publication *Motivational Interviewing* (Miller & Rollnick, 2013) and Rosengren’s *Building Motivational Interviewing Skills* (Rosengren, 2018)

Foreword

belittle or ridicule the other one and vice versa. Sometimes it seems more like a conflict between two religious groups who consider only their belief as the right one. However, we should put aside our discords and concentrate on the well-being of our patients. Rational solution is to establish and develop a dialogue and cooperation between allopathic and complementary medicine. BFT is a complementary modality that can be integrated with any other method.

The goal of this book is to offer you my experience; to show you concepts and ideas that proved effective in my practice. Please, do not take anything in this book as a dogma; the experience of somebody else may be different. My suggestion is, try it and if you find any of my recommendations useful, use it in your practice. And if you feel that your experience does not confirm my conclusions and your method is better or you have any other comments, please do not hesitate to contact me:

E-mail address: stefajos@sspso.org

1. Introduction

Our medicine has made huge progress over the past one hundred years. Scientific discoveries and technological improvement have equipped doctors with many new tools for the everlasting fight against diseases. Thanks to modern knowledge, drugs, surgery and sophisticated instruments we can successfully treat many illnesses. During the last century the average life expectancy was prolonged from fifty to almost eighty years. There is no doubt that allopathic medicine is effective and it would be unwise to abandon modern medicine as a whole.

Sixty or seventy years ago, marvellous effects of antibiotics, corticoids and other modern medicines evoked in doctors and laypersons a belief that scientists would find the treatment for any disease in the near future. However, at present we can see that their vision was too optimistic. In some diseases, there is significant decrease of the number of new cases and their course is much milder generally. Some infectious diseases like smallpox were even eradicated. Others, thanks to improved hygienic standards, are reduced from epidemics to individual cases. On the other hand, there are many diseases, previously virtually unknown or very rare, that appear more and more frequently, like allergies, eczema, autoimmune diseases, cancer or neurological diseases.

The situation in oncology is especially alarming. Apart from the recommendation to stop smoking⁶, allopathic medicine has no real tools to prevent these potentially lethal illnesses. It can treat them only after they are diagnosed. The following graphs demonstrate the alarming trend of new cases in some types of malignancies:

⁶ Yes, there are also other preventive methods, like colonoscopy and preventive removal of large bowel polyps, regular gynaecological follow-ups and histological examinations to recognize premalignant stages of cervical dysplasia etc. However, all these methods are effective only in one type of cancer; there is no universal tool how to reduce the risk of cancer generally.

1. Introduction

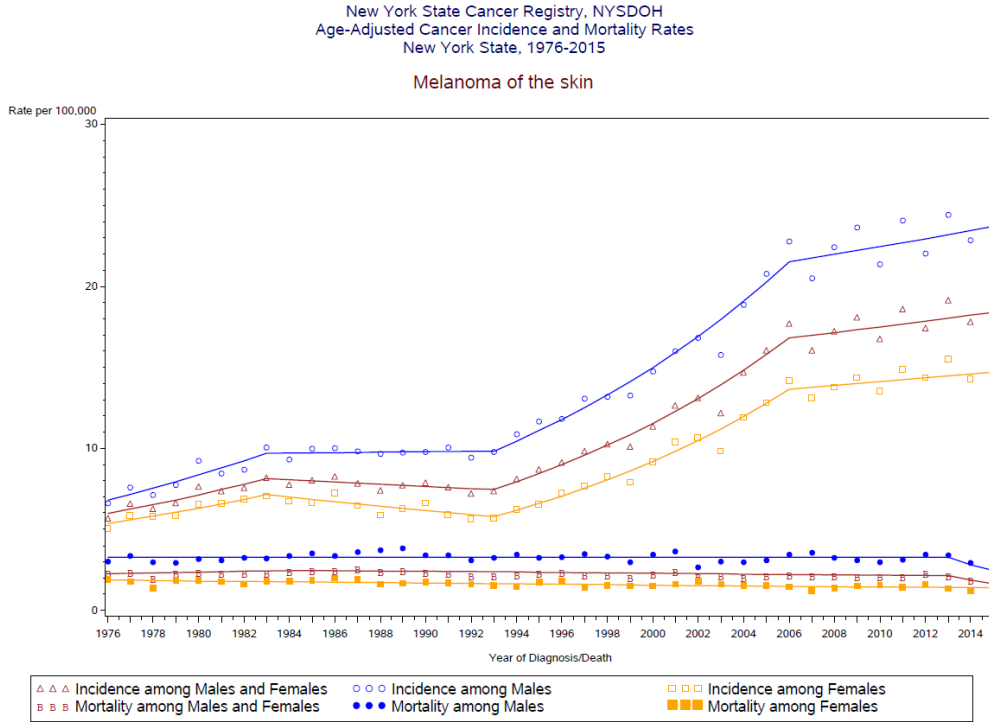


Figure 1 Growing incidence of malignant melanoma in New York State.

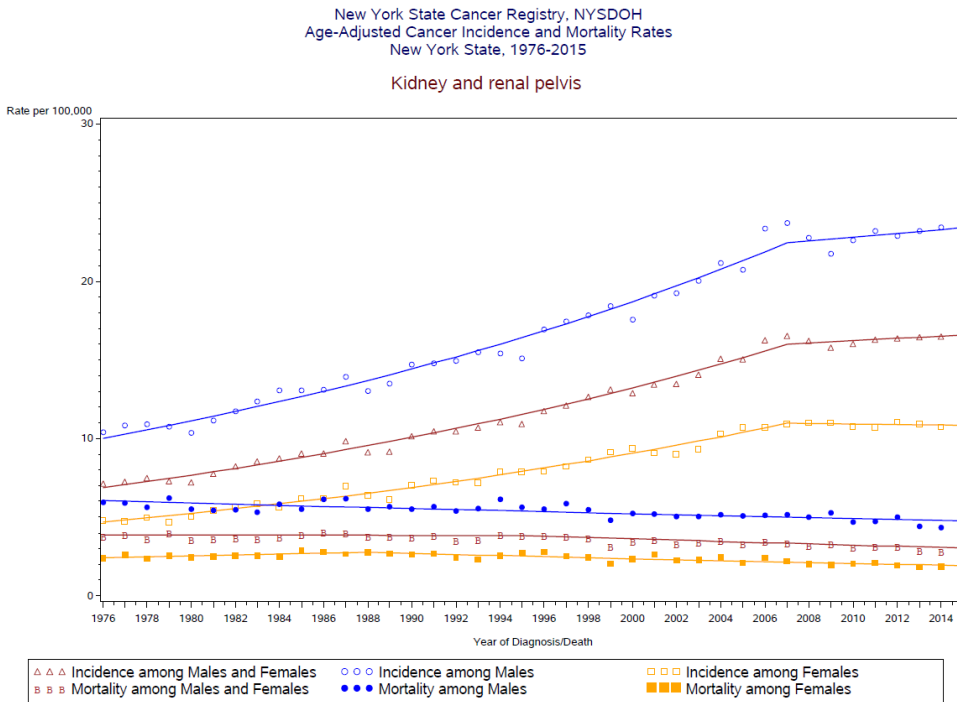


Figure 2. Growing incidence of cancer of kidney and pelvis.

Bach Flower Therapy is a Dialogue

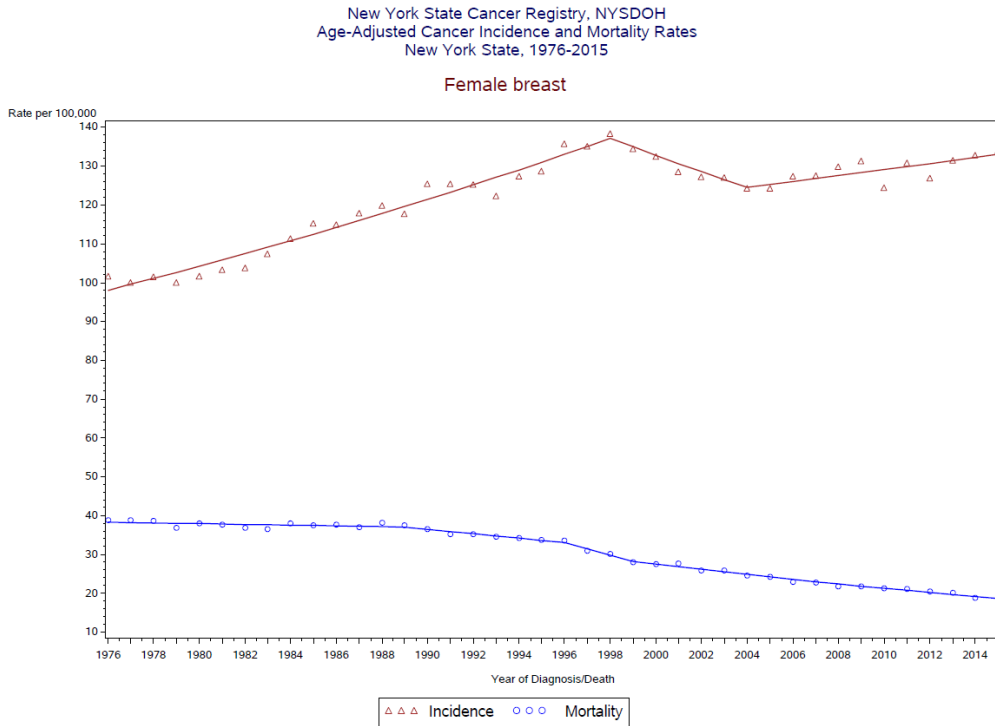


Figure 3. Growing incidence of breast cancer.

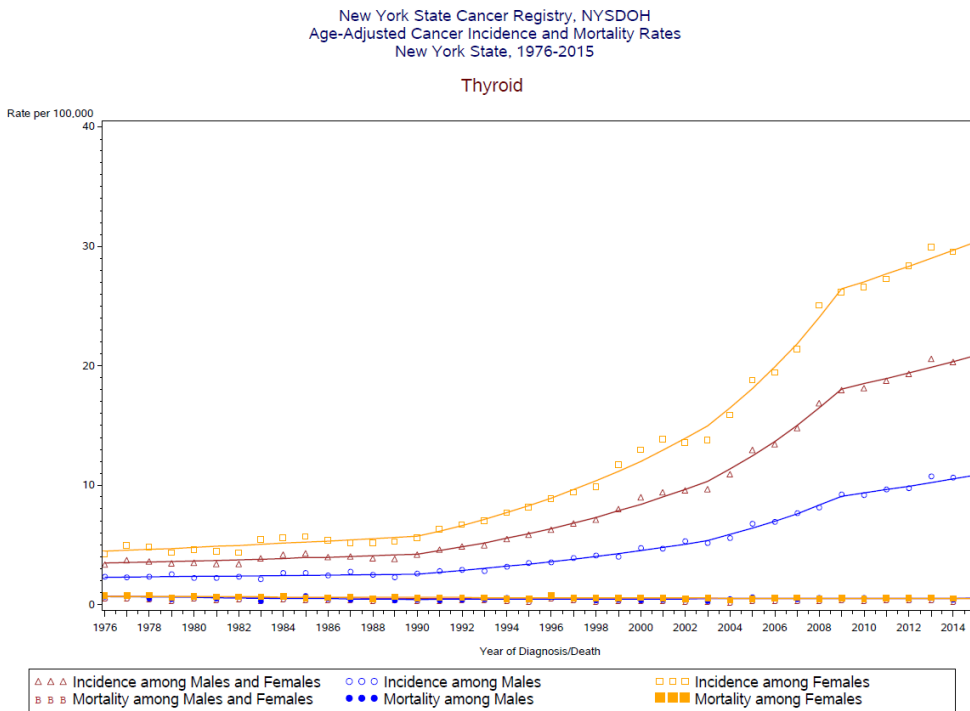


Figure 4. Growing incidence of cancer of thyroid gland.

The problem with the growing incidence of new cases does not concern only serious, life-threatening diseases. Other, previously very rare diseases have become more frequent. Eighty years ago, one German professor wanted to write an article about hay fever. Because he had no such patients he had to travel 300 km to meet a man suffering such an uncommon disease! Nowadays, knocking at his neigh-

1. Introduction

bour's door would probably be sufficient; during the twentieth century, allergies became one of the commonest diagnoses.

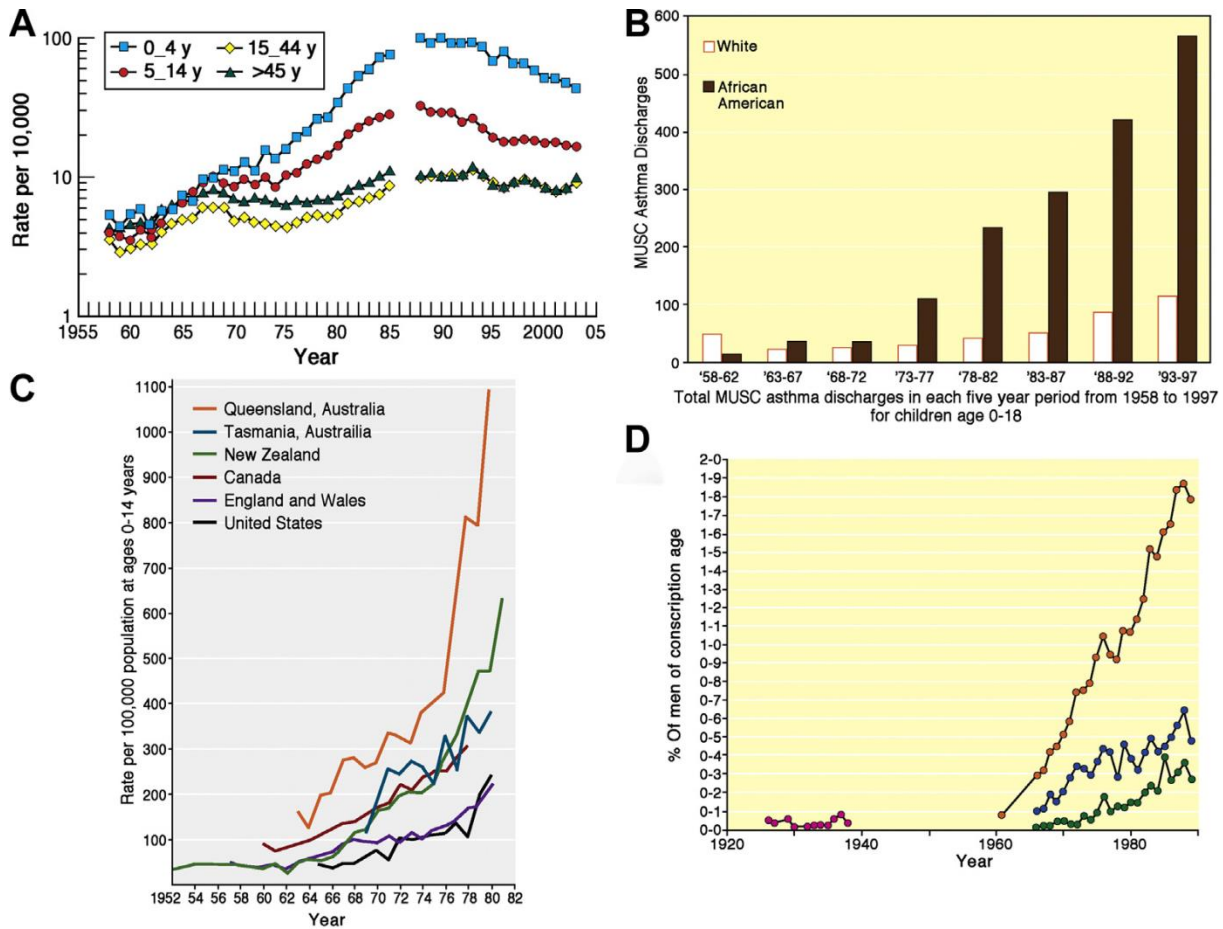


Figure 5. Published data on the increase in hospitalizations of children and young adults because of asthma in 4 countries during the 20th century: A, asthmatic patients in the United Kingdom; B, asthmatic children at the Medical College of South Carolina; C, children in Australia, New Zealand, Canada, and the United States; D, Finnish army recruits. (Plats, 2015)

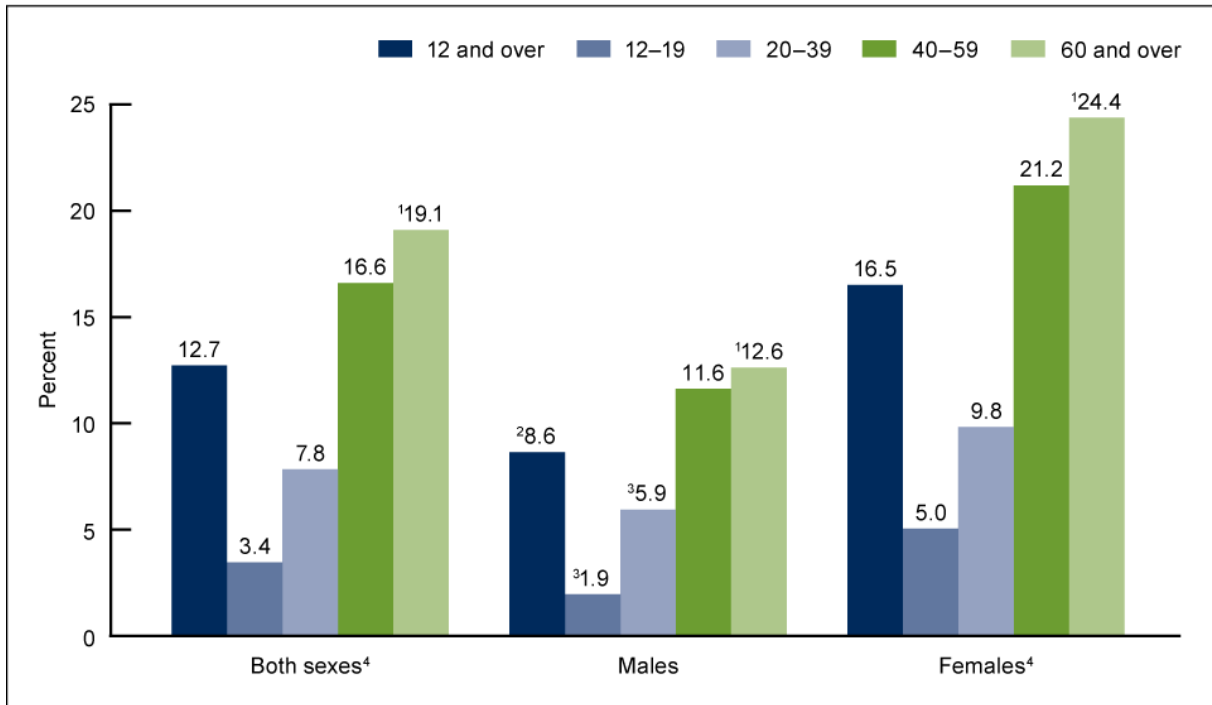
Modern medicine is characterized by the increasing number of patients with chronic diseases. These patients cannot be cured and the only thing we as doctors can do for them is to compensate their condition by regular usage of chemical drugs. This leads to the increasing number of patients suffering side effects of their medication. People aren't really healthy; their symptoms are only suppressed by the chemical power and yet on stopping their chronic medication, their symptoms may erupt again with increased strength.

At the same time, there are many patients suffering diseases that our allopathic medicine is unable to diagnose and/or treat. These patients do have physical problems but their problems do not fit into narrow boxes of orthodox diagnoses. Because standard examination procedures, like lab tests, X rays, ultrasound, CT scan, MRI are normal or nearly normal, some of my colleagues consider these patients as hypochondriacs who are "not ill enough". This "diagnosis" only increases these patients' suffering – they feel badly and the doctor does not trust them, so there is little hope that they can be cured.

Apart from somatic diseases, there is a growing trend of psychic disturbances, depressions, anxieties and phobias. Our economic and social conditions have never been as good as they are now but in spite of that people's dissatisfaction is growing. More and more people are disappointed by a "mediocre" life they live and they feel a desperate urge to find something meaningful in their lives. It may have

a form of changing jobs, experimenting with drugs or joining religious sects. More and more people also seek the help of professionals, psychologists and psychiatrists. Ten per cent of Americans take antidepressants (women more than men, the percentage grows with age); sixty per cent of them have been taking them for two years and longer and during three years, the consumption of antidepressants increased by 400 per cent! (AddictionCenter, 2018).

Figure Percentage of persons aged 12 and over who took antidepressant medication in the past month, by age and sex: United States, 2011–2014



¹Statistically significant trend by age.

²Significantly lower than females in all age groups.

³Significantly lower than the older age groups.

⁴Each age group is significantly different from all other age groups.

NOTE: Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db283_table.pdf#1.

SOURCE: NCHS, National Health and Nutrition Examination Survey, 2011–2014.

Figure 6. Growing percentage of persons using antidepressants.

In spite of powerful economy and improving of healthcare, the number of suicides is constantly growing.

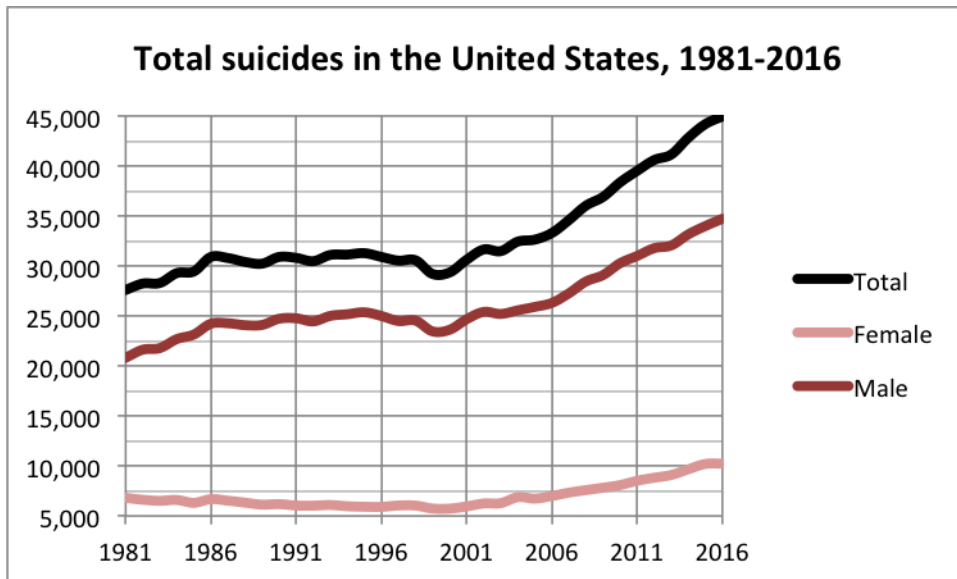


Figure 7. Total Suicides in the United States, 1981–2016. Data from CDC WISQARS Fatal Injury Reports. (Wikipedia, 2019)

Social and economic impact of increasing consumption of medicines is huge. The financial expenditure could be used elsewhere in medical care. At present, even the most advanced economics of the world are unable to pay all necessary medical care for all their citizens and the outlook is unfavourable. It is very probable that in near future, only rich people will be able to afford medical care at the highest level, the availability of healthcare for “average” people will be limited⁷:

📖 The consequences for societies and economies are devastating everywhere, but most especially so in poor, vulnerable, and disadvantaged populations. Health services are almost totally unprepared to cope with the onslaught of chronic demands that come with the rise of noncommunicable diseases.

In large parts of the developing world, these diseases are detected late, when patients need extensive and expensive hospital care for severe complications or acute events. Many cancer patients present so late that the only viable option is pain relief and a dignified death.

Most of this care is covered through out-of-pocket payments, leading to catastrophic medical expenditures.

⁷ This general unfavourable trend of development of healthcare system provokes worries in public healthcare organisation specialists. Morgan and Ziglio (Morgan & Ziglio, 2007) have described two basic types of healthcare organisation: **deficit model** and **asset model**. Deficit model is based on the assumption that the body is weak and that the disease is caused by something missing, for example, immune system is weak and we have to help it with antibiotics, thyroid disease is caused by a lack of thyroid hormone and it should be treated by its supply. On the other hand, asset model presumes that humans have resources of their own to deal with the disease and the appearance of the disease means only that they do not use them fully. The task of the therapy is to teach the patient to be strong and self-sufficient. For example, chronic backache is caused by sedentary lifestyle and can be treated by regular exercise, diabetes can be significantly improved by a change of diet etc. Both models are useful in certain situations but present-time authorities prefer deficit model strongly. It leads to growing expenses and growing inequity in the access to medical care. That is why the authors recommend to pay more attention to asset model in further development of healthcare system.

Bach Flower Therapy is a Dialogue

For all of these reasons, chronic noncommunicable diseases deliver a two-punch blow to economies and development. They cause billions of dollars in losses of national income, and they push millions of people below the poverty line, each and every year.

Margaret Chan, Director-General of the World Health Organization

Total national health expenditures, US \$ Billions, 1970-2017

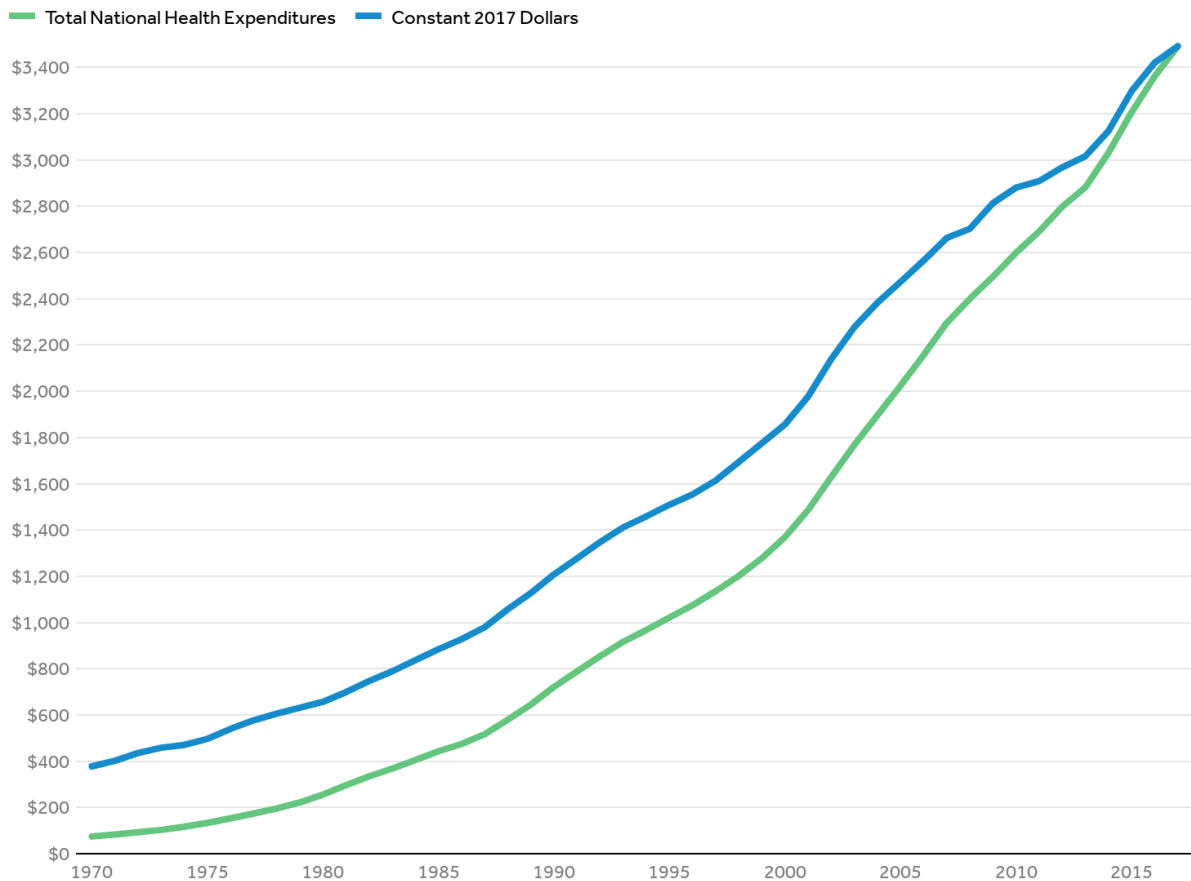


Figure 8. Total national health expenditures, USA. (Peterson-Kaiser Health System Tracker, 2018)

It is more and more evident that allopathic medicine cannot solve all our health problems. We need some support, some alternative, especially in the area of prevention and in dealing with chronic diseases. And increasing interest in various types of complementary medicine confirms this trend:

T&CM (traditional and complementary medicine) is an important and often underestimated part of health care. T&CM is found in almost every country in the world and the demand for its services is increasing. TM, of proven quality, safety, and efficacy, contributes to the goal of ensuring that all people have access to care. Many countries now recognize the need to develop a cohesive and integrative approach to health care that allows governments, health care practitioners and, most importantly, those who use health care services, to access T&CM in a safe, respectful, cost-efficient and effective manner. a global strategy to foster its appropriate integration, regulation and supervision will be useful to

1. Introduction

countries wishing to develop a proactive policy towards this important - and often vibrant and expanding - part of health care.

WHO Traditional Medicine Strategy 2014-2023

The aim of this book is to offer you one of these complementary approaches and to demonstrate its usefulness and efficacy in daily practice, either alone or in combination with other therapeutic methods including allopathic medicine. Its usage is simple and a relatively small amount of knowledge is necessary to use it in daily practice with satisfying results.

Apart from explaining the basic principles and technical aspects of Bach flower therapy (BFT), the book goes further and describes in detail how to communicate with the patient, how to offer him the therapy, how to take history, how to assess the therapy during follow-ups etc. Communication is a crucial element in any therapy, including BFT. You can have amazing knowledge and vast experience but if the way you speak with your patients is full of misunderstandings and discord your results will be inevitably unsatisfactory. On the other hand, if your communication with the patient is smooth and supports the patient to uncover and develop his strong points you can amplify the efficacy of the healing process.

In my experience, the presented principles and communication tools and techniques are the most useful for the practice of BFT. Their efficacy has been verified during more than twenty years of practice of both allopathic and complementary medicine. This approach was originally developed by various psychotherapeutic approaches, mainly by Motivational Interviewing (MI), transactional analysis (TA) and person-centred therapy. Thanks to their similar philosophical background they can be merged smoothly with BFT. Apart from their efficacy, they have also been chosen because of their simplicity. They do not need any theoretical psychotherapeutic background and they are ready to use as they are. You can work with this book as with a “cookbook” and use its recipes whenever necessary until you develop better techniques of your own. The goal of the book isn’t to change you into a psychologist but to help you to communicate like a psychologist.

You can imagine BFT as a precious ring with a beautiful diamond. The diamond represents the essences you use and the golden part is a communication between you and the patient that binds you and the stone together. The golden ring, even without the diamond, is still nice and elegant and can serve its purpose; it can be worn on the finger. The diamond alone is beautiful and you can admire it too but it lacks its practical usage; you will probably not carry it in the pocket and pull it out and show it when you meet somebody. While carrying a ring on the finger is natural and elegant, pulling the diamond out of the pocket is artificial and may be considered as boasting with riches.

Of course, the best is the combination of a functional and elegant gold with beautiful and a precious diamond. Most of the books about BFT concentrate mainly on the diamond; this book pays attention to both aspects and especially to the joining of these two parts.

The book does not expect any pre-existent knowledge of the reader about BFT or about psychology. If you are a novice in BFT, you will probably begin to read from the very beginning of this book. If you are already an experienced practitioner, you can skip Part I about BFT and go directly to Part II about communication, beginning in chapter 5.

There are also practitioners of the other modalities who would like to benefit from the usage of BFT but they do not have time to learn the whole method in its complexity. That is why I included a special

chapter that contains minimal information necessary to begin with BFT (chapter 23). This chapter is also suitable for those therapists who still doubt whether BFT is suitable for them or whether it is really effective and want to try the method before they begin to study it in depth.

I tried to write the book as simply as possible. Used medical and psychological terms are explained at the end of the book. There are two reasons for this simplicity. One is that the book should be easily understandable for all BFT practitioners regardless of their level of English or type of education. The second reason is that Eric Berne has stressed that all aspects of psychology should be explainable with simple words (see also footnote 1 in Foreword). He has used to tell to his colleagues that if they aren't able to describe some concept with a language understandable to an eight year old child they should abandon it. Common basic principle of psychotherapy, BFT and modern educational methods is Partnership (see 6.1.) Partnership means equality. Sophisticated technical language of one participant can easily violate this postulate. It can evoke an impression of a power imbalance, one person is an expert while the other is a layperson. One has knowledge that the other does not have.

Various parts of the book are interconnected and form one whole. That is why I included plenty of links and I sometimes explain the same thing repeatedly to preserve fluency of reading. These repetitive explanations have also been included because some readers already familiar with the method may prefer to read its chapters randomly according to their actual need.

BFT is a marvellous treatment method. It is fascinating how Doctor Edward Bach, who discovered the 38 Bach flower remedy system, was far-sighted in his ideas about the future development of medicine. Many of his concepts, postulated more than eighty years ago, were later re-discovered by psychologists and became cornerstones of modern psychotherapeutic approaches.

PART I

The Bach Flower Therapy

Definition of "therapy" by Cambridge Advanced Learner's Dictionary & Thesaurus:

a treatment that helps someone feel better, grow stronger, etc., especially after an illness.

2. Understanding the disease

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

WHO, the preamble to the Constitution

Since ancient times people tried to understand why they were ill. Knowledge means power, and they hoped that if they knew the cause of the disease they could cure it. They discovered soon that there were two basic types of the diseases: **outer** and **inner**. In the outer diseases, there was some external cause, like injury, poisoning, wrong diet, parasites or weather factors – heat, cold and wind. In the treatment, they used the analogy with repairing things in their daily life. Broken bone reminded them of the broken part of a carriage or of a water pump and they fixed it, constipation was similar to a clogged pipe that needed to be purged and worms reminded them of rodents that invaded their houses and they used poisons to get rid of them.

☞ South winds induce dullness of hearing, dimness of visions, heaviness of the head, torpor, and languor; when these prevail, such symptoms occur in diseases. But if the north wind prevail, coughs, affections of the throat, hardness of the bowels, dysuria attended with rigors, and pains of the sides and breast occur. When this wind prevails, all such symptoms may be expected in diseases.

Hippocrates, Aphorisms

In inner diseases, the situation was quite different. There was no clear cause of the problem and the analogy with daily life did not work. Ancient therapists had no tool how to look inside of a living body. That is why they developed various theories to explain the origin of the disorder. Some time ago, the patient had been perfectly healthy but now, he was ill. Why this change? They used to take the patient as a whole; they imagined that the body had an inner healing force that kept the human alive and healthy and the disease manifested only after this force had been blocked. They believed that the disease was caused by spiritual reasons like a sin, a spell, by an action of a demon or by punishment of the gods, by psychological factors like excessive anger, fear or sadness, or by an inner imbalance of elements, body fluids, qi, obstructed chakras etc. As you can see, even ancient practitioners understood that in these illnesses, the personality of the patient played the central role.

☞ It is more important to know what sort of person has a disease than to know what sort of disease a person has.

2. Understanding the disease

Everybody has a doctor in him or her; we just have to help it in its work. The natural healing force within each of us is the greatest force in getting well.

It is meaningless to treat the eye without the head, the head without the body and the body without the soul.

Hippocrates, Aphorisms

The goal of the therapy was to remove the blockage and to restore the inner balance on spiritual, mental and somatic level. When inner disturbance was eliminated body symptoms spontaneously disappeared. Although these models were purely speculative they were based on observation of thousands of patients and were effective in many cases.

These two ways of understanding health and disease coexisted for thousands of years. Therapists used both of them depending on the nature of the problem. However, in Europe at the beginning of modern history, a serious obstacle for medical practice emerged. The whole society was going through a process of a deep transformation. Martin Luther challenged the most basic principles of the Holy Church. Christopher Columbus discovered a new continent and redrew maps. Nicolaus Copernicus shattered the belief in infallibility of the Bible. In many countries, conservative religious authorities decided to fight against the danger of supposed heresy with all possible means. Giordano Bruno died at the stake, and Galileo Galilei avoided the death sentence at the last moment. Many progressive people were killed during witch-hunts. In such a situation, medical practice became very risky. The church had a monopoly to deal with the matters of the spirit and soul. Alchemical theories including the model of four elements were labelled as devilish and their usage was prohibited. Whenever the doctors spoke about the necessity to heal the soul or to rebalance inner fire or air they were on thin ice.

René Descartes (1596 – 1650), French philosopher, mathematician and scientist, offered a solution for this dilemma: in his “*Treatise on Man*” he suggested a model of humans and animals as complex living machines. He mentioned that humans had also a soul but he avoided exploring this theme in more depth because of the fear of reaction of church representatives. He concentrated on mechanical aspects of living creatures.

The mechanical and later biochemical model of the human body, originally used in the treatment of the outer diseases only, was widely accepted by medical authorities throughout the whole of Europe and North America and became the cornerstone of so called medical science. Scientific and technological achievements in the following centuries reinforced the position of this mechanistic approach in the society.

Old holistic theories were abandoned as unscientific and were used only by natural healers. Folk medicine preserved its position mainly in rural or poor regions. It seemed that with the economic growth, all people would be treated with scientific medicine only. However, during twentieth century this trend reversed.

The problem with the mechanistic model is the same as with a broken machine: the machine cannot repair itself. It needs help from the outside, to tighten screws, to adjust its speed, to replace broken components, and to refill fuel and oil. While in engineering this situation is absolutely normal, in medicine the results are disappointing. More and more people need to have one or more service providers

to keep them functioning. They are transformed from independent humans to mere consumers of medical services.

To be able to change this unfavourable situation, we need to go back in history and revive the traditional concept of the inner and outer diseases. We will demonstrate these approaches on one of the most widespread diseases of modern world, eczema. When we look at this illness as an outer problem, we will pay attention to the irritants and allergens from the environment. We may look for some bacteria or fungi that also may sometimes provoke allergic reaction. When analysing a patient's family history we may stress the possibility of a genetic abnormality that made the patient more liable to this disorder. Using modern laboratory investigations, we can go further and look at the intense inflammatory reaction that causes the eruption on the skin. Our therapy will also be based on these findings. We can try to remove all allergens from the environment and get rid of harmful microbes. We can suppress exaggerated immune reaction by corticosteroids or other immunomodulatory remedies. We can offer the patient a vague hope that maybe sometimes in the future there will be a possibility of replacing wrong genes. However, if nothing else changes it is probable that the patient will suffer because of this problem and will need our help for the rest of his life.

Now we can use the inner approach. Instead of analysing, we will try to make a synthesis, to try to understand how the problem fits into the whole, what its role is for the patient and for his family. We can look at the emotional imbalance and at the interpersonal conflicts that the patient has to face. We will think about how to help the patient to unblock his inner healing force, to restore his inner equilibrium and to follow his life mission. Instead of overworked service providers, we become empathetic guides that give the patient useful information that can help him on his life path.

We can use a metaphor: imagine that you have a minor problem on your car, for example a burnt light bulb in headlight. You do not know what to do with it. There are two options on how to deal with this problem. Somebody may come and tell you *“Wait, you are incapable to solve it alone. Step aside and I will do it instead of you”*. This is the approach of allopathic or outer medicine. However, he can also tell you: *“Don't worry: you are skilled enough to fix it. So, we will do it together; I will tell you what to do whenever necessary. Next time, you will be able to do it by yourself.”* This is the approach of inner medicine.

Both approaches are effective, both treat the patient; the difference is that they are more suitable in different situations. Allopathic medicine is very effective in treating acute and dangerous conditions. If I break my leg I will definitely need an outer approach to fix the dislocated bone fragments as fast as possible. Because of tormenting pain I am happy that somebody does what is necessary without my assistance and this therapy brings quick relief. If I have a serious infection I will be grateful when getting strong antibiotics. I really do not want to die or to have serious complications because of a banal pneumonia. If I get a myocardial infarction or a malignant tumour, I will certainly ask a cardiologist or an oncologist for his help. Statistics tell us that they have the best results in such life-threatening conditions.

On the other hand, there are often situations when I suffer because of a problem repeating again and again, it is annoying and allopathic medicine does not have a permanent effect. I am strong enough to deal with this problem myself; my difficulty is that my body cannot use its strengths in the right way. In other situations, I have undergone a serious condition and want to take some preventive measures to avoid its relapse. Holistic approach will help me to mobilize my inner resources. If my leg is fixed but it heals slowly I may need to enhance the process of healing of tissues. If I get acute respiratory infections every month another treatment with antibiotics will not make me healthier. I will need to boost

2. Understanding the disease

my immune system. And if I get myocardial infarction or malignancy and the specialists will help me with the acute problem, I will still hope to find a method that would prevent a recurrence of this problem in the future. For that we must look at the emotions, the inner life of the patient.

BFT is one of the methods that work with the inner model of the disease. It can help with many problems alone but its greatest advantage is that it can be freely combined with any other method including allopathic medicine. Here, when merging allopathic and complementary medicines, we return to the origins of medicine, to the cooperation of inner and outer methods. The choice between the two approaches becomes meaningless, it is like asking whether your right hand or your left hand is more useful for you. It does not matter whether you are right-handed or left-handed; using both hands together is certainly the best option.

The theme of suitable indications for allopathic medicine or BFT is further discussed in chapter 15. Treating physical problems.

3. Edward Bach and his work

This chapter deals with basic aspects of BFT and it is meant as a short introduction to the method for those who have no previous knowledge about BFT. It describes its history as well as the ways of the preparation of essences, briefly mentions indications, selection of essences and course of the therapy. Indications for BFT, case taking, selection of essences and their effect, course and termination of the therapy are further explained in detail in Part II of this book. This chapter intentionally skips the crucial theme of the communication with the patient because it is too complex and may be confusing for the beginner at this moment. The whole Part II concentrates on the talk with the client during consultations, establishment of a reliable therapeutic relationship and enhancement of his motivation and hope.

3.1. History

BFT was developed by Edward Bach between the years 1928 and 1935. However, the history of its antecedent, Homeopathy is much longer and had started already in 1796. As both of these methods have a lot in common, we will first discuss the history of Homeopathy and then we will continue with BFT.

3.1.1. History of Homeopathy

Homeopathy was discovered by German physician Samuel Hahnemann (1755-1843). Disappointed by drastic and ineffective therapeutic methods of allopathic medicine of the 18th century, he sought a new safe and effective therapeutic approach. Accidentally he found out that quinine, a remedy used by allopathic medicine for the treatment of malaria, produced in toxic doses jaundice, perspiration, chills, and weakness, i.e. symptoms quite similar to this disease. He made further experiments with other more or less poisonous substances and finally he concluded that the disease **could be cured by a substance that in toxic doses produced symptoms similar to the disease**. He summarized results of his experiments in a book called **materia medica**. Under the heading of a specific remedy there was a list of symptoms that appeared during experiments and that could be treated with this medicine. Alphabetic list of symptoms together with suitable remedies made the prescription easier and was called **repertory**.

The method proved to be effective; however, the problem with the toxicity remained. That is why Hahnemann began to make successive dilutions (1: 10, 1: 100) of the solution of the remedy, together with strong shaking of the bottle with the remedy (a process called **potentiation**). He discovered that diluted remedies preserved the therapeutic properties and were not toxic; however, the therapist had to be precise in the selection of the right remedy. The **remedy picture** (a collection of symptoms corre-

3. Edward Bach and his work

sponding to the remedy) had to match exactly with the patient's symptoms. In allopathic medicine, there was only one diagnose of migraine and similar remedies were used in all patients. In Homeopathy, there were many types of migraine and for every type there was a different remedy. One medicine treated left-sided pulsating headache worse before menses and better during, worse by the heat of room and better by fresh cool air, while another corresponded to the right-sided headache, pressing, better by heat and rest in a dark room. If the remedy picture did not fit well the remedy did not work.

This approach worked very well in acute diseases, however, in chronic diseases, it usually had only temporary and palliative effect. Hahnemann felt that something important was missing. That is why he studied those rare cases where the change was deep and long-lasting. He discovered that in these patients the remedy picture corresponded not only to local symptoms but also to general manifestations (like relationship to temperature, weather, motion, food preferences) and to the personality of the patient. He began to pay much more attention to the patient's character and his therapeutic results improved a lot. A remedy selected with this method, so called **constitutional remedy**, changed only rarely during the patients' life and corresponded to their principal mental and somatic reaction to stress and to unfavourable external factors. **Constitutional therapy**, a therapy where one remedy was sought to cover most symptoms of the patient, could permanently cure even serious somatic or mental problems and also had a strong preventive effect. Deep action of homeopathic remedies on chronic diseases is the main reason why the popularity of Homeopathy is growing now. People want more than only to compensate their chronic disease; they want a real and long-lasting cure of their problem.

Especially during the 20th and 21st century, Homeopathy has been developing very fast. The number of remedies has been growing dramatically and there are many therapeutic schools now. Homeopathy is a very sophisticated method. The difficulty of study of Homeopathy is comparable with the allopathic medicine and many years of learning are necessary to be able to make reliable prescriptions.⁸ That is why the number of capable homeopaths is necessarily limited. Not everybody who uses a title homeopath has a sufficient qualification for this profession.

3.1.2. History of Bach Flower Therapy

Bach Flower Therapy was developed by British doctor Edward Bach (1886 - 1936). His life story is fascinating. He can serve us as a paragon of an enthusiastic therapist for whom his work was a life mission. He had had to face many challenges during his life and the way he dealt with them reflected later in his literary works and in his therapeutic system.

Since childhood he felt an attraction to medicine. However, his father's plan was different, he expected young Edward to take over the work in the family brass factory. And it was the first challenge in Bach's life, to decide whether to follow his inner calling or to obey other people's demands. Although we know only little about his relationship with his parents Bach's decision probably provoked at least a temporary discord. And this episode teaches us the first lesson. In his books Bach explains that we all have an important mission in our life that is worth following. If we struggle to fulfil it in spite of obstacles our life becomes meaningful and brings us a deep satisfaction. On the other hand, if we resist our inner calling a disease may appear as a signal that we are going wrong way:

⁸ The complexity of Homeopathy can be demonstrated by size of its textbooks: *Materia Medica* of James Tyler Kent has about 1000 pages, a *Dictionary of Practical Materia Medica* of John Henry Clarke has about 2500 pages and *The Encyclopedia of Pure Materia Medica* of Timothy F. Allen has about 10000 pages! Synthesis, a most frequently repertory in its latest version 10.5 has 2256 pages and contains a list of 139553 symptoms with information about 2375 remedies.

It is allowing the interference of other people that stops our listening to the dictates of our soul, and that brings disharmony and disease. The moment the thought of another person enters our minds, it deflects us from our true course God gave us each our birth right, an individuality of our very own: He gave us each our own particular work to do, which only we can do: He gave us each our own particular path to follow with which nothing must interfere. Let us see to it that not only do we allow no interference, but, and even more important, that we in no way whatsoever interfere with any other single human being. In this lies true health, true service, and the fulfilment of our purpose on earth.

E. Bach, Free Thyself

Bach also warns against the attempts to dissuade other people from following their personal path:

We have no right whatever to interfere with the life of any one of God's children. Each of us has our own job, in the doing of which only we have the power and knowledge to bring it to perfection. It is only when we forget this fact, and try and force our work on others, or let them interfere with ours that friction and disharmony occur in our being. This disharmony, disease, makes itself manifest in the body for the body merely serves to reflect the workings of the soul; just as the face reflects happiness by smiles, or temper by frowns.

E. Bach, Free Thyself

Especially as therapists, we have to bear in mind this quotation. The central idea of BFT is **freedom**. Although there are moments when we feel we “know better” we should remember that the role of the therapist is that of a guide that offers information but it is the patient who makes the final decision.

After graduation, Bach started to work as a surgeon but a physically demanding work led to a collapse. That is why he changed his specialisation and became a microbiologist. However, a real challenge was only to come. When he was 30 he was diagnosed a stomach cancer (sarcoma) in a terminal stage. The prognosis was desperate; he was told that only a few months of life remained to him. At this moment, he went through a deep transformation. He realized that there was one unfulfilled task in his life. He felt a strong urge to discover a new, simple, therapeutic method that could be used by everybody, not only by experienced therapists. He changed his life priorities. He put aside everything except his research. He still increased his efforts as he was aware of the fact that his life time was limited. He worked in his laboratory day and night, without rest. Although hard work is in a stark contrast with usual recommendations for oncological patients, as by a miracle, the cancer began to recede. He used all his strengths to follow his life mission and his health improved. A change of mind was sufficient to heal the disease! This personal experience gave Bach a new direction in his life and served as an inspiration for his later research:

3. Edward Bach and his work

Thus, behind all disease lie our fears, our anxieties, our greed, our likes and dislikes. Let us seek these out and heal them, and with the healing of them will go the disease from which we suffer.

E. Bach, *Twelve Healers and Other Remedies*

By a lucky coincidence, he began to work as a microbiologist in the London Homeopathic Hospital. Confronted with the efficacy of this method, he began to transform from an allopathic doctor to an alternative therapist. As a homeopath, he was successful; he discovered several new homeopathic remedies made from microbial cultures (so called Bach or **bowel nosodes**), remedies still used by present-time homeopaths. However, even these new remedies, although effective, sometimes failed. And it stimulated him to continue in his work, to look for a better method. He also began to change his life philosophy; he felt more and more attracted by the spiritual world.

Even when his practice was prosperous and his reputation grew, his inner dissatisfaction was more and more intense and he felt a radical change was necessary. He did not like smoky and overcrowded London and he spent more and more time walking in the countryside. And once, during one silent walk through the moors, he felt suddenly attracted to a robust plant with pink flowers – **IMPATIENS**. With his sixth sense he felt that this herb had a strong healing potential. And his intuition was correct; homeopathic remedy made from this plant had an amazing effect.

This was the turning point in his practice. He successively discovered other flower remedies that also proved to be very effective. He began to use new methods of preparing of the essences – **sun method**, and later also **boiling method**. These technical modifications further increased the power of remedies. Finally he abandoned his flourishing London laboratory and moved to a village. His life, previously driven by the fast speed of the city, became calmer; his mind and body was more and more in tune with the rhythm of nature.

During the search of new remedies, his sensitivity intensified. He was able to recognize the characteristics of a plant already when putting a freshly plucked flower onto the tongue. His enormous sensitivity also manifested in the form of intense symptoms on the somatic and mental level. He began to perceive on his own body and in his mind strange pathological states that disappeared fast after he discovered a suitable remedy. His suffering was very intense, for example, he suffered a sinusitis that almost drove him mad (**CHERRY PLUM**), oozing eruption all over the body (**CRAB APPLE**), or absolute despair and extreme anguish (**SWEET CHESTNUT**).

During his research, Bach discovered 37 remedies made from flowers of wild plants and one remedy made from spring water. Each of these essences correspond to one easily recognizable mental state. His goal was reached; he created a new, very simple and easily usable treatment method, even by laypersons:

This system of treatment is the most perfect which has been given to mankind within living memory. It has the power to cure disease; and, in its simplicity, it may be used in the household.

Bach Flower Therapy is a Dialogue

It is its simplicity, combined with its all-healing effects, that is so wonderful.

E. Bach, *Twelve Healers and Other Remedies*

In 1936, one year after discovering the last of his essences, he died. Before his death, he summarized his method in a tiny booklet (35 pages) - *Twelve Healers and Other Remedies*. This little book contains all the information necessary for the therapy.

Although his life was relatively short (50 years), it was very productive. And this fact also reflects one of Bach's ideas. It is not so important how long we live but whether we accomplish our life mission and learn our life lesson or not:

... we must realise that the short passage on this earth, which we know as life, is but a moment in the course of our evolution, as one day at school is to a life, and although we can for the present only see and comprehend that one day, our intuition tells us that birth was infinitely far from our beginning and death infinitely far from our ending. Our Souls, which are really we, are immortal, and the bodies of which we are conscious and temporary, merely as horses we ride to go a journey, or instruments we use to do a piece of work.

E. Bach, *Heal Thyself*

Modern medicine considers disease and death as an irreconcilable enemy and fights against them with all possible means; sometimes there is an effort to sustain the life even when its quality is poor. Bach's philosophy is different. He considers the disease as a useful signal that we are going a wrong way; the goal of the therapy isn't only to make our life longer but to help the patient to make his life more meaningful and more satisfying.

Let it here be briefly stated that disease, though apparently so cruel, is in itself beneficent and for our good and, if rightly interpreted, it will guide us to our essential faults. If properly treated, it will be the cause of the removal of those faults and leave us better and greater than before. Suffering is a corrective to point out a lesson which by other means we have failed to grasp, and never can it be eradicated until that lesson is learnt. Let it also be known that in those who understand and are able to read the significance of premonitory symptoms disease may be prevented before its onset or aborted in its earlier stages if the proper corrective spiritual and mental efforts be undertaken. Nor need any case despair, however severe, for the fact that the individual is still granted physical life indicates that the Soul who rules is not without hope.

E. Bach, *Heal Thyself*

3.2. Preparation and storage of the remedies

Remedies in BFT are often called **essences**, since they are produced as water extracts from different flowers preserved by addition of brandy. However, the preparation of the essences is very specific and differs significantly from ordinary extracts in herbal therapy. Any deviation from the guidelines can reduce or even destroy the healing effect of the remedies.

The essences are produced from **wild-growing plants only**. The more people influence the growth of the plant, the less effective the remedy is. Only water from natural springs is used because it is still “naïve” and ready to accept the energy of flowers; distilled water or tap water is unsuitable.

Any **direct contact with a human hand must be avoided**. a glass bowl is filled with spring water. The plant is cut with scissors and falls directly onto the surface of the water in the bowl.

There are two methods of the preparation of the essence, **sun method** and **boiling method**. In the preparation of twenty remedies, sun method is used. On a sunny cloudless day, the flowers are collected in the way described above and are put for about 3 hours in the sunshine.

As for the other flowers, they are prepared using the **boiling method**. After a shorter exposition to sunlight, the flowers are boiled for half an hour.

Finally, the pieces of plants are removed from the bowl and the essence is mixed with the same amount of brandy. The result is called **mother tincture**. Small amount of mother tincture is then dropped into bottles made from dark glass containing brandy. These bottles are called **stock bottles** and are distributed and sold to therapists.

We have written that there are 38 flower essences. However, one of them is not a true flower essence. The essence of **ROCK WATER** is produced from the mineral water from a spring with known healing properties. The water is solely exposed for 3 hours on a shiny place and then brandy is added.

These essences should be stored in a dark place, out of reach of electric devices radiating strong electromagnetic field, like TV, computer, microwave oven, mobile phone. If the essences are out of usage for longer time, some therapists wrap the remedy box into an aluminium foil to protect it against outer influences. Protection against electromagnetic radiation is not included in the official recommendation of producers of essences but in present-day houses, overfilled with electronic equipment and wiring, such a measure seems quite reasonable.

Although the preparation of the remedies may seem easy, in practice it is quite difficult to produce effective essences. The main problem is to find the right plants because some of them are rare in our nature and protected by laws and some can be distinguished from similar species only by an experienced botanist. Furthermore, for example to find a real **CRAB APPLE** is problematic because most of our wildly growing apple trees are hybrids with cultivated varieties.

That is why most therapists buy their essences from renowned producers, for example:

- Bach Centre (www.bachcentre.com); their essences are sold locally or by resellers; online you can buy only non-alcohol based essences with the same effect as original essences diluted in alcohol;
- Ainsworths pharmacy (www.ainsworths.com);
- Healing Herbs (www.healingherbs.co.uk).

3.3. Dosage of essences

The essences are seldom used alone. **Up to six or seven essences can be freely combined and used together.** They are used in the following ways:

- You can put two drops of every selected essence to a **glass of any drink**. This way of application is used to treat acute conditions. The patient sips from the glass whenever needed. We can repeat this procedure as frequently as needed (with a new glass of drink), there is no risk of over-dosage. Generally, the more intense the state is the more frequently you repeat the dose. For example, in dramatic situations the dose can be repeated every five minutes or so.
- For treatment of chronic complaints, using a **treatment bottle** is more economical. Two drops of every selected essence are added to a 30 ml bottle made from dark glass and finally the bottle is filled up with mineral water. If you decide to use RESCUE REMEDY, give four drops of the essence instead of two into the treatment bottle.⁹ The patient gives four drops from the mixing bottle at least four times daily to any drink. If the patient feels the need to take the remedy more frequently, he can do it. For example, an anxious patient can take an extra dose whenever his anxiety grows.

You may feel confused that in one way of usage, drops of original essences are added directly to the drink while in the other, it is diluted by mineral water before usage. However, remember that this method is different from allopathic medicine and the mechanism of action of remedies is different too. In allopathic medicine, we have to be precise in how many milligrams of active substance are used. Its effect is caused by modification of biochemical reactions in the body. However, Bach essences work on an entirely different level. They heal the patient with information. Imagine a situation when you want to transmit to somebody an important message. You can use a small piece of paper or a big billboard. In both cases, he can read it. It is only up to him whether he will really read it or not and whether this information will influence his life. It depends more on how your information corresponds to his actual state, how his relationship with you as the author of the message is and whether he is ready to make a change in general. In BFT, it is similar. The content of information is important; the degree of dilution doesn't matter.

That is why the essences are almost never used concentrated. The only exception is RESCUE REMEDY, a combination remedy used as a first aid to treat acute states. It can be used diluted in a glass of any drink, or, if we have no drink available, we can drop the essence directly into patient's mouth or, in the case of unconsciousness, on his lips.

These treatment bottle should be stored in a fridge. If the patient uses the remedy regularly, this way of preparation is usually sufficient. If he uses the essences only occasionally or if he cannot put the treatment bottle into the fridge, an addition of one tablespoon of alcohol (brandy, whisky, vodka, cognac) is sufficient to preserve the remedy for a few months.

⁹ Although the official recommendation is to use 30 ml bottles, in most of my cases included in this book I used 50 ml bottle instead of 30 ml. The reason is that a few years ago, 30 ml bottles became unavailable and I had to switch to 50 ml bottles. I give four drops of every single essence and eight drops of RESCUE REMEDY. The bottle is usually sufficient for six weeks of therapy.

3.4. Local application of the essences

Whenever there is pain, stiffness, inflammation, or any local trouble, in addition a lotion should be applied. Take a few drops from the medicine bottle in a bowl of water and in this soak a piece of cloth and cover the affected part; this can be kept moist from time to time, as necessary.

Sponging or bathing in water with a few drops of the remedies added may at times be useful.

E. Bach, *Twelve Healers and Other Remedies*

Although oral usage of the essences is most frequent, the essences can be also applied locally. a typical example is *Rescue Cream*, a combination essence cream (RESCUE REMEDY + CRAB APPLE) used to treat local eruptions or small infectious lesions.

If the patient uses individual combination of essences, he can use it simultaneously orally and locally during the therapy. The essences diluted or concentrated can be added to water and applied to the affected area in a form of a bath or in a piece of cloth soaked with the treatment solution. Sometimes it is more comfortable to mix three or four drops of every selected essence with 50g of a neutral cream base that can be obtained in a pharmacy.

30 years old patient suffers a persistent pain of lower jaw after a dental operation – his lower lip and chin constantly tingle and sometimes even sharp pain appears. He underwent an operation of a bone cyst, he was afraid of malignancy but later he discovered there was no risk of cancer. The procedure was quite painful, and these consequences ... He had no problems, so why to operate it? He feels a little bit angry towards the doctor – why did she not tell him that this procedure wasn't necessary? The problem sometimes seems better, he begins to be optimistic, but then the pain gets worse again. He thinks a lot about the pain.

At work, he hopes he will be promoted to a more attractive position but the employer refused his application. Although he is convinced that he is capable enough, other colleagues, less capable than he is, get the job instead of him. When further exploring this theme, he admits that he feels that it was unjust towards him.

He has a girlfriend. They have been together for ten years and his partner wishes to have a baby but he is slightly afraid. She is quite ill, and he is afraid that the child may inherit her disease.

He is prescribed a combination of MIMULUS for fear of future and of the disease, WHITE CHESTNUT for whirling thoughts, GENTIAN for worsening after worsening of the pain, WILLOW for feeling of injustice, CENTAURY for difficulty to tell "no" (to the dentist). Furthermore, STAR OF BETHLEHEM and ROCK ROSE are added to heal the shock and panic the nerve probably perceived during the procedure. He uses four times four drops mixed in some drink, and he also uses a cream with added essences locally. 50 grams of a cream base have been prepared in a local pharmacy, and I add four drops of every essence.

Six weeks later, the patient reports significant reduction of his complaints. The painful area is much smaller. As for his work, he stopped thinking about it. He takes life as it is, and probably next year he will apply again.

3.5. Indications for BFT

We can use BFT in various situations that may differ depending on available time for selecting the remedy, for treatment as a whole, on the request of the patient, on the amount of information the patient reveals, on availability of essences and of course on the experience of the therapist:

- **Acute and very acute situations associated with an intense stress, panic, and shock.** It is a typical indication for RESCUE REMEDY. We need to give the patient something as fast as possible, we are also often limited by the fact that the whole set of essences is not available, like at the household or at work, outdoors, when travelling etc. RESCUE REMEDY can be given as the first remedy before the arrival of emergency. It can also be given in acute states that do not require medical care but are intense and painful, like loss of a close person, persisting panic state after a terrifying experience, intense stress before exams etc. RESCUE REMEDY **can be used by absolute laypersons**; there are no contraindications or side effects. I strongly recommend having a small bottle of RESCUE REMEDY at home, at work or anywhere else where there is a possibility you will need to help somebody or yourself with an acute problem. Using RESCUE REMEDY is also the simplest way how to begin with the practice of BFT. Even when you only consider studying BFT and do not have a whole set of essences yet, it is good to have a bottle of RESCUE REMEDY in your consulting room. Any painful situation associated with fear, pain or tears can be suitable for the usage of this essence. Even a dentist can help his patients to relieve their fear of dental procedure by administration of this medicine. RESCUE REMEDY can be used diluted in any drink or concentrated, dropped directly to the tongue of the patient.
- **Acute or temporary situations less serious than previously described where there is some time to take history and the whole remedy set is available.** Here you will already need some amount of knowledge about BFT, and the prescription can be more precise and effective. History taking is usually brief and concentrates mainly on the present state. This prescription is often based on simplified indications for individual essences, like “fear of known things – MIMULUS; fear of unknown things – ASPEN; panic – ROCK ROSE; fear of losing self-control – CHERRY PLUM, fear for others – RED CHESTNUT”, “cannot decide, asks for advice – CERATO, cannot decide, does not ask - SCLERANTHUS”, or “lack of self-confidence – LARCH, reproaches of conscience - PINE”. Even when in some cases, such prescription may be too simplistic; in many situations it is sufficient to help the patient to solve the problem. Essences are used either diluted directly in a drink or in a form of a treatment bottle. Those who would like to begin to use Bach essences this way can look at chapter 26. Essences can be dropped into a glass with a drink or used in a form of a treatment bottle for a longer time.
- **Chronic prescription.** In some situations, acute prescription is not sufficient to solve the problem permanently. The patient comes repeatedly because of a similar condition and remedies selected according to actual state help only temporarily. Sometimes it even seems that the problem is worsening during the time. In such cases, there is something underneath that needs to be solved. History taking is much more complex and should encompass all important areas of patient’s life. A specific form of chronic prescription is treating chronic physical problems with slight differences in case taking. Remedy is used in a form of treatment bottle for a longer time.
- **Support in personal development.** Some people come to a BFT practitioner without any well-defined problem. They just feel they are dissatisfied with their actual situation and they need to move forward or to grow spiritually. For these people, using BFT can help them to

3. Edward Bach and his work

find a new direction in their life and to understand better themselves. Because here isn't a pressure to solve the problem as fast as possible, it may have more a form of an experiment rather than of a therapy. These people also often like to actively participate in the selection of remedies and like to learn more about the method. A specific form of this indication is experimenting with essences by the therapist on himself (sometimes called self-therapy). The remedy is used (in a form of treatment bottle) for a long time.

3.6. Selection of essences

Bach's recommendation how to select essences is very brief:

📖 As the Herbs heal our fears, our anxieties, our worries, our faults and our failings, it is these we must seek, and then the disease, no matter what it is, will leave us.

There is little more to say, for the understanding mind will know all this, and may there be sufficient of those with understanding minds, unhampered by the trend of science, to use these Gifts of God for the relief and the blessing of those around them.

Thus, behind all disease lie our fears, our anxieties, our greed, our likes and dislikes. Let us seek these out and heal them, and with the healing of them will go the disease from which we suffer.

E. Bach, Twelve Healers and Other Remedies

Bach wrote a short description of every essence. Every remedy corresponds to some negative emotional state. Our goal as therapists is to recognize these states in our patient and to give him corresponding remedies.

At the present time, we are used to having a clear "how-to-do" manual for everything. That is why somebody may find Bach's recommendation confusing. Why did Bach not describe how to take history, how to recognize the presence of individual themes, how to assess their importance, how to make a basic differential diagnosis etc.?

Throughout the history, medicine has never been a technical branch. It has been called „ars medica“ or „ars medicinae“ – art of medicine:

*📖 Life is short,
and art long,
opportunity fleeting,
experimentations perilous,
and judgment difficult.*

Hippocrates, Aphorisms

Like in any other art, there were some basic recommendations but every therapist developed his own approach. BFT continues in this tradition. Imagine the work with the patient as a blank canvas; the

patient brings a theme but the way how you paint the image is up to you. Like in painting, every therapist has his style – somebody likes to stick to a realistic depiction of reality and to use predominantly his left brain hemisphere, somebody uses his fantasy of right hemisphere and prefers to make an abstract and metaphorical presentation of what he feels lies underneath. No way is perfect; some approach is suitable for one patient but ineffective in another one and other working style provokes aversion in the former patient but cures fast the latter one.

Probably most effective in most patients is a **balanced combination of rational and artistic approach**. Because every practitioner prefers one approach, the development of the opposite skills is likely to improve his therapeutic results. A down-to-earth therapist has a sufficient knowledge for the right prescription; he needs to learn to relax a little bit, to enjoy case taking and to become more playful. His fantasy and intuition will become more active and it will help him to see the patient in his fullness. On the other hand, a “free” and ungrounded therapist who relies fully upon his sixth sense during prescription will probably benefit from a further study of essences. Maybe he will discover that his understanding of the remedies has been too simplified or one-sided.

Everybody needs to find his unique working style. Part II of this book describes the way how I work with my patients and I will be happy if you find some inspiration for your own practice there. However, I know my work isn't perfect and it is quite probable that you will be able to adapt my approach so that it will be more effective in your practice. So, enjoy reading my book but keep your critical thinking.

For more details about selection of essences, see chapters 13 (Case taking), 14 (Prescription), 15 (Treating physical problems) and 16 (Focusing).

3.7. Type and mood remedies

The aiming of the essences may differ significantly:

- Some essences are able to influence the way how the patient reacts during most of his life. For example, a MIMULUS person may frequently perceive worries. He becomes a cautious person constantly expecting some problem or danger. MIMULUS is his **type remedy**.
- It is also possible that otherwise courageous person may perceive a fear temporarily. For example, a person who had a heart attack a few months ago feels fear of repetition of this life-threatening condition. He pays attention to slightest abnormalities and visits frequently his general practitioner. In this patient, MIMULUS can be used as a **mood remedy**.
- The third possibility is that the patient gets repeatedly into a situation when the theme of the remedy activates. For example, the patient has to make a few times a year a public presentation and he perceives a stage fright. Here, MIMULUS is a mood remedy too.

The remedies are usually described as type remedies. For example, HOLLY is described as an aggressive, suspicious, jealous and revengeful person. However, as a mood remedy, the manifestation of a HOLLY state may be much more discreet. For example, the patient may feel threatened at his work when meeting one specific colleague who slanders him and wants to take over his position. Otherwise he is a pleasant and empathetic person. While the recognition of a fully developed theme is usually easy finding of a mood remedy may be a little bit tricky.

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All remedies can be mood remedies but only some essences can be type remedies. For example, nobody can be in a constant SWEET CHESTNUT or OLIVE state throughout all his life. However, there are no practical differences between the usage of type and mood remedies. The prescription is always done according to actual emotional state. You needn't pay attention to whether you prescribe the essence as a mood remedy or as a type remedy.

3.8. Effect of essences

What effect of the essences can we expect? The remedy, if correctly selected, acts on all levels, emotional, mental, behavioural, physical, interpersonal and spiritual:

- On an **emotional level**, negative emotions change into positive. For example, fear will transform into courage, reproaches of conscience into awareness what one's responsibility is and forgiveness towards himself and others, irritability into calmness, intolerance into acceptance.
- Change of emotions reflects also on the **level of thinking and on behavioural level**. If fear reduces and self-confidence grows, the patient begins to view himself as a capable and self-confident person who is ready to face challenges that his life brings. This change of mind manifests also in the **behaviour** – other people can observe that the patient is more self-confident and courageous.
- Intense or long-lasting stress often reflects in a form of somatic complaints, for example headaches, eczema, asthma, high blood pressure, digestive problems, muscular and joint pains, vertigo, asthma. Relief on mental and emotional level brings also a relief on **somatic level**.
- We all are interconnected by a tiny web of **relationships with other people** and react to any change of their behaviour towards us. Similarly, if the patient changes his behaviour, other people will probably change their attitude too. For example, it is quite frequent that a fearful person with low self-confidence is surrounded by people who are courageous and self-confident and take care of him. However, there may be also people who abuse their predominance and bully him. In such a situation, when he becomes more courageous and self-confident, the other people may initially try to press him back to his inferior position. This may lead to a temporary increase of stress. What is important, if he remains firm and resolute, they will probably retreat and give him more freedom. A new balance will be established.
- Change on **spiritual level** means change of life values and life purpose. The word "spiritual" should be understood in a broad sense here. It can also encompass ethical, moral or theological aspects. Spiritual level is about what extends beyond the scope of our life. Most frequently, this change manifests in a decision to reduce workload and to spend more time with children, to express his long-suppressed feelings, fulfil his childhood dreams or to find a new, more satisfying job.

The change is usually gradual and mild and sometimes, especially in the initial phases and in less sensitive patients, it becomes apparent only after detailed questioning. For more details about follow-ups, see chapters 17 (Follow-up) and 18 (When therapy does not work).

3.9. Course and duration of the therapy

The course of the therapy may be various, depending on the indication of essences, of quality of prescription, on the quality of the therapeutic relationship and on the goal of the therapy.

In acute conditions the length of the therapy is naturally limited. For example, if a patient takes **RESCUE REMEDY** before a visit of to the dentist because of an overwhelming fear the therapy can be stopped after the planned procedure. If the patient takes **SCLERANTHUS** to make an important decision, it is usually reasonable to continue with the therapy a little bit longer after he decides to make his decision definitive.

In chronic conditions, the therapy usually lasts a few months. Therapy longer than one year is less frequent. If the patient continues with the therapy for a few years there is probably some sort of **psychological dependence** that makes him continue with the therapy. Luckily, this situation is rare. Bach essences cannot make anybody dependent; the dependence is a feature of a patient's personality and the therapist should take this fact into consideration when deciding on suitable essences.

Frequency of follow-ups is usually once every three weeks. It is a sufficient time to notice any change and the combination can be adjusted according to the actual condition of the patient. Sometimes, especially in acute situations or when the patient goes through a difficult phase of the therapy, the follow-up may be sooner, after one or two weeks. Sometimes a phone call is sufficient to check on a patient's actual state.

In Homeopathy, a so called homeopathic aggravation is a typical way how the mind and body reacts to the remedy. In BFT, this sort of reaction is rare although sometimes temporary intensification of mental and/or physical symptoms may appear. If this reaction is too strong, it may signal that some important essence is missing. If the patient comes and complains because of worsening of his problems it is the time to retake the case and it is especially useful to pay attention to the way how the patient perceives a present reaction to the essences. Missing essence often manifests in the form how the patient reacts to the therapy; for example, if **MIMULUS** is missing, the patient may perceive fear of side effects. If he has a previous unsuccessful experience with other therapy and now he feels despondent because of the unsatisfactory reaction to the essences, you can consider **GENTIAN**.

In some cases it seems that the patient reacts adversely to any combination of essences. This situation has a deeper cause; there is probably a discord in the therapeutic relationship, especially Patient – Therapist or Patient – Method/Remedy. It is dealt with in more detail in chapters 8 (Therapeutic relationship) and 18 (When therapy does not work).

3.10. Termination of the therapy

After a few follow-ups, the patient already feels well and perceives that the effect of the essences is less evident than at the beginning of the therapy. He is also more self-confident and is able to deal with difficult situations by himself. He begins to forget taking the remedy at times; then stops taking the medication for a few days without any aggravation of complaints. It is the time to discuss with the patient the possibility of termination of the therapy. There are more options on how to do it:

- The patient may stop the therapy entirely;

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- He may get still one treatment bottle with one spoon of alcohol as a preservative and take it whenever he feels the need;
- He may reduce step-by-step the dosage and then to stop it when he feels ready to do it.

Some people believe that BFT is like a fairy-tale: they will be healthy until their death without any additional treatment. However, we live in a real world. If we use the metaphor of a prince who has killed a horrible dragon and has married with a beautiful princess, there is always a risk that another dragon emerges. Or, further problems may appear, like a difficult relationship with the father-in-law, conflicts with children during puberty, rebellion of peasants.

It is important to tell the patient that even when he feels well now there is always a possibility that sometimes in the future, maybe during a stressful situation, the problem may re-emerge. However, it does not mean a failure of the therapy; on the contrary, the therapy has proven that it is effective and he just needs another treatment bottle. This time, the treatment will be shorter and he will get stronger to be able to deal with the problem without any external help in the future.

For more information about terminating and restarting the therapy, see chapter 20.

3.11. Difference between Homeopathy and BFT

Homeopathy and BFT are similar methods and BFT developed from Homeopathy; however, there are some significant differences:

- In Homeopathy, remedy can be produced from any substance, plant, animal, body tissue or bacteria or even a sort of electromagnetic radiation (like Magnetis polus arcticus, Electricity, Sol (Sun), X-ray etc.) At present, the remedies are produced from about three thousand different sources and the number is growing. In BFT, remedies are produced from flowers of certain non-poisonous species of plants or from spring water. The number of Bach essences is definitive: 38.
- In Homeopathy, at first a mother tincture is produced by dissolution, maceration or trituration. Then, this mother tincture is repeatedly diluted and shaken (potentiation). The higher the potency (dilution) of the remedy, the longer and the stronger the effect of the remedy is. In BFT, sun and boiling methods are used. There are no potencies; it is only up to the patient how much of the remedy effect he accepts inside and how deeply it will work. Some patients let the remedy work on a superficial level only; in some persons, the essences can have a deep transforming effect.
- In allopathic Homeopathy, only one single remedy should be used. In BFT, the essences are usually used in combination and up to six or seven remedies can be mixed together. Every mixture has its unique effect; statistically, there are about nine million possible combinations.
- Homeopathic remedies are based on the principle *Similar should be treated by similar*. The remedy initially causes aggravation of the complaints and thus it provokes a contrary reaction of the body. **Homeopathic aggravation** is typical and sometimes annoying. If it is too intense it can even lead to premature interruption of the therapy. BFT is based on the principle *Contrary should be treated by contrary*. Fear should be treated by adding courage, hate by love. That is why aggravation of complaints is unusual in BFT. Sometimes it may have a form of

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temporary intensification of subjective complaints (like fear, pain or itching) but the disease itself does not aggravate.

- In Homeopathy, there is a **risk of suppression**, i.e. that the therapist gives a remedy that deals with superficial problems only but omits deeper cause of the problem. It can lead to a situation when the local disturbance gets better but inner difficulty gets worse. For example, eczema disappears but asthma deteriorates. In BFT, the essences work directly on the deepest level; the improvement of physical complaints is a sign that we have touched the heart of the problem. If you miss the target, the complaint remains the same.
- Description of homeopathic remedies is very complex. Studying Homeopathy is “full-time job” and becoming a skilful therapist requires many years of studying and practice. Description of Bach essences is very short and easy to remember. It is possible to learn basics of BFT during a few weeks. It can be used even by laypersons.
- Homeopathic remedies, when used too frequently, can provoke so called **homeopathic proving**, i.e. the patient begins to have the symptoms that he has never had previously and that correspond to the remedy picture. Especially if the remedy is close to his constitutional remedy, it can lead to a serious aggravation of complaints. That is why homeopathic remedies should be used with care. Bach essences have no such effect; there is no risk of over-dosage.
- Because of the complexity of the pictures of homeopathic remedies, the selection of the right remedy depends only on the therapist and his decision. In BFT, the description is simple and easily explainable to the patient. The therapy is a collaborative process: the therapist suggests some essences and the patient decides whether they correspond to his mental state. It is also possible to invite the patient to study the essences and to try to find suitable essences for himself. In summary, in BFT the patient is much more active than in Homeopathy.
- Homeopathy should be used alone; any combination with other treatment method can disturb the treatment process. BFT can be combined with any other method including allopathic medicine (maybe with exception of methods working in a similar way, like Homeopathy or anthroposophy).
- Both methods can treat any somatic or psychic problem. However, if the problem resides mainly on somatic level and mental symptoms are scarce, suitable homeopathic remedy can be found more easily. If mental problems are predominant, Bach essences can bring faster relief.

Both methods are very effective. There are technical differences; BFT is generally safer and simpler. However, the result of the therapy depends mainly on the experience and skills of the therapist. That is why if you consider which of these methods is more suitable for your personal problems or problems of some member of your family it is most important to find an empathetic and trustworthy practitioner; used technique is only secondary.

	Homeopathy	BFT
Source of remedies	Any substance	Flowers of certain wildly growing non-poisonous plants or spring water
Different potencies	Yes	No
Number of remedies	About 3000	38
Preparation method	Dissolution, maceration or trituration followed by potentiation	Sun and boiling method
Principle of action	Similar should treat similar	Contrary should treat contrary
Initial aggravation	Usual	Unusual

3. Edward Bach and his work

Combination of remedies	No ¹⁰	Yes
Risk of suppression and of over-dosage	Yes	No
Combination with other methods	No	Yes
Difficulty to learn	High	Low

Table 1. Summary of differences between Homeopathy and BFT.

¹⁰ Although there are some homeopathic schools that use more remedies together or sequentially, in allopathic Homeopathy there is the golden rule of one remedy for one patient. The only exception is when a chronic problem flares up in an intense acute state; here, an acute or complementary remedy can be temporarily used too.

4. Individual essences

📖 No science, no knowledge is necessary, apart from the simple methods described herein; and they who will obtain the greatest benefit from this God-sent Gift will be those who keep it pure as it is; free from science, free from theories, for everything in Nature is simple.

E. Bach, *Twelve Healers and Other Remedies*

4.1. Understanding of remedy themes

BFT is based on simplicity, and our task is to keep the practice as simple as possible. The descriptions of essences in *Twelve Healers* are very simple and short. However, are they really sufficient for our daily practice?

We live in the “psycho” age. In the history, people have never paid so much attention to their inner world of thoughts and emotions. During the twentieth century about four hundred psychotherapeutic schools emerged and their terminology entered into our colloquial language. Intense emotional conditions were labelled as diseases: phobias, compulsions, obsessions, depression or regression. Analytic approach of first psychological schools has taught us that nothing is as it has seemed on the first sight. There is something underneath; some hidden driving forces that invisibly but powerfully influence our lives. We are used to looking at our mental sphere in the terms of ego, id, superego, unconscious, Eros, Oedipus complex, frustration, deprivation and projection.

What was sufficient for Bach’s contemporaries might look quite superficial for today’s therapists. It may be tempting to describe the themes of essences using modern psychological terms and models. However, experience confirms that the usage of a complicated terminology does not guarantee better result.

If we would see the miracle of a single flower clearly our life would change.

Gautama Buddha

The magic of Bach’s description fully uncovers when we change our point of view. Bach’s description differs significantly from most other authors’ descriptions in one way. In Homeopathy as well as in BFT, the remedies are usually described from the point of view of the therapist, textbooks explain how to recognize the theme of the medicine in the patient when he comes to your consulting room. However, Bach used a different approach. He has always stressed the importance of self-therapy. From the

4. Individual essences

very beginning, his books were intended to help patients to find a therapy for themselves. The names of three of his early works were *Ye Suffer from Yourselves*, *Free Thyself* and *Heal Thyself*. That is why the description of the essences is intended to be used by patients for self-therapy and is **made from the position of the patient**, how the patient himself perceives the condition of his own!

To make this difference more apparent, here is an example of a description of a CHICORY person by a respected present-day practitioner and of Bach himself:

Chicory people have a lot of love to give – but in their negative aspect this love has become possessive and selfish. They care for their loved ones in an obtrusive way, trying to keep them close at hand and controlling their behaviour through correction and admonishment. They can feel very hurt at the slightest snub and may resort to emotional blackmail. The stereotype Chicory person is the parent who won't let grown-up children live their own lives and complains of being neglected if they don't visit three or four times a week.

Stefan Ball, The Bach Remedies Workbook

And here is the description of Bach:

Those who are very mindful of the needs of others; they tend to be over-full of care for children, relatives, friends, always finding something that should be put right. They are continually correcting what they consider wrong, and enjoy doing so. They desire that those for whom they care should be near them.

E. Bach, Twelve Healers and Other Remedies

Both descriptions are absolutely true. However, if you read to a patient a description of CHICORY written by Stefan Ball, his or her reaction will probably be that of refusal or even indignation. ***“I do not do that because of selfishness or possessiveness but because I love them too much! I do not blackmail anybody”*** would be their probable comment.

On the other hand, the description of Bach is very empathetic. In all my cases of CHICORY the reaction of the patient was accepting, even enthusiastic; they felt pleased or even moved by the fact that somebody understood them: ***“Yes, that's me.”*** Some patients are so astonished by the precision of Bach's description that they say ***“How is it possible that he described me so perfectly, more than eighty years ago?”***

This reflects one basic principle of BFT. **The person who decides whether the remedy is right or not isn't the therapist but the patient who can tell whether his feelings are close to those depicted by Bach.** We have a direct feedback from the patient, and essences selected this way work much better than those selected by the therapist alone from a position of an all-knowing expert. The BFT practitioner is a guide who gives information and offers different options but it is the patient who makes final decision.

There are more ways how to recognize a negative state of a certain remedy in the patient. That is why the descriptions of remedies in this chapter are divided into a few parts:

- Every section is introduced by original explanation of Edward Bach from *Twelve Healers and Other Remedies*;
- **Summary** describes briefly the remedy. The same description is also included in 26.3. Alphabetic list of remedies;
- **Description** explains the main theme in detail;
- **Observation** brings some keys and tips how to recognize the remedy in patient's behaviour;
- **Communication** is sometimes included when a specific way how we interact with the patient can significantly influence the result of the therapy;
- **Physical complaints** describes the manifestation of the remedy on the somatic level;
- **Reflections** offers some examples of reflections (see chapter 10, Basic communication techniques) we can use during the consultation when we feel that the remedy might be useful for the patient and want to verify whether it really corresponds to patient's emotions;
- Every remedy has its negative picture as well as positive. Sometimes it is useful to concentrate on what positive should be enhanced in the patient, instead of paying attention to pathology only. Part **Positive** describes these aspects;
- **Compare** contains a simple differential diagnosis;
- **Combines frequently with** gives some tips which themes are often associated with considered remedy. For example, CENTAURY has a problem to tell "no". If he or she does it, he often feels reproaches of conscience. That is why remedy most frequently associated with CENTAURY is PINE. It does not mean that we should always mix these remedies automatically together but we should at least consider this combination when prescribing CENTAURY;
- **Keynotes** describes symptoms that are typical for the remedy and should attract our attention to this essence;
- Diagram **Vicious circle** – see below.

4.1.1. Vicious circle

When the patient is in a **compensated state**, the psychic condition associated with the remedy may be perceived as acceptable, normal or even useful. For example, negative MIMULUS state may be viewed as cautiousness. The patient may be convinced that this aspect of his personality protects him against everyday dangers. He takes preventive measures or avoids the risk if possible. CENTAURY is polite, AGRIMONY likes to maintain harmonious relationships etc.

However, in a **decompensated state**, the mental problem is so intense that it leads to thinking, feeling and behavioural patterns that further worsen the situation. For example, MIMULUS person is so fearful that the avoidance behaviour brings him troubles in his daily life. He has a fear to go to the exam; he postpones it repeatedly but his fear further grows and self-confidence decreases. CENTAURY has a problem to tell 'no' and other people abuse his kind-heartedness. AGRIMONY avoids conflicts at any cost but in spite of (or because of) his effort the discords grow.

Specific vicious circle of individual remedies is described at the end of each section. If you uncover such a vicious circle in patient's history it confirms that this theme is deep and important.

4.2. Classification of remedies

During the development of BFT, the classification of the remedies evolved. One of these classifications is mainly historical. At first, Bach discovered twelve essences. These remedies were called **Twelve Healers** and were intended to treat twelve human vices:

AGRIMONY, CENTAURY, CERATO, CHICORY, CLEMATIS, GENTIAN, IMPATIENS, MIMULUS, ROCK ROSE, SCLERANTHUS, VERVAIN, and WATER VIOLET.

Later he added other seven remedies, **Seven Helpers** to support the effect of Twelve Healers:

GORSE, HEATHER, OAK, OLIVE, ROCK WATER, VINE, and WILD OAT.

And finally he extended his set of remedies with other nineteen remedies to the definitive number of thirty-eight. These new essences did not receive any special name; they are usually called **Other remedies** or **Other nineteen**. The fact that Bach has not named them confirms the that he has already abandoned his classification to Twelve Healers and Seven Helpers. This fact surprised the editor of Bach's last book so much that he (the editor!) decided to add asterisks to essences originally called Twelve Healers to preserve continuity with previous editions. What is still worth mentioning, Twelve Healers and Seven Helpers are all prepared using sun method while Other nineteen are (with the exception of WHITE CHESTNUT) prepared by boiling method.

In the last edition of *Twelve Healers*, Bach changed the classification of remedies. He divided the remedies into **seven groups**:

- For Fear;
- For Uncertainty;
- For Not Sufficient Interest in Present Circumstances;
- For Loneliness;
- For Those Over-sensitive to Influences and Ideas;
- For Despondency or Despair;
- For Over-care for Welfare of Others.

Bach never explained why he had changed his classification and whether he had really definitively abandoned the original groups. That is why some of therapists still use the original groups of Twelve Healers, Seven Helpers and Other nineteen in their therapeutic systems. Some practitioners created a division of their own, for example to type and mood remedies. Some pay attention to botanical characteristics of the plants used for the preparation of the essences. However, for the daily practice no classification is needed. In this book, the remedies are divided into the above mentioned seven groups because the essences in one group have some common characteristics. It can help the reader to memorize easier the themes of essences.

4.3. For Fear

Description

This group of remedies deals with fear or its variants – apprehension, worry, terror, dread, panic. The differential diagnosis is usually quite easy:

- ROCK ROSE is for a panic and a terror; the patient loses his ability to think rationally;
- MIMULUS for a silent fear of known things;
- ASPEN for a fear and an apprehension of unknown things;
- RED CHESTNUT for a fear for other people;
- CHERRY PLUM for a fear of oneself, of one's impulses, that he will lose self-control or that he will get mad.


Communication

When communicating with patients feeling a fear, it is always important to stay calm and courageous. Fear and panic are emotions most easily transmittable person-to-person; especially ROCK ROSE terror can spread to people around including the therapist. If you feel that your patient's emotion is overwhelming you, do not hesitate to take the remedy too.

Patients needing these essences are looking for an authority, for a protection. No wonder that they often visit doctors. They may project their fears into somatic symptoms (MIMULUS, ROCK ROSE, ASPEN). CHERRY PLUM has a fear of getting crazy and may seek a help of a psychiatrist or psychologist. RED CHESTNUT is emotionally connected with other persons; he projects his fear into real or imaginary diseases of his loved people and may demand examination and treatment for them even when they aren't really ill.

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4.3.1. Rock Rose (*Helianthemum nummularium*)

 *The rescue remedy. The remedy of emergency for cases where there even appears no hope. In accident or sudden illness, or when the patient is very frightened or terrified, or if the condition is serious enough to cause great fear to those around. If the patient is not conscious the lips may be moistened with the remedy. Other remedies in addition may also be required, as, for example, if there is unconsciousness, which is a deep, sleepy state, CLEMATIS; if there is torture, AGRIMONY, and so on.*

E. Bach, Twelve Healers and Other Remedies

Summary

Panic. Overwhelming terror, uncontrollable, accompanied with physical symptoms like palpitations, breathlessness, vertigo. The panic may spread to people around. Acute dramatic situations, like car accident, assault, war. Flashbacks. Posttraumatic stress syndrome. Terrifying nightmares. Also less dramatic situations when the patient becomes panicky and loses his rational thinking.

Description

The fear of ROCK ROSE is the most intense of all fears. During this fear, he feels like a small child in a dangerous situation. The patient is overwhelmed by a fear; he may even lose his usual rational thinking. He feels desperate and powerless and unable to solve the situation by himself. He hopes that somebody will rescue him. The help can come only from outside, like a small child hoping for the help of a parent.

The state is usually very acute, either because the situation is so serious or because the patient perceives it as life-threatening. Fear of death is most typical; however, any fear may grow into a panic state, for example a fear of exams, of pain, of dogs etc. During negative state of ROCK ROSE, old animal centres in our brain and body become activated; adrenaline level increases dramatically. We prepare for fight-or-flight reaction. Heart rate and blood pressure raises. Our senses are sharp and we perceive every minor signal as a potential threat.

MIMULUS and ROCK ROSE are both remedies for fear and they are often used in the same indications. For example, a small boy has a fear of a dentist. When he has a MIMULUS fear, he usually remains relatively calm and keeps his worries inside. His feelings sometimes manifest indirectly; he may look for the ways how to postpone or avoid dentist's examination. In ROCK ROSE state, the fear emerges usually immediately before or during the examination; it is overwhelming and the patient behaves like an animal caught in a trap – his heart races, he screams, yells, wants to escape, kicks, beats and bites. Adult patient may become restless, tense, speak loudly, burst, yell, cry, tremble, react irrationally.

The fear of ROCK ROSE has also a “contagious” aspect – it may spread to people around and they may also get panicky. During mass-casualty incidents, panic often kills. People may be trampled down by people trying to run away at any cost. In a smaller extent, panic can spread from the terrified patient to

his relatives. Acute laryngitis in small children is often associated with ROCK ROSE state. During the night the child wakes up and begins to cough. After some time, the cough becomes more and more intense. The child is fearful and cries. Usual drugs against cough do not work. A “common” dry cough changes into a whooping cough. The parents begin to feel worried too. Their fear further grows and transmits back to the child. Finally, because of growing breathlessness, they all get panicky and helpless and hope to be rescued by emergency.

Terrifying nightmares when the patient feels panicky are also an indication for ROCK ROSE. Somebody haunts him, wants to kill him, he feels suffocated or attacked by dangerous animals. There is an immediate threat of death. The nightmare may be accompanied by physical symptoms like palpitation or profuse perspiration. Other remedies often used in nightmares are MIMULUS (calm fear of known things) or ASPEN (anxiety that something bad will happen but he does not know what, vague fear of death, of spectres or ghosts, of supernatural strengths).

The prescription may be based on the verbal description of intense fear or panic. However, in some cases the patient only has a recent history of a dangerous traumatic situation, like a car accident, earthquake or physical assault but he reports that he is already calm. Even in these cases, ROCK ROSE can be used too, alone or in the form of RESCUE REMEDY as a prevention of **posttraumatic stress syndrome**. In some patients, the terrible experience may remain inside and at times may unexpectedly emerge. For example, an innocent sound, smell, a situation may evoke feelings “as if it happened again”. These feelings are called **flashbacks** and can be very annoying. Another remedy for posttraumatic stress syndrome is STAR OF BETHLEHEM.

Some people may be restricted by a terrifying experience throughout their whole life. For example, the patient after an accident has a fear to drive a car or cross the road. A patient who has been attacked and almost killed by a robber gets panicky whenever she has to go outside from her house.

It is interesting that some people in a chronic state of ROCK ROSE, MIMULUS or ASPEN may feel fascinated by horror movies or participate in adrenaline sports like bungee jumping or car races. It seems as if they unconsciously tried to homoeopathically treat similar feelings with a similar experience.

For ROCK ROSE patient, the most important thing is to preserve rational thinking in spite of panic growing inside during attacks. During follow-ups it is useful to concentrate on the moments when the patient succeeded to keep calm in spite of strong distress. A useful technique in such situations is so called **triangular breathing**, a form of a relaxation (see 11.5.7.)

Observation

In a fully developed negative ROCK ROSE state, the patient is tense, restless, pale, he may tremble, pupils wild dilated. He is oversensitive to noise, light or smell. Unexpected sound or touch startles him easily. He behaves like a terrified little child. Quite significant is often also the reaction of people around him; they also can become panicky because of his health state and it further worsens patient’s condition.

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Physical complaints

The fear of ROCK ROSE is usually associated with somatic symptoms, like heart palpitation, breathlessness, chest pain etc. These symptoms alone may be so intense that the patients may call ambulance or visit emergency departments. In most of these cases, the situation is not as serious as they are convinced. They assess the severity of their state according to intense emotions they have. *”The heart is the most important organ in the body. If it stops, the person dies. And with my heart something is wrong; it beats stronger and stronger, faster and faster, and I am afraid I can get heart attack”*, is the explanation of one patient. Sometimes on the physical level no reason for this state is found and their state is concluded as “panic attack” or “neuro-circulatory asthenia”.

These patients are often accompanied by their family members or close friends who are exceedingly worried because of the state of their dear person.

ROCK ROSE is also one of the most important remedies for dying people.

Communication

When treating such patients, our behaviour is of utmost importance. If we remain absolutely calm and resolute when facing the patient and his relatives in panic, this calmness can “infect” them. They are like small children; they need a self-confident adult for protection.

People who have just experienced a life-threatening situation need very simple things like calm environment, room temperature, kind and comforting words. If there is no need of urgent operation, the patient can get some non-alcoholic drink (with a few drops of RESCUE REMEDY).

⊗ 50 years old woman. Ten years ago, she was attacked and almost killed by neighbour’s dog. Now, even after so long time, whenever she meets a dog, no matter of what race or size, she feels sheer panic.

⊗ 40 years old man. He suffers panic attacks; they come and go without a clear cause. Heart begins to beat faster and faster and he has a fear that he will die because of myocardial infarction. Repeated examinations were normal; anyway, his fear during attacks remains the same.

He works very hard and carries a lot of responsibility. He with his wife had a dream to have a house of their own; they have one now but the mortgage is high. That is why he has an additional job. He is chronically overworked. Panic attacks come mostly when he is alone at work or at home. He feels an urge to call his wife. A phone call helps him a lot.

The treatment combination is based on combination of ROCK ROSE, MIMULUS, HEATHER and ELM. Panic attacks serve as a warning light signalling that his body is exhausted and he needs more rest. The remedy reduces somewhat intensity and frequency of attacks; however, his state improves significantly after he gives up one of his jobs.


Note: panic attacks often require also other remedies, MIMULUS being most frequently used. The problem is usually more complex; panic attacks have some deeper meaning in patient’s life and in their family.

⊗ 50 years old woman. When she goes out she often gets a panic attack. Her heart palpitates and she has a fear of a heart attack. That is why she has given up most of her outdoor activities.

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During the consultation it becomes apparent that the problem is deeper. Her marriage is unsatisfactory and if she were healthy she would probably consider some change, even divorce. However, her panic attacks absorb her energy and make her dependent on her husband. That is why she suppresses her dissatisfaction and stays in this relationship.

Positive

 *Oh stranger, tell the Lacedaemonians that we lie here, obedient to their orders.*

Simonides, inscription on a monument of the battle of Thermopylae

In a positive ROCK ROSE state, the person is able to fight heroically even in a desperate situation. In the battle of Thermopylae, Spartan king Leonidas with his small unit of a few thousands of soldiers resisted about thirty times bigger Persian army.

 *... for knowing the death which was about to come upon them by reason of those who were going round the mountain, they displayed upon the barbarians all the strength which they had, to its greatest extent, disregarding danger and acting as if possessed by a spirit of recklessness.*

Herodotos about the battle of Thermopylae

Reflections:

You feel a terrible fear in these moments, and you need somebody to be with you and to help you as soon as possible.

Your heart beats faster and faster and you feel worried because of that.

The feeling of panic is so overwhelming and you cannot think rationally in these moments.

Compare:

- ❖ MIMULUS, ASPEN, CHERRY PLUM *and* RED CHESTNUT – they all perceive fear:
 - ROCK ROSE is panicky and unable to think rationally;
 - MIMULUS has a calm fear of known things, things that often may be avoided, keeps feelings inside, not a panic;
 - ASPEN has fear of unknown things, nightmares with a vague feeling of imminent danger without clear cause; fear of spectres, ghosts, black magic, voodoo, darkness, death;
 - CHERRY PLUM has fear of himself, of losing self-control;
 - RED CHESTNUT feels a fear for other people, not for himself.

4. Individual essences

- ❖ STAR OF BETHLEHEM – both are remedies for posttraumatic stress disorder, have after-effects of an accident, rape, near-death experience, have flashbacks:
 - in ROCK ROSE sympathetic vegetative system is activated, heart beats violently, blood pressure rises, senses are acute;
 - in STAR OF BETHLEHEM parasympathetic system is active – he is passive, in shock, as if paralysed.
- ❖ ELM – both may sometimes get panicky:
 - in ROCK ROSE, the panic may be caused by an intense terrifying experience, by nightmares, or by a fear of death provoked by intense somatic symptoms like tachycardia or vertigo;
 - in ELM, a panic state may emerge in moments of extreme stress and responsibility, like work overload; it serves as a warning light signalling that he should take a rest.

Combines frequently with:

- MIMULUS – fear and panic; it is suitable for persons who have a chronic calm fear that from time to time intensifies into a sheer panic;
- ASPEN – panic because of unknown, something terrible will happen but they do not know what, nightmares with panic but the patient does not remember the content of the dream.
- STAR OF BETHLEHEM – posttraumatic stress disorder, in panic and shock;
- IMPATIENS – tense, restless and panicky;
- CHERRY PLUM – panicky, hardly able to control his emotions; fear that he will get mad or that he will do something terrible;
- RED CHESTNUT – panicky because of fear that his dear person is in danger;
- SWEET CHESTNUT – extreme suffering and fear of a dying person;
- IMPATIENS – fear of some danger and inner tension and hurriedness.

Keynotes:

- **Fright, terror, panic;**
- **Switches off rational thinking;** feels helpless and hopes that somebody will help him; like a small child calling his mother;
- **Fright accompanied by physical symptoms** – palpitations, perspiration, trembling, dizziness, chest pain;
- **Emergency, accident, physical assault, sudden life-threatening illness** – stroke, myocardial infarction, or overwhelming fear of such a dangerous disease;
- **Flashbacks, posttraumatic stress syndrome;**
- Patient's state **provokes fear and panic in those around.**

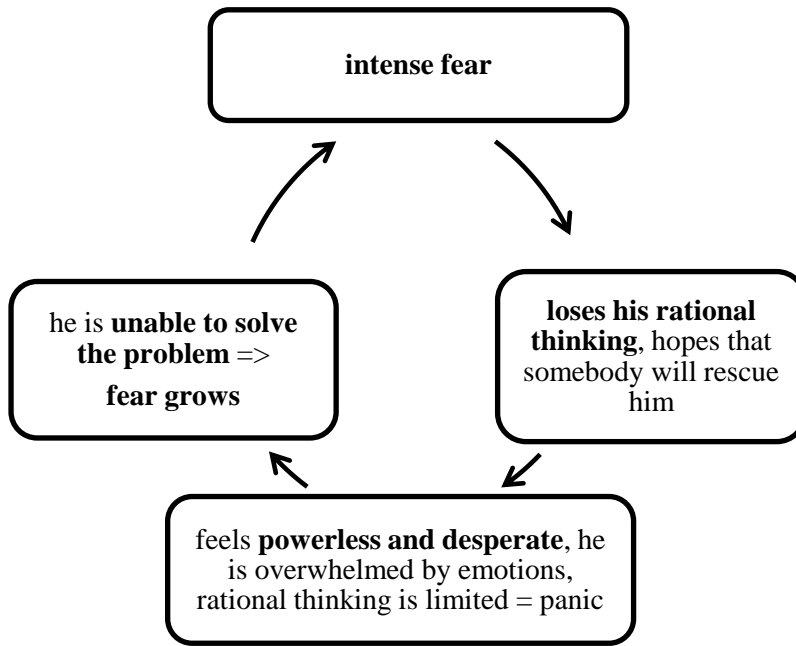


Diagram 1. Vicious circle of ROCK ROSE

4. Individual essences

4.3.2. Mimulus (*Mimulus guttatus*)

📖 Fear of worldly things, illness, pain, accidents, poverty, of dark, of being alone, of misfortune. The fears of everyday life. These people quietly and secretly bear their dread, they do not freely speak of it to others.

E. Bach, Twelve Healers and Other Remedies

Summary

Everyday fears of known things, like fear of disease, pain, death, darkness, being alone, financial problems, exams, making presentations, future. They keep their feelings inside; do not speak freely about their worries. Frequent remedy in physical problems. Fears are often more recognisable in behaviour than in words - they try to avoid stressful moments or prepare for them as well as possible. Nightmares.

Description

MIMULUS is one of the most frequently used essences. Its popularity stems from the fact that it deals with daily fears we all sometimes have. Fears of MIMULUS are less intense than in ROCK ROSE; patients preserve rational thinking. The object of fear is often something that can be avoided, at least for some time (like exams at school or visiting a dentist) or prevented by change of behaviour (like changing of a diet because of the fear of digestive problems, dressing well when going outside because of fear of colds). However, avoiding or postponing a problem leads to worsening of the fear. Dressing more than necessary increases the sensitivity to cold, avoiding some types of food leads to the weakening of a digestive tract.

📖 It's a dangerous business, Frodo, going out your door. You step onto the road, and if you don't keep your feet, there's no knowing where you might be swept off to.

J.R.R. Tolkien, The Lord of the Rings

MIMULUS fear can appear in both men and women but in men it is often more difficult to recognize. The reason is that men are traditionally taught that they shouldn't perceive fear or at least they should hide this emotion. Our world is rough; there is no place for weaklings. That is why many men feel ashamed when speaking about such feelings. In these people, the fear is often diagnosed on the base of observation. When speaking with them, it is also better to use a weaker word; word "fear" is unacceptable for them. They prefer "worries", "concern" or "being nervous a little bit" for description of their feelings. They also have a tendency to rationalize their emotions – we live in an unsafe world, it is natural to avoid risks or to take some precautions.

MIMULUS is often used in nightmares. The fear during them is less intense than in ROCK ROSE and it concerns specific things (opposite of ASPEN).

MIMULUS persons often avoid a company and do not like to be the centre of the attention; they are bashful, blush easily, especially when meeting opposite sex.

When we compare fear of MIMULUS with ASPEN, MIMULUS fear concerns real and well-defined things, like dogs, disease, exams, robbers, being alone. The fear of ASPEN is vague and unspecific; he feels that there is some imminent danger but cannot explain it further. It is just his sixth sense or intuition that warns him.

Both remedies can have a fear of death and darkness. It is necessary to explore this theme further; MIMULUS may explain that he has a fear of being attacked by robbers. ASPEN has more a fear of spectres, skeletons, ghosts or of the unknown after the death.

Sometimes, negative MIMULUS state may be provoked by the insensitive or overprotective attitude of a healthcare practitioner:

☼ *70 years old patient. Recently he was diagnosed myasthenia gravis, a serious and potentially deadly disease leading during the years to disability. This information itself is quite frightening. However, his neurologist further intensifies his fear. When the patient asks whether he can ride a bike as he used to, his doctor's answer is, "No, you have to avoid any physical exercise. Otherwise, there is a high risk that you would die during the sports." The fear of the patient grows. He restricts all his physical activities. Sooner he liked to take part in all kinds of social activities, visited concerts, theatres, or degustation of wine. At present he has a fear even to be alone at home. No wonder that his fitness decreases dramatically. Because he can hardly walk upstairs to the second floor he believes that his disease is progressing fast and his fear still intensifies.*

After MIMULUS as main remedy, the patient begins to return to his previous activities. Although he still feels fear when leaving home for a few days he is able to overcome his doubts. He is able to enjoy the pleasures of life again.

The goal of the therapy in MIMULUS is to enhance patient's self-confidence by stressing his successes and to help him to break his avoidance behaviour (see also education 11.5.5. Avoidance cycle). It is often helpful for the patient to carry a bottle with the remedy to a challenging situation, for example to an exam, to the dentist or to the conference where the patient is expected to have a presentation.

Observation

MIMULUS people usually do not speak about their fears. The diagnose is often based on the observation. Their fear manifests usually indirectly; for example, the patient describes how he must prepare for some event, how the precautions are important and how they can help him to avoid serious consequences. He has to study harder for an exam than others, he must avoid some food to prevent digestive problems, avoid lifting heavy burdens to prevent injury of back or dress well to avoid cold etc.

Physical complaints

MIMULUS is one of the most frequently used remedies in physical complaints. The symptoms aren't usually intense but the patient is afraid that they may get worse in the future or he may worry because

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its cause remains unclear. The character of some complaints especially evokes the possibility of a dangerous disease, like chest pain and myocardial infarction, dizziness and brain stroke, or abdominal pain and cancer. *“This pain in my chest is not too intense; I do not need any painkillers. What makes me nervous - I do not know why I have it.”*

Communication

Similarly as in all remedies of Fear group, our calm and assuring approach is important. These people sometimes come frequently during the therapy and report that the situation is the same. They have a fear that the therapy might fail. They need to hear repeatedly that the treatment is proceeding well and that everything will be OK. If you are confident enough, after some time, these fears will be less frequent and less intense.


MIMULUS state sometimes manifests at the very end of the first consultation. We have already decided what essences to choose and have mixed them in the bottle. At the moment when the patient receives the remedy bottle he tells *“And what happens when I start to use it? Won't my problems get worse?”* At this moment, it is advisable to stop for a while and make a reflection *“You are worried about the effect of remedies.”* *“Yes, I just do not want my problems to get worse.”*

What to do in such a situation? Such a fear is a serious problem; it may lead to premature interruption of the therapy. You can add MIMULUS to his bottle. You can also offer him the possibility to adjust the dosage according to his state:

“Well, these essences do not act directly on the physical level, so I do not expect worsening of your complaints. Anyway, it may be useful for you to have an option on how to adjust the dosage according to your actual state. If you feel that the remedy is too strong for you at the moment you can reduce the dose. Normal prescription is four times four drops, so you can try two times two drops. If it is too much you can try one drop daily. And when you feel well again you can raise the dose. And you can also call me in-between consultations if necessary.”

Such a recommendation is acceptable for most patients and they usually don't have any adverse reaction.

Positive

 Village boys: *Our fathers are cowards. We are ashamed of them.*

Bernardo O'Reilly: Don't you ever say that again about your fathers, because they are not cowards! You think I'm brave because I carry a gun? Well, your fathers are much braver, because they carry responsibility – for you, your brothers, your sisters, and your mothers. And this responsibility is like a-a big rock that weighs a ton. It bends and it twists them until finally it buries them under the ground.

I have never had this kind of courage. Running a farm, working like a mule every day with no guarantee what will ever come of it... this is bravery. That's why I never started anything like that. That's why I never will.

The Magnificent Seven (movie)

In a positive MIMULUS state, people are ready to face everyday challenges with a calm courage. *The Magnificent Seven* is a cult movie about courage. Seven gunmen protect the village against a gang of robbers. In spite of numerical superiority of enemies, they dauntlessly face imminent death. This is a positive ROCK ROSE state. However, during a short break between gunfights, O'Reilly, one of brave gunmen, explains to village boys that there is also another sort of bravery, a silent courage when facing daily difficulties. That is positive MIMULUS state.

Reflections:

You feel worried (a little bit) because of that.

It makes you nervous a little bit.

You have to use preventive measures to avoid later problems.

Compare:

- ❖ ROCK ROSE, MIMULUS, ASPEN, CHERRY PLUM *and* RED CHESTNUT – they all perceive fear:
 - ROCK ROSE is panicky and unable to think rationally;
 - MIMULUS has a calm fear of known things, things that often may be avoided, keeps feelings inside, not a panic;
 - ASPEN has fear of unknown things, nightmares with a vague feeling of imminent danger without clear cause; fear of spectres, ghosts, black magic, voodoo, darkness, death;
 - CHERRY PLUM has fear of himself, of losing self-control;
 - RED CHESTNUT feels a fear for other people, not for himself.
- ❖ WHITE CHESTNUT – both feel worried:
 - MIMULUS has fear of known things;
 - in WHITE CHESTNUT, the main problem are disagreeable thoughts whirling in head.
- ❖ LARCH – both do not like to face challenges and try to avoid them:
 - MIMULUS feels weaker or less capable than the other people and has a fear of failure, of speaking in public, of exams; he may avoid the confrontation with the problem for some time but finally he faces it;
 - LARCH has lack of self-confidence, he knows he is less capable than others, there is no fear, it is just fact. That is why he gives up things even before trying them.
- ❖ CERATO – both can have a fear of making a decision:
 - CERATO does not trust his opinion; he hopes to shift the responsibility for making the decision to other people by asking them;
 - MIMULUS – fear of known things, pain, disease, death, poverty, being alone, of darkness. Indecision can be provoked by a fear of making a mistake.

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- ❖ **SCLERANTHUS** – both can have a fear of making a decision:
 - **SCLERANTHUS** has difficulty to decide between two things; first thing seems right then the second; he may feel the fear of criticism because of his unreliability or that they will be considered to be hysterical;
 - **MIMULUS** – fear of known things, pain, disease, death, poverty, being alone, of darkness. Indecision can be provoked by a fear of making a mistake.
- ❖ **HEATHER** – both can worry because of some problem:
 - **MIMULUS** keeps his worries inside, does not speak about them;
 - **HEATHER** feels the urge to speak with some other person about his problems and feels better after the conversation.
- ❖ **HORNBEAM** – both can fear that they will not be able to deal with everyday problems at work:
 - **MIMULUS** may like his work but he has fears that limit him; he has a fear to speak in public, to make presentations, of making mistakes or of his boss;
 - **HORNBEAM** feels weak; he is overloaded by routine work, in the morning he feels tired and has a fear of all this work he has to do during the day but he usually succeeds in his work.
- ❖ **WATER VIOLET** – they both may avoid company:
 - **MIMULUS** avoids company because of a fear of ridicule or criticism;
 - **WATER VIOLET** avoids other people because he is self-sufficient; he may also feel that the other people are too different and that they have only a few common themes for a conversation.
- ❖ **CENTAURY** – both are submissive:
 - **MIMULUS** has a fear of conflicts and tries to avoid them;
 - **CENTAURY** wants to please other people and cannot tell “no”.
- ❖ **GENTIAN** – both may have a problem to start something:
 - **MIMULUS** has a fear of failure;
 - **GENTIAN** doubts the possibility of success.
- ❖ **WATER VIOLET** and **CLEMATIS** – they all may avoid company and become isolated:
 - **CLEMATIS** gets isolated because the way how he thinks is too different in comparison with other people; they do not understand him and he does not understand them; furthermore, interpersonal relationships are often unimportant for him;
 - **MIMULUS** has a fear of other people, of being ridiculed, criticized, blushes easily;
 - **WATER VIOLET** is distant, aloof, goes his own way, does not communicate much with other people; he may give impression of a haughty person; he may feel that he has only a few common topics common for conversation with other people; he may also differ somehow from other people: more clever, rich, popular, tall, handicapped, different colour of skin or nationality, he may belong to a special family etc.
- ❖ **CLEMATIS**, **STAR OF BETHLEHEM**, **IMPATIENS** and **CHESTNUT BUD** – they all may have frequent small accidents:
 - **CLEMATIS** is disconnected from a real life and does not pay attention to things around him;
 - **IMPATIENS** is too hurried; he acts faster than thinks;
 - **CHESTNUT BUD** does not learn from his previous mistakes;
 - **STAR OF BETHLEHEM** may have a history of repeated injuries that healed slowly;
 - **MIMULUS** has a fear of having an accident or of making a mistake and his over-cautiousness may paradoxically lead to an accident.
- ❖ **AGRIMONY** – both may hide fear:
 - **AGRIMONY** carries a careless mask and jokes about serious things;

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- MIMULUS keeps the worries inside; they may manifest in a form of preventive measures, of avoiding some disagreeable situations, people, food etc.

Combines frequently with:

- WHITE CHESTNUT – fear and worries that circulate all the time in the mind;
- ROCK ROSE – a fear that at times grows into a panic;
- LARCH – fear and lack of confidence;
- HEATHER – fear that gets better in company of other people or when talking about the problem;
- AGRIMONY – hiding his fears;
- ASPEN – fears of specific objects mixed with vague apprehension;
- RED CHESTNUT – fear for a dear person mixed with the fear of future, of being alone etc. Like a woman whose husband got seriously ill and she is worried how his disease will develop and whether she will be able to cope with all these things her partner has used to do for many years;
- CENTAURY – fear to tell “no”;
- GENTIAN – pessimistic and having a fear of failure;
- PINE – fear of making a mistake;
- WALNUT – fear of making an important life change;
- SWEET CHESTNUT – extreme suffering and fear of a dying person;
- VINE – victims of bullying.
- BEECH – intolerant but having a fear to manifest it.
- IMPATIENS– fear of some danger and inner tension and hurriedness.

Keynotes:

- **Fear of worldly things** (illness, pain, accident, poverty, dark, alone, misfortune);
- **Quietly and secretly bear their dread**, do not speak freely about it to the others;
- **Fear manifests more in behaviour** – avoiding feared situations or postponing them, taking preventive measures like abundant dressing in the cold weather, avoiding some food, lifting heavy burdens etc.

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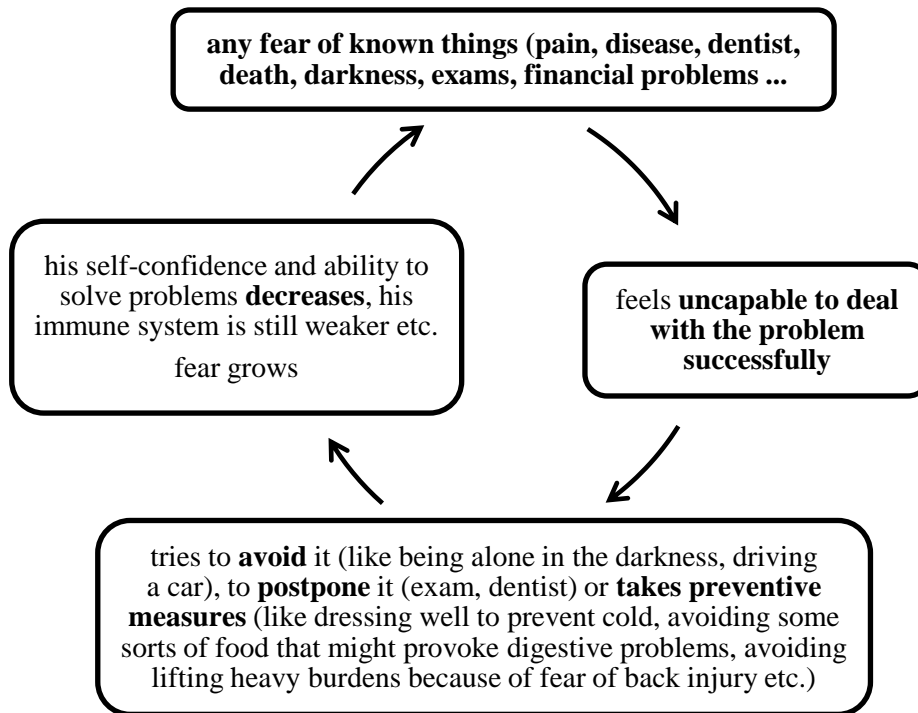


Diagram 2. Vicious circle of MIMULUS.

4.3.3. Cherry Plum (*Prunus crasifera*)

📖 Fear of the mind being over-strained, of reason giving way, of doing fearful and dreaded things, not wished and known wrong, yet there comes the thought and impulse to do them.

E. Bach, Twelve Healers and Other Remedies

Summary

Proper, polite, self-controlled. Keeps negative emotions inside. However, in some moment, the inner tension is so strong that he is afraid that he can lose self-control and burst. Fear of himself; fear of impulses of his own, fear that he will do something he does not want and is afraid of it. Fear of getting mad. Like a pressure cooker with blocked vent, destructive explosion is imminent. Obsessive thoughts and compulsive behaviour. In acute states when the patient is overwhelmed by strong emotions that he is hardly able to control.

Description

All cultures in the history had their own codex of (right) behaviour. Its rules defined what was normal and acceptable and punished what transgressed certain social limits. In minor misdemeanours, like expressing loudly and unexpectedly strong emotions, being vulgar etc., fellow citizens were on guard against the offenders, criticized or avoided them. Unpredictable bursts of anger, tears or laugh were labelled as hysterical and these people were ridiculed and not taken seriously. In more severe cases, especially when there was a physical violence, the perpetrators were imprisoned or even executed. If the behaviour was totally out of control these patients were isolated in asylums until their death. Medieval institutions “treating” mentally disordered patients were a real hell on earth, often still worse than an average jail and without a chance to be released and to return to normal life. Insane persons were chained in dark dirty cellars and tortured in a futile attempt to expel daemons from them. If people wanted to live peacefully in the society they had to respect these rules by creating a superficial façade of normality and by maintaining self-control.

CHERRY PLUM people have an exaggerated fear of transgressing of this codex. They try to remain normal and calm under all conditions. In a stabilized state, they seem perfectly controlled. They are rational, and their feelings are only moderate and socially acceptable. However, even in compensated CHERRY PLUM state, there may be some moments when the façade isn’t able to hide completely strong emotions under the surface anymore. Such a usually very polite person may for example react by a usage of a vulgar word or burst unexpectedly in the moments of the increased stress. He may also get drunk at a party and behave inappropriately or have one-night stand. CHERRY PLUM feels ashamed because of these moments, considers them as their personal failure and tries to further intensify the self-control.

The tendency to keep emotions inside becomes still more prominent under stressful conditions. The provoking moment is often an inner conflict that has no good solution. There are a few options but they are all unacceptable because of some reason. For example, the boss gives the employee,

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a CHERRY PLUM person, a tongue-lashing. The patient feels intense anger and humiliation and wants to fight back but he is aware of the fact that his boss does not tolerate any opposition and he could fire him. Another situation is when the patient recently suffered a loss of a dear person. He is full of painful emotions that need to go out. However, he has a fear that the sorrow is too strong that he could lose self-control in the public. He believes that crying in front of the other people is socially inappropriate or hysterical. He has a fear that they would refuse him, criticize him or laugh at him because of that. He tries to keep the pain inside.

☉ 55 years old woman comes to the consultation on the verge of collapse. Her husband has been recently diagnosed cancer. She feels extreme worry for him but at the same time she knows she must remain strong and calm to support him. In the past, whenever she was in a difficult situation she used to discuss it with her husband and his advice and emotional support helped her a lot. However, she has to deal with the present situation by herself now. She knows she must be strong and calm and encourage her husband. She tries to keep her feelings inside but she feels that the inner tension is already unbearable and she has a fear that she could get mad because of that.

After CHERRY PLUM, STAR OF BETHLEHEM, HONEYSUCKLE and RED CHESTNUT her condition settles down and she is able to support her husband during the treatment.

Because this inner tension has no safe vent, it begins to grow. During the time the tension gets more and more intense and the patient begins to fear that if he lets the pressure go it will end in a catastrophic explosion. It is interesting that in most cases, the imminent disaster is only in patient's fantasy. A good question is, *“What the worst could happen if you lost self-control?”* – *“I would cry and cry and never stop.”*, *“I would cry in front of my ill husband and his disease might worsen because of that.”* All these worries are unreal; she will certainly stop crying sooner or later, and it is quite probable that her ill husband is in a better mental condition than she is.

Some people adopt suppression as a main strategy how to deal with problems. Because suppression does not mean a resolution, suppressed emotions remain there and they are only temporarily shifted away from patient's conscience. Inner tension grows and maintaining of self-control requires more and more energy. Finally, the pressure is so intense that it disturbs his normal life; the patient uses most of his energy to keep control over himself. Hidden feelings may transform into irrational impulses to do something terrible and destructive, like to beat or kill somebody, to tell something that would ruin the relationship, to start a fire etc. Such a person knows that these impulses are wrong and feels terrified by them and ashamed because of them; he often believes that he is a bad human because of having them. He may even fear that he is getting crazy because of this unbearable pressure.

Some people may also experience a negative state of CHERRY PLUM after a situation when they have already lost self-control. For example, they have hit somebody in anger or have told something wrong that has had serious consequences. Now, they are afraid that they can react in the same way again and destroy an important relationship or even do something that could lead to a prosecution.

Somebody can also get into a very acute CHERRY PLUM state when he has experienced something terrible, unbearable and he is overwhelmed by extreme emotions. For example, he has had a serious car accident or was attacked and injured by a robber. He almost died and he perceives the strongest feelings he has ever had, like panic, fury or grief at one moment. He feels he is unable to control them anymore and he has a fear that he can get mad. His behaviour is irrational and to the other people, he may give an impression of a hysterical or mentally disturbed person.

During World War II, psychiatrists described a diagnosis called **three day psychosis**. In troops where most of their members were killed during the battle, in the survivors a temporary mental disorder with

hallucinations and delusions often developed. In spite of its dramatic manifestation, the course was benign; in three days it disappeared spontaneously. The emotional charge of the situation was too intense, so that their mind needed some time to restore the equilibrium.

⊗ 25 years old woman. Yesterday she had a car accident; another car crashed into her in a high speed. Luckily, nobody was injured; there was only material damage. However, she cannot recover mentally. She is tense, restless, cannot sleep, during the consultation her mood alternates from panic to fury. She hardly controls herself and uses vulgar words. She has a fear of being alone at home and of doing something terrible.

After CHERRY PLUM as main remedy she calms down fast and restores her usual self-control.

Because of its usefulness in acute situations it became an important part of RESCUE REMEDY.

CHERRY PLUM person needs to learn that feeling an impulse to do something wrong isn't a crime or something shameful. He also needs to find a safe vent for his emotions, instead of suppressing them. Because CHERRY PLUM has a fear of getting mad, it is useful to tell him that having strong emotions is something absolutely normal. Assertive techniques (see 11.5.2. Broken record technique, 11.5.3. Expressing anger) for safe manifestation of suppressed anger or triangular breathing (see 11.5.7.) for calming down and reducing inner tension may be useful.

Observation

Both MIMULUS and CHERRY PLUM usually do not speak about their fears and about suppressed emotions and impulses. We can observe CHERRY PLUM state in the situation when the patient describes how he has to control his anger. He may tell for example that when he gets into a conflicting situation, he prefers to leave without telling a word. When exploring this theme in more detail we may discover that he has a fear that his burst of anger could have detrimental effect to his family or work. CHERRY PLUM theme may also manifest in a fear that he may lose control over the car and have an accident because of too much stress or overwork. Loss of concentration for a fraction of second can have catastrophic consequences.

The patient can also have a fear that he could begin to cry during the consultation. Other remedies that do not like to cry in front of other people are AGRIMONY and STAR OF BETHLEHEM.

Acute CHERRY PLUM states have a clear provoking moment, and the patient is tense, restless and you can see how difficult it is for him to maintain self-control. You can observe his inner emotional chaos. He may behave inappropriately or hysterically¹¹.

Sometimes the **chronic** CHERRY PLUM state becomes so intense that the patient is restless and agitated because of strong emotions that he is hardly able to control. The restlessness and taciturnity may resemble ASPEN. During this state, CHERRY PLUM patient does not communicate because all his energy is fully absorbed by his inner struggle. This state is a result of a long-lasting process and requires immediate medical care. There is a high danger of suicide and the agitation may mask a severe mental disorder, for example schizophrenia. In these situations, CHERRY PLUM or RESCUE REMEDY may help to overcome more easily the time until the arrival of emergency.

¹¹ The word "hysterical" is often abused as a pejorative label for people who demonstratively use strong emotions to manipulate with other people. However, *Cherry Plum* may be truly hysterical, i.e. in spite of his maximal effort he is unable to maintain self-control and he feels ashamed because of it.

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Patient in a chronic CHERRY PLUM state can sometimes be diagnosed **obsessive-compulsive disorder**. The provoking moment is forgotten; the patient spends a lot of time with rituals and fights with persistent thoughts and impulses that cost a lot of energy.

Physical complaints

Physical problems appear when the pressure of emotions exceeds certain limit and reflects either the fear of fatal consequences to one's health (fear of heart or brain stroke), or a fear of a loss of self-control (dizziness, faintness). CHERRY PLUM can be also useful in repeated states of loss of consciousness where the patient has a fear that he might do something dangerous, like in epileptic fits.

⊕ 50 year old man. He works as a policeman and recently he has got a new colleague. The patient is very responsible and perfectionistic; the punctuality is very important for him. However, she (new colleague) is his exact opposite: she is negligent, irresponsible and unpunctual. As a part of their work, they meet a lot of people, and he feels that even when their delays are caused by her, it also damages his reputation. He has to excuse all the time but with every new situation, his suffering is more intense. There is no good way how to solve the situation. He feels it would make no sense to complain to superiors; furthermore, he does not want to cause her problems. At the same time he feels terribly whenever they come late somewhere.

He is restless and tense, and has a fear that he might get a myocardial infarction because so much stress.

When directly asked, he admits that his anger towards her is growing but he does not know what to do with it. He is even afraid that he could hit her in rage. And he knows that such behaviour would irreversibly affect his professional career.

After CHERRY PLUM, PINE and MIMULUS as main remedies, his condition settles down during a few weeks.

📖 *Step from under the eaves and you're a dead man. Leave the gate and the enemy is waiting.*

Samurai proverb

Perfect self-control became an ideal for Japanese samurais. For a samurai, keeping "poker face" under all conditions was essential; he was trained from early childhood to suppress his feelings. If he failed, if he lost temper, got angry or cried, he lost his face as a warrior. And this shame was worse than death. Like in an above mentioned samurai proverb, slight misstep could have fatal consequences.

Ancient warrior's codex, bushido, was adopted by Japanese soldiers during World War II. Later, when military ambitions transformed into economic expansion, this philosophy significantly influenced modern enterprises. Ideal Japanese worker is a man or woman who is ready to suppress his needs for the sake of his company. He accepts extra work, sacrifices his holiday, and tolerates humiliation without complaint.

📖 *It was considered unmanly for a samurai to betray his emotions on his face. "He shows no sign of joy or anger," was a phrase used, in describing a great character. The*

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most natural affections were kept under control. A father could embrace his son only at the expense of his dignity; a husband would not kiss his wife,--no, not in the presence of other people, whatever he might do in private!

Inazo Nitobe, Bushido, the Soul of Japan

No wonder that Japanese national tree is *sakura*, a Japanese cherry. During *hanami* festival, thousands of Japanese make trips to the nature and admire beauty of cherry blossoms. It is time to relax and to be happy.

Positive

Like an ideal of a samurai, the person in a positive CHERRY PLUM state is able to face extreme situations and dangers with calm self-control and deal with conflicts with cold head. In spite of a lot of pressure he is aware of his feelings, he accepts them and he is also able to express them in a safe way.

Reflections:

It is important for you to maintain self-control.

You are a calm person.

You never get angry.

You have a fear that uncontrolled emotion can have a destructive effect.

You feel that minor fault can have terrible consequences.

Compare:

- ❖ AGRIMONY – both keep their emotions inside:
 - CHERRY PLUM has a fear of bursting from anger;
 - AGRIMONY suppresses negative emotions inside because he is over-sensitive to conflicts, keeps smiling face.
- ❖ ROCK ROSE, MIMULUS, ASPEN, CHERRY PLUM and RED CHESTNUT – they all perceive fear:
 - ROCK ROSE is panicky and unable to think rationally;
 - MIMULUS has a calm fear of known things, things that often may be avoided, keeps feelings inside, not a panic;
 - ASPEN has fear of unknown things, nightmares with a vague feeling of imminent danger without clear cause; fear of spectres, ghosts, black magic, voodoo, darkness, death;
 - CHERRY PLUM has fear of himself, of losing self-control; in extreme situations he may be taciturn and restless like ASPEN;
 - RED CHESTNUT feels a fear for other people, not for himself.
- ❖ IMPATIENS – they both are restless and tense:

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- CHERRY PLUM is restless and tense because of the emotional pressure suppressed inside; he controls himself a lot, although sometimes he may burst and even become violent. Such an uncontrollable explosion is perceived as threatening and he tries to avoid it at all costs;
- IMPATIENS is irritable, impatient and hurried by nature, bursts easily, and then calms down fast.
- ❖ CHERRY PLUM – both may exert extreme effort:
 - SWEET CHESTNUT desperately tries to maintain unsustainable situation;
 - CHERRY PLUM tries to maintain self-control or suppress his emotions.
- ❖ ROCK WATER – both remedies are self-controlled:
 - CHERRY PLUM suppresses negative emotions because he feels that they are socially unacceptable or even dangerous; he feels ashamed because of having these feelings;
 - ROCK WATER suppresses his needs and is strict to him because he believes that it will help him to be healthy and strong or it will support his spiritual growth; he is proud of it.

Combines frequently with:

- AGRIMONY – controls his negative emotions and keeps a smiling face;
- SWEET CHESTNUT – extreme torture, anguish, fear that he will get mad or make something terrible;
- ROCK ROSE – panic and fear of losing self-control;
- STAR OF BETHLEHEM – shock and fear of losing self-control;
- HOLLY – rage with a fear of doing something terrible;
- IMPATIENS – restlessness and tension and fear of losing self-control.

Keynotes:

- **Intense self-control**; suppressing negative emotions; false calmness;
- **Fear of getting angry** or crying in the public;
- **Fear of mind being over-strained**, of reason giving way, of getting mad;
- **In times of increased stress he may become hysterical**, his behaviour may be socially inappropriate, may use vulgar words;
- **Impulses to do fearful and dreaded things**, although he does not wish them and he knows they are bad.

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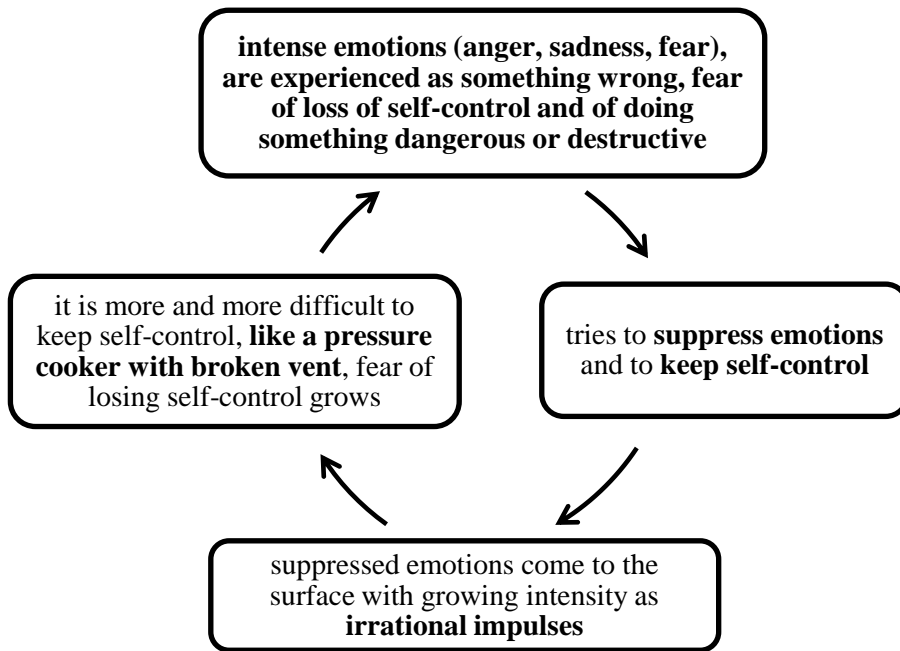


Diagram 3. Vicious circle of CHERRY PLUM

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4.3.4. Aspen (*Populus tremula*)

📖 Vague unknown fears, for which there can be given no explanation, no reason. Yet the patient may be terrified of something terrible going to happen, he knows not what. These vague unexplainable fears may haunt by night or day. Sufferers often are afraid to tell their trouble to others.

E. Bach, Twelve Healers and Other Remedies

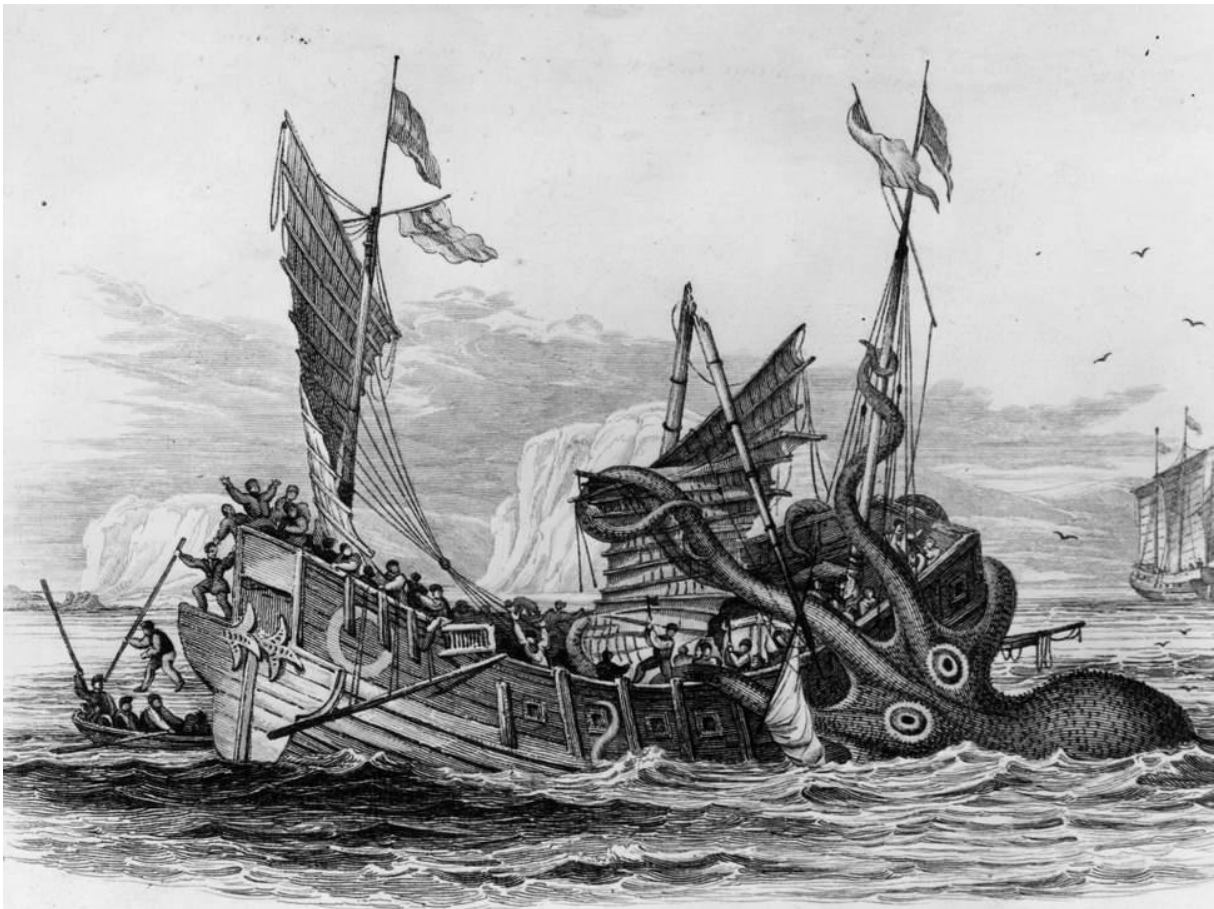


Figure 9. Sea monster attacking a ship. (Source: www.gettyimages.com)

Summary

Vague anxiety without clear cause. He does not know why but he feels a fear that something terrible might happen. Premonitions. Superstitious. May resort to horoscopes, protective rituals, pray excessively, use amulets. Trembling from fear. Fear of death, darkness, ghosts. Nightmares.

Description

MIMULUS and ASPEN are both remedies for fear. While MIMULUS has a fear of specific things, like pain, illness, poverty, being alone, ASPEN has usually a vague, unclear but overwhelming anxiety that something bad might happen. Maybe you have also sometimes experienced such a thing. Like any other workday, you leave home and go to work. Everything seems quite normal but you cannot get rid of an intrusive feeling that something is wrong. What does it mean? You check things over and over and finally you discover it: you forgot your mobile phone on the kitchen table!

Our brain is an extraordinary tool. When our conscious mind thinks about what to buy for the dinner or where to go during the holiday, our unconscious also works. It evaluates signals from the outside and compares them with the records from the past. This process, called **intuition**, is completely different than rational thinking but it can bring surprising results.

ASPEN people are very intuitive. They rely upon their sixth sense a lot, maybe more than upon rational reasoning. However, their intuition isn't always perfect. Fear of ASPEN can be compared with a warning light of a too sensitive sensor. It signals that there is a danger even when everything is OK. However, the patient does not know that the sensor sends false alarms. He trusts his intuition and expects the danger.

In extreme situations, ASPEN person may believe that he is under some evil influence that guides his every step. Like in an ancient Greek tragedy, the patient feels that his ill fate or the ill fate of his family is predestined by supernatural forces and he is heading inevitably towards disastrous ending. The fact that at present his situation or the situation of his family is optimistic does not play a role. Paradoxically, he may believe that it even confirms his expectations: it is simply too good to be true.

The source of ASPEN fears and anxieties is deeply buried in the unconscious. In a very early developmental phase when the patient was a small and defenceless baby he felt that the situation was unsafe for him. For example, his father was a violent alcoholic who could lose temper any time and yell, scream, slam the door, smash things and beat people around. Because of increased sensitivity and intuition, the patient as a toddler knew something was wrong but did not know what. Because he did not have a rational thinking of an adult yet he couldn't deal directly with the problem and reacted by general tension, restlessness and anxiety. When the situation repeated or was long-lasting, this reaction became fixed. His inner sensors became more and more sensitive and any minimal impulse could provoke alarm.¹²

Unconscious is a fascinating psychological phenomenon. It swallows all our experiences and they seem to be buried forever. However, in some moments, content of our unconscious may unexpectedly come to daylight again. Our psyche can be compared with a vast and deep ocean. What we can see is only a minute part of its content. Nobody knows what is hidden under its surface. No wonder that old mariners imagined that the depths of seas and oceans were inhabited by huge monsters and bloody beasts that could unexpectedly attack them. And that is exactly the fear of ASPEN.

Because of looking at the world through "fear" glasses, ASPEN has a tendency to see a danger in the most innocent situations, like sudden noises or minor physical symptoms. Bach uses in his description

¹² Erik Erikson, a famous German-American psychoanalyst, defined developmental stages we all go through during our life. The earliest stage is characterised by a conflict "basic trust x basic distrust". Basic trust is defined as "a presumption that the world has unchangeable order and meaning and is generally positive towards human beings". People in a negative ASPEN state have lost basic trust, or, as Stefan Ball says, "belief in goodness".

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a word “vague”. Original meaning of this expression is “wandering, uncertain”. The fear cannot focus to one thing; it shifts from one thing to another like a butterfly flying from one flower to another. Because of this aspect of vagueness, it is virtually impossible to take rational protective measures. That is the difference from MIMULUS who can avoid the problem or prepare for it.

ASPEN frequently resorts to religion or magic. He may feel that he is swayed by unpredictable supernatural forces. He often trusts horoscopes, Tarot, chiromancy or other similar methods. He may also try to protect himself against invisible power threatening him, for example using prayers, ritualistic behaviour or by amulets.

ASPEN can also have specific fears, especially of death, darkness, and evil forces. The difference is in the character of the fear. Fear of MIMULUS is more rational, logically explainable. When walking through dark streets in the evening, MIMULUS may have a fear of robbers. This fear is based on personal experience, TV news or crime statistics. On the other hand, in ASPEN, the fear is caused by his overactive fantasy painting in his mind dark spectres, ghosts and skeletons crawling from graves that might attack him or his family.

ASPEN usually does not speak about his anxieties. His fears are ungrounded. He feels he is unable to explain his worries to other people. He may have an experience that when he tried to describe his feelings to other people they criticised or ridiculed him. Another reason may be a superstition that if he speaks about his premonitions they will become true.

ASPEN people need to realize that the worrying signals they perceive are caused by too sensitive mind, not by a real danger. They should trust more their rational thinking. Because they are often religious people, they should also learn to rely upon God’s protection:

So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand. "All who rage against you will surely be ashamed and disgraced; those who oppose you will be as nothing and perish. Though you search for your enemies, you will not find them. Those who wage war against you will be as nothing at all.

Isaiah 41:10-12

Observation

The state of ASPEN is only rarely expressed in words. You can usually observe that the patient is tense, startles easily, and sometimes may even tremble without any sufficient reason. Another sign may be excessive praying, using protective amulets, paying a lot of attention to horoscopes or fortune-tellers etc. Sudden noise can make them jump up in the chair (ROCK ROSE). They sometimes look like a prey chased by a predator. Some ASPEN patients can also compulsively use remedies (Bach essences or allopathic remedies, like anxiolytics or antidepressants) to calm down or as a protective measure against invisible dangers. The patient may have a fear that if he misses his regular medication something terrible might happen but he does not know what. The patient may have a feeling of an ominous predestination, of a Damocles’ sword hung over his head. His ill fate has been already decided, and he cannot change it.

Physical complaints

ASPEN fear may be associated with a physical trembling or a feeling of a stone in epigastrium. ASPEN fear may lead to a “fear of fear” as we know in ROCK ROSE. In these situations the fear is more and more intense and it can lead to a panicky state similar to ROCK ROSE with palpitations, breathlessness or chest pain. The patient may have a fear that he may get heart attack or stroke.

The patient may also have some symptoms that do not annoy him but he feels that it may be a signal that something bad might happen, that it is a symptom of some hidden serious underlying condition.

⊗ *70 year old woman suffering palpitations. Standard medical examinations did not reveal any serious problem but moments of fast and strong heartbeat are annoying. She does not complain about having a fear; however, her fear is observable. She is tense, fidgety and startles easily when hearing unexpected loud noise. When asked about fears, she acknowledges she is worried but she cannot explain of what. When speaking about fear, her restlessness and tension still grows.*

After a few weeks of treatment with ASPEN as main remedy, she reports a significant reduction of anxiety.

Most healthy people have a basic trust in their body, they believe that their body is well-functioning and able to deal with life challenges. However, after a serious disease this belief is often deeply shaken. Although the patient is cured according to doctors, he still feels insecure and pays attention to every minor symptom or unusual feeling. ASPEN can help to restore a general feeling of health.

Positive

While in a negative state, ASPEN patient feels threatened by unknown, even supernatural forces, in a positive state, he feels protected by some sort of magic or an angel. Even in desperate situation, he does not feel a fear because he knows that he is in God’s hands.

Reflections:

You seem you are worried about something.

You are worried about something but you do not know about what.

You are worried, as if there were some spell that threatened you/your family.

Compare:

- ❖ ROCK ROSE, MIMULUS, ASPEN, CHERRY PLUM and RED CHESTNUT – they all perceive fear:
 - ROCK ROSE is panicky and unable to think rationally;
 - MIMULUS has a calm fear of known things, things that often may be avoided, keeps feelings inside, not a panic;
 - ASPEN has fear of unknown things, nightmares with a vague feeling of imminent danger without clear cause; fear of spectres, ghosts, black magic, voodoo, darkness, death;

4. Individual essences

- CHERRY PLUM has fear of himself, of losing self-control;
- RED CHESTNUT feels a fear for other people, not for himself.
- ❖ WALNUT – both feel they have a sixth sense:
 - ASPEN has vague fears that something terrible will happen;
 - WALNUT is oversensitive to external influences, intuitive, perceives the emotions of other people.
- ❖ CRAB APPLE – both may feel threatened by something invisible:
 - ASPEN has a fear but does not know of what, maybe some spell, magic or predestination;
 - CRAB APPLE has a fear of contamination, radiation, infection, bad zones.

Combines frequently with:

- MIMULUS – fear of both known and unknown dangers;
- ROCK ROSE – fear of unknown danger sometimes growing into panic;
- RED CHESTNUT – anxiety that something terrible might happen to their dear persons but they do not know what.

Keynotes

- **Vague unknown fears;**
- **Something terrible is going to happen;**
- **Trembling**, startles easily;
- Fears haunt by night or day;
- Sufferers are **afraid to tell their trouble to the others;**
- **Premonitions, feeling that his life is predestined;**
- **Superstitious**, magic, horoscopes, protective amulets, excessive praying.

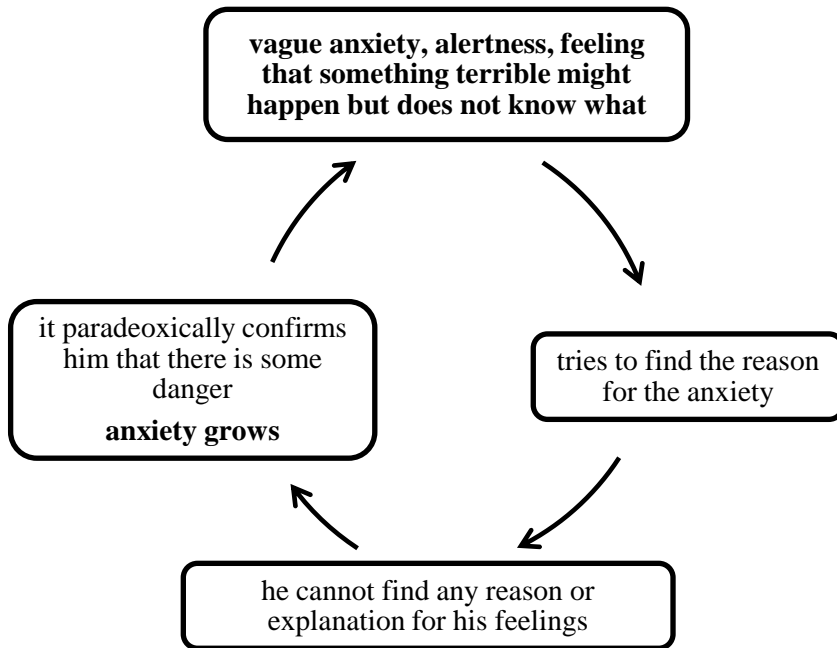


Diagram 4. Vicious circle of ASPEN.

4. Individual essences

4.3.5. Red Chestnut (*Aesculus carnea*)

For those who find it difficult not to be anxious for other people.

Often they have ceased to worry about themselves, but for those of whom they are fond they may suffer much, frequently anticipating that some unfortunate thing may happen to them.

E. Bach, Twelve Healers and Other Remedies

Summary

Fear for other people. Fear for children, husband, parents when they are away for a longer time, imagines what bad might happen to them. Wants them to call him as soon as they return from a journey. Important when taking care of seriously ill person.

Description

Central theme of RED CHESTNUT is a fear for loved persons. People in negative RED CHESTNUT state feel nervous whenever their dear person is away and they do not know what is happening with him and cannot protect him. They ask their children to phone as soon as they arrive and get nervous whenever there is a slight delay. They are worried whenever their dear goes through some difficulty and they would do anything to make his path smoother. Mothers have a fear that their child will get cold, is bullied at school, is too sad, too sensitive. Wives fear for their husband whenever he is on a business trip or whenever he drives a car. Children feel anxious and almost panicky whenever their parents do not come home in time. Pet owners may fear whenever their dear animal gets a minor health problem.

Especially when somebody in the family is seriously ill, the fear for his health is extreme. This anxiety causes real physical suffering. Painful thoughts whirl in the mind and cannot be stopped. In this aspect, RED CHESTNUT is close to WHITE CHESTNUT and both remedies are often used in combination.

RED CHESTNUT state can be also provoked by a death of a dear person. The patient in the RED CHESTNUT state will worry that other family members may die too.

The reason for RED CHESTNUT state is a phenomenon called **sympiosis**. Symbiosis is natural in the relationship of a mother and a new-born baby. Taking care of such a small child is very demanding; the mother must temporarily ignore the needs of her own. She also needs to develop her intuition to be able to understand the feelings and needs of her offspring without words. During symbiotic relationship, she replaces the feelings and needs of herself by the feelings and needs of her little baby. She feels his or her pain, fear and hunger as if they were of her own.

Symbiosis is very important during first months of her child's life but then its importance begins to decrease. The mother can pay attention to her needs again and the child can begin to collect his first experiences and to undertake his first adventures. This phase is called **separation process**. In a negative RED CHESTNUT state, the separation process has been stopped halfway. The parent (men

can also develop a symbiotic relationship, of course) feels anxious whenever there is even a minimal danger for the child and tries to protect him at any cost. However, overprotective tendencies hinder child's natural development. To become self-confident and independent person, the baby needs to face minor risks. Children of overanxious parents often symbiotically feel the fear of their mums and may prefer to stay in the safety of their home instead of venturing to go to the dangerous world.

A symbiotic relationship can develop in any important relationship, for example between husband and wife.

⊗ 65 years old woman. Her husband is seriously ill; he has diabetes with many complications, advanced heart disease and malignant tumour. She feels terrible fear for him. She works as a nurse, and she decides to retire and to take over the whole medical care for him. She gives him pills, measures his blood glucose, changes his bandages and reminds him of his medical follow-ups. Although an intelligent man with a college degree, he becomes absolutely dependent on her help. This care is quite exhausting for her, both mentally and physically. No wonder that her asthma worsens; her body suffers because she ignores her needs.

RED CHESTNUT people are usually very nice and want only the best for their family members and friends. CHICORY is similar to RED CHESTNUT in the concern for dear person's well-being. However, CHICORY is much more intrusive; always looks for something wrong and wants to correct it. RED CHESTNUT, on the other hand, is fully satisfied when his loved person is safe and happy.

RED CHESTNUT is also an important remedy for therapists. Medicine belongs to helping professions and most people who have decided for it are empathetic and compassionate. Sometimes, especially when treating difficult cases, there are suffering children or when touching personal theme, the therapist may become too emotionally involved in the case. The essence of RED CHESTNUT together with WALNUT helps us to remain empathetic but to preserve necessary emotional distance.

RED CHESTNUT patients often believe that they have to worry and to take care of their loved person because he "does not take care of himself at all". However, their effort is counterproductive. The reason is that the other person unconsciously feels that somebody cares for him and that is why he needn't take care of himself. When worrying for an adult, RED CHESTNUT patient needs to learn that his loved carries a full responsibility for himself and for his health. When having a fear for a child, he should realize that the child must sometimes face minor challenges to grow and to develop healthily. In many cases, when the fear for the other person has reduced, the positive effect is transmitted to family members too. The patient reports that their loved "has begun to take care of himself", or that "the son is more courageous".

Observation

Sometimes the patient tells about his fear for others directly. More frequently, you can observe RED CHESTNUT state. Although the patient has come because of problems of his own, he speaks more about a dear person who has some serious condition (similar to CHICORY). *"Yes, I came because of myself but I must think about his problems all the time."*

You can also use your empathy and imagine how you would feel in the situation described by the patient. If your fantasy is that you would feel worried about the other person, you can test RED CHESTNUT with a reflection.

Communication

People in RED CHESTNUT state often do not pay much attention to problems of their own and concentrate on troubles of close persons. RED CHESTNUT persons are very unselfish. Sometimes it may even lead to a situation that they say *“Well, when I think about that, I can see that my problems are unimportant in comparison with my son’s and I do not know whether I really need some therapy.”* In this situation, a useful reaction is *“You need to be strong to be able to support him when facing such a difficulty.”* Such a reframing (see 11.4.) usually helps them to find again a motivation for the therapy.

RED CHESTNUT is often useful for parents during the treatment of their children (see chapter 21, systemic cause of the disease). Even when the parent seems quite healthy, his negative emotional state may influence adversely offspring’s condition.

⊕ 35 years old woman. She lives with her son only. She was married but shortly after the birth of the son they divorced. She has brought her nine years old son to the therapy because he has various insignificant physical symptoms. She is also convinced that he is too sensitive and schoolmates bully him. However, she sees her son through RED CHESTNUT glasses – he isn’t bullied. In fact, he is much stronger and it is even possible that he might bully somebody else. In the family, the male energy is missing; because of constant fear for her son, the mother isn’t able to maintain boundaries. Physical symptoms are used as a manipulative tool: whenever there is some problem, like a bad mark at school or a critical remark of the teacher because of son’s misbehaviour, he begins to complain because of headache, vertigo, breathlessness etc. She feels she cannot be strict to her ill son.

It is not the son who needs the therapy but his mother. He gets also some combination of essences but a significant change can be seen in the mother after taking RED CHESTNUT. She becomes firmer, her fear for him is less intense and she is able to set boundaries and to maintain them. The focus finally begins to shift from physical problems of the son to his problematic behaviour and studying at school.

Physical complaints

There are no typical complaints of RED CHESTNUT but the problems of patients appear as a signal that they do not care sufficiently for themselves.

Another possibility is that the patient does not fear the disease because he would suffer but because he would cause suffering to his relatives:

⊕ 45 years old man comes because of intense headache. He has never had such a problem. During last months, the headache becomes more frequent and more intense. It appears behind left eye, lasts about ten minutes and is associated with lacrimation. At the beginning, it happened about once a month, now it appears nearly every day.

He has a growing fear of a serious diagnosis. However, he does not fear suffering of his own. He has a fear that he would cause suffering to his dear persons. Especially for his wife it is a real torture whenever some family member has a minor problem. His wife’s father was recently diagnosed malignant disease and she has a terrible fear for him. When the patient began to have these strange problems her worry still grew. She has a fear that he has a malignant tumour in his head.

After the beginning of the therapy with RED CHESTNUT, he had only one stronger headache but three weeks later complaints completely disappeared. The patient calmly awaits CT scan of the head but he knows he is healthy.

Positive

*I would hold your hand
every minute of every day,
but I won't because I know
you need to find your way.*

Jayne Sena, What I would do for you (Poems by Jayne Sena)

Positive RED CHESTNUT people are loving parents, partners or caregivers who selflessly take care of other people whenever necessary but respect their autonomy when they are able to deal with daily problems by themselves.

Reflections:

You feel worried for him.

It is not easy to look at somebody dear suffering and being unable to help him.

You have come because of problems of your own and you speak most of the time about your daughter and her unsatisfying relationship.

Compare:

- ❖ ROCK ROSE, MIMULUS, ASPEN, CHERRY PLUM and RED CHESTNUT – they all perceive fear:
 - ROCK ROSE is panicky and unable to think rationally;
 - MIMULUS has a calm fear of known things, things that often may be avoided, keeps feelings inside, not a panic;
 - ASPEN has fear of unknown things, nightmares with a vague feeling of imminent danger without clear cause; fear of spectres, ghosts, black magic, voodoo, darkness, death;
 - CHERRY PLUM has fear of himself, of losing self-control;
 - RED CHESTNUT feels a fear for other people, not for himself.
- ❖ HONEYSUCKLE – both suffer when somebody dear is in danger or dies:
 - RED CHESTNUT feels a fear for his dear person; when somebody dies, he may feel a fear that another person may get ill and/or die;
 - HONEYSUCKLE feels sad when somebody close dies or is seriously ill and it is evident that he will not be healthy anymore; he returns to the past, recollects “old good times”.
- ❖ CHICORY – both feel worried about their dear persons:
 - RED CHESTNUT is symbiotically connected with his loved people and he feels their suffering, when he knows they are safe he is satisfied;

4. Individual essences

- CHICORY is much more intrusive; wants to control dear persons, has a tendency to criticize them or give “good advices”, takes care of others because he expects that they will take care of him.
- ❖ WHITE CHESTNUT – both are tormented by disagreeable thoughts:
 - RED CHESTNUT suffers because he has a fear for his dear persons; he can even imagine what terrible might happen to them;
 - WHITE CHESTNUT has persistent disagreeable thoughts whirling in the mind; he cannot stop them; they can have various content: work, family, future, conflicts etc.

Combines frequently with:

- WHITE CHESTNUT – constant worrying thoughts that something might happen to a dear person;
- HONEYSUCKLE – fear for a dear person and sadness because he will never be healthy again;
- CHICORY – fear for a dear person and tendency to correct him, to tell him what to do;
- ASPEN – vague fear that something terrible might happen to a dear person;
- MIMULUS – fear for a dear person and fear how he will deal with daily problems without the support of his partner, like women who have always relied upon the help of their husband;
- ROCK ROSE – panic because a dear person is in danger.

Keynotes:

- They find it **difficult not to be anxious for the other people**;
- They **worry more about others than about themselves**;
- Feeling that **something terrible might happen**;
- Frequently used for people **who care of somebody seriously ill** or for **over-anxious mothers**;
- Physical complaints appear as a consequence of **lack of care for himself**.

Bach Flower Therapy is a Dialogue

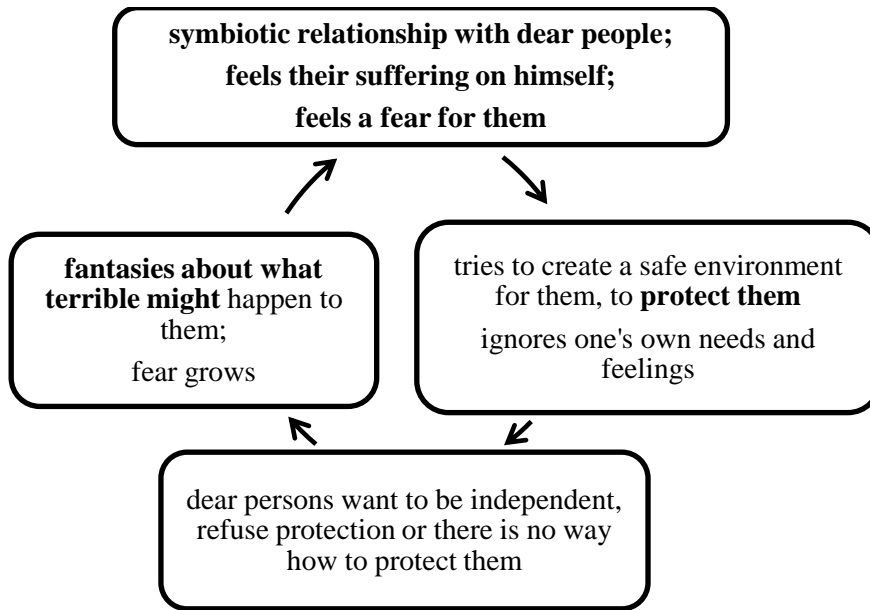



Diagram 5. Vicious circle of RED CHESTNUT.

4.4. For Uncertainty

 Definition of the word "uncertain" by Merriam-Webster dictionary (1913):

- (1) *Not certain; not having certain knowledge; not assured in mind; distrustful.*
- (2) *Irresolute; inconsonant; variable; untrustworthy; as, an uncertain person; an uncertain breeze.*
- (3) *Questionable; equivocal; indefinite; problematical.*
- (4) *Not sure; liable to fall or err; fallible.*

Description

Remedies in this group treat various sorts of doubts.

Three essences deal with **indecision**:

- CERATO – doesn't trust the opinions of his own; he asks people for their recommendations;
- SCLERANTHUS – has difficulty to decide between two things; first thing seems right then the second. He does not ask other people about their opinion or recommendation;
- WILD OAT – feeling of frustration, he feels he has some mission in life and he wants to do something special; the present situation is unsatisfactory, he is only wasting time. However, he does not know which direction to go.

Two remedies help when the patient **doubts the chance that he will be healthy again or that he succeeds**:

- GENTIAN – repeated attempts and failures, repeated relapses of the disease, and prolonged healing of injuries. Every setback discourages him. When he finally mobilizes his strengths again, another setback comes;
- GORSE – intense hopelessness caused by long suffering. He does not believe that anything could help him in his desperate situation; he becomes passive and if he begins some therapy under persuasion of other people, to please them or simply because he feels he should do at least something, he doubts its efficacy and invests little energy into it.

Finally, there is one remedy that helps when the patient **doubts his ability to deal with daily duties**:

- HORNBEAM – the patient feels he does not have enough strength and energy to deal with daily problems and tasks. Life is like a heavy burden that he has to carry. He feels often tired even in the morning before he begins his work. Too much routine work. Lacks motivation. He feels his mind or body needs to be strengthened.

Communication


In the case of remedies for indecision, it may be tempting to decide things instead of the patient, to tell them what to do. Even the patient (especially CERATO) may ask you to decide the problem instead of him. However, telling the patient what he should do usually isn't a good solution. One reason is that you never know for sure what option the best for him is. It may lead to a situation when the patient obeys your recommendation and then he comes to you and complains that your hint caused him significant difficulties. Another reason is that when you decide things instead of the patient, he does not learn how to decide things by himself in the future. If your recommendation is right, it may lead to dependence. That is why it is reasonable to refuse taking over the responsibility for the decision and instead of that to offer the patient that you can help him with your essences to feel more comfortable during the process of deciding. A useful technique facilitating to find a decision of one own is also **counselling with equipoise** (see 11.9.)

In cases of GENTIAN and GORSE, your patient will need you to "refuel" his hope that there is a chance of cure. He may come feeling desperate and hopeless but when you remain calm and confident of success, he may gradually adopt your attitude. Techniques described in 17.1. (Basic techniques used during follow-up) can help you to encourage the patient and to enhance his hope.

Patients in HORNBEAM state often spread around a feeling of tiredness; the consultation may become a hard and exhausting work.

4. Individual essences

4.4.1. Cerato (*Ceratostigma wilmottiana*)

 *Those who have not sufficient confidence in themselves to make their own decisions. They constantly seek advice from others, and are often misguided.*

E. Bach, Twelve Healers and Other Remedies

Summary

Indecision. He does not trust opinions of his own; asks all the time other people but is confused by the fact that their opinions differ. When he makes a decision according to somebody's recommendation, he is often disappointed; he may discover that his opinion at the very beginning was right.

Description

CERATO does not trust the opinions of his own. Sometimes CERATO state manifests quite subtly. Because he feels he cannot rely upon himself and he needs to find a reliable ground, he chooses an authority and then uncritically adopts his opinions. No matter whether it is his parent, sibling, partner, friend, teacher, superior, priest or TV celebrity, he presents his ideas as a fact; any logical arguments contradicting their conviction are dismissed as groundless. The admired authority isn't chosen because of any rational reason; it is mainly his self-confidence and the way how he presents his ideas that convinces CERATO about his truth. Because of that natural subordination towards one "wise" person, they become perfect followers, pupils or even propagators of some thought that seems right for them. However, they differ a lot from VERVAIN: VERVAIN enjoys discussions and beats their opponents with logical arguments. CERATO is much less skilful verbally and his only argument often is that "*the authority has said it*".

If there is only one "right" way, CERATO is usually quite content. A real problem emerges in a moment when there is some dilemma where no option is perfect. If the authority cannot answer this question or when the answer of the authority is unsatisfactory, CERATO begins to look for other opinions. Although deeply in his heart he usually knows which option is right for him, he tries to shift the responsibility for making a disagreeable decision to the other people. That is why he asks one person after another or spends many hours searching on Internet. However, the opinions often differ; they may even contradict. Instead of making a conclusion of his own, he continues to collect other people's opinions in a vain hope that somebody's recommendation will convict him which decision is right. However, the more opinions he has the greater his indecision is.

When most people try to solve some problem, they ask and collect facts to be able to make a reliable decision. For example, somebody wants to buy a new car. There are two cars that seem suitable. Because final decision is based on weighing of various factors, he begins to look for necessary information. He may study technical parameters, consider price, equipment, safety features, design, colour, availability and prices of service. However, CERATO person's reasoning is different. It is quite typical that when he asks how he should decide in some situation and somebody tells him his recommendation and adds some reasoning for it, next question asks about virtually the same: "*Which car should I*

choose? And do you think that this car is really good? I am not quite sure that it is the right choice for me ...” The logical arguments seem to be forgotten or dismissed. Another possibility is that he makes a list of opinions (not facts) and quotes this list when asking another person: *“One my friend has told me that he would choose this car because its price is lower, however, one colleague at work has warned me that this car often has some technical problems and the service prices are terrible. And on the Internet ...”* In fact, he does not want to hear facts; he wants YOU to take over the responsibility for HIS decision. Unscrupulous shop assistants are aware of CERATO aspect of personality in many of their customers and they know that what often sells isn't the quality of their products but their self-confidence and convincingness. *“Oh, these shoes fit you perfectly! You will certainly enjoy wearing them. And look at their very special material – it was developed by NASA for astronauts.”*

CERATO people feel uncertain as for their logical thinking and they even may have an experience of being ridiculed by other people. Some of them may prefer not to express their opinions. If they have to speak in public, their voice is weak and monotone and they use a lot of ballast words hiding lack of a real content. On the other hand, some of them may react by hyper-compensation. For example, they read a lot of books and collect huge amount of information but this information does not have any logical structure and does not help them in daily practice. At lectures, they may feel an urge to demonstrate their knowledge of the problem or their interest by having abundant comments or posing questions. However, these comments and questions are often self-evident, superficial or missing the target. In the result, they look silly and may provoke further ridicule.

Observation

The way how CERATO poses questions is quite typical. It sometimes seems that the conversation is going in circles; after some time you get to the same place as previously. He asks you something and after some time, he asks the same with the same or other words. Sometimes when the dilemma isn't evident, CERATO theme is less expressed and can be observed in the ways how the patient presents opinions: he repeats what some authority has said, not the views of his own.

Physical complaints

There are no specific physical symptoms of CERATO; however, you can make a diagnosis on the base of the whole history of the disease. *“The doctor told me that the best way of treatment was operation. However, my neighbour had had the same problem and he told me that after the operation, he had quite a lot of problems. On the Internet I have found that another option is an irradiation. However, I have a fear of it. What would you recommend me to do?”* If you accept his demand and offer him an opinion, he will include it into a list of opinions he has already collected: *“... and my doctor told me, for younger patients the operation is better at the beginning, and irradiation can be used later in the case of a relapse. So what would you recommend me?”*

Communication

When working with CERATO, it is important not to take over the responsibility of decision to yourself. CERATO has still one aspect – it is not only about indecision but also about disappointment when he

4. Individual essences

accepts recommendation of somebody who is an authority for him and then it becomes apparent that the advice has been wrong. I usually tell to such patients:

“The decision is difficult for you and you hope that somebody can tell you what the best option for you is. However, I am probably not the right one for that. Maybe I would know what to do if I were in your situation but I absolutely do not know what would be best for you. In my experience, when dealing with such a situation, it is important to make a decision by yourself, not to rely upon the opinions of other people. When you accept the opinion of somebody else, you will probably be disappointed. When you decide it as you feel it, there is a higher chance that it will be the right way. I believe that you internally know what the best is for you but you do not trust your opinion.”

⊕ 70 years old man. He has a tumour on the skin (not melanoma). This skin problem isn't really dangerous but he needs to get rid of it because it can spread locally. He comes to my ambulance in a state of absolute confusion: “Doctor, tell me what I am to do. Dermatologist has told me that there are two options: excision or irradiation. I would wish him to decide it instead of me but he has told me I have to decide it by myself. I don't know. I am afraid of irradiation. I have tried to contact a department of plastic surgery but they haven't answered me. On the Internet, I have found that the irradiation is quite harmful and an operation in this location may heal slowly. I still want to ask the oncologist. What would you recommend me to do?”

I do not give him a clear recommendation, of course. Instead, I offer him to give essences that could help him to take more easily a decision of his own.

After two weeks of using of CERATO and MIMULUS, he comes and he tells me: “I already KNOW I want the operation. I have spoken with a surgeon and he told me that the operation should be a technically simple procedure. Although I still have certain worries, I feel I can deal with this problem successfully.”

⊕ 40 years old woman. Pregnant, 14th week. Last a few days, she has pain in the upper part of the belly. The pain is quite intense, lasts one or two hours and then disappears. She is worried because of that and has to think a lot about it. When the attack ends, she begins to hope that problem is already finished but next attack beats her down. Ultrasound uncovers multiple stones in the gallbladder. Because of limited number of painkillers allowed during pregnancy, she agrees to make a test of BFT. After MIMULUS, WHITE CHESTNUT and GENTIAN, she feels significant relief. She reports: “I feel much better but I am confused now. On the Internet, there are many gallbladder diets. One tells this, one that, and I do not know what to eat.” This situation is a clear indication to add CERATO to her therapeutic bottle.

Positive

At present times, the amount of available information is unbelievable. With minimal effort, we can find resources dealing with any area of human life. However, it neither means that present people are wiser than previous generations, nor that all this information is valid and reliable. In such a flood of facts, half-truths and evident nonsenses it is more and more difficult to preserve common sense and to find where the truth is.

There are also people who have declared themselves as authorities in some area. They do not know more than the other people; they only have a louder voice. And because of their self-confident presentation many persons who do not dare to have an opinion of their own listen to them and admire them. This tendency is often abused by leaders of extremist political movements or religious sects. It is also

Bach Flower Therapy is a Dialogue

the reason why advertisement plays more and more important role in marketing: people do not trust their common sense; they trust TV and celebrities.

So off went the Emperor in procession under his splendid canopy. Everyone in the streets and the windows said, "Oh, how fine are the Emperor's new clothes! Don't they fit him to perfection? And see his long train!" Nobody would confess that he couldn't see anything, for that would prove him either unfit for his position, or a fool. No costume the Emperor had worn before was ever such a complete success.

"But he hasn't got anything on," a little child said.

"Did you ever hear such innocent prattle?" said its father. And one person whispered to another what the child had said, "He hasn't anything on. a child says he hasn't anything on."

"But he hasn't got anything on!" the whole town cried out at last.

The Emperor shivered, for he suspected they were right. But he thought, "This procession has got to go on." So he walked more proudly than ever, as his noblemen held high the train that wasn't there at all.

Hans Christian Andersen, Emperor's New Clothes

The situation is similar to the fairy-tale Emperor's New Clothes of Hans Christian Andersen. Even when people feel that something is wrong, they do not tell it aloud because of the fear of losing their face. Persons in positive CERATO state do not fear to call a spade a spade. The essence of CERATO helps people to see things as they are. Its positive energy gives them the self-confidence and the courage to call "Look, the emperor is naked!"

Reflections:

You need to make a decision and you do not trust your own opinion.

You feel you need more information but the more information you have the more it is difficult to decide, this information is often contradictory or confusing.

You like to rely upon the opinions of some authority.

Compare:

- ❖ SCLERANTHUS and WILD OAT – they all have a difficulty to make a decision:
 - CERATO does not trust his opinion; he hopes to shift the responsibility for making the decision to other people by asking them;

4. Individual essences

- SCLERANTHUS has difficulty to decide between two things; first thing seems right then the second. He does not ask other people about their opinion or recommendation;
- WILD OAT feels a frustration; he believes he has some mission in life and he wants to fulfil his life; he feels that the present situation is unsatisfactory, that he is only wasting time. However, he does not know which direction to go.
- ❖ MIMULUS – both can have a fear of making a decision:
 - CERATO does not trust his opinion; he hopes to shift the responsibility for making the decision to other people by asking them;
 - MIMULUS – fear of known things, pain, disease, death, poverty, being alone, of darkness. Indecision can be provoked by a fear of making a mistake.
- ❖ WALNUT – both are easily influenced by other people:
 - CERATO does not trust his opinions; that is why he finds an authority and uncritically accepts his opinions;
 - WALNUT – in his heart, he knows what his right way in life is but he is easily influenced by other people.
- ❖ CHESTNUT BUD – both may look silly and immature:
 - CERATO does not trust his opinions and that is why he asks other people again and again; he is unable to make a logical conclusion from obtained information;
 - CHESTNUT BUD repeats the same mistake over and over again.
- ❖ LARCH – both have a low self-confidence:
 - CERATO doubts his common sense; he asks other people for their opinion;
 - LARCH has low self-confidence generally; it can concern any area. Because of that conviction, he avoids challenges or gives up easily.
- ❖ CENTAURY – both may have doubts about their opinions and decisions:
 - CERATO does not trust his intuition and wants to shift the responsibility for the decision to somebody else; he adopts the opinions of some authority, asks different people for their recommendations or spends a lot of time with searching on Internet; however, the information he obtains is often contradicting and he is still more confused and doubtful;
 - CENTAURY feels weak and dependent and has low self-confidence; he relies upon one or a few authoritative persons who decide things instead of him.

Combines frequently with:

- MIMULUS – fear to make a decision and lack confidence in one's own common sense;
- LARCH – lack of confidence and difficulty to make decisions;
- SCLERANTHUS – indecision and lack of confidence in one's opinion;
- WHITE CHESTNUT – indecision; thoughts constantly whirling in the mind;

Keynotes:

- **Does not have confidence to make their own decisions;**
- **Constantly seeks advice from others;**
- **Wants to shift the responsibility for decision to other people;**
- Uncritically accepts opinions of some authority;

Bach Flower Therapy is a Dialogue

- When he accepts the opinion and recommendation of other people he may be **disappointed**; he may discover that **his original opinion was right**.

In Czech language, there is a proverb “*Measure twice, cut once*”, analogical to English “*Look before you leap*”. The word “decision” has its original meaning cutting into two parts. Cutting something means making an irreversible step and that is what CERATO fears most.

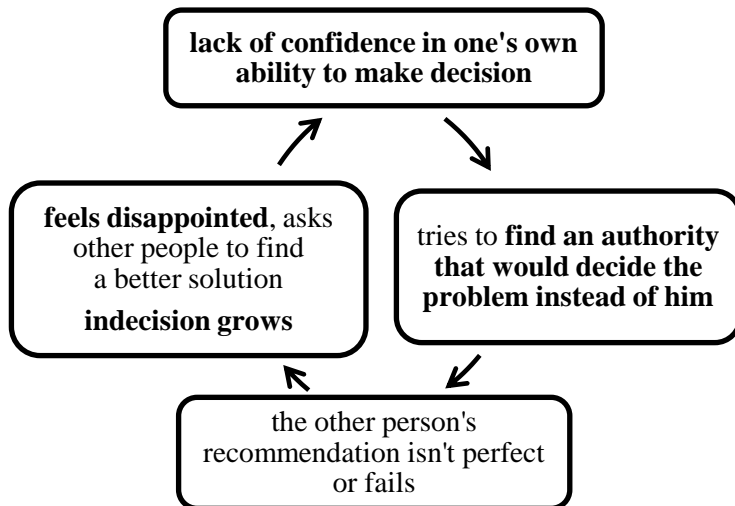


Diagram 6. Vicious circle of CERATO.

4. Individual essences

4.4.2. Scleranthus (*Scleranthus annuus*)

Those who suffer much from being unable to decide between two things, first one seeming right then the other.

They are usually quiet people, and bear their difficulty alone, as they are not inclined to discuss it with others.

E. Bach, Twelve Healers and Other Remedies

Summary

He hesitates between two options, at first feels inclined to one option, then his decision moves to the other side. Instability and changeability mental or physical. Does not usually speak about his indecision with other people.

Description

SCLERANTHUS is another remedy for indecision. The indecision of CERATO and SCLERANTHUS is sometimes simplified to whether the patient seeks advice of others (CERATO) or tries to solve it by himself (SCLERANTHUS). However, the origins of indecision are different. CERATO refuses to take over a responsibility for the decision. His indecision concerns more frequently rational things where logical arguments play a role, like choosing the best treatment method, which car to buy according to technical parameters and safety tests etc. On the other hand, the emotions of SCLERANTHUS are unstable, so his preferences change quickly. CERATO wants to KNOW which option the best for him is, and SCLERANTHUS needs to FEEL that it is the right choice.

CERATO usually asks other people for their opinions. SCLERANTHUS tries to find the solution in himself. CERATO has a tendency to postpone the final decision. SCLERANTHUS makes a decision fast but after a short while he changes it. Like a weather vane, he points in some direction but this direction can change within a few minutes.

One my friend once told me about the dilemma she had to solve every morning – she used to spend about half an hour in front of her wardrobe and she did not know which dress to put on today. At first one dress had appeared perfect but after she had put it on another seemed better.

SCLERANTHUS feels that the instability of his mood and opinions is something wrong and he is often criticized by people around because of that. A person with rapid changes of temper is often viewed as “hysterical”, “emotionally unstable” or “unreliable”. That is why he tries to hide his dilemma and to make a final decision without a help of other people. However, the more he struggles to find the right solution, the more his emotions are unstable and the faster his opinion changes.

Although SCLERANTHUS indecision can manifest in any situation, quite typical for SCLERANTHUS are triangular relationships: he has intense emotional bond to two persons; however, in some situation he has to choose only one (see 13.6.) For example, a woman may have two lovers; in some moment she

has to choose one. However, when she makes the decision her attraction to the other partner begins to grow. At the same time she begins to see negative aspects of the partner she has selected. She finally changes her decision and the whole process repeats over and over.

Similarly, a man lives with his wife live in the house of his parents. There are incessant conflicts between his mother and wife. He loves them both and it is difficult to decide which of the women is right. At one moment, he is convinced that he should support his wife, and then he begins to feel badly that he isn't a good son. Another remedy frequently used in this situation is AGRIMONY.

Observation

You can also observe SCLERANTHUS state – a patient in a fully developed SCLERANTHUS state changes frequently his mood and facial expression; he may quickly change from cry to laugh etc. His speech also may seem sometimes illogical because he switches quickly from positive description to negative, jumps to another theme etc.

⊗ 50 years old patient. He has a slightly higher blood pressure. During history taking, one symptom is quite striking, after a simple question, for example “What about your work?”, he becomes silent for some time, even one minute. His eyesight begins to wander from one side to another and back. His inner struggle is evident. When asked, he describes his inner struggle – “And do you mean the work today or generally?”, “Do you mean the work alone or the relationship with colleagues and superiors?” etc.

After SCLERANTHUS in combination with other remedies, during the follow-up the change is evident. He answers almost instantly. He is much more confident about the right answer.

Physical complaints

Physical symptoms may also be quite erratic and change quickly and move from one part of the body to another. For example, the patient reports headache, next day vertigo and chest pain, later flushes of heat, nausea in the morning, and sometimes also annoying joint problems. If the doctor decides to make usual investigations, the problem disappears and another seemingly unconnected difficulty emerges. This changeability of complaints provokes worries in the patient; he may believe there is some inflammation of the whole body. It is also a remedy frequently used for hormonal changes, menstruation irregularities and vertigo¹³.

Communication

The suffering caused by patient's indecision can manifest during the therapy. For example, the patient arranges the consultation in a usual way, then he cancels it and later, he arranges the consultation again. Or, the patient comes but after a few minutes he begins to doubt whether this therapy is suitable for him. Instead of trying to convince him about suitability of one option, it is better to follow him in

¹³ Of course, Bach essences shouldn't be prescribed on the basis of a somatic diagnosis only. This information serves as a hint only; it is always necessary to verify whether the remedy corresponds to patient's emotional state.

4. Individual essences

his indecision and to reflect his feelings. Double-sided reflections (see 10.3.4. Reflections) are especially suitable. Because these people often face criticism from other people because of their indecision, stay calm, tolerant and empathetic. If the indecision is too intense it is better to interrupt the consultation and offer the patient that he can call you when he decides whether he wants this therapy or not. Sometimes it is also possible to reframe patient's request; instead of dealing with the original problem, you can offer the patient the essences to help him with the indecision.

⊗ 35 years old woman. She has long-term relationship problems with her husband. She phones and asks for a consultation; then she cancels it and after one week she arranges it again. When she comes to the consultation, she expresses her doubt whether BFT can help her or whether allopathic antidepressants are better. She asks more information but her decision changes every few minutes. Whenever I offer her to begin case taking, she raises a new question. Finally, we spend almost two hours with such a hesitation. The rest of time is insufficient to begin a therapy. I give her one bottle of SCLERANTHUS. She agrees that she will call me when she decides definitely that BFT is her choice. However, she does not call again.

⊗ 40 years old woman. Her main complaints are panic attacks whenever she travels; she has studied Homeopathy in Prague but because of the fear of travelling in the train she has had to give it up. She has had a previous positive experience with my homeopathic therapy but the fact that I do not practice Homeopathy anymore surprises her disagreeably. She spends the consultation with hesitation whether to begin BFT or whether to contact any other homeopath. The result of the consultation is that she will make a test: she will use SCLERANTHUS and if she feels BFT is the right way for her she will call me. One month later she arranges a new consultation. She describes that SCLERANTHUS has helped her not only to decide which therapy is the best for her but it has also helped her to see more clearly what is important for her in her life.

Positive

📖 Once upon a time in a village in ancient China there was an old man who lived alone with his son. They were very poor. They had just a small plot of land outside the village to grow rice and vegetables and a rude hut to live in. But they also had a good mare. It was the son's pride and joy, and their only possession of value.

One day the mare ran away.

The old man's friends came to him and commiserated. "What a wonderful mare that was!" they said. "What bad fortune that she ran off!"

"Who can tell?" the old man said.

Two weeks later the mare returned accompanied by a fine barbarian stallion. Friends and neighbours all came around and congratulated the old man. "Now you have your mare back, and that stallion is as fine as any in the land. What a stroke of good fortune!"

"Who can tell?" the old man said.

Bach Flower Therapy is a Dialogue

Two weeks later the son fell off the stallion while riding and broke his leg. Friends of the old man came to him to express their sympathy. "It's too bad your son broke his leg, and right before the planting season, too. What bad luck!"

"Who can tell?" the old man said.

Two weeks later, war came to the land, and all able-bodied young men were drafted. The troop that contained the men from the village was at the front in a bloody engagement, and the entire troop was lost. All the men from the village died in battle.

The young man with the broken leg stayed home. His leg healed. He and his father bred many fine horses, and tended their fields.

Allopathic Taoist story in retelling of Carol Deppe

The way of reasoning in a positive SCLERANTHUS state is demonstrated in above mentioned Taoist story. The wise old man knows that no option is perfect. As in the symbol of yin and yang, inside the good there might be something bad and inside bad there might be also a seed of the good. Awareness of this fact reduces the feeling of the pressure to make the right decision and the fear of making a mistake. And when the patient calms down the right choice spontaneously emerges in his mind.

Reflections:

Your feelings and decisions change fast.

You may feel that one option is the right one but after a while you feel attracted more by the other one.

Your mood changes too quickly.

Other people criticize you because of your indecision.

Compare:

- ❖ SCLERANTHUS and WILD OAT – they all have a difficulty to make a decision:
 - CERATO does not trust his opinion; he hopes to shift the responsibility for making the decision to other people by asking them;
 - SCLERANTHUS has difficulty to decide between two things; first thing seems right then the second. He does not ask other people about their opinion or recommendation;
 - WILD OAT feels a frustration; he believes he has some mission in life and he wants to fulfil his life; he feels that the present situation is unsatisfactory, that he is only wasting time. However, he does not know which direction to go.
- ❖ MIMULUS – both can have a fear of making a decision:

4. Individual essences

- SCLERANTHUS has difficulty to decide between two things; first thing seems right then the second; he may feel the fear of criticism because of his unreliability or that they will be considered to be hysterical;
- MIMULUS – fear of known things, pain, disease, death, poverty, being alone, of darkness. Indecision can be provoked by a fear of making a mistake.

Combines frequently with:

- WHITE CHESTNUT – indecision; thoughts constantly whirling in the mind;
- SCLERANTHUS – indecision and lack of confidence in one's opinion.

Keynotes:

- Suffers much from being **unable to decide between two things**;
- **Changeability** on mental as well as on physical level; alternating moods, alternating and changeable pains etc.;
- **Bears his difficulty alone**, is not inclined to discuss it with others;
- **The other people may criticise him because of inconstancy** of his decisions and they may try to push him to tell his final word; he might be considered as hysterical or unreliable.

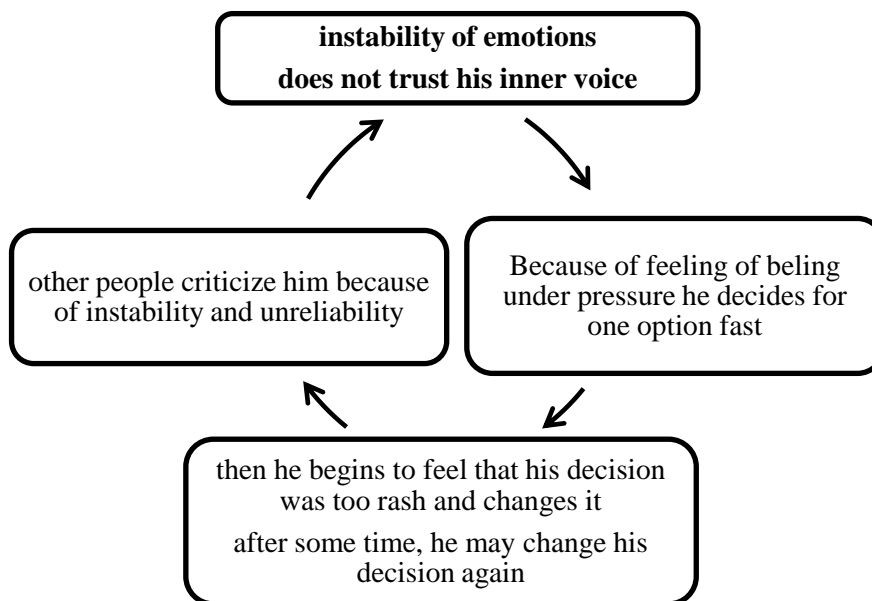



Diagram 7. Vicious circle of SCLERANTHUS.

4.4.3. Gentian (*Gentianella amarella*)

 *Those who are easily discouraged. They may be progressing well in illness, or in the affairs of their daily life, but any small delay or hindrance to progress causes doubt and soon disheartens them.*

E. Bach, Twelve Healers and Other Remedies


Summary

Start – Stop pattern. History of repeated attempts, failures, recurrent infections, relapses of the disease. Every failure or relapse beats him down. After some time, he begins to be optimistic again and then another failure comes. Depression provoked by failure. Eternal pessimist, always expects the worst.

Description

GENTIAN state manifests in the repeated pattern of attempts and failures. It may have a form of unsuccessful exams, repeated conflicts or on the physical level in a prolonged convalescence after a disease. GENTIAN people lack the inner belief that they will finally succeed and their confidence depends on their actual conditions. If they are doing well, they are optimistic. However, when a minor obstacle appears, they become pessimistic and negativistic.

Sometimes they may be aware of both parts and they can express it in one sentence: *“Well, I feel well now and the situation seems quite promising but I know that finally I will fail.”* They become permanent pessimists who expect a problem before it really happens. They do not consider themselves as pessimists but they tell that they are realists; their negativistic thoughts stem from their bad experience their life has brought. However, they confuse cause with consequence. They believe that their pessimism is caused by failure. However, in fact, the failure is frequently caused by their pessimism.

 *Faithless is he that says farewell when the road darkens.*

J.R.R. Tolkien, The Fellowship of the Ring

Sometimes it may even seem as if they attracted problems. They report repeated situations when they had bad luck. Although they prepared as well as possible for the exam, they finally failed. Although the new partner had been very kind and solicitous at the beginning, after the marriage his character changed. Although new job had seemed perfect, a few months later it became apparent that this work was unsuitable for him. Alternations of moments of hope and optimism and despair are typical. However, sometimes even one big failure can lead to a prolonged feeling of pessimism or hopelessness. For example, after twenty years, a woman divorces. She invested a lot of energy into the marriage but in spite of her effort her husband found a younger lover. She feels despondent. She doubts the possibility of finding a suitable partner in the future.

4. Individual essences

Here GENTIAN gets close to GORSE. The difference is that GENTIAN still preserves a minimal hope even when he is very pessimistic. He hopes that some miracle can help him. He is ready to make another try if he believes that because of some reason the chance for success is significantly higher than previously. For example, at school, a student who has repeatedly failed at the exam becomes hopeful again when the old strict professor retires and there is a new milder examiner. GORSE, on the other hand, resigns. Resignation is his strategy how to avoid disappointment. When you tell him about the possibility of success it might even seem that he is laughing at your naivety. Anyway, these two negative states often appear together. In GENTIAN state there are repeated failures. Finally, when the pain and disappointment lasts too long and is too intense the patient may give up all the effort and hope and shift into GORSE state. This attitude brings him some relief on mental level but it also becomes a serious obstacle for future treatment. In these situations, GENTIAN and GORSE are used together.

Negative GENTIAN state can also emerge when there is some rational reason for the repetition of the situation.

⊗ 45 years old man has long-lasting problems in the relationship with his wife. On workdays he stays away from home because of work duties. During the time when they are separated, he begins to feel certain optimism as for future development of their relationship. However, then weekend comes and the conflict flares up again and the hope dissipates.

The repetitive pattern is also typical for CHESTNUT BUD. However, the difference is that after the failure, GENTIAN becomes despondent and hesitates whether to begin another try or not; CHESTNUT BUD does not waste time and jumps as soon as possible into another attempt leading to the same result. In GENTIAN, the problem is that he doubts the chance of success; in CHESTNUT BUD, the patient repeats the same mistake and does not learn from his experience.

The GENTIAN patient needs to learn that even when the situation does not seem too optimistically it is worth continuing to fight. With every moment when he overcomes his doubts and goes on, he is closer to success.

Observation

For GENTIAN, optimistic – pessimistic pattern is diagnostic. Especially at the beginning, the patient is hopeful as for the therapy result but then he is suddenly pessimistic and wants to give up all the effort. Similarly, a student at the beginning of the first year at the university is at first happy and optimistic because of new opportunities, meeting new friends and learning new things but then the first exam comes and he fails. Instead of concentrating on improving his knowledge, he broods over pessimistic fantasies about the future. Second attempt also fails and he doubts whether he will ever be able to finish successfully his studies.

For some people, negative GENTIAN state becomes their whole-life philosophy. They become eternal pessimists who always expect problems and obstacles.

Physical complaints

GENTIAN is a typical remedy for convalescence after a serious disease or an injury with natural ups and downs that throw patient's mood down easily. GENTIAN is also useful in less serious cases of pro-

tracted convalescence after a respiratory infection. The patient feels the cold is already over but another infection comes. Another example is a disease that manifest in attacks, like migraine or epilepsy. In-between attacks, the patient may feel optimistic but when the problem comes again, the patient may doubt efficacy of the treatment. GENTIAN is also an important remedy after the relapse of a malignant disease.

It is sometimes difficult to assess objectively the progress in patients with paroxysmal diseases. Patients usually concentrate on the worst moments and it undermines their trust towards the method and the therapist. The best is to do it only from a longer perspective, and use objective measures, like frequency of attacks or number of used pills of painkillers. Another possibility is to explore extremes. We can ask the patient how the disease has been *the worst* before the beginning of the therapy. It may become apparent that although attacks are still frequent, the intensity is lower. Another question may be to ask when and how he felt *the best* during the therapy. Again, we can reveal that there have been moments when the patient has felt well but after another attack, his optimism has been shaken.

Communication

People in GENTIAN state are especially challenging in the communication. *“At the beginning, the essences seemed to work well but after one week, everything came back.”* Such a patient can evoke in the therapist a feeling of a despair and doubt about the result of the therapy. The negative GENTIAN state can “infect” the practitioner. In such cases when you have a tendency to feel this way with your patients, it is a time to take GENTIAN yourself, either in a long-term therapy or before consultations. GENTIAN patients need a lot of support to continue in the therapy. It is vital to actively seek smallest signs of progress. These patients often have a history of different therapies where at the beginning the patient had been quite optimistic but the therapy finally failed. *“I have already tried acupuncture, kinesiology, aromatherapy, homeopathy ... but nothing has brought permanent effect.”* To change this pattern, your positive GENTIAN and GORSE state can help a lot. Useful techniques for follow-up are described in 17.1. Basic techniques used during follow-up.


⊕ 50 years old patient. He is the patient of my ambulance for many years; that is why I know him well. He is an eternal pessimist; he has already tried a few jobs. Although at the beginning, he had been quite optimistic, after a few months he was disappointed. Our treatment stayed for a long time on the level of allopathic medicine only; however, because of an annoying complaint resistant to allopathic medicine I finally offered him BFT. Because of overwork, he got epicondylitis of elbow (inflammation of a tendon). Standard orthopaedic therapy was ineffective.

Half a year ago, he had undergone an operation of varicose veins on legs and the scars were still painful. He presents his physical symptoms as further proofs of his whole-life bad luck. *“Whatever I do it finally turns to wrong.”* In spite of his eternal pessimism, some hope is still present. He is still looking for other treatment options even when he has a fear that any medical may even worsen his complaints.

Because of his constant pessimism, GENTIAN becomes the principal ingredient of his treatment combination. Although he doubts its effect at the beginning, after two months, his elbow is better but the pain in scars is the same. He has also become slightly optimistic even when he never forgets to add *“I know, it may be only temporary”* when commenting improvement of his health condition. Three months later he decides to abandon his previous job and begins another one, less physically demanding. Half a year later, he still appreciates this new job and he reports that the pain in scars is less intense. The pain in the elbow has disappeared completely. Even now, two years later, he is satisfied in his present job; his physical complaints have almost disappeared.

4. Individual essences

Positive

 *The secret of life, though, is to fall seven times and to get up eight times.*

Paulo Coelho, *The Alchemist*

In a positive GENTIAN state, people continue to fight in spite of many obstacles on their way. They do not allow unfavourable news to discourage them because they deeply inside feel that there is a chance to succeed and that with every failure they learn how to deal with possible problems next time.

Reflections:

When things are going well, you feel optimistic but then a problem comes, a setback, and you feel down.

You have tried a few methods but always, after a promising beginning, it has failed.

It is over and over again, and every new failure makes you downhearted.

Compare:

- ❖ GORSE – both can feel hopeless:
 - Because GENTIAN has a fear of a further disappointment he is pessimistic and imagines all possible obstacles that could hinder him in his effort; there may be a history of repeated attempts and failures; He still preserves some hope and when because of some reason he begins to believe that there is a higher chance for success he can make another try;
 - GORSE feels hopeless, resigned, and makes an attempt only when persuaded by friends or because of a feeling that he should do at least something but does not believe that the therapy will be effective. Hopelessness is his defence mechanism that helps him to avoid the pain from disappointment.
- ❖ SWEET CHESTNUT and MUSTARD – they all can feel desperate:
 - GENTIAN feels desperate because of the failure; he is pessimistic as for further attempts;
 - SWEET CHESTNUT suffers extremely, desperately trying to maintain the present situation even when it is hopeless, feeling that the body and mind has reached its limits and that the disaster is inevitable;
 - MUSTARD has depression without significant cause that comes and goes and the patient cannot influence it
- ❖ WILD ROSE and GORSE – they all may feel resigned:
 - in GENTIAN, he may seem resigned but there is still a minimal hope that may be awakened under suitable conditions;
 - WILD ROSE – resignation without significant cause; he is used to the present situation and maybe even he has already found some positives of it, he lacks motivation for change;
 - GORSE has resigned because of utter hopelessness.
- ❖ CHESTNUT BUD – both have a repetitive pattern:

Bach Flower Therapy is a Dialogue

- GENTIAN makes repeated attempts and failures; there is an alternation of optimism and pessimism.
- CHESTNUT BUD repeats the same mistake, enters into the same unsuitable relationship etc. He has a difficulty to learn from his experience.
- ❖ LARCH – both may doubt their abilities:
 - GENTIAN has a history of repeated attempts and failures; because of it he doubts the possibility of any success in the future; he feels despondent because of it;
 - LARCH is convinced that he is less capable than the other people; it is not a reason for a disappointment, it is simply a fact. That is why he usually even does not make a try.
- ❖ MIMULUS – both may have a problem to start something:
 - MIMULUS has a fear of failure;
 - GENTIAN doubts the possibility of success.
- ❖ MUSTARD, PINE, HONEYSUCKLE, SWEET CHESTNUT, GORSE and WILLOW – they all can feel depressed and desperate:
 - PINE feels desperate because of his failures;
 - HONEYSUCKLE lives a lot in the past; the condition has been usually provoked by some loss or disappointment;
 - GENTIAN is desperate after repeated failures. Repetitive pattern – hopeful – starts to do something – failure;
 - SWEET CHESTNUT suffers extremely, desperate tries to maintain the present situation even when it is hopeless, feeling that the body and mind reached its limits and that the disaster is inevitable;
 - GORSE is hopeless, resigned, makes an attempt only when persuaded by friends or because of a feeling that he should do at least something but does not believe that the therapy will be effective;
 - WILLOW feels desperate because of ill fate or injustice.

Combines frequently with:

- GORSE – pessimistic and hopeless;
- MIMULUS – pessimistic and having a fear of failure;
- LARCH – pessimistic and lacking self-confidence;
- WILLOW – pessimistic and embittered because of injustice;
- WILD ROSE – pessimistic and resigned;
- WHITE CHESTNUT – pessimistic thoughts whirling constantly in the mind.

Keynotes:

- **Easily discouraged;**
- Any delay or **hindrance causes doubts;**
- **Despondent because of a relapse of the disease** or prolonged healing with ups and downs;
- **Pessimistic**, constantly looking for possible problems, “doomsayer”.

4. Individual essences

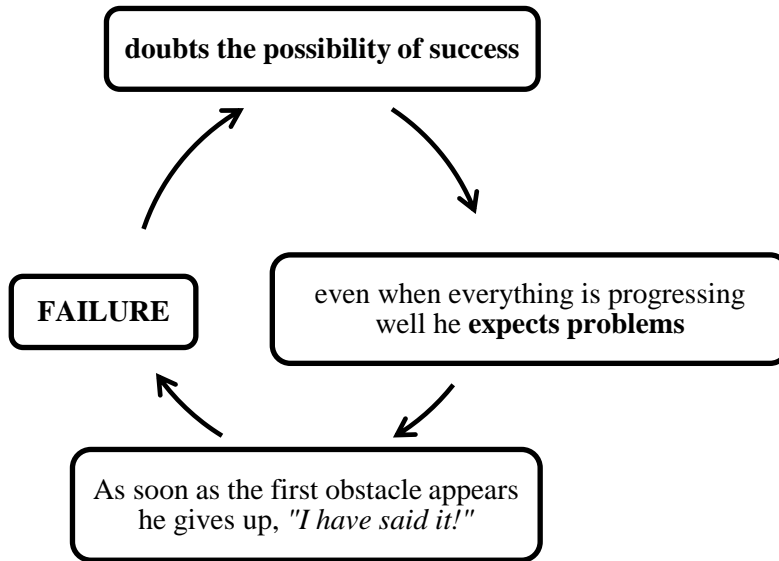



Diagram 8. Vicious circle of GENTIAN.

4.4.4. Gorse (*Ulex europaeus*)

 *Very great hopelessness, they have given up belief that more can be done for them.*

Under persuasion or to please others they may try different treatments, at the same time assuring those around that there is so little hope of relief.

E. Bach, Twelve Healers and Other Remedies

Summary

Hopeless. His problems last too long; he has already given up any hope that it might get better. Passive, enters into the therapy under the persuasion of somebody else or because of the feeling that he “should do something”, not because he hopes that the therapy can really help him.

Description

GORSE is for people who have already suffered too long; they have given up any hope that their health could be better. They become passive and resigned. This resignation may be caused by objective conditions, like a diagnosis of advanced malignancy, or may be provoked by a less serious problem like slow recovery after an injury, long-lasting marital problems or conflicts at work. Their frequent sentence is *“I have tried everything and nothing has helped.”*

Hope is a precondition of any therapy. Without hope, our immune system ceases to fight, our wounded tissues stop to heal, and our soul gives up. Any effort seems to be meaningless. Hope is like a light in a dark tunnel; without it, we get lost in the darkness. In Christianity, hope is symbolized by an anchor. Anchor means stability and safety. With a reliable anchor, we can resist any storm we meet in our life.

Passivity of patients in negative GORSE state may even provoke a reaction in people around: when seeing how their dear suffers but does not do anything against it they may begin to look for treatment options by themselves. However, because these patients do not believe any therapy can help them, even when they start some therapy, they invest too little energy into it and it often finally leads to a failure. They may have a history of previous unsuccessful treatments corresponding to GENTIAN state that has finally transformed into a passivity and hopelessness of GORSE.

The activity or passivity during the therapy is significantly influenced by **patient’s concept of the disease** (see 15.1.4.). Sometimes, the hopeless feeling may be instilled by healthcare practitioners or by reading of medical information on Internet. Most diseases are provoked by more factors; however, if the patient begins to believe that his disease has been caused by something that cannot be changed, especially genetics, he may resign. At present, we cannot change our genetic code; that is why he may believe that there is no chance of cure.

Sometimes the patient only expects that the disease has some genetic ground. For example, a young woman knows that all female members in her family have had a terrible migraine and nothing has helped them. She believes she is condemned to the same suffering like her mother and granny.

4. Individual essences

Another situation is when there is some instrumental finding that explains patient's complains but cannot be solved. For example, the patient has long-lasting backache. He has undergone CT or MRI examination and these examinations confirmed the presence of chronic degenerative changes. No operation can remove them or operation is too risky. Because of this diagnosis, some patients in such situation may feel desperate and give up any effort to improve their health state and suffer.

It is sometimes difficult to distinguish whether the GORSE state has been provoked by pessimistic information of some medical authority or whether it is the person in a GORSE state that interprets the information pessimistically. For example, the doctor may mention that genetic factors may also play a role. The patient forgets all the other facts and retains only this part.

⊗ *Sometimes GORSE feeling may be also transmitted from the healthcare practitioner. One neurologist has been suffering annoying migraines for many years. Even when her profession allows her to try many chemical remedies including the newest and the most expensive, nothing helps her. She has begun to spread her pessimism to her patients. One patient has reported to me: "When I have complained that I have to take pills every week and I do not like it she has answered me that I have to get used to it; she also has migraines and nothing has helped her." This patient has refused to accept this pessimistic view and this information has stimulated her to look for other treatment options including alternative medicine. However, there are certainly many patients who have decided to give up when hearing such an answer from an expert.*

GORSE sometimes has a provocative aspect; they verbally or non-verbally send signals: *"Here I am - you believe that you can help me, so, you can do whatever you can and I will wait and watch."* Or, it might seem that they are almost laughing at you: *"You are SO NAÏVE that you believe that you can help me. Nobody can help me."* The result of the therapy in these cases depends a lot how deeply this attitude is rooted. We can compare it with the ash, if it is fresh it is possible to find live coals under the surface and revive the fire. Some people agree to take the essences for some time only to confirm that their initial expectation was correct, that the essences do not have the power to help them. There are no live coals inside. In other patients, the usage of GORSE for a few months can boost their hope so that they begin to fight again. Like after gentle blows, the fire can flare up again. Your role isn't to save the patient; your task is to offer the patient a chance for a restart. Whether and how he uses this opportunity or not is only up to him.

While in LARCH or in WILD ROSE, the resignation comes from inside and the patients are aware of it, in GORSE, the resignation is caused by the belief that the situation is caused by external conditions only that cannot be changed; he isn't aware of the significance of inner factors. You can ask the patient, *"Imagine that somebody else would be in the same situation like you are. Do you think, could HE solve this problem?"* LARCH and WILD ROSE would probably answer that it is possible. The other person could be more capable or he could have more inner strength or energy to fight. On the other hand, GORSE would probably deny such a possibility. *"I think that if the finding on the spine is so serious and it cannot be operated, nobody can deal with it."* If he admits that somebody else can fight with the disease more successfully, this theme is worth further exploring: *"What do you think is the difference between you and this hypothetical successful patient?"*

GORSE is quite close to GENTIAN; for the detailed comparison of these two essences, see 4.4.3. about GENTIAN.

Observation

These people seem sad, desperate and hopeless. They lack enthusiasm of many other BFT patients who are happy and excited when hearing how the description of essences corresponds well to their emotional state. It seems that they came to the therapy more because of the feeling of duty “to do something” or to please others, rather than because of the real hope that their state may get better. When they describe their problem they often comment it *“It has already been lasting too long ...”* or *“I have already tried everything ...”*, accompanied with a desperate look and deep sigh. They may have a repetitive attempt – failure pattern of GENTIAN in their history but now, they just are in a state that can be described as “painful resignation”, as opposite of “got-used-to resignation” of WILD ROSE. They suffer but they do not do anything to solve the problem.

55 years old man. He has a long suffering in the family, and now he comes because of the pain of heels. He has been already examined by orthopaedist. The therapy with ultrasound has helped a little bit but is very painful. He has a fear to undergo a radiotherapy. He sees no way out. I offer him a contact to a holistic physiotherapist who can prescribe him an exercise or send him to a podiatrist who can make special shoes for him. However, he almost does not react to my offer; he says “uhm ... maybe later”. Even when his condition is very unbearable he has resigned and does not try anything else. He does not hope anymore his condition can be improved. Luckily, he finally agrees to make a test of BFT for his family problems. This situation corresponds to GORSE state.

Two months later, he is more optimistic and reports that heel pains almost disappeared.

Sometimes the above mentioned provocative aspect of GORSE may be prominent.

Physical complaints

In somatic diseases, GORSE can be helpful when the disease already lasts too long and the patient becomes hopeless.

⊗ *60 years old man. He has advanced arthrosis of hip joint and he can barely walk. He has been already included into a waiting list for the operation but he still has to wait about half a year. He eats maximal doses of painkillers every day. Finally, he has a serious bleeding from a gastric ulcer caused by using too many pills. At this moment, he gives up. He becomes hopeless and passive. In spite of a good prognosis, he is desperate.*

After the essences with GORSE and GENTIAN as principal constituents, he finds a new hope and energy to fight. He overcomes all the obstacles and the operation of the hip joint is successful.

⊗ *65 years old man. He has chronic cardiac problems but his state was relatively stable in the past. Then he begins to retain water in his body and has to be hospitalized repeatedly. Later he has to undergo an operation and after the operation he is moved to rehabilitation department. However, there his heart condition worsens and he is moved to the department of the internal medicine again. Finally, he is dismissed from the hospital and there is plan that he will continue with the therapy at the rehabilitation department. The problem is that he feels desperate now. He has spent a lot of time in the hospital. Every day in this sterile unfamiliar environment has been a real torture for him. Now he is afraid that his heart problem can deteriorate any time again. He has always fought with obstacles but at present, he is resigned. This is an acute GORSE and GENTIAN state; the combination of GORSE, GENTIAN, MIMULUS and WHITE CHESTNUT brings fast relief and a few days later he reports that his rehabilitation is progressing well and that his breathlessness is better too.*

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When the patient believes that he cannot be helped because his disease is hereditary, there are serious morphological changes on CT or MRI or when he has tried so many other treatments without any effect, GORSE can revive “the sparkles of hope”:

⊗ 60 years old woman. She suffers a lot because of sleeplessness. Her problem lasts more than twenty years and she has tried a lot of various treatments and medicines, all without effect. She has already given up any effort and believes that her condition is untreatable. Finally, one of her friends tells her about me and about BFT. The patient comes to my consulting room but she is quite doubtful about its efficacy. She does not understand how extracts from wild flowers can help her when strong chemical pills failed.

She speaks about her sleeplessness. She feels worried a lot about her family members and has to think constantly about what terrible might happen to them. When her children travel somewhere, she cannot sleep at all and she is calmed down only when she receives their message that they have already arrived. Her granddaughter studies in Sweden and she torments herself by fantasies of all kinds of possible accidents and robberies that can happen to her.

Six weeks after the beginning of the therapy with GORSE, RED CHESTNUT and WHITE CHESTNUT as main constituents, she reports significant relief in her worries; she is surprised by the effect of the essences.

The provocative aspect of GORSE may be seen in the following case:

⊗ 60 years old man. He has been recently diagnosed two malignant tumours. Both are operable but the operation leads to serious and permanent complications. In spite of his pitiable condition, he is smiling and joking. He hides his real feelings behind a playful façade. In this moment, I offer him BFT. At first he refuses but I am quite obstinate and offer it repeatedly. Finally he agrees but he non-verbally sends me a message: “Doctor, do you really believe that you can help me?”

The selection of essences is made quite intuitively because he does not reveal any details of his private life. However, the way how he communicates in the consulting room is quite diagnostic. A few days after the beginning of the therapy with GORSE and AGRIMONY as main constituents, he spontaneously reports that “his wife has noticed some change; he is calmer”. He does not speak about details but his behaviour confirms the positive effect of essences: during following four years, he comes regularly for a new bottle of the remedy. Furthermore, he begins a transformation as a human. His forceful hilarity changes during following months into an authentic happiness when visiting our consulting room. Even my nurse spontaneously reports how pleasant person he is now.

Communication

📖 *Never deprive someone of hope – it might be all they have.*

H. Jackson Brown, Jr.

People in negative GORSE state are helpless and hopeless and they may spread their hopelessness to other people. For the therapist, it is of utmost importance not to give up and to work hard during every follow-up to find slightest traces of improvement. Every minimal progress acknowledged by the patient is like a great change in other patients. Techniques useful during the follow-up are described in 17.1. Basic techniques used during follow-up. Treatment of GORSE patients requires a lot of patience, hope and energy from the therapist.


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The patient is often quite sceptic when he comes to the consulting room. Instead of trying to convince him about the efficacy of BFT verbally, it is better to use the technique described in 11.7. Work with “doubters”.

In GORSE, his concept of disease often plays an important role. He believes that his problem is entirely caused by outer factors. To change his opinion, you can offer him some information. For example, in a patient who is convinced that his migraine is caused by genetic factors, you can offer him following information:

“You believe that your migraine is caused by genetics. Do you like to hear anything about possible causes of migraine? [Yes] Wikipedia says: ‘The underlying causes of migraines are unknown. However, they are believed to be related to a mix of environmental and genetic factors. They run in families in about two-thirds of cases and rarely occur due to a single gene defect. While migraines were once believed to be more common in those of high intelligence, this does not appear to be true. a number of psychological conditions are associated, including depression, anxiety, and bipolar disorder, as are many biological events or triggers.’ What do you think about that?”

Positive

 *They say a person needs just three things to be truly happy in this world: someone to love, something to do, and something to hope for.*

Tom Bodett

GORSE’s bright yellow flowers shine like the Sun and bring hope to our darkened souls. Unrelenting hope can help us to overcome seemingly insurmountable obstacles in our lives or at least to accept inevitable. This essence can bring a relief even to dying people. A hope that after the death there something positive will come can help them to go through the dying process more smoothly.

Reflections:

It lasts too long, and your hope that you can feel better gets smaller and smaller.

You have tried various treatments but nothing has helped you.

You have doubts whether this therapy will help you.

You suffer and you feel it is useless to try any therapy.

Compare:

- ❖ GORSE – both can feel hopeless:
 - Because GENTIAN has a fear of a further disappointment he is pessimistic and imagines all possible obstacles that could hinder him in his effort; there may be a history of repeated

4. Individual essences

- attempts and failures; He still preserves some hope and when because of some reason he begins to believe that there is a higher chance for success he can make another try;
- GORSE feels hopeless, resigned, and makes an attempt only when persuaded by friends or because of a feeling that he should do at least something but does not believe that the therapy will be effective. Hopelessness is his defence mechanism that helps him to avoid the pain from disappointment.
 - ❖ MUSTARD, PINE, HONEYSUCKLE, GENTIAN, SWEET CHESTNUT, and WILLOW – they all can feel depressed and desperate:
 - PINE feels desperate because of his failures;
 - HONEYSUCKLE lives a lot in the past; the condition has been usually provoked by some loss or disappointment;
 - GENTIAN is desperate after repeated failures. Repetitive pattern – hopeful – starts to do something – failure;
 - SWEET CHESTNUT suffers extremely, desperate tries to maintain the present situation even when it is hopeless, feeling that the body and mind reached its limits and that the disaster is inevitable;
 - GORSE is hopeless, resigned, makes an attempt only when persuaded by friends or because of a feeling that he should do at least something but does not believe that the therapy will be effective;
 - WILLOW feels desperate because of ill fate or injustice.
 - ❖ WILD ROSE – they both may resign:
 - GORSE resigns because he has already lost hope that the problem can be solved; he has tried everything and nothing worked;
 - WILD ROSE - resigns without significant cause; he is used to the present situation, lacks motivation for change.
 - ❖ LARCH – both may give up any attempt to improve their conditions:
 - GORSE is hopeless; he believes that his problem is caused by outer factors only that cannot be changed;
 - LARCH has lack of self-confidence; he is convinced that he will fail. That is why he even doesn't attempt to fight with the problem or he invests only little energy. The cause is inner; he believes that he is not capable enough.

When GENTIAN state lasts long enough it often leads to GORSE state.

Combines frequently with:

- GENTIAN – disheartened and hopeless;
- WILD ROSE – resignation and hopelessness.

Keynotes:

- **Hopelessness;**
- The patient has given up belief that more can be done for him, becomes **passive** and **resigned**;

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- His passivity may **mobilize his close persons**; they persuade the patient to try the treatment or arrange a consultation for him;
- Even when the patient tries some therapy, he is convinced that it is **useless**;
- He believes that the disease is caused by genetics or by some other **outer factors** that cannot be influenced.

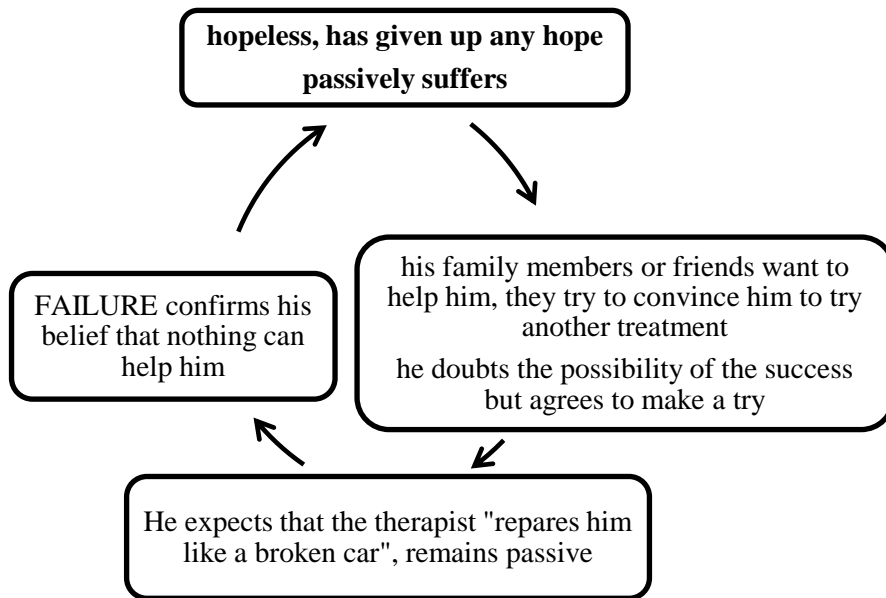


Diagram 9. Vicious circle of GORSE.

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4.4.5. Hornbeam (*Caprinus betulus*)

For those who feel that they have not sufficient strength, mentally or physically, to carry the burden of life placed upon them; the affairs of every day seem too much for them to accomplish, though they generally succeeded in fulfilling their task.

For those who believe that some part, of mind or body, needs to be strengthened before they can easily fulfil their work.

E. Bach, Twelve Healers and Other Remedies

Summary

Tiredness, lack of energy, feels tired already in the morning (OLIVE – tiredness grows during the day). Feeling (especially in the morning or on Monday) that he does not sufficient strength to carry the burden of tasks, although he usually finally succeeds to do it all. Routine work, feeling of boredom. Lacks motivation. Feeling that some part of mind or body needs to be strengthened.

Description

In our lives, we like to participate in activities that bring us excitement and satisfaction. However, we have also to do things that are the exact opposite. Our ancestors had to toil the whole day at the fields, and we do a monotone work at the factory or are overwhelmed by loads of administrative work. We have to do household chores and take care of children. Every day almost the same, again and again. There is a constant inner conflict: we do not like this work but we have to do it.

Some people deal with this inner struggle without problems. They have accepted that the duties belong to our life. They learnt how to compensate routine work with other more interesting activities. However, in some persons, a negative HORNBEAM state may develop.

HORNBEAM people report that they do a lot of annoying and routine things and have a lot of boring duties. This work does not bring them any excitement or satisfaction; they feel that their energy is declining. Their usual complaint is tired feeling that is often present already in the morning before they begin to do anything. Monday morning, after-holiday morning or any workday-morning aggravation is typical for HORNBEAM. Everyday work seems like a heavy burden for them. They may feel doubts whether they will be able to do it all although they usually manage to do everything what is needed and sometimes their energy even grows during the day. It is also typical that HORNBEAM patients describe that their sleep is not refreshing and does not bring them enough energy. The fatigue of HORNBEAM is more a mental tiredness than a real exhaustion, a state of OLIVE.

My mind rebels at stagnation. Give me problems, give me work, give me the most abstruse cryptogram, or the most intricate analysis, and I am in my own proper atmosphere. But I abhor the dull routine of existence. I crave for mental exaltation.

Sir Arthur Conan Doyle

When exploring their concept of the disease (see 15.1.4.), they often pay attention to inner factors. They describe weakness, .e.g. too weak will to exercise regularly or to be on a diet, or they may believe that their immune system is too feeble to be able to fight effectively with the infections. They feel the need to strengthen the body or mind. They may also try to “treat themselves” by frequent cups of coffee or energetic drinks to stimulate the body. Sometimes they tell that as long as they have some activity they feel fresh but when they sit down they feel sleepy and tired.

People need to know that their work brings some benefit, that it is useful. Hundreds of years ago, our ancestors had a direct feedback and they knew that if they didn't work hard enough, the harvest would be poor. Joiners and blacksmiths demonstrated their skilfulness in their products. They could be proud of their work. However, at present, there are many professions where there is no direct link between work and benefit. Workers in the factory do one minute step in a long process of production. People have to spend more and more time with filling in forms, writing reports, things that bring nothing good and useful but are required by officials. No wonder that overload with bureaucratic regulations can lead to **burn-out syndrome**.

By the sweat of your brow you will eat your food until you return to the ground, since from it you were taken; for dust you are and to dust you will return.

Genesis 3:19

Burn-out syndrome is a new disease and its incidence is growing. In spite of all modern technologies, more and more people feel tired by their work and duties. Why? The reason is that for us, the work is something different than for our great-grandparents. For them, hard work was a natural part of their life. They believed that sweat and tears were their lot. However, today people hope that they will do something exciting, thrilling, and fulfilling. They are full of enthusiasm and idealism. Then they come to the work and they realize that it does not correspond to their expectations. At first, they invest a lot of energy into it. They have new ideas and they hope that they can change the system or that the other people will appreciate their work. However, their investment does not return. Gradually, their effort decreases. Their work changes into mere routine. Finally their energy is exhausted and they begin to feel a growing aversion to their job.

The economy of energy in the body can be compared with the way how we deal with financial resources. We need to have a balance of income and expenses; from a long-time perspective, the expenses cannot be higher than income, otherwise there is a risk of financial bankruptcy. And with our energy, it is similar. We need to have a regular income of energy, of positive stimuli. If we waste too much energy our body begins to slow down and weaken and our mind lacks motivation.

People in negative HORNBEAM state have a lot of monotonous work that costs a lot of energy. They need to recharge it. They can do it by physical exercise, meeting friends, making trips etc. However, this recharging isn't straightforward for them. At the beginning, their lassitude is so intense that they

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often have to force themselves to do something, to go to a party or to do some sports. In spite of initial doubts they later usually acknowledge that they feel better, that they have spent a nice time and have more energy.

Along with the progression of HORNBEAM state, the patients have less and less energy and they begin to give up the activities that have brought them energy previously. They stop physical exercises, avoid meeting friends etc. When they come home, they often sit down and watch TV or sleep. They have no more energy to do anything else. They hope that having a rest invigorates them but the result is often the exact opposite: they feel still more tired than before it.

Tiredness also hinders them in making a change in their lives; they are too exhausted to be able to look for any other, more fulfilling work or to ask other family members for help with home duties.

Observation

People in HORNBEAM state often evoke the impression of tiredness. Their face expression is one of exhaustion and boredom. When they come to the consulting room they just slide down into the chair as if their legs weren't able to carry the heavy body anymore. The consultation progresses slowly and may be tiring for both the patient and the therapist. It is a hard work for the therapist to wake up the patient from his lethargy and evoke the motivation for change.

Physical complaints

HORNBEAM has also physical symptoms of weakness or flabbiness, like weak veins (varicose veins, haemorrhoids), hernias, backache caused by weakness of muscles, hunched posture, weakness of immune system.

⊗ 45 years old woman. She suffers recurrent respiratory infections. Her spontaneous request is to mobilize the body; she feels tired and exhausted all the time. She is convinced that her immune system is too weak to be able to fight with the bacteria. At work, she is overloaded by various administrative activities, boring but necessary. After coming home, she has to take care of her son (her partner is unreliable; her son suffers diabetes and she must pay attention to him all the time). She has no time for herself. Previously, she sometimes forced herself to go to the gym with her friends and then she felt better. However, now, after the long and exhausting day, she has energy only to sit down on the sofa and to watch her favourite series. However, she usually falls asleep during a few minutes.

The sleep is not refreshing. In the morning, she feels tired even before she begins to do something. After waking up when lying in the bed, she imagines what heap of work is awaiting her and she feels it will be almost impossible to manage it all.

After HORNBEAM, WHITE CHESTNUT and CENTAURY as main remedies, she has more energy and her immune system is stronger. She begins to go to the gym and to see friends again.

⊗ 40 years old woman. She had been a sportswoman; however, after the birth of her child, her energy declined. She feels overwhelmed by a lot of routine work. Especially after the return from maternal leave to the work, she is constantly exhausted. She has recurrent infections and she needs one month to recover fully after every cold. The infection typically appears when her exhaustion is more intense. She also has a fear of a new infection whenever first symptoms appear. Her chief is very tolerant;

when she feels tired he allows her to go home even in the middle of working hours. She has also problems with sleep; she must pay a lot of attention to her daily regime; if she goes to sleep too late, she is exhausted next day.

Before the birth of her child she liked to do sports or to visit friends. However, now, she is so exhausted that she does not have energy to make any extra activities; she has barely enough strength to do her daily duties. When she makes some exercise and sweats a lot she is afraid that she can catch a cold easily.

After MIMULUS, HORNBEAM and GENTIAN as main essences, her condition begins to improve. Step-by-step she returns to activities she had enjoyed previously but she gave them up because of tiredness and recurrent infections. She also does not need to ask her chief to go home earlier anymore.

Communication

Whenever the patient comes because of tiredness we should ask him about his energetic balance. In HORNBEAM there is invariably an evident disproportion between income and expenses. For renewing of the equilibrium, the essence isn't sufficient; the task of the therapist is to invite the patient to think how to spare some energy or what new resources he can use. Otherwise there is a risk that the effect of the essence will be only partial and temporary.

We should also remember that HORNBEAM cannot force the patient to do what he does not like. BFT is about freedom. If his aversion to his actual work or school is too intense he should consider a change. If he stays in this position only because of laziness, politeness or because of fear of change or criticism he wastes his precious time and neglects his Life Mission.

Positive

The essence of HORNBEAM invigorates us generally, strengthens our will and helps us to deal with monotone and boring duties. Thanks to better energy, we can take part in activities that bring us enjoyment and satisfaction. It helps to renew inner energetic balance. With refreshed inner resources we can more easily deal with unsatisfying external situation or initiate an important life change.

Reflections:

You feel too weak to be able to do everything that is needed.

You need something that would strengthen your mind and your body.

The more you sleep the more you are tired.

At the beginning, you feel aversion to doing sports and you have to force yourself but afterwards you feel better and you have more energy.

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Compare:

- ❖ **WHITE CHESTNUT** – both have sleeping problems:
 - **HORNBEAM** feels tired the sleep is not refreshing; sometimes he may feel even more tired than before the sleep;
 - **WHITE CHESTNUT** has disagreeable thoughts whirling in the mind; sleeplessness leading to tiredness
- ❖ **VERVAIN** – both may feel exhausted and have a burn-out syndrome:
 - **HORNBEAM** does routine and boring things; they do not bring him satisfaction but they have to be done;
 - **VERVAIN** has firm principles, he is enthusiastic for some idea, overexerts himself, and overwork and disappointment from lack of appreciation of other people may lead to burn-out.
- ❖ **OLIVE** – both may feel exhausted:
 - in **HORNBEAM**, the tiredness appears already before some work or duty; it is usually worst in the morning and then during the day it gets better;
 - in **OLIVE**, the exhaustion appears after long-lasting care for dear person, after a long disease. After sleep, they usually feel better but during the day, exhaustion gets worse
- ❖ **WILD ROSE** both may be passive:
 - **HORNBEAM** lacks energy and feels too weak to exert some effort;
 - **WILD ROSE** has resigned without any important reason; he just takes the life as it is and does not try to change it.
- ❖ **CENTAURY** – both can feel weak:
 - **HORNBEAM** feels weak because he has to do too many routine and uninteresting things; he lacks excitement and enjoyment in his life;
 - **CENTAURY** wants to please others, becomes a servant, sacrifices himself for the sake of other people, does not pay attention to the needs of his own.
- ❖ **ELM** – both may feel that the task exceeds their strengths:
 - In **ELM**, it is a temporary state - he feels he has taken over a too big responsibility and is afraid of failure; he has a previous history of successes in this area and he generally enjoys his work;
 - **HORNBEAM** feels especially in the morning that he does not have enough strength to do all the necessary work; he does not enjoy much his work, it is pure routine; he lacks motivation for the work.
- ❖ **MIMULUS** – both can fear that they will not be able to deal with everyday problems at work:
 - **MIMULUS** may like his work but he has fears that limit him; he has a fear to speak in public, to make presentations, of making mistakes or of his boss;
 - **HORNBEAM** feels weak; he is overloaded by routine work, in the morning he feels tired and has a fear of all this work he has to do during the day but he usually succeeds in his work.

Combines frequently with:

- **WHITE CHESTNUT** – whirling thoughts in the mind and weakness; lack of energy from disturbed sleep;
- **VERVAIN** – burn-out syndrome as a consequence of too much enthusiasm; feels weak and tired;

Bach Flower Therapy is a Dialogue

- WILD ROSE - apathy, resignation and weakness;
- CENTAURY – weakness and tiredness because he sacrifices for the sake of other people and has to do too a lot of routine work.
- WILD OAT – tiredness and boredom from present work; he feels he wants to do something else but does not know what.

Keynotes:

- They feel they **do not have sufficient strength**, mentally or physically, to carry the burden of life; tiredness;
- **Everyday affairs seem too much for them;**
- Too much **routine work**;
- Workday morning or Monday **morning aggravation**;
- More tired in the morning **before work** than in the evening;
- In the morning, the amount of planned work seems too much for them; however, they usually finally succeed in fulfilling their task
- Some part of their body **needs to be strengthened** (will, memory, muscles, immune system, back, veins);
- May use **stimulants** like coffee or energy drinks.

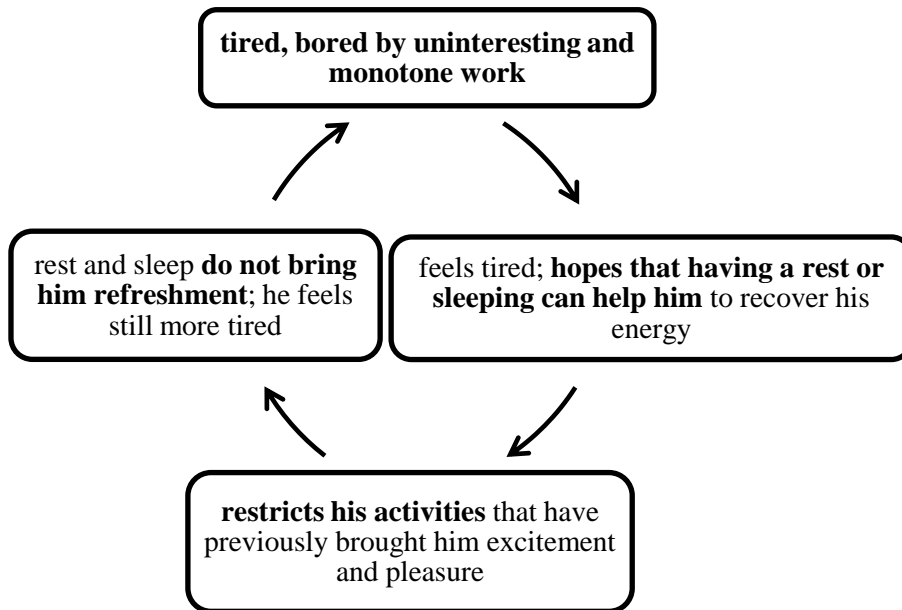


Diagram 10. Vicious circle of HORNBEAM.

4. Individual essences

4.4.6. Wild Oat (*Bromus ramosus*)

Those who have ambitions to do something of prominence in life, who wish to have much experience, and to enjoy all that which is possible for them, to take life to the full.

Their difficulty is to determine what occupation to follow; as although their ambitions are strong, they have no calling which appeals to them above all others.

This may cause delay and dissatisfaction.

E. Bach, Twelve Healers and Other Remedies

Summary

He feels he should do something important, make an important change, to have an extraordinary life. The problem is that he absolutely does not know what to do, which direction to choose. Often people of many talents. Frustration that the time passes by and he is stuck in one place.

Description

During last century, our world changed unbelievably. Our ancestors had often their future profession already predestined at the time of their birth. If they had been born into a family of a farmer they became farmers; if they had been born into a family of a blacksmith they became blacksmiths. If they were born into a royal family they became kings or princes. However, today, there are uncountable options on how to develop our potential. There are many stories about successful self-made men and women who became prominent personalities in various branches.

More and more people are aware of the fact that they have their life in their hands. Many of them do exciting job that brings them deep fulfilment and benefit to the others. However, in some persons there is a discrepancy: they feel the urge to do something important or extraordinary or to enjoy life to its full but at the same time they do not know to which area to invest their talent. And this situation leads to a negative WILD OAT state.

The word that characterizes the best the negative state of WILD OAT is “**frustration**”. They are in a situation that is not satisfying to them; they have high expectations from the life but the problem is that they do not know which direction to choose. They often have many talents and skills. They may report many previous jobs where they had been quite successful but did not stay there because they sought something different. They are driven in life by a feeling of dissatisfaction and constant desire for something meaningful, for a deeper sense in life.

The meaning of life is connectedness and development. It is about realizing every opportunity and potential in one's existence. The opportunities must be found and acknowledged. What do you find when you find yourself deep down? You find your real self and your purpose in life. You realize that you are already a part of a larger totality. An-

tonovsky called it "coherence". Maslow called it "transcendence". Frankl called it "meaning of life". We call it simply "being".

Søren Ventegodt

Some people get into WILD OAT state when they go through a big change in their life and they suddenly have a lot of free time. For example, a woman spends a lot of time with the care of her children. Then the time comes when children leave the family nest. She has a lot of free time now. She has always looked forward to this time but surprisingly, when it finally comes she does not feel a real satisfaction. Her life as if lost its sense. She still has resources to do something useful, she has enough energy and time but she does not know what to do, where to invest her resources.

A similar situation may happen when a responsible worker retires after many years of work. Previously his life had a clear structure and he fulfilled well-defined duties. This work was useful and brought him the feeling of satisfaction and meaning of life. Nevertheless, last years the work was quite exhausting for him; especially new things were difficult to grasp. Young and ambitious but inexperienced manager also made some changes that were hardly acceptable for him. He returned from work overworked, frustrated and repeatedly spoke about how he looked forward to time of retirement.

However, he realized now that his fantasy about this time had been too idealistic. He feels something important in his life is missing. His day has no structure; it is full of boredom. Because he has no program, his attention shifts to the body. Till now healthy and active person becomes a nervous hypochondriac who pays a lot of attention to his physical feelings. The problems are here and there. Although no serious disease has been diagnosed the patient is worried that his health will deteriorate in the future. His sleep is getting worse. While during previous years, he has fallen asleep during a few minutes, now he spends two or three hours lying in the bed and looking at the ceiling. Even when he has virtually no responsibilities, he feels more tired than during his professional career.

According to statistics, the first year after retirement is connected with the highest rates of death of various reasons, diseases, suicides or accidents. It only reflects the fact that this period of life is especially challenging.

People can also get into WILD OAT state during important anniversaries. Birthdays aren't only opportunities for a celebration with friends but they also signal that we are one year closer to the death. Especially round anniversaries invite people to look back, to think about their life and to pose a question: *"Is THIS exactly what I want from my life?"*

Some people in WILD OAT state may also have a feeling of a constant dissatisfaction with partner; they may change partners quickly or they may take part in various sexual experiments. They may travel a lot in the hope of collecting as much experiences as possible, experiment with drugs, adrenaline sports etc., this all in a vain hope that they will find something that will bring them a lasting satisfaction and meaning of life.

Some WILD OAT persons may resort to religion or philosophy. However, they usually do not join traditional churches. They seek something higher, more profound. They may be keen on New Age or Gnosticism, they may experiment with spiritual techniques, love to read books of Osho etc.

4. Individual essences

WILD OAT carries a feeling of uniqueness inside. Because of being special, it is also difficult for them to find people with whom they would understand each other. That is why some WILD OAT persons may feel lonely and they may resemble WATER VIOLET a little bit.

Quite frequently, after the beginning of WILD OAT treatment, patients report that their feeling of frustration has temporarily intensified. The reason is that it is necessary to accumulate enough energy prior to making a difficult change and the growing frustration reflects this process.

⊕ 35 years old woman. Her main problem is a feeling of frustration because her work does not bring her satisfaction. She has tried various jobs and she has always been successful; her bosses have always appreciated her work and she has been offered a promotion but she has refused. These jobs have been very different; she has been a shop assistant, a manager of a commercial company or an alternative therapist. However, after some time, she has always begun to feel a frustration, the feeling that something important is missing in her life. Because of many unsuccessful attempts in the past, she is doubtful whether she will succeed now.

After the therapy with WILD OAT and GENTIAN with main constituents she decides to leave Czech Republic and to move to Germany. She has never tried to work there but she feels that her options in Czech Republic are already exhausted and she wants to make another try abroad.

In some frustrated patients, the treatment with WILD OAT can paradoxically calm them down; they have realized that their present work is the right one for them and they see more positives than negatives in it.


Observation

WILD OAT patients may come to the consulting room because of various complaints that seem unconnected. The case “does not make sense”, the therapist does not know what to treat first. These people may have a history of frequent changing of jobs, partners, of many very different activities.

Physical complaints

Various symptoms in situations when the patient has too much free time to observe himself, for example after a retirement or after the children left home nest.

Positive

 It's the possibility of having a dream come true that makes life interesting.

Paulo Coelho, The Alchemist

In a positive state, WILD OAT feels an inner drive that guides him infallibly in the right direction through his life. He feels a deep fulfilment; his work brings a benefit to him and also to other people. WILD OAT is a sort of a grass. If you imagine a lawn, every plant seems the same; it is a mass of anonymous organisms. We still accentuate this aspect by regular mowing. However, exactly this is the worst nightmare for WILD OAT persons: to remain average and bland. The essence can help them to

find an area where they will be able to develop their potential to its full. Some of them may even become outstanding personalities and pioneers that will write the history. The famous tiny book of Paulo Coelho, *The Alchemist*, represents a symbolical story of a person in a positive WILD OAT state trusting his inner voice and proceeding in his life journey in spite of huge obstacles to final fulfilment.

Reflections:

You feel the life is an extraordinary gift and you want to use it in the best way.

You have a talent in many different areas. The problem is that you do not know which of them to choose and develop.

You have a lot of free time now and you do not know how to use it in the best way.

Your life is missing its sense now.

Compare:

- ❖ SCLERANTHUS and CERATO – they all have a difficulty to make a decision:
 - CERATO does not trust his opinion; he hopes to shift the responsibility for making the decision to other people by asking them;
 - SCLERANTHUS has difficulty to decide between two things; first thing seems right then the second. He does not ask other people about their opinion or recommendation;
 - WILD OAT feels a frustration; he believes he has some mission in life and he wants to fulfil his life; he feels that the present situation is unsatisfactory, that he is only wasting time. However, he does not know which direction to go.
- ❖ WALNUT – they both are important in critical moments in the life when an important change is considered:
 - WILD OAT is right on the beginning of the process of change; he feels a frustration and the urge to make a change but he does not know in which direction to go;
 - on the contrary, WALNUT deep inside knows what is right for him but he is easily influenced by other people, he wants to please them, to fulfil their expectations or follow the tradition. a remedy for changes.
- ❖ WATER VIOLET – both may sometimes feel special and lonely:
 - WILD OAT has an inner feeling of a special life mission he is to follow; however, he does not know which direction to go. That is why he may frequently change his work or partners;
 - WATER VIOLET feels that there is an invisible barrier between him and other people; to compensate it, he may have an extraordinary knowledge or skill that makes him feel a special person.
- ❖ HONEYSUCKLE and WALNUT – they all are remedies for transitions in the life:
 - HONEYSUCKLE helps to overcome unpleasant transitions when they dwell on past events instead of dealing with new challenges;
 - WILD OAT has finished one period in his life and suddenly has a lot of time and does not know which direction to go;
 - WALNUT feels disconcerted by the change; he hasn't adapted to new conditions yet.

4. Individual essences

Combines frequently with:

- WALNUT – this combination is used to facilitate the process of change, to help to choose the right direction and not to let other people to influence him;
- HORNBEAM – tiredness and boredom from present work; he feels he wants to do something else but does not know what;
- WHITE CHESTNUT – frustration because of lack of fulfilment in life; thoughts constantly whirling in the mind;

Keynotes

- **Great ambitions to do something important**, to have much experience, to enjoy everything possible in the life;
- **They do not know which profession to choose**, they have no special calling;
- Often **talented** and **skilful**;
- The indecision causes **delay** and provokes **dissatisfaction** and **frustration**;
- A remedy for **big changes in life**, empty nest, retirement; they have a lot of free time and suddenly do not know what to do;
- A remedy that helps to find the **meaning of life**.

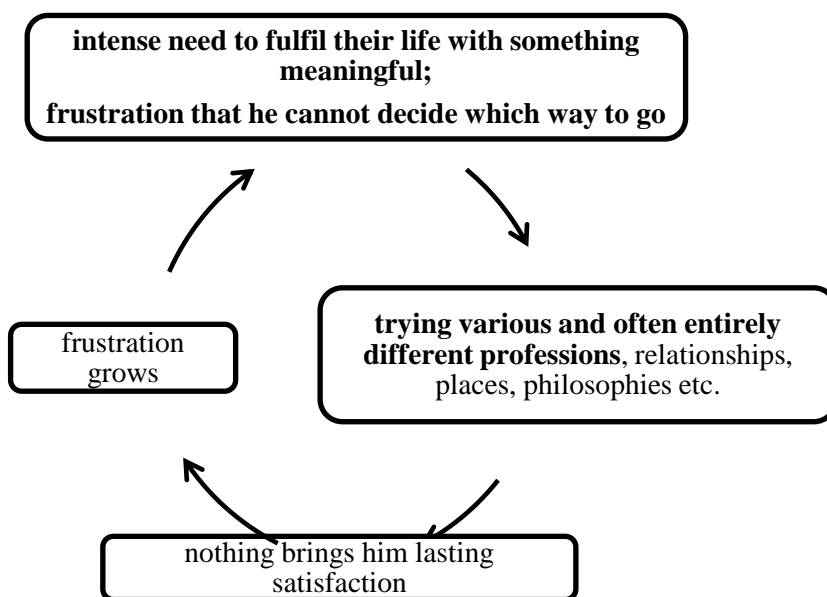



Diagram 11. Vicious circle of WILD OAT.

4.5. For Not Sufficient Interest in Present Circumstances

 Definition of the word "interest" by Merriam-Webster dictionary (1913):

- (1) *To engage the attention of; to awaken interest in; to excite emotion or passion in, in behalf of a person or thing; as, the subject did not interest him; to interest one in charitable work.*
- (2) *To be concerned with or engaged in; to affect; to concern; to excite.*

Description

The energy of people needing some of remedies of this group is directed away from dealing with the actual problem. Instead of looking for the solution, they return to the past, live in unrealistic dreams, waste time and energy with constant worries or feel too tired. They may seem absent-minded, buried in annoying thoughts, passive, resigned, exhausted.

Remedies

Following remedies belong to this group:

- CLEMATIS - is absorbed by his fantasies. He lives in an unreal world that seems much more pleasant for him than reality;
- HONEYSUCKLE – dwells on memories of somebody or something lost forever. Memories of a dead person he misses a lot, of an ambition that will never be fulfilled;
- WILD ROSE – is resigned without a significant cause;
- OLIVE – feels exhaustion after some difficult life period, e.g. prolonged disease or care for a dear person;
- WHITE CHESTNUT – has annoying thoughts whirling all the time in the mind. He cannot solve the problem now but he also cannot stop his mind thinking about it;
- MUSTARD – depression without a significant cause. It comes and goes without a clear reason. Lack of enjoyment in life;
- CHESTNUT BUD – repeats the same mistake over and over again. Similar unsatisfactory jobs, relationships, recurrent diseases.

Observation

During the consultation, especially if the negative state is intense you may feel that there is something that hinders you in taking the history or in looking for a solution. The patient may seem absent-minded; he misses what you have told (CLEMATIS). He may seem passive, sad and dwell in the past (HONEYSUCKLE). Sometimes there might be a situation that is disagreeable but not hopeless and with some effort a solution can be found but the patient without an apparent reason gives up; he just takes the situation as it is (WILD ROSE).

4. Individual essences

He may also be too exhausted to be able to fight with adversity (OLIVE). You may also observe that the patient thinks a lot about the problem even when he is not able to find the solution. He is tormented by annoying and repetitive thoughts and it may even disturb his sleep (WHITE CHESTNUT). He may also be depressed without a clear cause; nothing brings him enjoyment (MUSTARD). Finally, he may seem inattentive; he does not learn from your words and his previous experience and repeats the same mistake again and again (CHESTNUT BUD).

4.5.1. Clematis (*Clematis erecta*)

Those who are dreamy, drowsy, not fully awake, no great interest in life. Quiet people, not really happy in their present circumstances, living more in the future than in the present; living in hopes of happier times, when their ideals may come true. In illness some make little or no effort to get well, and in certain may even look forward to death, in the hope of better times; or maybe, meeting again some beloved one whom they have lost.

E. Bach, Twelve Healers and Other Remedies

Summary

He lives more in fantasy than in a real world. Escapes from disagreeable reality into daydreaming, reading books (fantasy, science-fiction, romantic), movies, computer games, religion, using drugs. Idealistic views of life, of the partner or of work; he lacks contact with reality.

Description

Although our life is most comfortable in human history, more and more people prefer to live in the fictitious world of their own. Sales of books, movies, computer games but also of alcohol and drugs grow every year. People spend more and more time on social networks, thus replacing lack of contact with real humans. Meditations and other spiritual techniques have become very popular. Virtual reality is one of the most rapidly developing branches.

CLEMATIS state is characterized by reduced contact with reality. CLEMATIS people live a lot in their fantasies, dreams, hopes. They like their personal “virtual reality” more than a real life. Everyday life has little attraction for them. It leads to the situation that their problems accumulate and every return to the reality is more and more disagreeable. The desire to escape grows and so on.

Sometimes their fantasies manifest in idealism; they have great goals but they lack firm ground. They may dream about a perfect partner, perfect work, they may also have idealistic fantasies about themselves. However, the crash with reality is very painful for them.

They are often very impractical and need a down-to-earth parent or partner who takes care of them. They do not pay much attention to financial matters, school results, external appearance or to the critical lack of oil that threatens to damage the engine of their car. They consider these things as trifles and a waste of time. On the other hand, when you find a theme that is attractive for them and you manifest sincere interest in it, like computer games, sci-fi series, philosophical or theological problems or train models, they can speak about them for hours. Their energy seems to grow and they become lively for a while.

CLEMATIS persons may have problems to communicate with other people and become isolated. The reason is that the way how they think is too different from the other people. Many keen IT specialists communicating more with computers than with real people or eccentric scientists have clear CLEMATIS features. They often do not consider contacts with other people important; they find their satisfac-

4. Individual essences

tion in their private universe, rather than in the real world. In extreme situations, they can lose all the contact with a real world. They become oddballs living alone and their isolation further grows. Finally they may end as long-term patients of psychiatric departments because of being completely unable to deal with daily problems.

⊗ *One of my teachers at the medical faculty, a renowned immunologist, used to wear a typical Albert Einstein hairstyle. He could speak excitedly for hours about the newest discoveries in cell biology but absolutely ignored such mundane things like school timetable. Because he often forgot to go to the lunch he used to drink “cosmic food” for re-alimentation of seriously ill patients at the intensive care unit. He did not pay slightest attention to his external appearance. During lectures, he recommended us to bath only once monthly because “too much bathing disrupts natural skin barrier”. He used to go to work by bike (luckily, he did not drive a car) and once he had an unusual accident: when driving through the main entrance of the hospital, he did not notice the barrier blocking the road and crashed into it. He remained absorbed by his inner world even during driving.*

Sometimes CLEMATIS state may also reflect in the relationship with the partner: they are very romantic and cherish an idealized image of their lover in their heart. They may neglect negative aspects of their partner for a long time. They may also stay alone for a long time because they wait for the “prince on the white horse”. They more easily than other people accept long-distance relationships that are based mainly on amorous correspondence and phone calls. Being most of the time far away from their loved person leaves enough space for romantic fantasies and idealization. The whole artistic movement, romanticism, was inspired and led by CLEMATIS personalities.

CLEMATIS state is often used as a compensatory mechanisms in difficult life situations. For example, a boy after the divorce of his parents escapes into computer games. An old woman after the death of her husband spends time with reading a lot of books. Because it is a compensatory state it is necessary to deal with the underlying problem prior to an attempt to bring the patient back to the reality with the CLEMATIS essence.

Observation

You can observe CLEMATIS state: these people do not pay much attention to the consultation, get lost easily, seem as if half-sleeping, drunk or under influence of some drug, forget to come to the consultation or they come to the consultation on a wrong day. They may also stumble over a doorstep, accidentally let the glass fall or spill it. They may wear every sock of a different colour or look untidy.

Especially girls may give an impression of a fairy, rather than of a human. They are pale and their voice is often weak, hardly audible. Some CLEMATIS persons are slim because they do not pay much attention to the food. However, the exact opposite is also possible, for example when they spend most of free time with watching TV or playing computer games, eating chips and drinking huge amounts of coke.

Physical complaints

Although their mental state is often prominent, they only rarely consider it as something wrong, requiring a therapy. In the consulting room, their usual complaint is mainly physical, like recurrent and protracted infections, dizziness, sleepiness, low blood pressure or repeated injuries because of inad-

vertence (IMPATIENS – repeated injuries due to hurry; MIMULUS – injuries in spite of being over-careful) or interpersonal, like marital conflicts or problems at work. On a local level, there may be signs of a paralysis or numbness (cf. STAR OF BETHLEHEM). In these situations, CLEMATIS can also be applied locally in a form of a cream or a bath.

They often recover slowly after the disease and it may even sometimes seem as if they enjoyed being ill. It is a pleasant time for them; they needn't go to work or school and can spend time with reading books, watching TV or playing computer games.

⊗ 30 years old woman. She works as a physiotherapist but she is not quite satisfied with allopathic medicine; she wants to study abroad a new and sophisticated method of alternative medicine. Her studies will cost a huge sum of money and she will have to spend a lot of time with it but she does not pay much attention to these "trifles".


After CLEMATIS she begins to see her future career more realistically. She does not give up her dream entirely but she knows that she must gain enough money first. She feels also more satisfied in her present work; she has begun to introduce some alternative techniques to her present practice and her patients appreciate it.

⊗ 35 years old woman. She has a low blood pressure and collapses from time to time. She is absorbed by the world of her own; she has paranormal abilities, she sees the aura of other people, spends a lot of time with meditations etc. She is almost an etheric being; she does not pay much attention to such material things like regular eating. Her personal life is unsatisfactory, marriage has been full of psychic terror, she will divorce and there will be a tough fight with her husband as for the care for their small daughter. However, even when the situation is critical she does not pay much attention to it; she speaks about the fate and Divine Providence.

After CLEMATIS she becomes aware of the risk of loss of her child and shifts all her energy to that fight. Finally she succeeds. Her collapse states are also less frequent.

During the therapy it is often necessary to limit or completely stop activities that support the development of CLEMATIS state, like computer games or alcohol.

Positive

 I am part of a light, and it is the music. The Light fills my six senses: I see it, hear, feel, smell, touch and think. Thinking of it means my sixth sense. Particles of Light are written note. O bolt of lightning can be an entire sonata. a thousand balls of lightening is a concert. For this concert I have created a Ball Lightning, which can be heard on the icy peaks of the Himalayas.

Nikola Tesla

CLEMATIS persons are dreamers; they have many ideas that seem unrealistic but can inspire other people and have a potential to change the world. For example the books of Jules Verne fascinated the whole generations of future scientists and explorers during their childhood. Ideas of CLEMATIS people aren't restricted by tradition or by time and space. That is why CLEMATIS persons may become real pioneers that are capable to extend our horizons.

4. Individual essences

Nevertheless, thus clad, I trod interstellar space, exalted by the knowledge that I was bound on vast adventure, where, at the end, I would find all the cosmic formulae and have made clear to me the ultimate secret of the universe. In my hand I carried a long glass wand. It was borne in upon me that with the tip of this wand I must touch each star in passing. And I knew, in all absoluteness, that did I but miss one star I should be precipitated into some unplummeted abyss of unthinkable and eternal punishment and guilt.

Jack London, *The Star Rover*

CLEMATIS state has still one positive potential: it deadens the pain. It is the reason why people collapse when the pain is too intense. In *The Star Rover*, Jack London describes a true story of a man who was imprisoned and tortured by tying up of the whole body. To survive this inhuman suffering, he developed a technique of a sort of trance when he was able to escape from his body and return to his previous lives.

Reflections:

Your inner world is more attractive for you than the real life.

It seems as if you slipped easily into your inner world even during the consultation.

It is not easy to keep attention to something here and now.

You have high ideals and you need to find out how to put them into practice.

Compare:

- ❖ WILD ROSE, HONEYSUCKLE, OLIVE, MUSTARD, HORNBEAM, MIMULUS and CENTAURY – they all may seem passive:
 - CLEMATIS is passive because he dwells in fantasies and unrealistic dreams;
 - WILD ROSE has resigned without clear cause;
 - HONEYSUCKLE returns to the past a lot, doesn't expect to be happy again in the future; a frequent remedy after some loss, like a death of a dear person or animal, failure at exams, dismissal or divorce;
 - OLIVE is passive because of exhaustion; there is often an event like a prolonged disease, disease of a dear person or protracted relationship problems that cost too much energy; he hasn't recovered from it yet;
 - MUSTARD is passive because he is depressive without any clear cause; he cannot find any enjoyment.
 - HORNBEAM is worn out, tired by routine monotonous work and home duties; he needs more stimulation, excitement but his job does not bring it.
 - MIMULUS may be passive because of fear of making a mistake or because of a tendency to avoid problems rather than facing them;

Bach Flower Therapy is a Dialogue

- CENTAURY may be passive and submissive because he feels he is too weak to face adversities; to get a support from other people, he tries to please others; it is difficult for him to tell “no”.
- ❖ WATER VIOLET and MIMULUS – they all may avoid company and become isolated:
 - CLEMATIS gets isolated because the way how he thinks is too different in comparison with other people; they do not understand him and he does not understand them; furthermore, interpersonal relationships are often unimportant for him;
 - MIMULUS has a fear of other people, of being ridiculed, criticized, blushes easily;
 - WATER VIOLET is distant, aloof, goes his own way, does not communicate much with other people; he may give impression of a haughty person; he may also differ somehow from other people: more clever, rich, popular, tall, handicapped, different colour of skin or nationality, he may belong to a special family etc.
- ❖ STAR OF BETHLEHEM – both can seem dreamy and not fully present in the present situation:
 - STAR OF BETHLEHEM is paralysed and shocked by a sudden disaster;
 - CLEMATIS reacts to too much pain by “switch off”, he may lose conscience, collapse, have low blood pressure etc. Both remedies are used in RESCUE REMEDY.
- ❖ CHESTNUT BUD, STAR OF BETHLEHEM, IMPATIENS *and* MIMULUS – they all may have frequent small accidents:
 - CLEMATIS is disconnected from a real life and does not pay attention to things around him;
 - IMPATIENS is too hurried; he acts faster than thinks;
 - CHESTNUT BUD does not learn from his previous mistakes;
 - STAR OF BETHLEHEM may have a history of repeated injuries that healed slowly;
 - MIMULUS has a fear of having an accident or of making a mistake and his over-cautiousness may paradoxically lead to an accident.

Keynotes:

- **Quiet** people;
- **Dreamy, drowsy**, not fully awake; a lot of fantasies;
- **No great interest in real life**;
- **Escape from the reality** into computer games, movies, books, social networks, alcohol, drugs;
- **Impractical**, often have somebody who takes care of them;
- They may become **isolated** because they do not understand other people and other people do not understand them;
- **Romantic relationships**;
- **They live more in the future**, in the hopes of happier times, when their ideals may come true;
- In illness they make little progress or they may even enjoy being ill;
- Low blood pressure, pale, dizziness, collapse states;
- Sometimes they may even **look forward to death** in the hope of better times or meeting again some beloved one.

4. Individual essences

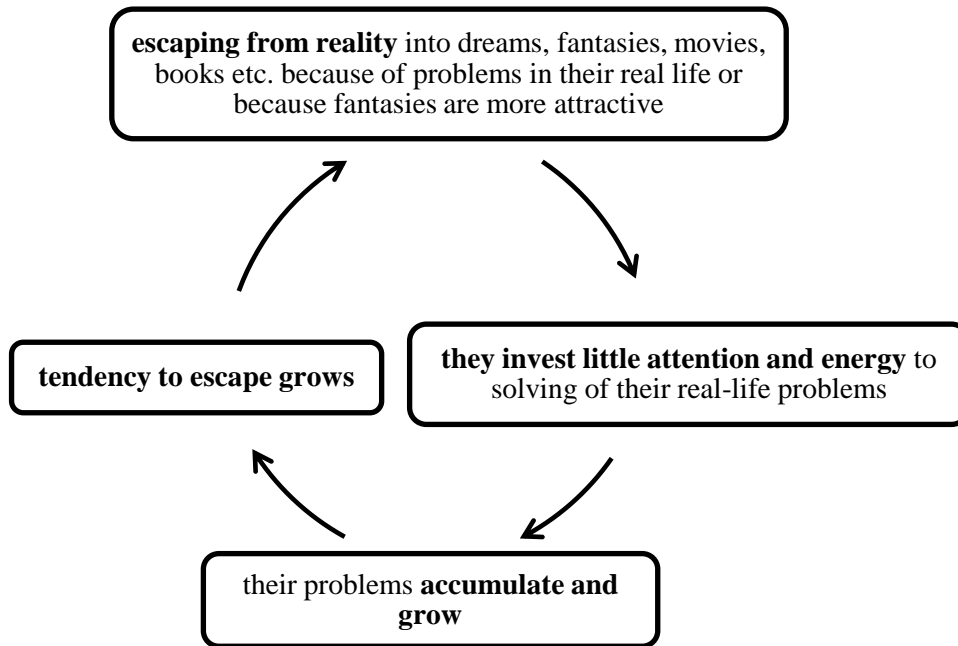


Diagram 12. Vicious circle of CLEMATIS.

4.5.2. Honeysuckle (*Lonicera caprifolium*)

Those who live much in the past, perhaps a time of great happiness, or memories of a lost friend, or ambitions which have not come true. They do not expect further happiness such as they have had.

E. Bach, Twelve Healers and Other Remedies

Summary

Sadness or disappointment after an irreversible loss: loss of a dear person, when taking care of a dear person with incurable disease, after being expelled from the school, after loss of work, divorce, retirement, during menopause, after moving, in women who cannot have a child anymore. He returns in thoughts back to the past, recollects “old good times”. He feels that he will never be happy again as he used to be. Unfulfilled ambitions and dreams. Homesick. Past events seem as if happened yesterday. Any tendency to brood over past events (positive or negative) signals the need of HONEYSUCKLE, alone or in combination with other essences, like WILLOW (old injustice), PINE (old guilt feeling) etc.

Description

By the time Lot reached Zoar, the sun had risen over the land. Then the Lord rained down burning sulfur on Sodom and Gomorrah – from the Lord out of the heavens. Thus he overthrew those cities and the entire plain, destroying all those living in the cities – and also the vegetation in the land. But Lot’s wife looked back, and she became a pillar of salt.

Genesis 19:23-26

In above mentioned quote from Genesis, Lot’s wife symbolises the main theme of HONEYSUCKLE. She needs to solve problems that are in front of her but she wastes time and energy by looking back and returning to old times.

In HONEYSUCKLE state, people look back. They live in the past. We can get to HONEYSUCKLE state when we lose a close person or when somebody is seriously ill and there is little chance that he can return to previous state. We can feel HONEYSUCKLE sadness when we become aware that some of our ambitions will never be fulfilled. We can also frequently get into HONEYSUCKLE state when we make a transition that is difficult for us to accept. It may be a divorce, children leaving home, getting old, or retirement. In women, menopause is such a signal that their fertile period is close to its end. However, even men between forty and fifty often perceive this state when they feel that their physical fitness is declining.

57 years old woman, a lifelong sportswoman, comes because of annoying physical problems, joint and muscle pains and decreasing fitness. She used to run ten kilometres twice or three times weekly

4. Individual essences

and it was a perfect way of relaxation for her. She has a tendency to keep her feelings inside and to keep smiling in spite of problems at work and conflicts with colleagues. Running has always helped her to vent her suppressed emotions. However, now, when she runs 5 kilometres only she feels tired and gets a headache. Thanks to her strong will, she has been always able to grit her teeth and to overcome the pain but this strategy does not work anymore. She is afraid that her health state is declining and she has a fear of future. She is sad that she will never be as she used to be when she was young.

After HONEYSUCKLE, OAK, MIMULUS and AGRIMONY as main remedies, she reports a significant relief. Furthermore, she also describes that her general attitude to life and herself has changed. She has accepted that her strengths are limited. She listens to her body and when she feels tired she takes a rest. Her fear of disease and future has disappeared.

After a loss of a dear person, patients describe that wherever they look it reminds them of the dead. Even after twenty years, their emotions may be still strong, as if it happened yesterday (STAR OF BETHLEHEM). They may preserve the room of their loved in exactly the same state as it was when he was still alive. It seems as if they unconsciously hoped that he will return. Their memories typically become still more painful during anniversaries, or during Christmas.

Moving house is often also a stressful situation.

⊗ *Great teacher of medicine Avicenna described one case of HONEYSUCKLE one thousand years ago. An old man was brought to him. He suffered indigestion and lack of appetite. When Avicenna took his history he discovered that the old man had lived for many years in a distant poor village in the mountains. Recently his daughter decided to move him to her house in the city to be able to take care of him. However, he was not quite happy in this luxurious environment; in his thoughts he returned frequently to his old village and to the simple life he had lived there and felt homesick. He also couldn't get used to the food; the food he had eaten before had been very simple, a food of a poor peasant. Avicenna solved the digestive problem by recommending to cook him the food he had been used to eat previously.*

Frequent is also a feeling that the best times are away, that he will never be as happy as they were. For example, the patient is diagnosed a serious diagnose and he realizes that his "healthy times" have ended. Although he may rationally understand that there will be some happiness in the future, on the emotional level he doubts it.

All people have their ambitions and dreams in their lives; however, there are moments when they have to give up some of them (and sometimes all). A talented sportsman during a car accident suffers an injury of the spine and cannot move with his legs anymore. An ambitious researcher is unexpectedly dismissed from his work. A young woman, hoping to have a big family sometimes in the future, is diagnosed uterine cancer and has to undergo an operation. They all have to change their life philosophy, their plans to the future. Some people are able to move forward, to find new meaning in their lives but some dwell on past unfulfilled desires and feel self-pity. HONEYSUCKLE helps them to overcome this painful transition and to concentrate again on actual life challenges they have to face.

The goal of the therapy is to reduce the tendency to return to the past. A clear signal of progress is when the patient begins to return to his usual activities he used to enjoy, when he throws out old things or decides to clean or reorganize the room of the deceased.

Observation

In some cases, the symptom leading to the diagnosis of HONEYSUCKLE is quite simple: the patient gives an impression of sadness or even cries without any obvious reason for that.

⊗ 45 years old patient speaks about annoying joint pains. The pains are here and there but there is no evident swelling. Although the disease is not serious she cries a lot when she speaks about her health condition. This symptom evokes the idea of HONEYSUCKLE. There has been no loss in the family, no painful change. Finally I read her the description of the remedy from *Twelve Healers*. It becomes apparent that she associates her complaints with her age. She is convinced that the joint pain is a signal that her youth is over and feels sad because of that. HONEYSUCKLE helps her to let go the past and to concentrate on the present and future.

⊗ Another patient speaks about being stressed by incessant conflicts with her mother. Although these situations are painful for her, they do not fully explain her tendency to cry bitterly during the consultation. When asking about it she answers that she feels sad because she hoped that their family relationships would be harmonious but the present situation is a big disappointment for her.

WILLOW patients can also look sad during the consultation. The difference is that the patient is convinced that his problems are caused by some person or by an unfavourable event in their lives. Of course, many remedies can feel sad. To verify whether there is a HONEYSUCKLE theme or not, you can further explore this theme: *“An essence has come to my mind and I do not know why. It is probably nonsense but to be able to get rid of it, I need to ask you. I will read you the description now and you will tell me whether there might be a grain of truth or not.”* And then you can read a corresponding part from *Twelve Healers*. It is surprising how many patients agree and begin to speak about their hidden sorrow.

Persons in HONEYSUCKLE state often use sentence *“I feel (so) sorry (because of that).”* (PINE).

Physical complaints

Physical complaints typically appear after a loss of somebody or after a significant disagreeable change of life, during menopause in women, in both men and women between forty and fifty when they begin to feel that their strengths have begun to decline, after retirement, after the diagnosis of a serious disease or injury that significantly limits the patient in his usual activities or that will probably lead to early death or invalidity. These patients cannot accommodate to a new situation, frequently look back and recollect times when they have been free, healthy or self-sufficient. They may report that they feel “like an old man/woman” (in contrast with young man they used to be before). Various joint and muscle pains without any serious finding are a quite typical complaints of people in HONEYSUCKLE state.

⊗ 35 years old woman. Her main complaint is joint pains all over the body. Her problems have started after the birth of her only child. Rheumatologic examination hasn't uncovered any serious cause but she suffers significantly. At the beginning, it seems like a MIMULUS case – she is afraid of further development of her health state. However, what is striking, when she speaks about her physical problems she becomes very weepy. Although there is no other signal for HONEYSUCKLE, I read her the description of this remedy. She confirms that my intuition has been true. She begins to speak about the change in her life after the birth of her daughter. She used to have many pleasant and exciting

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activities before the pregnancy but now she is very limited. Her life is about breast-feeding and changing diapers only. She feels that her life will never be as happy as it used to be before.

HONEYSUCKLE in combination with other essences brings her fast relief.

⊕ *45 year old man, his previous work was very physically demanding but he really enjoyed that. However, during last one or two years, he has been going through a change. At the beginning, he was promoted; his outdoor work full of physical activities changed into an office work. He also changed a partner; his wife divorced with him, and he has a more than twenty years younger partner now. This new partner is physically very active and he is aware of the fact that his fitness is limited. His physical complaints include joint pains in various parts of the body and general weakness. There is a suspicion of borreliosis (a bacterial disease transmitted by ticks) but in spite of standard treatment with antibiotics, his complaints remain the same.*

The key essence is HONEYSUCKLE. He has a feeling that he will never be fit again as he used to be before. After three months of therapy, his complaints recede.

⊕ *40 year old woman. She is now on maternal leave with her third child, and she is sad that her leave is ending. She is really enjoying the time with her little daughter and she knows that such a beautiful time will never come back; she doesn't plan any further pregnancy. Her present problem is a pain of small hand joints; she is afraid of rheumatoid arthritis. She feels like an old woman and she is afraid whether she will be able to work again because of hand pains.*

During the consultation she sips a glass of water with a few drops of HONEYSUCKLE. One minute after the first sip she begins to cry bitterly and her cry lasts about ten minutes. After that, she calms down. She happily notices that her joint pains are much milder. She begins to be much more optimistic as for the future.

Positive

Do Not Stand At My Grave And Weep

*I am not there; I do not sleep.
I am a thousand winds that blow,
I am the diamond glints on snow,
I am the sun on ripened grain,
I am the gentle autumn rain.
When you awaken in the morning's hush
I am the swift uplifting rush
Of quiet birds in circled flight.
I am the soft stars that shine at night.
Do not stand at my grave and cry,
I am not there; I did not die.*

Mary Elizabeth Frye

In a positive HONEYSUCKLE state, people take past events as a source of wisdom and comfort in difficult times but they are ready to deal with present problems whenever necessary. They may love history, look for their ancestors in ancient records, collect old artefacts or take part in historical reconstructions of ancient battles. Positive HONEYSUCKLE state can also manifest during retrospection of one's

life. An old man looks back and says, *“Yes, it has been a good life. It has been worth living.”* Pleasant memories bring him peace and courage when facing his deteriorating health.

Reflections:

You return frequently to the past.

You feel as if it happened yesterday.

You feel nostalgia for old good times.

You feel homesick.

You feel you will never be happy again as you were in the past.

After retirement (divorce, death of a dear person, menopause, moving) your life has never been as it used to be before.

Compare:

- ❖ STAR OF BETHLEHEM – both are remedies for a loss:
 - HONEYSUCKLE returns frequently to the past, all things remind him the dead, he feels that he will never be happy again;
 - STAR OF BETHLEHEM - shock from unexpected bad news; from loss of a dear person or from an accident, a physical or psychic trauma that does not heal even after many years.
- ❖ RED CHESTNUT and CHICORY – they all can suffer when their dear person is ill:
 - HONEYSUCKLE is sad because his loved will never be as he used to be;
 - RED CHESTNUT feels a fear for a dear person;
 - CHICORY loves a lot his dear persons and suffers when they are ill; however, his love is possessive, he gives them a lot but expects that he will also get something from them. He takes care of them even against their will and tells them what they are to do.
- ❖ WILLOW – both can feel sad because of old events:
 - HONEYSUCKLE has lost somebody or his ambitions weren't fulfilled; he believes he will never be happy as he used to be;
 - WILLOW is sad because of past feeling of injustice, of being a victim of some person or fate.
- ❖ CLEMATIS, WILD ROSE, OLIVE, MUSTARD, HORNBEAM, MIMULUS and CENTAURY – they all may seem passive:
 - CLEMATIS is passive because he dwells in fantasies and unrealistic dreams;
 - WILD ROSE has resigned without clear cause;
 - HONEYSUCKLE returns to the past a lot, doesn't expect to be happy again in the future; a frequent remedy after some loss, like a death of a dear person or animal, failure at exams, dismissal or divorce;
 - OLIVE is passive because of exhaustion; there is often an event like a prolonged disease, disease of a dear person or protracted relationship problems that cost too much energy; he hasn't recovered from it yet;

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- MUSTARD is passive because he is depressive without any clear cause; he cannot find any enjoyment.
- HORNBEAM is worn out, tired by routine monotonous work and home duties; he needs more stimulation, excitement but his job does not bring it.
- MIMULUS may be passive because of fear of making a mistake or because of a tendency to avoid problems rather than facing them;
- CENTAURY may be passive and submissive because he feels he is too weak to face adversities; to get a support from other people, he tries to please others; it is difficult for him to tell “no”.
- ❖ WILD OAT and WALNUT – they all are remedies for transitions in the life:
 - HONEYSUCKLE helps to overcome unpleasant transitions when they dwell on past events instead of dealing with new challenges;
 - WILD OAT has finished one period in his life and suddenly has a lot of time and does not know which direction to go;
 - WALNUT feels disconcerted by the change; he hasn’t adapted to new conditions yet.
- ❖ MUSTARD, PINE, GENTIAN, SWEET CHESTNUT, GORSE and WILLOW – they all can feel depressed and desperate:
 - PINE feels desperate because of his failures;
 - HONEYSUCKLE lives a lot in the past; the condition has been usually provoked by some loss or disappointment;
 - GENTIAN is desperate after repeated failures. Repetitive pattern – hopeful – starts to do something – failure;
 - SWEET CHESTNUT suffers extremely, desperate tries to maintain the present situation even when it is hopeless, feeling that the body and mind reached its limits and that the disaster is inevitable;
 - GORSE is hopeless, resigned, makes an attempt only when persuaded by friends or because of a feeling that he should do at least something but does not believe that the therapy will be effective;
 - WILLOW feels desperate because of ill fate or injustice.

Combines frequently with:

- STAR OF BETHLEHEM - loss of a dear person: sadness and shock from bad news;
- RED CHESTNUT - fear for a seriously ill relative with little hope of return to previous health;
- CHICORY - sadness because of ingratitude of family members;
- WILLOW - old grudges and injustices; returns frequently to the past;
- PINE – sad memories and reproaches of conscience;
- SWEET CHESTNUT – extreme sadness and anguish after the death of a dear person;
- WHITE CHESTNUT – brooding over past sad events;
- WALNUT – dealing with a transition – sadness because of something nice has ended and difficulty to adapt to a new situation.

Keynotes

- **Live much in the past, in memories of a lost friend, or ambitions and dreams which have not come true;**
- **After divorce, moving, being expelled from school or sacked from work;**
- **When caring for an incurably ill dear person, sadness because he will never be as he used to be before;**
- **They do not expect further happiness such as they have had;**
- **Physical complaints when one life phase ends and another begins** – menopause, retirement, aging, diagnosis of a serious disease. Patient returns frequently to the past and feels that it will never be again as it was before;
- **Unexplainable sadness or crying during the consultation.**

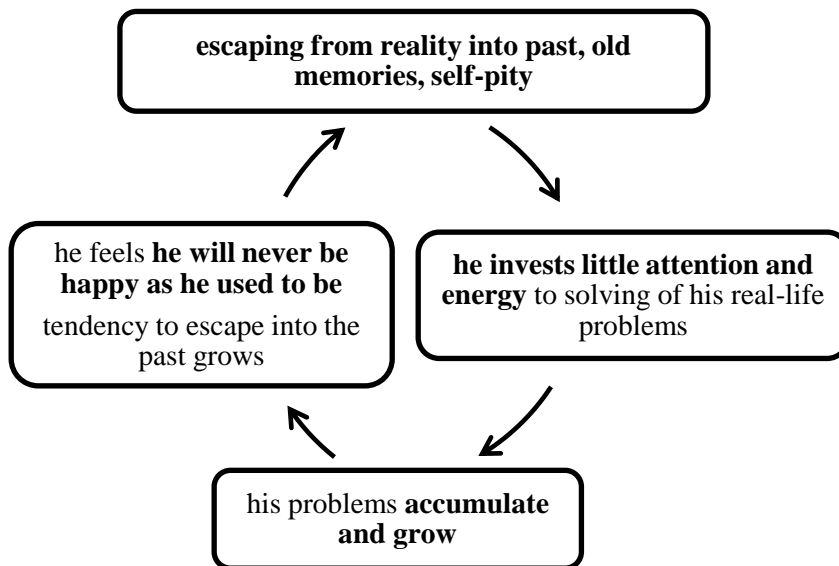


Diagram 13. Vicious circle of HONEYSUCKLE.

4. Individual essences

4.5.3. Wild Rose (*Rosa canina*)

Those who without apparently sufficient reason become resigned to all that happens, and just glide through life, take it as it is, without any effort to improve things and find some joy. They have surrendered to the struggle of life without complaint.

E. Bach, Twelve Healers and Other Remedies

Summary

Resignation. He has given up any serious effort to improve his situation or to regain health even when there are ways how to solve the problem. He has accommodated to present situation.

Description

A term that is very close to WILD ROSE theme is **fatalism**:

Definition of fatalism by Oxford Dictionary:

- (1) *The belief that all events are predetermined and therefore inevitable.*
- (2) *A submissive attitude to events, resulting from a fatalistic attitude.*

WILD ROSE people suppressed their feeling of dissatisfaction with present situation. Even when the problem has a solution, the patient has resigned and exerts no effort to improve his condition.

While in most other essences, the diagnosis is usually made on the base of presence of some typical symptoms, in the case of WILD ROSE, the situation is often opposite – there is something missing. In a disagreeable situation when most other people would somehow react, WILD ROSE is quite content or accommodated to it. No matter whether it is unsatisfactory work, family situation or health problem, they just take it as it is.

GORSE has resigned because of feeling of sheer hopelessness and his resignation is painful, he suffers a lot but does not believe that he can be helped. WILD ROSE has got used to the present situation.

CLEMATIS can also be very passive; however, CLEMATIS people usually live a lot in their fantasies. They have shifted their energy from the material world to their dream world. HONEYSUCKLE is passive because he lives in the past and does not believe that he can be happy again in the future. HORN-BEAM and OLIVE are passive because they do not have enough energy.

In a little room sat an old woman with a spindle, busily spinning her flax. The old woman was so deaf that she had never heard the King's command that all spindles should be destroyed.

"Good morning, Granny," said the Princess, "what are you doing?"

"I am spinning," said the old woman.

"What is the thing that whirls round so merrily?" asked the Princess and she took the spindle and tried to spin too.

But she had scarcely touched the spindle when it pricked her finger. At that moment she fell upon the bed which was standing near and lay still in a deep sleep.

The King, Queen and servants had all started their morning routines and right in the midst of them fell asleep too. The horses fell asleep in the stable, the dogs in the yard, the doves on the roof and the flies on the wall. Even the fire in the hearth grew still and went to sleep. The kitchen maid, who sat with a chicken before her, ready to pluck its feathers, fell asleep. The cook was in the midst of scolding the kitchen boy for a mess he'd made but they both fell fast asleep. The wind died down and on the trees in front of the castle not a leaf stirred.

Round the castle a hedge of brier roses began to grow up. Every year it grew higher until at last nothing could be seen of the sleeping castle.

Brothers Grimm, Sleeping Beauty

The theme of WILD ROSE is beautifully described in Brother Grimm's fairy-tale. The girl after a minimal trauma fell asleep. Furthermore, her parents, servants, animals and even wind fell asleep too. They sleep, they do not really suffer; they only do not really live. That is the central theme of WILD ROSE.

Some psychologists like to analyse fairy-tales. They say that fairy-tales aren't only out-dated ways how older generations entertained their children before the invention of television and computer games. Fairy-tales have profound meaning and reflect our deep psychological themes. People often live according to fairy-tales; they unconsciously want to be another lovely and gentle Cinderella, courageous knight fighting with the dragon etc. However, every fairy-tale contains a swindle. If people live according to the fairy-tale, the result is invariably different in real life than in the story. Cinderella will be abused by her stepmother forever if she does not fight back, the prince will spend time with hunting of dragons but his family will fall apart. In Sleeping Beauty, the swindle lies in the age of the princess. In the fairy-tale, although she has slept for one hundred years, she is still fifteen years old, beautiful young girl. However, in real life, she would be one hundred and fifteen! And that is the story of WILD ROSE people – they live and do not live, they waste time in an apathetic state instead of dealing with real-life problems.

4. Individual essences

Observation

You can observe WILD ROSE state in the form of a strange passivity that does not correspond to the seriousness of the situation. When treating such patients, you may feel an urge to push the patient to take a step to solve the problem or we may even think how to solve the problem instead of them.

Physical complaints

The patients in WILD ROSE state may complain spontaneously because of a loss of interest and dullness. They can also describe a chronic somatic problem and lack of reaction of the body. There are some complaints but they are not too intense, they are “bearable”.

⊗ 50 years old man. He has come because of recurrent respiratory infections – during last half year he had to use antibiotics five times. His relationship with his wife isn't as it used to be anymore – they have become alienated. They live like two strangers next to each other, not together. Their sexual life has ceased too; he feels as if he weren't a male anymore. He feels it is wrong but does not make any effort to solve the problem; he takes it as it is, just survives one day to another.

After six weeks of therapy with WILD ROSE as the principal remedy he reports that he feels like “having a nuclear power station inside”, he has started many activities, he has begun to rebuild their house to have a space of his own, spends more time with his children and enjoys it, has entered into a psychotherapeutic group for men to enhance his feeling of manhood etc.

⊗ 55 years old woman. She comes because of problems with alcohol. She works as an accountant and she is able to stop drinking for the busiest three months of the year but the rest of the time she drinks a lot. She has diabetes and she knows she should take care of herself but she does not do it. She feels she has no energy and motivation for that. She feels she is in a state similar to a hibernation.

After WILD ROSE as main ingredient, she becomes much more active in her self-care. She verifies that her glucose levels are quite high. Because she does not like to use pills she decides to change completely her life-style. During half a year she reduces 15 kilograms. She does not drink anymore.

Positive

As in above mentioned cases, the positive WILD ROSE state carries boundless energy and motivation for change. In spite of being in a seemingly unsolvable and desperate situation, the patient does not give up and struggles to find a way out.

Reflections:

You have given up.

You accept it as it is, you do not make an attempt to change things.

Compare:

- ❖ CLEMATIS, HONEYSUCKLE, OLIVE, MUSTARD, HORNBEAM, MIMULUS and CENTAURY – they all may seem passive:
 - CLEMATIS is passive because he dwells in fantasies and unrealistic dreams;
 - WILD ROSE has resigned without clear cause;
 - HONEYSUCKLE returns to the past a lot, doesn't expect to be happy again in the future; a frequent remedy after some loss, like a death of a dear person or animal, failure at exams, dismissal or divorce;
 - OLIVE is passive because of exhaustion; there is often an event like a prolonged disease, disease of a dear person or protracted relationship problems that cost too much energy; he hasn't recovered from it yet;
 - MUSTARD is passive because he is depressive without any clear cause; he cannot find any enjoyment.
 - HORNBEAM is worn out, tired by routine monotonous work and home duties; he needs more stimulation, excitement but his job does not bring it.
 - MIMULUS may be passive because of fear of making a mistake or because of a tendency to avoid problems rather than facing them;
 - CENTAURY may be passive and submissive because he feels he is too weak to face adversities; to get a support from other people, he tries to please others; it is difficult for him to tell "no".
- ❖ LARCH – both can give up efforts to improve their situation:
 - LARCH has too low self-confidence;
 - WILD ROSE is generally resigned.
- ❖ SWEET CHESTNUT – both can be resigned:
 - SWEET CHESTNUT has a clear reason for his feeling and he continues to struggle;
 - WILD ROSE resigns without any significant reason.
- ❖ GENTIAN and GORSE – they all may feel resigned:
 - in GENTIAN, he may seem resigned but there is still a minimal hope that may be awakened under suitable conditions;
 - WILD ROSE – resignation without significant cause; he is used to the present situation and maybe even he has already found some positives of it, he lacks motivation for change;
 - GORSE is hopeless, resigned, makes an attempt only when persuaded by friends or because of a feeling that he should do at least something but does not believe that the therapy will be effective.

Combines frequently with:

- GENTIAN – pessimistic and resigned;
- GORSE – resignation and hopelessness;
- WILLOW – embittered and resigned;
- HORNBEAM - apathy, resignation and weakness.

Keynotes

- **Without apparently sufficient reason resigned** to all that happens or to some specific problem;
- **No effort to get better** and find some joy;
- **They do not complain**, accept it as it is;
- **“used-to-it” resignation.**

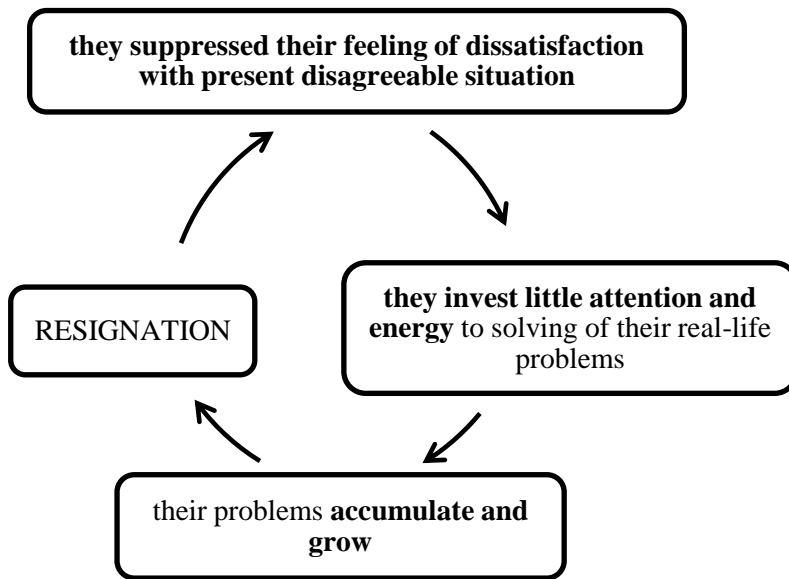


Diagram 14. Vicious circle of WILD ROSE.

4.5.4. Olive (*Olea europaea*)

Those who have suffered much mentally or physically and are so exhausted and weary that they feel they have no more strength to make any effort. Daily life is hard work for them, without pleasure.

E. Bach, Twelve Healers and Other Remedies

Summary

Exhaustion after some prolonged stressful situation, like taking care of close person or after a long disease. Everyday duties are hard work and do not bring satisfaction. He can have energy in the morning but during the day the energy declines.

Description

Central theme of OLIVE is exhaustion that appeared after some intense or protracted stressful or painful event. Before that, the patient felt well and had enough energy but now his all reserves are depleted. His only desire is to lie in the bed and to have a rest. He may describe his state metaphorically that his batteries are dead. However, even when he takes enough free time to recharge he cannot recover fully. It seems as if the body were unable to function normally again. In some serious cases, the patient is even so tired that he isn't able to sleep or relax; he is in a constant state of tension and exhaustion.

We can compare OLIVE state with a difficult financial situation. Money is energy of our economy. Somebody has gone through a difficult time, for example, he has lost his job, he has had to pay unexpectedly large sums etc. During that time, he hasn't only exhausted all his reserves; he has also had to take out a disadvantageous loan. At present, although he has a stable job and he does not need to pay any extra expenses, he has a serious problem even to pay the interest.

The essence of OLIVE doesn't pay the debt instead of him. It only changes the loan into interest-free. Now, he can redeem the debt more easily. Furthermore, OLIVE makes still one important thing. We usually know how our financial situation is; we can look at our bank account whenever we need. However, as for our energy account, we sometimes even aren't aware of HOW HUGE the debt is. And OLIVE helps us to perceive how much energy is lacking.

On this metaphor we can clearly realize that OLIVE isn't a stimulant in the terminology of allopathic medicine. In fact, if somebody wants to use OLIVE to stimulate himself in a situation when he makes unnecessary or even self-destructive energy expenses, OLIVE luckily cannot help him. In fact, OLIVE patients often report that after the start of the therapy, they have become aware of how tired they are and they have initially slept more than usually. After they have taken enough rest they finally begin to feel refreshed and full of energy again.

When comparing OLIVE state with HORNBEAM, HORNBEAM tiredness is usually worst in the morning and may get better during the day. OLIVE, on the other hand, may still have some energy in the morning but during the day he gets exhausted. HORNBEAM isn't really exhausted; he is more bored and

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unmotivated. There is no clear exhausting situation in his history; his tiredness is usually connected with some routine work like unsatisfying job or household. HORNBEAM can also paradoxically feel worse after a sleep and better after intense physical exercise. Ricardo Orozco says that OLIVE is exhausted AFTER some work but HORNBEAM already BEFORE it.

Observation

The patient usually spontaneously reports exhaustion as his main complaint. You can also observe a lack of energy in an otherwise active and energetic person. You can also see how the body spares as much energy as possible – the voice is weak and slow, his facial expression does not change. His body functions in an energy-saving mode.


Physical complaints

Exhaustion following a serious or protracted disease is a keynote of OLIVE. It needn't be a near-deadly disease; sometimes even common flu might be perceived as extremely exhausting. The diagnosis isn't important; it is crucial HOW the patient perceives the disease.

⊕ 65 years old patient. One month ago, he had acute prostatitis (inflammation of a prostate gland; a serious life-threatening disease) and he still feels very tired. In the morning, he has energy but after a few hours, it goes very fast down and he spends most of the afternoon in the bed. Even when his lab results are normal now, he cannot recover.

After the therapy with OLIVE as main remedy he reports a continuous improvement in his health state. Later, a mild relapse comes. Addition of GENTIAN helps to overcome this obstacle too.

Positive

 After forty days Noah opened a window he had made in the ark and sent out a raven, and it kept flying back and forth until the water had dried up from the earth. Then he sent out a dove to see if the water had receded from the surface of the ground. But the dove could find nowhere to perch because there was water over all the surface of the earth; so it returned to Noah in the ark. He reached out his hand and took the dove and brought it back to himself in the ark. He waited seven more days and again sent out the dove from the ark. When the dove returned to him in the evening, there in its beak was a freshly plucked olive leaf! Then Noah knew that the water had receded from the earth.

Genesis 8, 6-11

After extremely destructive flood, the twig of OLIVE symbolizes the end of struggle for survival and the beginning of regeneration. OLIVE tree has very deep roots and it can grow in hostile conditions with minimum of nutrients. Since ancient times, OLIVE oil has been used as a source of energy, either as a nutrient for people or for oil lamps. OLIVE essence helps the patient to draw their resources from the depth of his soul to the surface.

Reflections:

You have suffered a lot and you haven't recovered your energy yet.

Your body is unable to refill the energy.

You need to learn how to manage your energy.

Your batteries are dead.

Compare:

- ❖ CLEMATIS, HONEYSUCKLE, WILD ROSE, MUSTARD, HORNBEAM, MIMULUS and CENTAURY – they all may seem passive:
 - CLEMATIS is passive because he dwells in fantasies and unrealistic dreams;
 - WILD ROSE has resigned without clear cause;
 - HONEYSUCKLE returns to the past a lot, doesn't expect to be happy again in the future; a frequent remedy after some loss, like a death of a dear person or animal, failure at exams, dismissal or divorce;
 - OLIVE is passive because of exhaustion; there is often an event like a prolonged disease, disease of a dear person or protracted relationship problems that cost too much energy; he hasn't recovered from it yet;
 - MUSTARD is passive because he is depressive without any clear cause; he cannot find any enjoyment.
 - HORNBEAM is worn out, tired by routine monotonous work and home duties; he needs more stimulation, excitement but his job does not bring it.
 - MIMULUS may be passive because of fear of making a mistake or because of a tendency to avoid problems rather than facing them;
 - CENTAURY may be passive and submissive because he feels he is too weak to face adversities; to get a support from other people, he tries to please others; it is difficult for him to tell "no".
- ❖ OAK, HORNBEAM and CENTAURY – they all can be exhausted:
 - In OLIVE, the exhaustion is only a temporary state appearing after a prolonged difficult period;
 - OAK chronically over-exerts himself. When dealing with daily problems, he uses his strong will to force his body to fulfil the duties;
 - in HORNBEAM, the tiredness appears already before some work or duty; it is usually the worst in the morning and then during the day it gets better;
 - CENTAURY – exhausted because he sacrifices for the sake of other people. Wants to please others; has a difficulty to tell "no".

Keynotes

- They have **suffered a lot** mentally or physically;
- They are **so exhausted and weary that they have no strength to make any effort**;
- **Daily life is hard work for them**, without pleasure;

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- Useful remedy during taking care of a seriously ill person;
- They may still have energy in the morning but during the day their energy level decreases (opposite – HORNBEAM);
- Important remedy for **convalescence after an exhausting disease**.

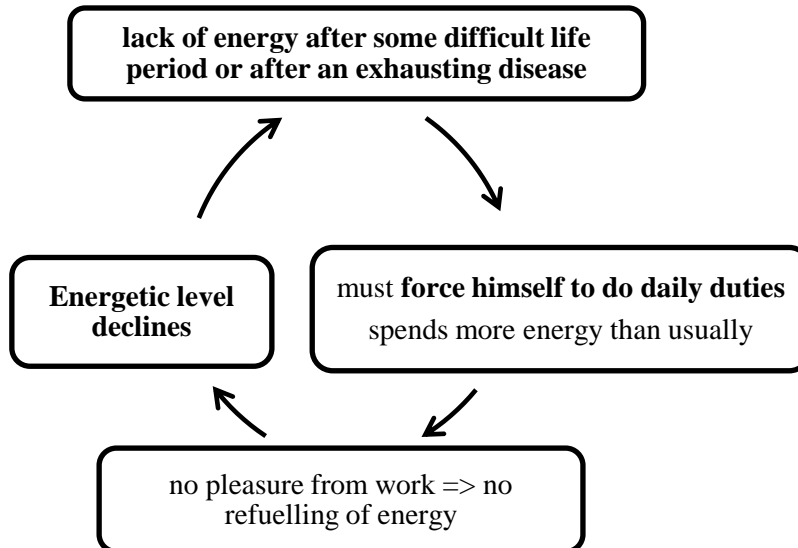



Diagram 15. Vicious circle of OLIVE.

4.5.5. White Chestnut (*Aesculus hippocastanum*)

 For those who cannot prevent thoughts, ideas, arguments which they do not desire from entering their minds. Usually at such times when the interest of the moment is not strong enough to keep the mind full.

Thoughts which worry and will remain, or if for a time thrown out, will return. They seem to circle round and round and cause mental torture.

The presence of such unpleasant thoughts drives out peace and interferes with being able to think only of the work or pleasure of the day.

E. Bach, Twelve Healers and Other Remedies

Summary

Unpleasant thoughts incessantly whirling in mind. Especially when he does not have so much work, during rest, in the bed. Cannot stop them and cannot solve them.

Description

People in WHITE CHESTNUT state complain of disagreeable thoughts whirling constantly in their head that cannot be stopped for a longer time. The mind is full of worries that cannot be switched off and they are unproductive; the patient cannot find a solution at this moment. These thoughts usually emerge when there is a time to relax, like having a break during work, watching TV or lying in bed. However, sometimes they are so intense that they disturb the patient even during work, so that he is unable to concentrate on his duties. This state can appear in combination with virtually any other psychic state and it intensifies it. For example, the patient has a fear of an exam and annoying thoughts make this fear still worse. Or, he has reproaches of conscience because of some minor mistake. He cannot get rid of tormenting thoughts that provoke the guilt feeling again and again. WHITE CHESTNUT is almost never applied alone but it is one of the most frequently used remedies in combinations because any negative state may be accompanied and intensified by whirling thoughts.

The problem of WHITE CHESTNUT is oversensitivity of his central nervous system. Busy workday, distressing news on TV, travelling, long work on the computer, or family events, all these things can lead to overstimulation of nervous system. Like a chain reaction, one thought provokes another one and so on. The mind cannot switch off and have a rest. This may lead to further excitation of nervous cells. The thoughts buzz in the head like bees in a beehive. The patient tries to get rid of them but the more he tries the more persistent and annoying the thoughts are.

It is quite typical that thinking does not help to solve the problem. It does not bring any further useful ideas. What the patient needs is to stop thinking and relax and sleep; however, the incessant flow of thoughts doesn't allow it.

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This remedy is close to and often combines with MIMULUS. The main difference is that for MIMULUS the fear is the main problem. In WHITE CHESTNUT, although he has worries, his main problem is that he cannot stop his mind thinking.

The patient usually reports during the therapy that his thoughts are less frequent and less annoying. Because of frequent sleep problems, he may also have a benefit from the education of sleep hygiene (see 11.5.8.) and triangular breathing (see 11.5.7.) Because in WHITE CHESTNUT, any negative thought resonates long after the provoking situation, it is reasonable to avoid disturbing moments, like watching TV news, solving financial problems, communicating with problematic relatives etc. in the evening before sleep. Too much usage of electronic devices also stimulates the brain.

Observation

We can also observe WHITE CHESTNUT state when the patient thinks a lot about his health state or difficult situation. During case taking, he verbalizes the inner flow of ideas and you can see how the same thoughts are circulate without real progress.

Mechthild Scheffer ((Scheffer, 2001) mentions another typical symptom of WHITE CHESTNUT:

Often the face will betray great mental tension. People in the negative White Chestnut state, similar to those in the negative Veroain state, tend to unconsciously grind their teeth.

Physical complaints

WHITE CHESTNUT is very useful in chronic physical complaints when patient's complaints are worse when thinking about them.

40 years old man. He has a chest pain, stiching pain in one small place on the left side of his chest. This pain intensifies during deep inspiration or during cough. Because of that, he cannot concentrate on his work; he thinks all the time what it means, whether there is a risk of myocardial infarction etc.

Physical examination, negative ECG and explanation that the problem is probably caused by his blocked rib bring him some relief; WHITE CHESTNUT and MIMULUS calm him down.

Although any remedy can be used for sleep disturbances, WHITE CHESTNUT is probably most frequent.

Positive

Therefore I tell you, do not worry about your life, what you will eat or drink; or about your body, what you will wear. Is not life more than food, and the body more than clothes? Look at the birds of the air; they do not sow or reap or store away in barns, and yet your heavenly Father feeds them. Are you not much more valuable than they? Can any one of you by worrying add a single hour to your life?

And why do you worry about clothes? See how the flowers of the field grow. They do not labour or spin. Yet I tell you that not even Solomon in all his splendour was dressed like one of these. If that is how God clothes the grass of the field, which is here today and tomorrow is thrown into the fire, will he not much more clothe you – you of little faith? So do not worry, saying, 'What shall we eat?' or 'What shall we drink?' or 'What shall we wear?' For the pagans run after all these things, and your heavenly Father knows that you need them. But seek first his kingdom and his righteousness, and all these things will be given to you as well. Therefore do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own.

Matthew 6, 25-34

In a positive WHITE CHESTNUT state, the person feels inner calmness and concentrates on solving of actual problem only and his mind isn't burdened by unproductive thoughts and worries. He is able to switch off his mind whenever he wants to relax. The effect of the essence can be compared with the relief people feel when they come to a silent forest after the whole day spent in a very noisy and busy environment.

Reflections:

You think a lot about this problem.

These thoughts do not help; they do not solve the problem.

You cannot stop thinking about it.

Compare:

- ❖ MIMULUS – both feel worried:
 - MIMULUS has fear of known things;
 - in WHITE CHESTNUT, the main problem are disagreeable thoughts whirling in head.
- ❖ RED CHESTNUT – both are tormented by disagreeable thoughts:
 - RED CHESTNUT suffers because he has a fear for his dear persons; he can even imagine what terrible might happen to them;
 - WHITE CHESTNUT has persistent disagreeable thoughts whirling in the mind; he cannot stop them; they can have various content, like work, family, future, conflicts etc.
- ❖ VERVAIN – the mind of both can be overstimulated:
 - in WHITE CHESTNUT, the mind is full of disagreeable thoughts and worries; he wishes to get rid of them;
 - in VERVAIN, the mind is full either of positive, inspirational and enthusiastic thoughts or of thoughts associated with righteous indignation or humiliation; sometimes he may enjoy them but the problem is that he cannot relax and sleep because of them.

4. Individual essences

Combines frequently with:

- MIMULUS – fear and worries; disagreeable thoughts whirl in the mind;
- PINE – reproaches of conscience constantly whirling in the mind;
- HONEYSUCKLE – painful memories constantly whirling in the mind;
- SCLERANTHUS, CERATO, WILD OAT – indecision; thoughts constantly whirling in the mind;
- RED CHESTNUT – fear for dear person constantly whirling in the mind;
- HORNBEAM – tiredness because sleeplessness and thoughts constantly whirling in the mind;
- GENTIAN – pessimistic thoughts whirling constantly in the mind.

Keynotes

- **Disagreeable thoughts constantly whirling in their mind;**
- Usually when the mind is **not occupied by some work**, like having a rest or lying in the bed; **sleeplessness because of whirling thoughts**, or thoughts distracting the patient during work;
- **Thoughts worry, circle round and round**, cause torture;
- Worries about somatic problems; **thinking about their physical problem worsens the complaints.**

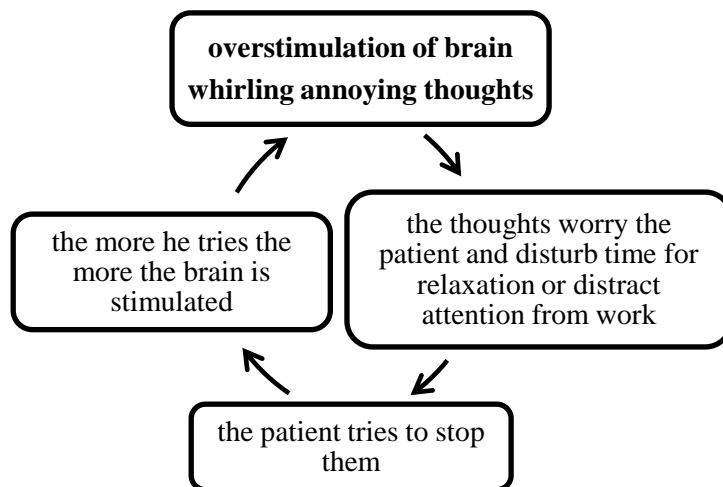


Diagram 16. Vicious circle of WHITE CHESTNUT.

4.5.6. Mustard (*Sinapis arvensis*)

Those who are liable to times of gloom, or even despair, as though a cold dark cloud overshadowed them and hid the light and the joy of life. It may not be possible to give any reason or explanation for such attacks.

Under these conditions it is almost impossible to appear happy or cheerful.

E. Bach, Twelve Healers and Other Remedies

Summary

Depression without known cause. Like a dark cloud that comes without any reason and covers the sun. As it comes, it also leaves, and the patient cannot influence it. Nothing can make him happy, pessimistic, life is full of suffering. His close persons notice his state and their worries make the state still worse.

Description

People in MUSTARD state lose happiness without any apparent reason. They frequently tell that their personal and professional life is quite satisfying; the only problem is that they are not happy. What makes them still more desperate is the fact that it comes and goes without any warning or reason, so that they cannot influence it.

Mental pain is less dramatic than physical pain, but it is more common and also more hard to bear. The frequent attempt to conceal mental pain increase the burden. It is easier to say, "My tooth is aching" than to say "My heart is broken".

If you know someone who's depressed, please resolve never to ask them why. Depression isn't a straightforward response to a bad situation; depression just is, like the weather. (Stephen Fry)

You look happy but you don't feel happy. That's what depression does to you.

Depression is being colour-blind and constantly told how colourful the world is. (Atticus)

Whenever I have a good few months and I think I've gotten over the worst on my depression, it silently returns. This isn't a battle I asked to fight. I'm tired of knowing it's always coming back.

Today my forest is dark. The trees are sad and all the butterflies have broken wings.

4. Individual essences

When depression takes over and I can't push through it, I have to close my door and shut the world out. It's the only way I know how to survive.

Sleep just isn't sleep anymore, it's an escape.

(Depression Quotes and Sayings About Depression, 2019)

Picture of MUSTARD is closest to allopathic definition of endogenous depression as **unhappiness without any provoking factor**. These people lose interest in things they used to like, nothing brings them satisfaction. Their appetite may be lower or increased, if increased they may feel badly because of over-eating. They sleep badly or too much. Because of depressed mood they have little energy and barely manage to do home duties. They are less efficient and feel guilty because of that. They are passive and give up activities they used to enjoy. They prefer solitude because the other people are happy and they do not understand why they are depressed.

Similarly as in allopathic depression, these states may appear especially during autumn, when there is less and less daylight and the weather gets cloudy and cold. Another time of higher frequency of MUSTARD state is early spring when other people enjoy nice weather but the patient cannot “switch on” a better mood.

What makes them feel still worse is the fact that other people can see their bad mood. Their relatives and friends may feel worried about their health state or try to make them happy. They may also belittle their state or criticize them.

Our ancestors, mostly farmers living in harmony with the rhythm of nature, worked intensely from spring to autumn while during winter they had a relative rest. Gloomy late autumn and winter days invited to silent introspection and shifted the attention to spiritual themes associated with Advent, Christmas, Lent and Easter. Natural decrease of activity was similar to hibernation in some animals and spared energy. Today, our life regime is exactly opposite. We relax during summer but during winter we work hard. Autumn cloudy and rainy weather reminds us of the fact that time of enjoyment is over and there is a lot of tedious work in front of us.

Sometimes unhappiness of MUSTARD is confused with sadness. The patient might seem similarly. He may be weepy. Sometimes he also may be irritable or he may prefer to be alone. The difference is delicate but important. Sadness has some cause, like loss of a dear person, family problems or a disappointment. The patient knows that he would feel better if ... However, in MUSTARD, the change of mood is like switching off inner light. Sadness has outer causes while unhappiness has inner causes.

Observation

You can observe that MUSTARD patients are without energy, slow, droopy, weepy, they must force themselves to do daily routine. You can observe a change of mood and behaviour in otherwise happy and sociable person. He is sulky and withdraws from the company without any clear cause.

☼ *55 years old woman. a patient of my allopathic ambulance. Five years ago, she had one attack of depression but then she was quite OK. However, two years ago, her depression came again, and her*

state was serious. At first, she was treated by her psychologist but one day it became evident that there was an urgent need of hospitalisation. She sat in the chair, couldn't move, couldn't speak, just cried and was absolutely hopeless. She spent one month at the psychiatric department and underwent both intense pharmacological therapy and electroconvulsive treatment but her state improved only temporarily, one month later she had to be hospitalised again and her state seemed desperate. After this hospitalisation, I offered her BFT. At first, she refused but when she was explained that allopathic psychiatric therapy would continue and BFT would only serve as a supportive treatment, she agreed but she was quite sceptic.

Although the patient felt that the attack came out of the blue, there had been some provoking factors. Her relationship with her husband, a high-ranking police officer, had been difficult for many years. He had extramarital affairs, he had the tendency to control her, to tell her what to do. For example, he arranged a job at police for her too. She accepted it without complaint. Later, she was even promoted to a managerial position. However, this new work was too demanding for her. She had to give up this work and felt guilty because of failure. A few months ago, her mother died. She was a very important for her, especially after her daughters had left home. At first, she dealt with her mother's death quite well but then this bad depression came.

At present, her mood was relatively stabilized by high doses of psychiatric remedies but she wasn't really happy. She fulfilled mechanically her home duties but it was a hard work for her. She also felt guilty because she was a burden for her husband. The worst was that she felt she had no power how to influence her mood; her unhappiness in one moment came and after some time went away, without any clear reason.

She also still felt sadness because of the death of her mother. She planned to return to her work but she was worried whether she would be able to manage it.

The prescription of MUSTARD, HONEYSUCKLE, PINE, MIMULUS, WHITE CHESTNUT, WALNUT and GORSE helped her to overcome initial fears when starting to work. A few months later she reported that there were some things that could make her happy, especially lonely walks along the river or a work in the garden. She became aware that the work she was doing was unsatisfying and she considered a change. She had always wished to help other people; she felt that some work in a helping profession could be suitable for her.

Now, two years later, she feels quite well. She still uses allopathic remedies and from time to time she asks me for another bottle of essences. Because of her history, nobody will probably ever dare to stop allopathic medication but there is a significant improvement when comparing with the state immediately after the hospitalisations.

Note about depression

At present many people use antidepressants. However, in fact, most of them do not have a real depression; they simply believe that their personal and professional problems can be solved by chemical means. If they decide to try BFT, this method is usually suitable for them and the essences are equally or even more effective than allopathic medicines.

A relatively small proportion of patients have a true depression. Light forms can be treated successfully with BFT only but the more serious the condition is the higher the need of allopathic remedies in combination with BFT is. The problem with depressive patients is that they become more and more passive, lose energy and close into themselves. The limitation of BFT is that it can use the energy of the patient only. When the patient doesn't have any energy at all we cannot expect that BFT will work. Allopathic remedies can increase patient's energy and activity. It does not automatically mean that the patient will use antidepressants until his death. It is quite possible that after the improvement, the psy-

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chiatrist will reduce and eventually stop the therapy. After increasing the energy by chemical means, BFT can help them to deal successfully with the underlying problems. Here again, the combination of allopathic remedies and Bach essences is the most effective.

It is also worth mentioning that whenever there is a diagnosis of a depression or any other potentially serious psychiatric condition, it is important for the patient to be also treated by a health-care professional, a psychiatrist or a psychologist. It is possible that in spite of the usage of meticulously selected essences the problem will deteriorate. And in this moment you will highly appreciate that you do not carry all the responsibility for the patient.

Positive

Galadriel: And for you, Frodo Baggins, I give you the light of Eärendil our most beloved star. May it be a light to you in dark places when all other lights go out.

J. R. R. Tolkien, The Lord of the Rings

Bright yellow flowers of MUSTARD have a colour of Sun. Its essence has the power to bring sunlight to our soul during darkest days.

Reflections:

You feel unhappy, and you cannot find any reason for that.

It comes and goes by itself, there is no reason, and you cannot influence it.

You do not like much this dark and rainy weather.

Compare:

- ❖ PINE, HONEYSUCKLE, GENTIAN, SWEET CHESTNUT, GORSE and WILLOW – they all can feel depressed and desperate:
 - PINE feels desperate because of his failures;
 - HONEYSUCKLE lives a lot in the past; the condition has been usually provoked by some loss or disappointment;
 - GENTIAN is desperate after repeated failures. Repetitive pattern – hopeful – starts to do something – failure;
 - SWEET CHESTNUT suffers extremely, desperate tries to maintain the present situation even when it is hopeless, feeling that the body and mind reached its limits and that the disaster is inevitable;
 - GORSE is hopeless, resigned, makes an attempt only when persuaded by friends or because of a feeling that he should do at least something but does not believe that the therapy will be effective;
 - WILLOW feels desperate because of ill fate or injustice.

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- ❖ CLEMATIS, HONEYSUCKLE, WILD ROSE, OLIVE, HORNBEAM, MIMULUS and CENTAURY – they all may seem passive:
 - CLEMATIS is passive because he dwells in fantasies and unrealistic dreams;
 - WILD ROSE has resigned without clear cause;
 - HONEYSUCKLE returns to the past a lot, doesn't expect to be happy again in the future; a frequent remedy after some loss, like a death of a dear person or animal, failure at exams, dismissal or divorce;
 - OLIVE is passive because of exhaustion; there is often an event like a prolonged disease, disease of a dear person or protracted relationship problems that cost too much energy; he hasn't recovered from it yet;
 - MUSTARD is passive because he is depressive without any clear cause; he cannot find any enjoyment.
 - HORNBEAM is worn out, tired by routine monotonous work and home duties; he needs more stimulation, excitement but his job does not bring it.
 - MIMULUS may be passive because of fear of making a mistake or because of a tendency to avoid problems rather than facing them;
 - CENTAURY may be passive and submissive because he feels he is too weak to face adversities; to get a support from other people, he tries to please others; it is difficult for him to tell "no".

Combines frequently with:

- PINE – depression and reproaches of conscience;
- HONEYSUCKLE – sadness because of a loss or disappointment and loss of happiness;
- AGRIMONY – masking his unhappiness;
- WHITE CHESTNUT – depressive thoughts whirling in the mind;
- MIMULUS – depression and anxiety, fear of disease, failure etc.

Keynotes

- Times of **gloom** or even **despair**, as though a **cold dark cloud overshadowed them and hid the light and joy**;
- **They cannot give any explanation for their condition**;
- **They feel still worse when the other people notice their state** and begin either to comfort them and give them "good" advices ("*You must divert your thoughts*", "*Do not stay at home all the time*", "*When I feel sad, running always helps me*" etc.) or to criticise them and belittle their condition.

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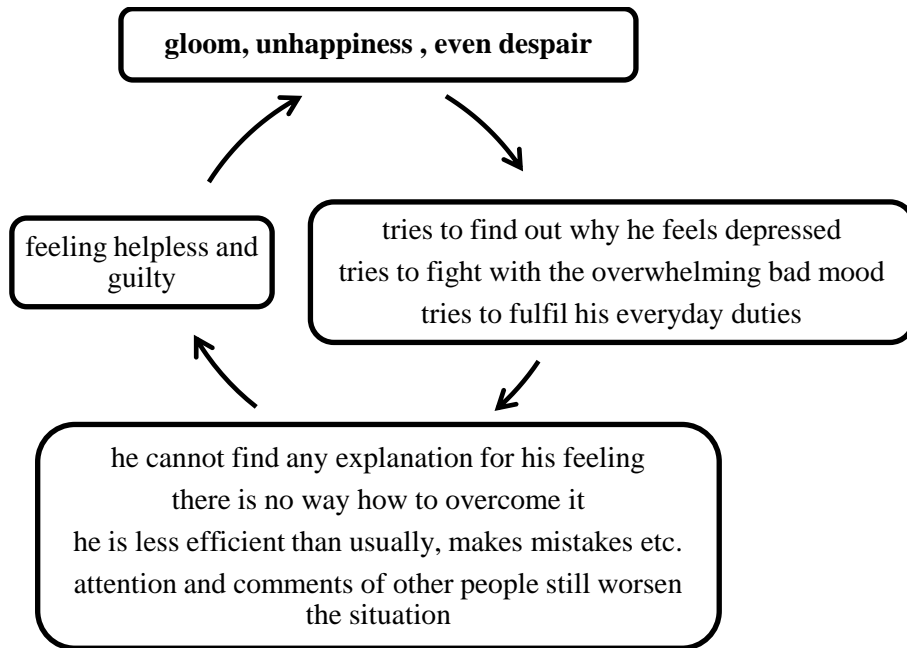



Diagram 17. Vicious circle of MUSTARD.

4.5.7. Chestnut Bud (*Aesculus hippocastanum*)

 *For those who do not take full advantage of observation and experience, and who take a longer time than others to learn the lessons of daily life.*

Whereas one experience would be enough for some, such people find it necessary to have more, sometimes several, before the lesson is learnt.

Therefore, to their regret, they find themselves having to make the same error on different occasions when once would have been enough, or observation of others could have spared them even that one fault.

E. Bach, Twelve Healers and Other Remedies

Summary

He repeats the same mistakes. Repeated marriages with a similar partner, repeated exams ending with failure because of similar reasons, repeated conflicting situations with a similar course, repeated somatic problems. He makes a mistake but does not learn from it and hurries only to get into another similar situation. Learning problems.

Description

CHESTNUT BUD is a remedy for repeating patterns. The patient may complain about moving in a vicious circle where he repeats the same steps that lead to the same result. Or, he may feel that he repeats the family history, something he does not like but he is led by twists of fate on the same paths as his ancestors. Another possibility is that he may enter into the same unsatisfying relationships.

The founder of transactional analysis Eric Berne has noticed that in our life there are situations that repeat over and over, with the same people or other, and the result is similarly disagreeable. He has called this repetitive pattern a **game**. We all sometimes play psychological games. Some situations in our life resemble a thousandth reprise of the same theatre play. There may be a history of quarrels with partner or children, conflicts with colleagues at work, repeating physical problems having a similar provoking moment. Sometimes the patient may have a déjà vu feeling; he becomes aware of the fact that the situation has been similar many times before. However, this moment of “enlightenment” usually comes too late.

For example, let’s take a game “*I Am Only Trying to Help You*”. Somebody believes that he is accepted only as long as he pleases other people and fulfils their demands. His type remedy is probably CENTAURY. This belief can influence his whole life. He may even decide to work in a helping profession. At work he does the best; he even does more than his duty is without expecting to receive anything back. The only thing he hopes is simple “*Thank you. You have helped me a lot.*” However, the other persons often do not appreciate his effort, are ungrateful or even complain that the help is insufficient. This experience leads to sadness and disappointment. After such a disagreeable experience,

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most people will probably pay more attention to their own needs instead of sacrificing themselves for the sake of other people. The more it is surprising that the patient in negative CHESTNUT BUD state may repeat the same behaviour with another or even with the same person next day again.

Autobiography in Five Short chapters
Portia Nelson

 I

*I walk down the street.
There is a deep hole in
the sidewalk.
I fall in
I am lost ... I am help-
less
It isn't my fault
It takes forever to find
a way out*

II

*I walk down the same
street.
There is a deep hole in
the sidewalk.
I pretend I don't see it
I fall again
I can't believe I am in the
same place.
But it isn't my fault.
It still takes a long time to
get out.*

III

*I walk down the same
street.
There is a deep hole in
the sidewalk.
I see it is there
I still fall in ... it's
a habit
My eyes are open.
I know where I am.
It is my fault.
I get out immediately.*

IV

*I walk down the same
street.
There is a deep hole in
the sidewalk.
I walk around.*

V

*I walk down another
street.*

(Stewart & Joines, 2012)

The essence of CHESTNUT BUD helps us to recognize the same pattern sooner and to replace “standard theatre play responses” by new, more suitable that interrupt vicious circle in which we are moving.

Of course, everybody sometimes repeats the same error. So what is the indication of this essence? It is the extent of patient's selective blindness that decides whether to add this essence to the treatment bottle or not. Some people are really incorrigible; they always find a similar absolutely unsuitable partner, a similar unsatisfactory job etc. Everybody else can see it but they ignore their warning. And for CHESTNUT BUD it is also typical how he deals with the moments when he realizes that he has made a mistake. Most people are sad, disappointed, hurt or angry and spend some time in this moment. They may even have a problem to mobilize their strengths to make another attempt, like GENTIAN. However, CHESTNUT BUD tries to terminate this painful period, so important for learning process, as soon as possible. People in negative CHESTNUT BUD state fight against the pain from divorce by finding a new partner as soon as possible, after leaving one unsatisfactory job they start another one

without much consideration, they deal with the disappointment from a failure at the exams by appointing the earliest date for another attempt instead of paying attention to better preparation.

The remedy is made from a bud, from an immature form of a flower. The patient often carries some immaturity inside. He got stuck in some early developmental phase and cannot move forward. That is why CHESTNUT BUD can be useful in learning and behavioural problems. It can also be used to break bad habits, like overeating, smoking or drinking of alcohol (cf. WALNUT), especially when there is a history of repeated excesses with the comment of the patient *“I have felt so badly ... I know I must avoid it next time.”* However, in spite of his resolution, a few days or weeks later, the situation repeats again.

Observation

Some people complain that they repeat because of unknown reason the same mistake over and over. However, in most situations, you can recognize the same repetitive pattern in patient's behaviour. The patient may report repeated failures with a sort of carelessness that contrasts with seriousness of the problem.

⊗ 60 years old patient with type I diabetes mellitus. He has had repeated injuries of feet, a very vulnerable part of the body in patients with this diagnosis, and the wounds have always healed very long. However, even now, he still wears the same unsuitable shoes, does not his doctor's recommendations and takes part in activities that are evidently risky for his feet.

⊗ 5 years old girl. Her birth wasn't really easy. She was born very prematurely in 28th week and suffered a serious life-threatening bleeding into the brain. Finally, she survived but her mental capacities are affected. Her mental development corresponds to the level of 2-3 years old child. She often gets into a conflict with her parents and these conflicts have a repetitive pattern, like a broken record. CHESTNUT BUD, together with other essences that help to deal with inner tension and conflicts - VERVAIN, IMPATIENS and HOLLY, improves step-by-step her learning capacity. During two years of the therapy, her diagnose has been changed from medium-degree mental retardation to mild and she is improving. There are less conflicts with parents and the repetitive pattern is less evident.

⊗ 30 years old woman. She has “bad luck”, she always finds similar unsuitable partners, alcoholics, drug abusers or violent men. When she happily brings another partner, people who know her well react “Oh NO! Once again the same.”

Physical complaints

For CHESTNUT BUD, repeating somatic problems are typical. Sometimes there is a similar provoking moment but the patient is unable to recognize this situation in time and to take preventive measures.

⊗ 55 years old patient. She works as an accountant. Her main problem is migraines that are really debilitating. At the beginning, there is a significant improvement after CENTAURY and PINE as main remedies; she is more able to tell “no” to her clients if she is overloaded by work. However, after some time, her migraines begin to repeat again. She is aware of the fact that the migraine is caused by overwork; she can tell “no” if necessary but the problem is that she makes the same mistake over and

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over – she takes over too much work and she becomes aware of it in the moment when migraine comes only. She needs to recognize the problem before the migraine comes, or still better, before she takes over extra work.

After adding of CHESTNUT BUD to her bottle, she is able to avoid self-destructive behaviour. The frequency and intensity of migraines decreases.

Positive

CHESTNUT BUD is the essence of learning. Edward Bach compared our life with a lesson at the school. With the positive energy of CHESTNUT BUD essence, we can learn our lesson of life more easily and thus avoid possible failures and suffering in the future.

Reflections:

It seems as if you are moving in circles, repeating the same steps and getting the same results.

You repeat the same mistake over and over.

Compare:

- ❖ CERATO – both may look silly and immature:
 - CERATO does not trust his opinion and that is why he asks other people again and again; he is unable to make a logical conclusion from obtained information;
 - CHESTNUT BUD repeats the same mistake over and over again.
- ❖ GENTIAN – both have a repetitive pattern:
 - GENTIAN makes repeated attempts and failures; there is an alternation of optimism and pessimism.
 - CHESTNUT BUD repeats the same mistake, enters into the same unsuitable relationship etc. He has a difficulty to learn from his experience.
- ❖ CLEMATIS, STAR OF BETHLEHEM, IMPATIENS *and* MIMULUS – they all may have frequent small accidents:
 - CLEMATIS is disconnected from a real life and does not pay attention to things around him;
 - IMPATIENS is too hurried; he acts faster than thinks;
 - CHESTNUT BUD does not learn from his previous mistakes;
 - STAR OF BETHLEHEM may have a history of repeated injuries that healed slowly;
 - MIMULUS has a fear of having an accident or of making a mistake and his over-cautiousness may paradoxically lead to an accident.
- ❖ AGRIMONY – both may have problem with repeated alcoholic excesses:
 - AGRIMONY drinks to suppress bad feelings and to be happy;
 - CHESTNUT BUD drinks because of being unable to learn from disagreeable experiences.

Keynotes:

- They **repeat the same way of communication, get into similar disagreeable situations** with the same or other people, have **repeating physical complaints** with the same provoking factors;
- There may be a sort of carelessness in their behaviour; they deal with disagreeable feelings from a failure by starting another attempt another attempt as soon as possible;
- A remedy used to stop bad habits;
- Developmental and learning problems.

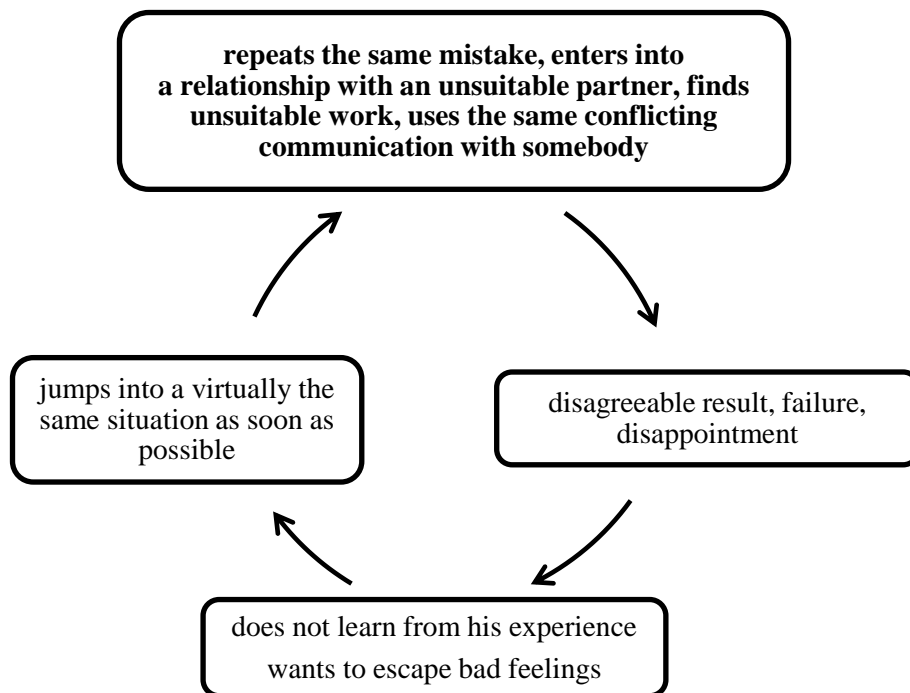



Diagram 18. Vicious circle of CHESTNUT BUD.

4.6. For Loneliness

 Definition of the word "lonely" by Merriam-Webster dictionary (1913):

- (1) *Sequestered from company or neighbours; solitary; retired; as, a lonely situation; a lonely cell.*
- (2) *Alone, or in want of company; forsaken.*
- (3) *Not frequented by human beings; as, a lonely wood.*
- (4) *Having a feeling of depression or sadness resulting from the consciousness of being alone; lonesome.*

Description

Essences in this group help people who feel isolated from the society. It may be a decision of their own, like in WATER VIOLET or IMPATIENS, or it may be caused by their difficult behaviour. It may lead to feeling of loneliness, even when some of them may be quite content when being alone.

Remedies

- WATER VIOLET - Distant, aloof, goes his own way, he does not communicate much with other people. He may make an impression of a haughty person. Often capable and talented. People that are different in some aspect in comparison with other people: tall, handicapped, other colour of skin, other nationality, belong to a special family. May suffer because of loneliness.
- IMPATIENS - Hurried, nervous, irritable, bursts easily. Feels under time pressure all the time, has no patience with slow people. It is difficult to approach him on emotional level. Down-to-earth.
- HEATHER – He talks and talks, no matter with whom and about what. He feels the urge to speak and does not listen to what the other person says. Speaking about his problems helps him both physically and mentally. Other people may tendency to avoid him because of his incessant chatter. Like a small child trying to attract attention of other people.

Communication

The communication with these people may be quite challenging. WATER VIOLET is polite but closed and does not like to discuss personal things with a stranger. He keeps a distance in the relationship with the therapist and may sometimes evoke a feeling of certain haughtiness. IMPATIENS is irritable and bursts easily because of trifles. Conflict is the way how he communicates with other people. Finally, HEATHER annoys all people around by his incessant chatter.


When treating such patients, we often have to overcome certain aversion. We shouldn't take the patient's bursts of temper or his haughtiness personally because he communicates this way with all people. In fact, his communication is the problem that needs to be treated. Because of his isolation, it is quite possible that, in spite of aversion you feel towards him, you are his closest person and your role

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is very important. Anyway, remember that reflective listening (10. Basic communication techniques) is the best way how to prevent and resolve conflicts with your clients.

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4.6.1. Water Violet (*Hottonia palustris*)

 For those who in health or illness like to be alone. Very quiet people, who move about without noise, speak little, and then gently. Very independent, capable and self-reliant. Almost free of the opinions of others. They are aloof, leave people alone and go their own way. Often clever and talented. Their peace and calmness is a blessing to those around them.


E. Bach, Twelve Healers and Other Remedies

Summary

Distant, aloof, he goes his own way, he does not communicate much with other people. He may make an impression of a haughty person. Often capable and talented. A person that differs in some aspect from other people: tall, handicapped, other colour of skin, other nationality, religion, belong to a special family, a celebrity. He may suffer because of loneliness.

Description

In the depth of their soul, WATER VIOLET people feel they do not belong to their community, as if there were some invisible barrier separating them from other people. There may be some reason, like a child from a small village coming to study to a big city, or it is the behaviour of the patient that keeps other people in the distance. Because this sensation is disagreeable for them, they may over-compensate it by a belief that they are noble or have a special talent. These feelings may stem from the education in the family – in some families, the feeling of being “special” transfers from generation to generation. Family may be richer than other or its members may have a higher education. Or, they may be a daughter or a son of some celebrity. There might be also a real difference in some way between the patient and other people in the same group. For example, he may differ by his nationality, religion or race or some physical feature, like being too high, too fat or being an albino. Physical disability or usage of medical devices like tools for the treatment of scoliosis or teeth braces may also lead to feelings of difference. Some time ago, even wearing glasses was something that might provoke ridicule of schoolmates.

 Don't be afraid of being alone. Eagles fly alone, and pigeons flock together.

Anonymous

WATER VIOLET patients often have a special ability they are proud of. However, they do not speak about their talent directly. They feel it would be impolite to boast about it. They also believe that their skill or knowledge is too delicate to be recognised by masses. They also have a tendency to specialise to a very specific area. For example, a teenager may become a skilful musician specialized to medieval church music, something that probably does not bring him admiration of his schoolmates and success at the parties. Or, the patient may have a special hobby that consumes a lot of his time. He may be-

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come a keen amateur entomologist and spend many years with studying local presence of various species of insects belonging to the order *Lepidoptera*. He may even write articles to respected professional magazines. There is a striking contrast between the respect of fellow entomologists and unconcern and even ridicule of his colleagues at work or at school.

I withdraw from people and places from time to time, I need space from a world that is filled with millions of mouths that talk too much but never have anything to say.

Kaitlin Foster

WATER VIOLET prefers to stay in the background, remain silent. He keeps away from other people if possible. Any communication with other persons is a challenge for him and it costs a lot of energy. He has only limited number of conversational themes he shares with his peers or colleagues.

Because he unconsciously or consciously suffers from being alone he often develops as a compensatory mechanism a philosophy that he is self-reliant and does not need anybody. That is the difference from MIMULUS, another lonely remedy. MIMULUS desperately wishes to belong somewhere but he has a fear of being ridiculed or criticised and that is why he avoids company. On the contrary, WATER VIOLET really believes he does not need any other person. He is always self-controlled; his behaviour is socially correct but cold. He remains detached when other people are overwhelmed by their feelings and may even despise these plebeians who are controlled by their low emotions and urges. This evokes an impression in other people that he lacks compassion. WATER VIOLET believes that because he is so special he is not allowed to have common human weaknesses. He usually does not get angry; he prefers to retreat when feeling something irritating or humiliating. Anyway, he still bears the grudge inside. He also may feel embarrassed because of physical manifestations, like urination, stool, bowel sounds or flatulence. That is why prefers to have a single room when travelling or during the stay in the hospital.

WATER VIOLET persons are usually quite self-sufficient and independent. They may be considered to be odd fish by other people but it is usually not so big problem for them. However, a real problem happens when they begin to feel lonely. For example, during puberty, their schoolmates look for partners but they remain alone. Maybe unconsciously they hope that some girl will appreciate their special talent but reality is usually different. Most girls aren't interested in recent discoveries of astrophysics or amazing details from private life of *Geotrupes stercorarius*.

This feeling of loneliness and of not belonging to some community may manifest in the selection of partners— they may repeatedly choose partners that also “do not belong” to the society where they live. They may feel a special attraction to people of other nationality or race, to handicapped or discriminated people.

The essence of WATER VIOLET may be also useful for psychologists or doctors. Because of professional reasons, they need to stay detached and objective. They are also bound by medical confidentiality. They help other people but if they themselves need a help there might be a problem. They feel they are special persons because they know all about human body and psyche and the other people expect that they will be able to solve all their problems by themselves. They may be convinced that if their patients notice that they have a problem they will not trust them anymore. This may lead to a feeling of loneliness. A similar situation may also appear in other professions where a sort of distancing is

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necessary, like in judges, movie stars or famous singers, or where the person is bound by a secret, like priests.

The goal of the therapy is to overcome the problems with integrating into a community. Because WATER VIOLET person has a natural tendency to avoid other people and social events it is helpful to recommend him to intentionally meet other people and actively develop social contacts. The essence will help him to feel more comfortable and to overcome the barrier more easily.

Observation

WATER VIOLET patients keep distance. They are polite, unemotional, and proper but it is difficult to get deeper. They may even evoke an impression of certain coldness and haughtiness. They highly appreciate privacy. That is why you may feel that WATER VIOLET patient is reluctant to reveal details about his family life or about his feelings. *“Everything is OK”, “It is normal”* are their frequent answers. It is better to accept the fact that the patient wants, at least at present, to work with this limited amount of information than to try to “dig out” all the patient’s secrets. When you feel that WATER VIOLET is one of suitable essences, it is good to explore patient’s work and hobbies, areas where he can have a special skill. If you find this area and you express sincere interest, it can help a lot to establish the therapeutic relationship and confirm the diagnosis of WATER VIOLET.

⊗ *25 years old young woman has already become an excellent transverse flute player. She has studied music in France and the Netherlands under the guidance of world-famous masters. She can play the most sophisticated compositions. The problems that have brought her to my consulting room are difficulties in her personal life – she feels lonely. Her previous and present partners are unemployed Arabs. Their education is on much lower level than her. That is why they do not understand each other. Furthermore, the present boyfriend is sometimes violent towards her.*

Although her play is faultless, her teacher tells her that she should relax a little bit, not to take the music so seriously. That recommendation is confusing for her. During the therapy with BFT including WATER VIOLET, she has had an interesting experience. Her relationship with her father isn’t easy. He is an ordinary man; he does not understand the music she plays. There has always been a barrier between them. He usually devalues her music as too artificial and his disapproval beats her down. Recently, he had a birthday party. The patient does not like much these social events, so she wasn’t too keen to take part in it; furthermore, her mother asked her to play at the party melodies of dad’s favourite music band in front of family friends. Imagine, a top classic music player should play simple rock music. At first, she considered to play best pieces of medieval music instead of that. This is the thing she would certainly have done before BFT. However, now, she finally agreed to play rock. And she was surprised by the reaction of her father – when hearing his favourite songs performed by his daughter on the flute, his eyes filled with tears. It was the first time when he appreciated her musical talent. Their souls finally met on the same wavelength.

Physical complaints

For WATER VIOLET persons, a dignity is very important. Disease often affects them in the most sensitive and embarrassing area, like genitals, urinary tract or rectum.

⊗ 70 years old man. A very successful doctor, still having a prosperous private practice. Author of many books, a local celebrity. He was recently diagnosed a prostate cancer. He considers operation but he has a terrible fear of urine incontinence. The idea of being unable to control urination is unbearable for him and makes him desperate.

Positive

In a positive WATER VIOLET state, people are able to switch to a position of a distanced objective observer or to develop their extraordinary skill but then they can switch back and be again a sociable person enjoying presence of other people. Instead of pride, they make an impression of inner calmness, wisdom and love.

Reflections:

You work hard on yourself and you try to develop your talent.

Quarrelling with other people is not your style.

You are too proud to react to their comments.

It is the wiser one who retreats.

Compare:

- ❖ MIMULUS, CLEMATIS and ROCK WATER – they all may avoid company:
 - MIMULUS avoids company because of a fear of ridicule or criticism;
 - CLEMATIS gets isolated because the way how he thinks is too different in comparison with other people; they do not understand him and he does not understand them; furthermore, interpersonal relationships are often unimportant for him;
 - ROCK WATER does not like to be involved in talks about mundane things and prefers to stay in solitude because he believes that too much contact with other people would hinder his spiritual growth;
 - WATER VIOLET keeps a distance because he feels there is some barrier between him and other people; they do not have common conversation themes; he evokes air of proudness, nobility or haughtiness that keeps other people in a distance.
- ❖ WILD OAT – both may sometimes feel special and lonely:
 - WILD OAT has an inner feeling of a special life mission he is to follow; however, he does not know which direction to go. That is why he may frequently change his work or partners;
 - WATER VIOLET feels that there is an invisible barrier between him and other people; to compensate it, he may have an extraordinary knowledge or skill that makes him feel a special person.
- ❖ IMPATIENS – both can feel lonely and excluded from the society:
 - WATER VIOLET is distant, aloof, goes his own way, does not communicate much with other people. May give impression of a haughty person. Often capable and talented. Peo-

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ple that are different in some aspect in comparing with other people: tall, handicapped, other colour of skin, other nationality, belongs to a special family.

- IMPATIENS is irritable, concentrates on practical and material things, does not like to speak about feelings, bursts easily when somebody tries to approach him emotionally.
- ❖ HEATHER – both remedies are very different, so to distinguish them usually isn't difficult. They have only one thing in common – certain haughtiness and self-centredness:
 - WATER VIOLET may evoke this feeling only gently by his withdrawal or in stressful situations and he often has some skill or knowledge he can really be proud of;
 - HEATHER boasts childishly and nobody takes him seriously.

Keynotes:

- **They like to be alone;**
- Very **quiet people;**
- **Self-controlled** people, do not manifest emotions; may give an impression of being cold and unfeeling; They do not participate in conflicts; they prefer to leave;
- **Independent, capable and self-reliant; they go their own way;** may evoke an impression of **haughtiness**; often there is some **difference in comparison with other people**, like different nationality, religion, race, physical disease or handicap, special knowledge or skill, special family etc.;
- May choose partners that also have problems to integrate into the society.

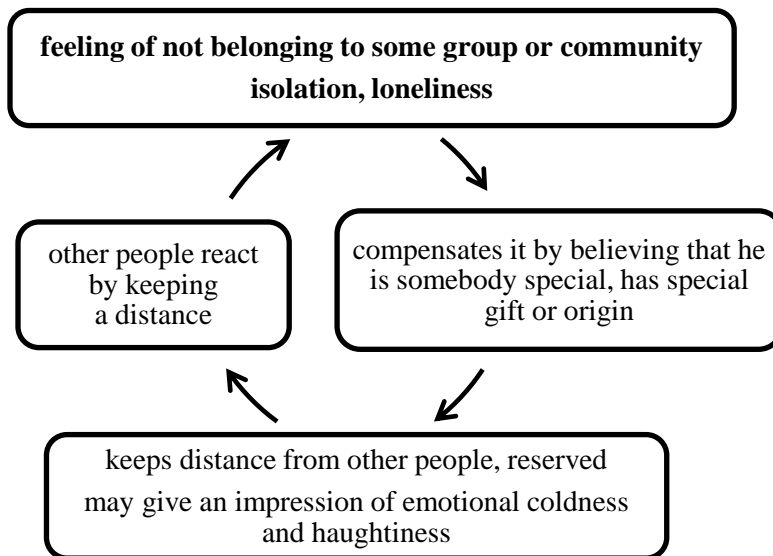



Diagram 19. Vicious circle of WATER VIOLET.

4.6.2. Impatiens (*Impatiens glandulifera*)

 *Those who are quick in thought and action and who wish all things to be done without hesitation or delay. When ill they are anxious for a hasty recovery.*

They find it very difficult to be patient with people who are slow, as they consider it wrong and a waste of time, and they will endeavour to make such people quicker in all ways.

They often prefer to work and think alone, so that they can do everything at their own speed.

E. Bach, Twelve Healers and Other Remedies

Summary

Hurried, nervous, irritable, bursting easily. He feels under time pressure all the time, he has no patience with slow people. It is difficult to approach him on emotional level. Down-to-earth.

Description

IMPATIENS carries inside a tension that causes that he is restless and bursts easily when irritated by some trifle. The tension also manifests in the form of hurriedness. The life of IMPATIENS persons is mainly about work and duties – their life motto can be “*Idle hands are the devil’s playthings*”. They feel urge to do something all the time, and to do it fast. They feel annoyed by other people who are not as fast as they are. Because most people are slower, less diligent or less precise than they are, they prefer to do things by themselves; otherwise they lose their temper easily. “*Stop! I will do it by myself*”, tells the father impatiently when seeing his slow and clumsy son.

IMPATIENS persons are hard workers who have a tendency to take over a lot of work. Their hurriedness and tendency to do more things at the same time can lead to awkwardness. Their body is slower than their mind, and that is why they “by accident” let things fall or stumble because of inadvertence. And such a delay makes them still more tense and nervous. They are also often faster than technique they use. They feel irritated by a slow reaction of the computer. They try to make it work faster but too many clicks cause that it “freezes”. It leads to further irritation and so on.

They keep distance with other people and do not like other persons to get to them close emotionally; whenever somebody tries to approach them they react by irritation. Because of that it is not easy for them to create and maintain intimate relationships. They are known as growlers that are better avoided. This difficult character feature is often a result of family education. Every family has its culture, its priorities, its way how to communicate with each other. Some families are very nurturing and supportive while other pay attention to work and performance. In the latter type, the members focus mainly on material aspects of life, gaining money, developing family business, building house, while emotions are viewed as a weakness and nonsense. No matter whether it is sadness, fear or gaiety, a universal

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reaction to them is burst of anger. Small child very early recognizes that manifestation of real emotions does not bring any positive effect and he learns to react the same way as the adults do. During the time, he may completely lose the contact with the emotions of his own. Even when he feels for example sad, this feeling is immediately replaced by anger and irritation. Because he is unaware of his authentic emotions, he cannot deal with them. That is why the first manifestation of such suppressed emotions may be a somatic disease, like high blood pressure or myocardial infarction.

Sometimes, in patients of any type, IMPATIENS reaction is a defence mechanism when somebody tries to open an emotionally sensitive theme. Irritation and bursts of anger may cover sadness, feeling hurt or fear. For example, a patient has recently suffered some unexpected loss. It is still very painful and the patient tries to divert her thoughts to other things. However, suddenly a friend comes and among other things, she asks about her feelings about this painful event. She may express compassion. However, the patient wants to move away from this theme as soon as possible. Her face stiffens and she tells with a slightly irritated tone *“Oh yes, it is already OK. By the way, what about your work ...”*

IMPATIENS patients do not come to a psychologist or BFT practitioner easily. They do not like to spend time with such idle talks. They only rarely mention the theme of too much irritation, of losing temper easily, lack of patience or inner tension and hurriedness. They consider psychic problems as a sign of weakness; they try to get rid of them as soon as possible, usually by bursts of anger and suppression. They do not like these headshrinkers or alternative garbage and they absolutely do not intend to pay for it. They come because of somatic problems that do not heal as fast as they have hoped. For them, being bound at home by a plaster on the leg is something unbearable, and their problem frequently stems from their attempts to walk before the bones are joined firmly enough.

In less prominent cases, IMPATIENS manifests in the lack of patience with other people or in the fact that the patient gets frequently into a time pressure. Again, in these cases IMPATIENS may be only a temporary state caused by external events.

☉ 35 years old woman came because of unsolved grief and guilt feelings. She had a great benefit from BFT. Finally, she decided to leave her job and to start her private business. She was quite successful and had a lot of clients; however, she had much less free time than previously. She became nervous and irritable and had little patience with other people. After IMPATIENS added to her treatment bottle, she feels much calmer and patient.

An important task for an IMPATIENS person is to train his patience with other people and to learn to relax and to delegate the responsibilities to other people.

Observation

In the consulting room, they usually keep distance and are annoyed when they have to wait for a while. They may wag with feet, drum with fingers or look repeatedly at the watches or mobile phone. Their speech may be very fast, like a machine-gun fire. They are matter-of-fact people who do not like to hear that rubbish about psychological or spiritual effects of essences; they just need to get rid of this annoying cast as soon as possible.

Physical complaints

Even allopathic medicine considers stress, tension, hurriedness as risk factors of high blood pressure, heart and brain strokes and arrhythmias. In many of these patients, especially when there are important business matters that make them hurry all the time, negative IMPATIENS state plays an important role.

Of course, IMPATIENS can have any physical problem. Quite typical is that the complaint appears “in most unsuitable time” when the patient has a lot of work to do and there is nobody who could replace him.

⊗ 25 years old man. Two months ago he ate something wrong and he got a diarrhoea. One week later, his condition began to improve but then it returned. Even now, two months later, he has sometimes diarrhoea. It makes him nervous; he has a fear that it might signal some more serious diagnose. Because of fear that he once will not be able to arrive to the toilet in time, he knows all the public toilets around. The action of bowels depends largely on his mental state; when he is in a hurry, his bowels hurry up too. When he is relaxed, e.g. during weekends, there is only one normal stool daily.

He is an IT specialist and he works one hundred kilometres away from home. He must travel there every workday and he already feels quite tired because of that. He has also a strong feeling of responsibility; he would feel badly if he arrived late. He gets nervous and irritated whenever he has to drive behind a slow driver.

Somatic examinations excluded serious disease. After a few days of usage of MIMULUS and IMPATIENS the problems completely disappeared.

When ill, he wants to get healthy as soon as possible and problems during convalescence often stem from the fact that he hurries too much. The patient steps on the broken leg too early, so that the bone does not have enough time to join. After flu, the patient does not wait until full recovery and begins to overexert himself again. Because of weakened immune system, the infection comes back.

Communication

IMPATIENS people are often very disagreeable patients. Always in a hurry, nervous, drumming with fingers, watching repeatedly at watches or mobile, burst easily, not very keen on BFT and alternative medicine generally. It is sometimes necessary FOR THE THERAPIST to take a dose of IMPATIENS during a consultation to have patience to work with such a restless person.

⊗ 70 years old man. He suffers annoying tinnitus and chronic purulent discharge from nose. Six years ago he had a serious car accident and old injuries are still painful. The complaints irritate him a lot and he wants to get rid of them. He has also high blood pressure for many years and he has never paid much attention to it but recently his close friend died because of myocardial infarction and he has a fear he can get heart stroke too. There are times when he measures his blood pressure every five or ten minutes and his tension and fear grows.

A few years ago, he had a small spot flying inside of one eye. Although the ophthalmologist told him it wasn't serious, he wanted to get rid of it as soon as possible because it irritated him. Finally a laser intervention helped him. There are also long-lasting conflicts with his wife. She is talkative and sociable, He prefers to be alone because people irritate him; he dislikes their greed and insincerity.

He likes to do things alone. He is a practical man who knows how to repair things at the household. It is important for him that he is able to do everything by himself because of previous bad experience with professional repairers.

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He has also a difficulty to communicate with healthcare professionals. The treatment of his various problems is often abruptly interrupted because of a conflict with a doctor.

After the therapy with IMPATIENS and MIMULUS as main constituents and after the adjustment of antihypertensive therapy, his inner tension and blood pressure step-by-step settles down.

Positive

📖 An old Indian Pota-lamo sits in a shaded corner of a big market in Mexico City. In front of him there are twenty bundles of onion. Suddenly one businessman from Chicago comes to him and tells: "How much is one bundle of onion?"

"Ten cents", answers the old Indian.

"And how much are two bundles?"

"Twenty cents."

"And how much are three bundles?"

"Thirty cents."

"What about some quantity discount? Say, twenty-five cents?"

"No. thirty cents."

"Uhm. And how much are all twenty bundles?"

"I will not sell you all twenty bundles."

"Why not?", the American asks in surprise. "Aren't you here to sell onion?"

"No," answered the old man. "I am here to live my life. I love this place. I love all these people around and I love to see their colourful dresses. I love sunshine and I love the leaves of trees rustling in the wind. I love when Pedro and Luis go around and when they tell me 'Buenos dias'. They light their cigar and speak about their children and about crop. I love to see my friends. It is my life. That is why I sit here and sell my twenty bundles of onions. However, if I sold all onion to one customer, my day would end. I would lose my life that I love so much - and that is why I will not do it."

Story of an Old Onion Seller

The whole modern society has clear features of negative IMPATIENS state. Traffic, communication, industry, business, science, their priority is speed and money. People want to travel faster and faster, they want to communicate smoothly with somebody on the other side of the Earth, and they want to produce more products in a shorter time. However, in spite of all these marvellous discoveries and inventions that make our life more comfortable, we are not happier than previous generations. The haste of the society pulls influences us, so that we are in a constant stress and we cannot really enjoy all the pleasant things we have. And what is still worse, in spite of all these communication technologies, there are more and more people who are isolated, closed in their own world without real social contacts.

Bach Flower Therapy is a Dialogue

The story of old onion seller represents both sides of IMPATIENS, positive and negative. Many of us are more like the businessman who looks everywhere for opportunities to gain money but deep in his heart he feels lonely. IMPATIENS essence can help us to become more like the onion seller, enjoy beautiful moments here and now and the presence of our friends.

Reflections:

You want all the things to be done as fast as possible.

When somebody is slow, it is a loss of time for you.

You would like to make the others work faster.

You do not like unnecessary delays.

Because most people are too slow and slovenly, you prefer to work alone.

You do not like other people to come too close to you.

You feel uncomfortable when having to speak about your feelings.

Compare:

- ❖ OAK – both may overtax themselves during the recovery after a disease or injury:
 - OAK does not like to be restricted by disease;
 - IMPATIENS is in a hurry all the time and wants to get healthy as soon as possible.
- ❖ BEECH – both can react irritably and critically:
 - BEECH has rigid views of what is right and wrong; he wants to change other people or to get rid of them;
 - IMPATIENS is irritable and hurried by nature; he just wants the work to be done as soon as possible; he does not try to change other people.
- ❖ VERVAIN – both may be hurried and overactive:
 - VERVAIN is hurried and overactive because of his enthusiasm or indignation;
 - IMPATIENS is hurried because any unnecessary delay is a waste of time.
- ❖ VINE – both can be concentrated on business and material things:
 - VINE likes the power and money;
 - IMPATIENS is hurried all the time and tense and nervous because he is worried about business matters and he believes that any delay is a waste of time.
- ❖ WATER VIOLET – both can feel lonely and excluded from the society:
 - WATER VIOLET is distant, aloof, goes his own way, does not communicate much with other people. May give impression of a haughty person. Often capable and talented. People that are different in some aspect in comparing with other people: tall, handicapped, other colour of skin, other nationality, belongs to a special family.
 - IMPATIENS is irritable, concentrates on practical and material things, does not like to speak about feelings, bursts easily when somebody tries to approach him emotionally.
- ❖ CHERRY PLUM – they both are restless and tense:

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- CHERRY PLUM is restless and tense because of the pressure of emotions suppressed inside; he controls himself a lot, although sometimes he may burst and even become violent. Such an uncontrollable explosion is perceived as threatening and he tries to avoid it at all costs;
- IMPATIENS is irritable, impatient and hurried by nature, bursts easily, and then calms down fast.
- ❖ CLEMATIS, STAR OF BETHLEHEM, CHESTNUT BUD and MIMULUS – they all may have frequent small accidents:
 - CLEMATIS is disconnected from a real life and does not pay attention to things around him;
 - IMPATIENS is too hurried; he acts faster than thinks;
 - CHESTNUT BUD does not learn from his previous mistakes;
 - STAR OF BETHLEHEM may have a history of repeated injuries that healed slowly;
 - MIMULUS has a fear of having an accident or of making a mistake and his over-cautiousness may paradoxically lead to an accident.

Combines frequently with:

- CHERRY PLUM – restlessness and tension and fear of losing self-control;
- MIMULUS or ROCK ROSE – fear of some danger and inner tension and hurriedness;
- BEECH – intolerant and impatient;
- AGRIMONY – restless, tense and hiding his true feelings;

Keynotes:

- They are **quick in thought and action**;
- They wish **all things to be done without hesitation and delay**;
- When ill they are **anxious for a fast recovery**;
- They are **not patient with people who are slow**, they consider it wrong and waste of time, they **endeavour to make such people quicker in all ways**;
- **Prefer to think and work alone**, so that they can do everything at their own speed;
- **Matter-of-fact people**, concentrate on material things; “time is money”;
- **Suppress their feelings, keep other people in distance by their irritability and bursts**;
- High blood pressure, myocardial infarction, brain stroke, arrhythmias in very busy people;
- Problems with recovery after a disease caused by too much haste.

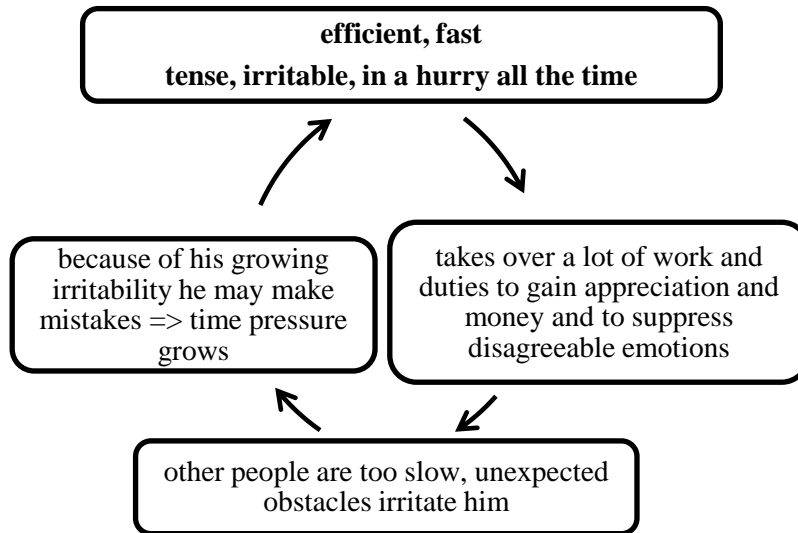


Diagram 20. Vicious circle of IMPATIENS.

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4.6.3. Heather (*Calluna vulgaris*)

Those who are always seeking the companionship of anyone who may be available, as they find it necessary to discuss their own affairs with others, no matter whom it may be. They are very unhappy if they have to be alone for any length of time.

E. Bach, Twelve Healers and Other Remedies

Summary

He talks and talks, no matter with whom and about what. He feels the urge to speak and does not listen to what the other person says. Speaking about his problems helps him both physically and mentally. Other people may have a tendency to avoid him because of his incessant chatter. Like a small child trying to attract attention of other people.

Description

HEATHER people seek attention of other people. They are like small children who feel lonely when adults do not play with them. However, the way how they try to get attention is not ideal. They just talk and talk about anything but mainly about themselves. They constantly seek somebody with whom they could speak but they pay no attention to needs and problems of the partner during the conversation. They are egocentric and they boast frequently. Their boasting is childish and naïve and provokes aversion. They may also use other ways how to attract attention, like wearing a provocative dress, making a noise or being theatrical and hysterical. They may come late to the consultation just to show you how they are important. As Ricardo Orozco writes, they want to be the baby at the baptism, the bride at the wedding and the deceased at the funeral. Because of their incessant talk, boasting and hysterical behaviour, the other people avoid them. Such people are considered to be “emotional vacuum cleaners” that exhaust everybody with whom they speak.

When people talk, listen completely. Most people never listen.

Ernest Hemingway

HEATHER patients love to visit psychologists or alternative therapists. They feel happy that somebody pays attention to them. People who believe that psychological problems can be helped by “talking out” usually have benefit from the essence of HEATHER. They only rarely speak about their feeling of loneliness directly. Although feeling lonely is their real and central problem, they usually describe many other mental or physical problems and their description is long, boring and having a lot of deviations and many storylines. Finally, the therapist feels overwhelmed by huge amount of information that seems to have no logic, and internally wishes to get rid of this terrible patient. The client on the other hand is happy and evidently enjoys the conversation. Although the planned time for the consultation is already over he pays no attention to it and talks and talks. Another client is already waiting in front of the door but the present patient seems to talk forever and you do not know how to stop him.

Recognizing of fully-developed HEATHER state isn't usually too difficult. However, if HEATHER theme forms only a part of a general picture of the patient, the manifestation may be subtle. HEATHER serves also as a "Helper" in physical problems where the patient feels the need to speak about his problem and feels relieved by the conversation and attention of other people. HEATHER physical symptoms may sometimes resemble that of MIMULUS. The difference is that MIMULUS keeps his worries inside, while HEATHER needs to speak about them, enjoys it and is relieved by the talk. The patient may for example visit a doctor because of a small spot on the skin and report a fear of a cancer. Although it is evidently a trifle his whole attention is absorbed by the problem. Medical examination and the conversation with the doctor brings relief but some time later the patient may come again with another insignificant problem.

Sometimes, people get into a temporary HEATHER state when they do not have enough time to pay attention to themselves and their needs. For example, a woman has to take care of her seriously ill father. This care is very exhausting and she has not time for herself. After some time, the father gets better but surprisingly, the daughter begins to suffer various annoying complaints, as if the body wanted to tell her, *"I need your help now, take care of me too"*.

Desire to have a contact and attention of fellow humans is one of basic psychological needs. No wonder that solitary confinement is a frequently used form of punishment in prisons. In some phases of life, especially in small children and in elderly people, this need is still more intense and it can manifest in a form of a negative HEATHER state. For example, small children may ask for attention by being naughty, making noise, singing, speaking when silence is required etc. In elderly persons, the contact with other people is often limited by physical handicap. Their friends have already died or are seriously ill, so the only persons with whom they can communicate are often their children. However, their sons or daughters do not have enough time, are constantly in a hurry and lack patience with lengthy and idle talks of their ageing parents. Although material needs of seniors are satisfied, they are missing something important. And because there is nobody with whom they could speak they begin to concentrate on their body. They show insignificant symptoms to their dear persons, and if they do not react they may visit doctors or call emergency. In these cases, the essence of HEATHER may be beneficent but it is still more important to communicate with family members and find some way how to increase their contact with their relatives.

⊗ 70 years old woman. She lived alone but from time to time she used to call her daughter that she felt terribly; she had chest pain, she felt dizzy or breathless. This provoked a fear in her daughter; she interrupted all work and went to her mum. When she brought her to my consulting room, the patient already laughed at me and said:

"Doctor, don't worry, my daughter is only over-anxious for me. I feel OK!"

She was pleased by the fact that she was so important for her daughter that she was anytime ready to come and help her.

Observation

The diagnosis of HEATHER is usually based on the observation. Their excessive and especially self-centred talkativeness is a clear signal that the essence of HEATHER should be considered. Their speech may sound infantile. If you feel that you get into time pressure during the consultation, that the patient talks and talks and it is difficult to stop him and that the conversation is unproductive, it is time to

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think about HEATHER. Another signal for HEATHER is when the therapist feels especially “sucked out” on energetic level after the consultation or feels annoyed by incessant talk of the patient.

HEATHER people have a tendency to invade personal space of other people. Chancellor writes:

📖 The HEATHER people like to come close to you, to speak into your face, and for this reason Dr. Bach called them buttonholers.

(Chancellor, 2005)

⊕ 40 years old man. He comes and talks and talks, one and half hours, without any result. He describes his difficulties in his relationship, at work, in his sexual life. His life story is about his selfishness mainly. Even when he has a small daughter he does not pay much attention to her. Recently, because his wife had not satisfied him sexually he found a lover. At work, nobody acknowledges his talent and that is why he has been repeatedly sacked while other, incompetent employees remained.

His story is long and boring. Even after a so long time he wants to continue but I have to interrupt resolutely the consultation. The prescription is based mainly on HEATHER.

Because I have also become his general practitioner he calls me next day that he needs a false sick note because he is not satisfied at his present work and he plans to go to the entrance interview at another work but he does not want the present employer to know about it. Because it would mean violating of my professional boundaries I react abruptly and categorically refuse his requirement. I expect that because of that it will be our last contact, he will find another G. P.

To my surprise, a few days later he calls me and thanks me for a life lesson. He has just realized that the life isn't about finding the smoothest way but the time has come when he has to face obstacles like a man. Two months later he moves from his lover's flat back home and spends much more time with playing with his daughter and he enjoys it a lot.

Physical complaints

Any somatic problem can be cured by HEATHER if the patient has a tendency to speak about his problem and the conversation brings him relief.

⊕ 40 years old patient. He has come because of panic attacks. He works as a truck driver and because of financial pressure he has still another job and the combination is exhausting. Recently, his daughter was born and he has to spend every day some time with his six years old son. He has virtually no time for himself.


His panic attacks have a specific feature – they appear when he is alone, his heart begins to palpitate, and he has a fear of death. And at this moment, he feels the urge to call his wife. During the phone call, the panic reduces and after some time, he feels better.

After HEATHER in combination with other essences, like MIMULUS, ROCK ROSE, IMPATIENS and WHITE CHESTNUT, his state has become less and less intense.

Communication

When working with HEATHER patients, it is very important to protect time boundaries and not to hesitate to actively interrupt the patient whenever we feel that we miss some important information and time is pressing. These patients have a tendency to (ab-) use the politeness of the therapist and to take as much time as possible, filling it with empty talks.

Positive

 *The greatest gift you can give another is the purity of your attention.*

Richard Moss

Positive HEATHER person enjoys the company of other people. Although he still likes to speak he also has a capacity to empathetically listen to other people.

Reflections:

To speak about your problems helps you a lot.

Be with somebody is very important for you.

You feel other people do not pay as much attention to you as you would deserve.

Compare:

- ❖ AGRIMONY – both are compulsively talkative:
 - AGRIMONY is a pleasant companion; it is funny to be with him and he often becomes the main entertainer of the party;
 - HEATHER is self-centred; he enjoys speaking about him only. People try to avoid him whenever possible.
- ❖ MIMULUS – both can have fears of some physical disease:
 - MIMULUS has a tendency to hide his worries and feels ashamed because of them;
 - HEATHER speaks about them freely. For HEATHER, speaking about his phobias is the way how to get attention of other people.
- ❖ CHICORY – both are self-centred and try to attract attention:
 - CHICORY uses manipulative techniques to get attention and care of people who are important for her, especially family members and friends.
 - HEATHER is satisfied by attention of anybody available. Maybe you also know people who begin spontaneously to speak to you in the coach or train and they pay absolutely no attention to the fact that you want to have a rest or to do some work.
- ❖ WATER VIOLET – both remedies are very different, so to distinguish them usually isn't difficult. They have only one thing in common – certain haughtiness and self-centredness:

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- WATER VIOLET may evoke this feeling only gently by his withdrawal or in stressful situations and he often has some skill or knowledge he can really be proud of;
- HEATHER boasts childishly and nobody takes him seriously.

Combines frequently with:

- MIMULUS – fears that are better when speaking about it;
- CHICORY – selfish, possessive and demanding attention from family members.

Keynotes:

- They **talk and talk, no matter whether somebody listens to them;**
- **Self-centred, they speak about themselves and about their problems and pay no attention to problems and needs of other people;**
- **Talking about their problem brings relief;**
- Problems get **worse when being alone;**
- Children or old people craving for attention of other people.

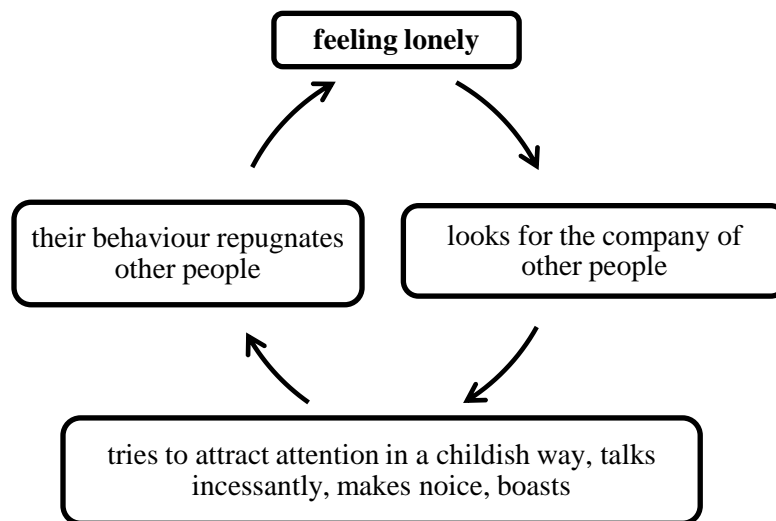



Diagram 21. Vicious circle of HEATHER.

4.7. For Those Over-sensitive to Influences and Ideas

 Definition of the word "sensitive" by Merriam-Webster dictionary (1913):

- (1) *Having sense of feeling; possessing or exhibiting the capacity of receiving impressions from external objects; as, a sensitive soul.*
- (2) *Having quick and acute sensibility, either to the action of external objects, or to impressions upon the mind and feelings; highly susceptible; easily and acutely affected.*
- (3) *(Mech.) Having a capacity of being easily affected or moved; as, a sensitive thermometer; sensitive scales.*
- (4) *Serving to affect the sense; sensible.*

Description

These essences can be divided into two groups: one, of AGRIMONY, CENTAURY and WALNUT, includes very pleasant people that love harmony, take care of other persons, and are easily influenced by them. The other group, represented by one remedy only, is the exact opposite of the former. HOLLY is aggressive, suspicious, hateful, vengeful, a person with whom it is very difficult to communicate and still more difficult to live.

So, the question is how it is possible that so different remedies have been put under the same heading. It is because they all are over-sensitive to emotions of other people and to the overall atmosphere. They have an inner radar that scans constantly the mood of people around and sends warning signals when there is some disturbance. What differs is the way how they react. AGRIMONY, CENTAURY and WALNUT over-adapt to feelings, demands or opinions of other people. HOLLY, on the other hand, reacts by aggression.

Remedies

- AGRIMONY - Oversensitive to conflicts. To avoid them, he keeps his feelings inside and puts on a smiling mask "everything is OK". To reduce inner tension and body pain, he may use some substance (alcohol, tranquilisers, painkillers, drugs, cigarettes) or some excessive activity (sports, work, eating, shopping).
- CENTAURY - Pleasant, mild, nice person trying to please others. He sacrifices himself for the sake of others and neglects the needs of his own. He cannot tell "no", has difficulty to set boundaries (to children, colleagues, partner, parents etc.) Sometimes victim of bullying. He underestimates his abilities, dependent, submissive.
- WALNUT - Essence of change. He considers a change or he is just going through an important change. Life crisis. Change of job, beginning of school, moving house, marriage, divorce, retirement. Inner changes – change of one's attitude towards partner, work, religion, society. Also biological changes: birth, dentition, menarche, menopause, diagnosis of a serious disease, dying. To help to adapt to new circumstances. The remedy protects against influences and convictions of other people, he can do things as he feels is right and not as the other wish or recommend.

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- HOLLY - Feeling of being attacked and having no protection. Jealousy, suspiciousness, envy, hatred. Aggressive, attacking other persons, vindictive. Sometimes negative emotions restricted only to the relationship with one specific person. Feeling of humiliation.

Observation

In these patients, heart chakra plays central role. They may make hand gestures in the direction of heart chakra or describe how the other person has hurt their heart.

Communication

It is a delight to communicate with AGRIMONY, CENTAURY and WALNUT people. They are polite, pleasant, pay attention to your feelings, recommendations, and opinions. The problem may be that they repeat in the therapeutic relationship the same mistake they do in their daily life. They may over-adapt to you and suppress their real feelings because of fear of disappointing you. It is important to stress the autonomy of the patients and to tell them that it is OK to tell “no” if there is something they do not like.

On the other hand, communicating with HOLLY may be challenging. HOLLY patient is suspicious, aggressive, and ready to sue the therapist in the case of minor mistake. Establishing of a reliable therapeutic relationship needs a lot of time and patience of the therapist.

4.7.1. Agrimony (*Agrimonia eupatoria*)

📖 The jovial, cheerful, humorous people who love peace and are distressed by argument or quarrel, to avoid which they will agree to give up much.

Though generally they have troubles and are tormented and restless and worried in mind or in body, they hide their cares behind their humour and jesting and are considered very good friends to know. They often take alcohol or drugs in excess, to stimulate themselves and help themselves bear their trials with cheerfulness.

E. Bach, Twelve Healers and Other Remedies

Summary

Oversensitive to conflicts. To avoid them, he keeps his feelings inside and puts on a smiling mask “everything is OK”. To reduce inner tension and body pain, he may use some substance (alcohol, tranquillisers, painkillers, drugs, cigarettes) or some excessive activity (sports, work, eating, shopping).

Description

People in negative AGRIMONY state do not like conflicts. They like harmonious relationships and to maintain them, they are ready to sacrifice a lot. They sometimes even describe a feeling of being hurt in the area of heart by the discord. Especially conflicts in the family are painful for them. AGRIMONY people often have a history of frequent conflicts or even physical violence between parents during their childhood and they have tried either to reconcile them or to protect one of the parents against the other. They have decided that when they will have their own family they will try to keep harmony in the family at any cost.

Triangular relationships (see 13.6.) often cause them suffering (SCLERANTHUS). For example, a man suffers because his wife and mother have discords. He loves them both and he tries to maintain harmony at home. However, his mother is a quite dictatorial person and his wife does not tolerate it. He feels like being between a rock and a hard place.

📖 Humour is the weapon of unarmed people: it helps people who are oppressed to smile at the situation that pains them.

Simon Wiesenthal

AGRIMONY persons bear their suffering with a smile and joking. Old proverb says that humour is the spice of our life. Humour is a purely human phenomenon that differs between cultures but has one specific role – it allows us to take painful things more easily. Even in wartimes and in concentration camps, people did not lose their sense of humour. In communist countries during Cold War, political

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humour became a specific way how to express resistance against governing regime. AGRIMONY is a natural master of humour, and many AGRIMONY people have become professional entertainers. Their humour is kind and pleasant, and they especially love to make fun of themselves and of their suffering.

Sometimes, AGRIMONY gets into a situation when jesting isn't sufficient to avoid conflict. For example, a child gets a bad mark at school and fears a punishment. In such a situation, AGRIMONY may resort to a lie, to masking or pretending. In AGRIMONY, a lie isn't a tool how to obtain a personal profit but a way how to avoid pain and how to maintain harmony. On the other hand, AGRIMONY is also often sensitive to insincerity of other people. He is skilful in recognizing two-facedness. He does not confront the other person directly but he avoids him whenever possible.

AGRIMONY may sometimes unconsciously hide some important fact also against himself. Even when he is imprisoned in a very complicated relationship with an aggressive drunkard he may keep rose glasses. In this difficulty to learn from his experience, AGRIMONY is somewhat similar to CHESTNUT BUD. AGRIMONY is probably the most frequently used remedy for victims of home violence or of abuse. Whenever there is a history of repeated physical assaults, especially when the patient remains in this environment in spite of having other options, AGRIMONY should be always considered.

⊗ 30 years old woman. She is in a desperate state; her third marriage is deteriorating fast. She cannot bear conflicts; they hurt her directly into the heart. Her previous husbands were violent to her, and the present one recently began to beat her too. She does not worry much because of herself but she has a fear that he could hurt her children.

After the treatment with the combination of AGRIMONY, MIMULUS, RED CHESTNUT and CHESTNUT BUD as main constituents, she becomes much firmer and more courageous to face the conflicts. This leads temporarily to an intensification of their conflicts. At this moment, I recommend her to contact a non-profit organization helping victims of home violence. However, during the next follow-up, she reports an improvement. A few months later, home violence stops and even her husband acknowledges that their relationship has improved.

Because AGRIMONY keeps his true emotions inside, his inner tension grows. Alcohol and drugs (both illegitimate and medically prescribed) can be used to relieve the pressure. AGRIMONY is an important remedy in the treatment of addictions of any kind. AGRIMONY people often report that one glass of alcohol is enough for them to become relaxed and merry. Alcoholic drinks help them to develop their talent of an entertainer and to become the heart of every party. However, sometimes they may have a problem to stop drinking. They enjoy the party and they do not want to spoil fun. They may drink, sing and dance until early morning. However, next day at work is difficult for them. (again, similar to CHESTNUT BUD). That is why some AGRIMONY persons avoid drinking alcohol in the public because of fear of a social faux-pas or work consequences. Whenever you meet an AGRIMONY person who admits that alcohol makes him happy and relaxed it is reasonable to warn him that for him drinking alcohol is especially risky.

Smoking in stress is another problem frequently present in AGRIMONY patients. It resembles a little bit a ceremonial pipe used by Indians during concluding peace between tribes in a conflict. Some of AGRIMONY people may smoke as many as sixty or eighty cigarettes a day to relieve inner tension.

Alcohol and drugs aren't the only ways how to deal with suppressed emotions. Other options are overworking, excessive sports and exercise, long walks in the nature, social networks or computer games. When somebody gets addicted to sports and when he cannot run or ride a bike every day he is nervous and restless it is quite probable that AGRIMONY theme is present in him.

The lesson AGRIMONY needs to learn is that conflicts are sometimes necessary and unavoidable during our life. While most AGRIMONY people try to avoid conflicts and hide their true emotions under a happy and pleasant mask, some may shift to the opposite position, especially when in combination with VERVAIN or OAK. They may fight for truth or against injustice. What is typical for AGRIMONY, they can fight for other people but they have a difficulty to fight for themselves. They may also tell that conflicts are so unbearable for them that they cannot have a rest until they speak with the other person and have it out with him.

AGRIMONY patients love company of other people. They are pleasant and try to make other people happy; they sparkle with wit and tell one funny story after another. Being with other people helps them to overcome bad feelings they carry deep inside. When alone, their negative emotions and thoughts creep into their mind. That is why being alone is unbearable for them, thus reminding of HEATHER. The difference is that it is a pleasure to be with AGRIMONY but exhausting to be with HEATHER. AGRIMONY tries to please and entertain you; HEATHER tries to please himself. AGRIMONY is selfless, HEATHER selfish.

Observation

AGRIMONY state can be observed quite easily. In psychology, this phenomenon is called **gallows humour**. *“Doctor, it festers again, ha ha”*, reports a woman with repeated breast abscesses. *“Body should go to the grave ruined, ha ha”*, tells a heavy smoker who has just been diagnosed lung cancer and has been recommended to stop smoking. They laugh about serious things, so that it is often difficult for other people to recognize its real seriousness.

When the stress is intense the smile becomes more and more unnatural and forced.

Strong aversion to being alone is also a signal that AGRIMONY theme may play a significant role in the patient.

Physical complaints

Frequent physical problems are pains, intense, almost unbearable pains or restlessness, like restless leg syndrome. Because of many undigested negative emotions that are suppressed inside, the patient seems superficially calm and happy but his physical complaints signal that the real situation is different.

In AGRIMONY, even a minor physical symptom should be taken seriously. AGRIMONY patient does not complain about trifles, and if he mentions some problem it is because it is intense and annoying, even when he presents it in a funny and belittling way.

☼ *70 years old patient of my allopathic ambulance. She lives alone, and from time to time she calls to her daughter and complains because of her somatic problems. The daughter feels a terrible fear for her and brings her to the consulting room. When she comes to the ambulance, she jokes and tells that she is OK and that daughter is over-anxious only. She is repeatedly offered BFT but she refuses. The principal essences are AGRIMONY (smiling in spite of having problems) and CHICORY (manipulating with her daughter).*


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These situations repeat for a few years without much change, about once or twice a month. At some moment, she also begins to complain of breathlessness. She speaks about it in a playful way, like “And by the way, doctor, I breathe like a locomotive, ha ha!” She even does not interrupt her speech for a while to wait for my reaction, so I do not pay much attention to it. A few months later, she finally gets angry at me: “Doctor, I really cannot breath. I have told you repeatedly but the problem is getting worse and worse.” She is sent to heart ultrasound and primary pulmonary hypertension (a rare deadly disease) is diagnosed. Three months later, she dies.

Communication

When AGRIMONY patient laughs when talking about serious things, the therapist should avoid joining the laugh of the patient. Taking part in the laugh may send to the patient a message that you appreciate the way how he deals with serious themes. It is better to use a two-sided reflection like *“You speak about serious things and you laugh”*, or *“It is a sensitive theme for you.”* A frequent reaction to that is *“Yes, I usually hide my real feelings”* or *“It is difficult for other people to recognize how I am feeling because of that”*.


Positive

 Here's a little song I wrote
You might want to sing it note for note
Don't worry, be happy
In every life we have some trouble
But when you worry you make it double
Don't worry, be happy
Don't worry, be happy now
....
Ain't got no place to lay your head
Somebody came and took your bed
Don't worry, be happy
The landlord say your rent is late
He may have to litigate
Don't worry, be happy
...

Bobby McFerrin, Don't Worry, Be Happy

Our life is full of adversities. Sometimes there is some solution but we often have no other option than to take it as it is. Positive AGRIMONY helps us to face hardships with inner calmness. Bobby McFerrin's song became unofficial anthem of Jamaica after the devastating strike of hurricane and helped people to survive in spite of immense suffering.

A famous quote expresses positive aspect of AGRIMONY:

 Do not take life too seriously. You will never get out of it alive.

Elbert Hubbard

Reflections:

You speak about serious things and you smile/laugh.

The situation isn't easy for you and you try to take it with humour.

You do not like conflicts.

Harmony at home is of utmost importance for you.

You love when other people are happy.

You feel better in the company of other people.

Compare:

- ❖ CENTAURY and WALNUT – they all are sensitive to feelings of other people:
 - AGRIMONY tries to avoid conflicts; any disharmony is unbearable for him;
 - CENTAURY has a difficulty to tell “no”, he is a good person who wants other people to be happy and content;
 - WALNUT wants to respect the views and adapt to the expectations of other people.
- ❖ CHERRY PLUM - both suppress their feelings:
 - AGRIMONY hides negative emotions behind a mask;
 - CHERRY PLUM deals with them by increased self-control.
- ❖ MIMULUS – both may hide fear:
 - AGRIMONY carries a careless mask and jokes about serious things;
 - MIMULUS keeps the worries inside; they may manifest in a form of preventive measures, of avoiding some disagreeable situations, people, food etc.
- ❖ VERVAIN – both may fight for truth and against injustice. Both may also be hyperactive and talkative:
 - AGRIMONY is very empathetic and feels pain of other people on himself. He has a painful experience of his own and that is why he tries to protect others. He can fight for others but have difficulty to fight for himself.
 - VERVAIN has firm principles and views and he would like other people to live in accordance with them.
- ❖ HEATHER – both are talkative and like company of other people:
 - AGRIMONY is a natural entertainer, he wants to please other people and they like to be with him;
 - HEATHER, on the other hand, is self-centred and speaks about him only. He pays no attention to needs and feelings of other people.
- ❖ SWEET CHESTNUT – both may suffer a lot:
 - AGRIMONY hides his feelings behind a happy mask;
 - SWEET CHESTNUT desperately tries to fight in a hopeless situation; he feels he has reached his limits and total destruction is imminent.
- ❖ CRAB APPLE – both may have a tendency to hide problems:
 - CRAB APPLE may hide ugly appearance by cosmetics, dress, by artificial behaviour;
 - AGRIMONY hides negative emotions and physical suffering by smiling and joking.
- ❖ CHESTNUT BUD – both may have problem with repeated alcoholic excesses:

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- AGRIMONY drinks to suppress bad feelings and to be happy;
- CHESTNUT BUD drinks because of being unable to learn from disagreeable experiences.

Combines frequently with:

- CHERRY PLUM – suppresses anger by a smiling mask and maintaining self-control;
- SWEET CHESTNUT – desperately tries to suppress negative emotions when facing a destructive conflict; feeling that he has reached his limits, and that he cannot bear it anymore.
- CENTAURY – sensitive to conflicts and unable to tell “no”
- PINE – feeling guilty because of conflicts;
- WALNUT – suppressing his real feelings and over-adapting to other people;
- MIMULUS – hiding fear behind careless mask;
- VERVAIN – trying to overcome painful emotions by over-enthusiasm and overwork; enthusiastically fighting for other people against oppression or injustice.

Keynotes

- They are **very sensitive to conflicts**, try to avoid them at any cost, peacemakers;
- They **hide their real feelings behind a happy mask**;
- To deal with disagreeable feelings, they may **drink alcohol** or abuse drugs, **smoke heavily, overeat, overwork, exercise excessively** etc.;
- They **like company of other people** and are **talkative**; when being alone they become nervous and tense;
- They are **natural entertainers** and other people like to be with them;
- **Intense pains or restlessness**;
- **Gallows laugh**;
- Frequent **victims of home violence**.

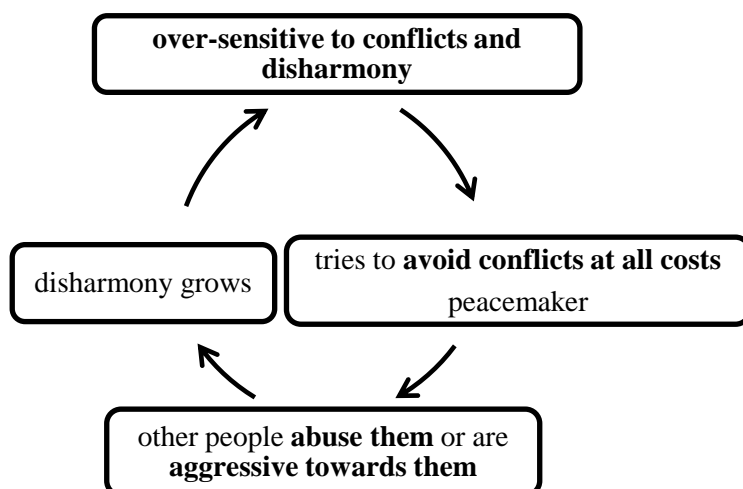



Diagram 22. Vicious circle of AGRIMONY.

4.7.2. Centaury (*Centaurium umbellatum*)

 *Kind, quiet, gentle people who are over-anxious to serve others. They overtax their strength in their endeavours.*


Their wish so grows upon them that they become more servants than willing helpers. Their good nature leads them to do more than their own share of work, and in so doing they may neglect their own particular mission in life.

E. Bach, *Twelve Healers and Other Remedies*

Summary

Pleasant, mild, nice people trying to please others. They sacrifice themselves for sake of others and neglect the needs of their own. They cannot tell “no”, have difficulty to set boundaries (to children, colleagues, partner, parents etc.) Sometimes victims of bullying. They underestimate their abilities, dependent, submissive.

Description

 *Then the King will say to those on his right, “Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.”*

Then the righteous will answer him, “Lord, when did we see you hungry and feed you, or thirsty and give you something to drink?”

When did we see you a stranger and invite you in, or needing clothes and clothe you?

When did we see you sick or in prison and go to visit you?”


The King will reply, “I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.”

Matthew 25, 35-40

CENTAURY and AGRIMONY are quite close. Both like other people to be happy and nice to each other. While AGRIMONY does not like conflicts, CENTAURY does not like to displease other people and to tell “no”. CENTAURY people are natural helpers. Their help is selfless; they do not expect anything back except “a good word”. They feel helping other people is their life mission; they often engage in helping professions. They become nurses, therapists, social workers, doctors, psychologists and priests. They have implemented the commandment of New Testament to help one’s neighbour into their lives

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and they believe that if everybody will be kind and helpful to other people, the world will be a better place for living.

 *Expecting the world to treat you fairly because you are a good person is a little like expecting a bull not to attack you because you are a vegetarian.*

Fritz Perls

However, our world is not perfect. CENTAURY patient is frequently surrounded by persons, for example partner, children, parents, co-workers, friends, who expect as a matter of course that the patient will serve them forever. The problem with CENTAURY persons isn't their desire to help other people but the reason why they do it. They unconsciously feel weak and incapable and that is why they look for a strong personality who would support them and tell them what to do. They often have a history of a loving family environment where everybody was nice to everybody. Instead of having to deal with hardships of everyday life, they had a parent who solved all their problems. The only condition was that they were expected to be meek and pleasant to other people. Later, a strong and self-confident partner took over the role of the parent. In the marriage, CENTAURY persons continue to use the same strategy, to take over home duties and to take care of partner's feelings while the partner deals with "big" outside problems, like earning money, driving a car, managing things at the offices, arranging a holiday, making important decisions etc.

However, it does not mean that CENTAURY is really so incapable. In fact, CENTAURY people are as capable as the other people or sometimes even more. They just ignore signals that confirm their abilities and concentrate on their failures. In that aspect, CENTAURY is quite close to LARCH. CENTAURY persons are sensitive to the criticism of other people; they do not trust opinions of their own and adopt belittling view of somebody else. Here, CENTAURY may resemble CERATO. Even when CENTAURY woman has a driving license she does not dare to drive because she remembers critical comments of her father or irritation of her partner whenever she sat behind the steering wheel. Although a CENTAURY man has a diploma in economy he lets the decisions about home financial matters to his wife.

For negative CENTAURY, it is typical that he is ready to suppress his feelings and needs for the sake of other people. For example, a social worker is overloaded by her work. Although she feels she is exhausted, she spends a lot of time with extra work and her children miss her, when her colleague gets ill she is always ready to take over her tasks and to stay at work till late evening.

When we listen to the stories of our patients, we frequently get impression that the patient is abused in some relationship. For example, a woman is overwhelmed by taking care of children or home duties and her husband is either at work or spends free time with his hobbies. There is an evident imbalance in their relationship. However, our feeling alone is not sufficient for the prescription of CENTAURY. Remember that Bach's description expresses the feeling of the patient, not yours. Some patients are not aware of the abuse yet, and their request can be for example to become a better mother and wife. It is quite possible that during the therapy, the theme of CENTAURY uncovers and the patient will recognize that he is exploited. However, if you give CENTAURY too early, it may lead to a growing discomfort of the patient and premature interruption of the therapy. To differentiate whether the patient is ready to use CENTAURY or not, you can read the patient Bach's original description. If they react for example *"Well, you are right, I work a lot but my husband works a lot too. I do not feel I am a servant"*, or *"It is the role of a woman in the family, do all the work"*, you should think about other remedies first, like PINE, MIMULUS or CHESTNUT BUD.

Bach Flower Therapy is a Dialogue

A clear signal that the patient is ready to accept CENTAURY essence is when the patient feels indignation that his selfless effort to help other people isn't sufficiently rewarded, that the partner, child or boss takes patient's service as a matter of course. In these moments, CENTAURY may feel embittered because the other person's indifference, injustice or dictatorship and may slightly resemble WILLOW.

CENTAURY is also a frequent remedy for therapists who have difficulties to protect their boundaries. If you have a problem to charge the patient or to tell "no" it is quite probable that you need CENTAURY.

CENTAURY persons need to learn to pay attention to their boundaries, to their needs and feelings and to tell "no" if the requirements of other people are unacceptable for them. They also need to become aware of their abilities. The task of the therapist is to stress those moments when the patient has been successful in setting and maintaining boundaries and to enhance patient's self-confidence.

Observation

You can recognize CENTAURY state quite easily from the very beginning – these patients come in time or even in advance, are very polite and positive, want to please you, smile and nod his head frequently. It is difficult for them to ask for something, like closing the window because of draft or a glass of water.

Physical complaints

Usual complaints of CENTAURY are tiredness, backache, overwork or migraines. It is quite typical that they ignore their problem for some time because they have too much work and there is nobody who could manage it instead of them. They ignore their own needs for the sake of other people. When their complaint is already unbearable they come and ask for a quick help to relieve their complaints, like an injection of painkiller in backaches or migraines. They cannot take a sick note because they do not want to cause problems to their colleagues. Their problem needs to be serious enough to make them stop for a while. While for other people, common cold with raised temperature is sufficient to stop working and to have a rest for a few days, CENTAURY needs to get pneumonia to have a break. While in most patients, a usual annoying backache is sufficient to have a pause and to avoid overexertion, CENTAURY stops only when having a prolapse of intervertebral disc. While some people consider an average headache as a logical reason to reduce workload, CENTAURY stops working only when having a severe migraine with vomiting.

Communication

CENTAURY person has a difficulty to tell "no" to anybody, including the therapist. That is why we should be very careful in our recommendations and always check whether our advices correspond to real wishes and expectations of our patient. Otherwise there is a risk of violating patient's boundaries. As Bob Goulding, one of forefathers of transactional analysis used to tell, "therapist" should avoid becoming "the rapist".

⊗ 55 years old woman. She suffers backaches and migraines and is generally exhausted. She has been living and working in Austria for many years. She works in middle managerial position and her

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work is especially demanding. She is very pleasant and smiles frequently. Because she is a foreigner, she works harder than most Austrians in her company. However, at present her company plans certain reduction of personnel and her boss has indicated to her that he considers dismissing her. She feels that it is unjust – she has sacrificed so much time and energy for the sake of the company and hasn't paid attention to the needs of herself and her family but nobody appreciates it. At the same time, she has a fear of future because she knows that finding a new job at her age isn't easy.

After Bach essences, mainly CENTAURY, MIMULUS and WILLOW, her condition improves dramatically. Her boss invites her to announce his decision but the situation is quite different than it has been previously. She is no more submissive; she behaves to him as equal. She has no fear. The change of her behaviour surprises her boss. He loses his usual self-confidence and begins to excuse her for his decision. Finally, she is offered a position in another subsidiary. She appreciates this new work because she is more independent, she can be more creative and her salary is higher.

Positive

Kindness is like snow. It beautifies everything it covers.

Khalil Gibran

CENTAURY people make our world a better place for living. The goal of the therapy isn't to change them into insensitive and selfish people but to help them to be able to distinguish whether the other person really needs help or whether he abuses their kind-heartedness only. The essence helps to set and maintain boundaries and to pay attention to the needs of one's own.

Reflections:

It is difficult for you to tell 'no'.

It is important for you other people to be happy.

You do so much for your family and they do not appreciate your effort.

You have no free time for yourself.

Compare:

- ❖ AGRIMONY and WALNUT – they all are sensitive to feelings of other people:
 - AGRIMONY tries to avoid conflicts; any disharmony is unbearable for him;
 - CENTAURY has a difficulty to tell “no”, he is a good person who wants other people to be happy and content;
 - WALNUT wants to respect the views and adapt to the expectations of other people.
- ❖ PINE – both are pleasant and pay attention to the feelings of other people:
 - PINE – if he tells or does something that displeases other people, he feels reproaches of conscience;
 - CENTAURY – is a good person by nature and is oversensitive to feelings of other people.

Bach Flower Therapy is a Dialogue

- ❖ MIMULUS – both are submissive:
 - MIMULUS has a fear of conflicts and tries to avoid them;
 - CENTAURY wants to please other people and cannot tell “no”.
- ❖ WILLOW – both may feel indignant because of injustice or of being abused:
 - CENTAURY is usually a pleasant person who used to sacrifice himself but at present, he is aware of the fact that the other people take his service as a matter of course and ignore his needs;
 - WILLOW simply feels that the situation was unjust, that he did not deserved such a mistreatment; WILLOW may have a history of repeated similar situations where he felt as a victim.
- ❖ LARCH – both may have a lack of self-confidence and underestimate his abilities:
 - CENTAURY is a suggestible person, he creates his self-image on the base of other people’s opinions; lack of self-confidence is mainly based on the underestimating comments of important persons;
 - In LARCH, low self-confidence is caused mainly by one’s experience; it is an inner conviction.
- ❖ OLIVE, HORNBEAM and OAK – they all can be exhausted:
 - In OLIVE, the exhaustion is only a temporary state appearing after a prolonged difficult period;
 - OAK chronically over-exerts himself. When dealing with daily problems, he uses his strong will to force his body to fulfil the duties;
 - in HORNBEAM, the tiredness appears already before some work or duty; it is usually the worst in the morning and then during the day it gets better;
 - CENTAURY – exhausted because he sacrifices for the sake of other people. Wants to please others; has a difficulty to tell “no”.
- ❖ CERATO – both may have doubts about their opinions and decisions:
 - CERATO does not trust his intuition and wants to shift the responsibility for the decision to somebody else; he adopts the opinions of some authority, asks different people for their recommendations or spends a lot of time with searching on Internet; however, the information he obtains is often contradicting and he is still more confused and doubtful;
 - CENTAURY feels weak and dependent and has low self-confidence; he relies upon one or a few authoritative persons who decide things instead of him.

Combines frequently with:

- PINE – difficulty to tell “no” and reproaches of conscience when refusing to help other people;
- AGRIMONY - sensitive to conflicts and unable to tell “no”;
- WALNUT – sensitive to opinions of other people and unable to tell “no”;
- HOLLY - mild person who has been unexpectedly attacked by somebody and feels humiliated;
- HORNBEAM – weakness and tiredness because he sacrifices for the sake of other people and has to do too a lot of routine work;
- WILLOW – embittered because somebody abuses his “kind heart”;
- LARCH – a dependent and submissive person lacking self-confidence;
- VINE – victims of bullying;
- MIMULUS – fear to tell “no”.

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Keynotes:

- **Nice, pleasant people who pay a lot of attention to the needs of others;**
- Because of their good heart, they may **become servants**, rather than real helpers;
- The others may **abuse them** and their help;
- It is difficult to **tell “no”** for them;
- They **underestimate their abilities**;
- They are often **dependent** on some strong personality;
- They **neglect the needs of their own**; physical problems are caused by **lack of care for themselves**.

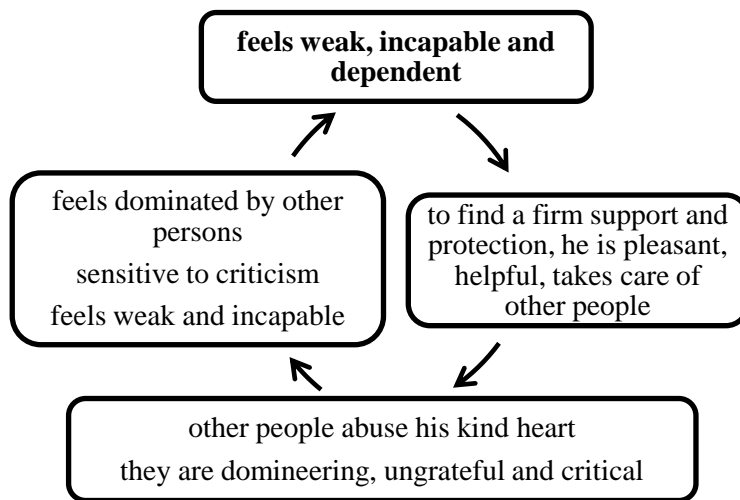


Diagram 23. Vicious circle of CENTAURY.

4.7.3. Walnut (*Juglans regia*)

For those who have definite ideals and ambitions in life and are fulfilling them, but on rare occasions are tempted to be led away from their own ideas, aims and work by the enthusiasm, convictions or strong opinions of others.

The remedy gives constancy and protection from outside influences.

E. Bach, Twelve Healers and Other Remedies

Summary

Essence of change. He considers a change or he is just going through an important change. Life crisis. Change of job, beginning of school, moving house, marriage, divorce, retirement. Inner changes – change of one’s attitude towards partner, work, religion, society. Also biological changes: birth, dentition, menarche, menopause, diagnosis of a serious disease, dying. To help to adapt to new circumstances. The remedy protects against influences and convictions of other people, the patient can do things as he feels is right and not as the other wish or recommend.

Description

WALNUT is a remedy for life changes and transitions. These changes may be intentional, like change of work, school, relationship, religion, moving to another house or country, developing new method or philosophy. It may also be involuntary like teething, beginning of school, divorce of parents, loss of job, retirement, children leaving the family nest, menarche, childbirth and parenting, menopause. All these things create a lot of stress and during these times, people are especially sensitive to the influences from the outside and opinions of other people. WALNUT gives patients stability and protection.

The keyword for WALNUT is **over-adaptation**. Imagine a boy that has just entered grammar school. This environment is absolutely unfamiliar for him. Till now, his life has been about fun and play; however, at the school he already has some duties. He is assessed according to his performance and there are moments when he fails and is criticized.

However, maybe still more difficult is the change on the interpersonal level. In the kindergarten, group of children has already had some structure but now, the relationships are much more complex. He must learn how to communicate with his classmates but also with boys and girls that are much older than he is.

To avoid conflicts and criticism, he extends his antennae of his intuition and tries to guess the wishes and expectations of people around. Minor frown of eyebrows or strict tone of voice, even when absolutely unconnected with his behaviour, may provoke feelings of inappropriateness. He tries to adjust to real and supposed demands of other people but loses the identity of his own.

During puberty, the hormones are awakening, and most of his schoolmates already have a girlfriend. He also wishes to find some but at the same time he is unable to make the first step, to invite some girl

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to go on a date with him. He somehow does not know “how to begin”, there are always many reasons and excuses why “not now”. He even feels as if there were some spell that impeded him to begin. In psychological terms, there are some unconscious blocks that restrict him. Maybe it is because he remembers his parents speaking about boys having a girlfriend at his age in a derogatory way, or he has a fear of being ridiculed.

A few years later, at the moment when he is to decide his future career, he is in two minds whether he will become an engineer as his father expects or whether he will follow his inner voice and will try to succeed in uncertain world of music. He is a skilful musician and he would like to develop his talent but his parents tell him that he should have some “normal” job. There is a conflict between his feelings of a vocation and the recommendations of other people.

In all these situations, no matter whether the change is voluntary, inevitable or planned, WALNUT can be very helpful. In fact, the whole spirit of BFT corresponds to WALNUT theme (see 6.5. Life mission).

Some people sometimes consider a change in their life. They believe that it is the right way for them and they are confident they are able to overcome possible obstacles. However, because of some reason, they continue in the same way as previously. It is like a situation of a runner who is prepared on the start of a race. He just waits for the starting shot. The essence can give a similar signal to the mind and body of these patients.

Whenever a tradition or personal habit play important inhibiting role, WALNUT can bring an important impulse for change. A boy from an atheistic family feels a strong attraction to Christianity. His parents and grandparents are atheists, all his friends are also atheists. He reads theological books and spends a lot of time with praying. However, he does not go to the church even when he would love to do it. The reason is that he fears that his parents or schoolmates would criticise him or laugh at him. WALNUT can help him to ignore other persons opinions and to go his own way.

⊗ *A 70 years old smoker knows very well that the cigarette can ruin his health. He already has some health problems and they are worsening now. He also has no enjoyment from the smoke anymore. He believes that he can stop smoking; he has already stopped smoking a few years ago. The only reason why he continues smoking is a “bad habit”, his wife smokes and when he sees her, he takes one cigarette too. He also likes to go to the pub and he is used to smoking there with his friends.*

WALNUT is a suitable remedy to help him to break his routine and to end the bad habit.

WALNUT is also useful whenever the patient feels that he is in a life crisis, that something important needs to be changed. His life is like the thousandth reprise of the same theatre play, with the same disagreeable result, and he does not want to act in it anymore. It does not necessarily mean that he must divorce or quit his job but he needs to change his role in actual relationships. He wants to be himself, instead of behaving according to expectations of other people.

Somebody may also get into a crisis in his professional life or in his spiritual development. For example, a allopathic doctor may discover that alternative medicine is effective but he hesitates whether to begin to use some alternative techniques because of fear of criticism of his colleagues and because he has a fear that it can damage his professional reputation.

WALNUT needs to learn to listen to their inner voice and to differentiate between the ideas and opinions of his own and those of other people.

Physical complaints

WALNUT is the most important remedy for biological changes, like birth, dentition, puberty, pregnancy, parturition, menopause, aging, disability, diagnosis of a serious disease, and dying. A stay in the hospital itself may be a stressful change too.

⊗ 70 years old man. Many years ago, he had a serious injury and since that time he has problems to control his urine and stool. When he has his normal regime he is able to deal with daily problems quite well. However, recently he was diagnosed haematuria (blood in urine) and he has to undergo an investigation of the bladder. That is why he is worried whether he will be able to manage all these things in an unfamiliar environment.

The prescription for him is MIMULUS, WHITE CHESTNUT and WALNUT. Two weeks later he reports that the whole hospitalisation and operation has been very smooth, he has felt no fear and no embarrassment.

WALNUT people are very sensitive to any external influences, not only to opinions and wishes of other people. They are very sensitive to a general atmosphere in the contact with other people and when there is too much tension, they can get ill. They are also sensitive to any change, like change of weather, travelling, change of day rhythm. It is an essence that can help the therapist to protect himself when he becomes too empathetic and he cannot get rid of negative feeling long after the consultation has ended (also RED CHESTNUT).

⊗ 60 years old psychologist, my colleague. One day, I meet her crying. She is deeply emotionally shaken. She tells me that recently she had a few very bad cases. She works as a police psychologist and she has to take part at the interrogations of people involved in cases of child abuse and to examine the victims of violence. These cases are emotionally very demanding and she has to spend a lot of time with this work. Then she has to go to the court and report her findings and to withstand the attacks of advocates of the accused. The stories of these poor children affect her intensely; she cannot get rid of these disagreeable memories even during weekends. And now, it is simply too much for her. She is desperate and she fears that mankind is doomed to self-destruction.

She feels absolutely exhausted and one hour ago, she gets high fever, probably flu.

She gets WALNUT, STAR OF BETHLEHEM, RED CHESTNUT, WHITE CHESTNUT, SWEET CHESTNUT and OLIVE. Two days later, she reports she feels much better both mentally and physically. The body temperature is almost normal and her energy is better. She feels she needs a few days of rest because she is really overworked.

⊗ 45 years old man. Initially, I offered him BFT as an alternative to allopathic treatment of his slightly elevated blood pressure. However, during the consultation, a very interesting story emerged. He is a closed person but his inner life is very vivid. He works as policeman but he knows this work is absolutely unsuitable for him. He feels a strong attraction to spiritual world but at the same time he feels that other people do not share his opinions. His colleagues at work speak only about parties and women; at home, his parents are very materialistically oriented. He is very sensitive to the atmosphere among people and to their opinions. When he is in a company of other people he is either silent or he adapts to the themes of conversation they prefer even when he considers it a loss of time. He feels uncomfortable because of this discrepancy between his inner feelings and opinions and the way how he communicates with other people.

After a few months of treatment with WALNUT as main ingredient, he feels generally better and his sensitivity to opinions of other people is less intense. He is able to talk with other people more freely and he does not pay so much attention to their reaction. He reports that he is able to speak about

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spiritual matters and some people have been surprised by his opinions, so different from theirs. Some of them are critical or ridicule him, some wish to hear more. This change brings him a feeling of freedom.

Communication

WALNUT's big theme is a change. WALNUT patients in the depth of their heart know what is right for them and their intuition is reliable, so our role is to support patient's feelings of stability, safety and self-confidence. We can compare WALNUT change with a physiological birth – even when it is quite painful and may seem dangerous at times, the Inner Guidance in the patient knows the best how to continue and our task is to watch and help him when necessary.

With any patients but especially with WALNUT patients, avoid trying to dissuade them from their path. Even when your patient's idea seems unrealistic, it is better to help him to look for a suitable path, instead of trying to convince them that it is nonsense. For example, if the patient feels that his life mission is to become a movie actor and considers giving up his regular work and moving to a big city without paying attention to practical matters like finances or accommodation, your role is to help him to make this transition as safe as possible. We absolutely do not know what is right for them. WALNUT people do not follow usual paths as other people do.

Positive

📖 The more the apparent difficulties in our path the more we may be certain that our mission is worth while. Florence Nightingale reached her ideal in the face of a nation's opposition: Galileo believed the world was round in spite of the entire world's disbelief, and the ugly duckling became the swan although his whole family scorned him.

E. Bach, Free Thyself

In a positive WALNUT state, we are able to follow our intuition and make important changes in spite of doubts, warning or criticism of other people. WALNUT people are often pioneers who can develop new methods and challenge respected but out-dated theories and philosophical and theological postulates.

Compare:

- ❖ ASPEN – both feel they have a sixth sense:
 - ASPEN has vague fears that something terrible will happen;
 - WALNUT is oversensitive to external influences, intuitive, perceives the emotions of other people.
- ❖ AGRIMONY and CENTAURY – they all are sensitive to feelings of other people:
 - AGRIMONY tries to avoid conflicts; any disharmony is unbearable for him;
 - CENTAURY has a difficulty to tell “no”, he is a good person who wants other people to be happy and content;

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- WALNUT wants to respect the views and adapt to the expectations of other people.
- ❖ CERATO – both are easily influenced by other people:
 - CERATO does not trust his opinions; that is why he finds an authority and uncritically accepts his opinions;
 - WALNUT – in his heart, he knows what his right way in life is but he is easily influenced by other people.
- ❖ WILD OAT – they both are important in critical moments in the life when an important change is considered:
 - WILD OAT is right on the beginning of the process of change; he feels a frustration and the urge to make a change but he does not know in which direction to go;
 - on the contrary, WALNUT deep inside knows what is right for him but he is easily influenced by other people, he wants to please them, to fulfil their expectations or follow the tradition. a remedy for changes
- ❖ HONEYSUCKLE and WILD OAT – they all are remedies for transitions in the life:
 - HONEYSUCKLE helps to overcome unpleasant transitions when they dwell on past events instead of dealing with new challenges;
 - WILD OAT has finished one period in his life and suddenly has a lot of time and does not know which direction to go;
 - WALNUT feels disconcerted by the change; he hasn't adapted to new conditions yet.

Combines well with:

- WILD OAT – this combination is used to facilitate the process of change, to help to choose the right direction and not to let other people to influence him;
- MIMULUS – fear of making an important life change;
- WALNUT – dealing with a transition – sadness because of something nice has ended and difficulty to adapt to a new situation;
- AGRIMONY – suppressing his real feelings and over-adapting to other people;
- CENTAURY – difficulty to tell “no” and over-adapting.

- Reflections:

You know what the right way for you is. The only thing you really need is a protection against opinions and convictions of others.

You are going through a major change. It is not always easy to remain yourself in spite of opinions of others.

It is not easy to go one's own way.

Keynotes:

- **Remedy of change**, intentional, involuntary or biological;

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- They over-adapt to other people and are **easily influenced by their opinions or expectations or by tradition**, the remedy helps to **break bad habits** or to **change patient's social role**;
- The remedy brings **protection against outer influences**.

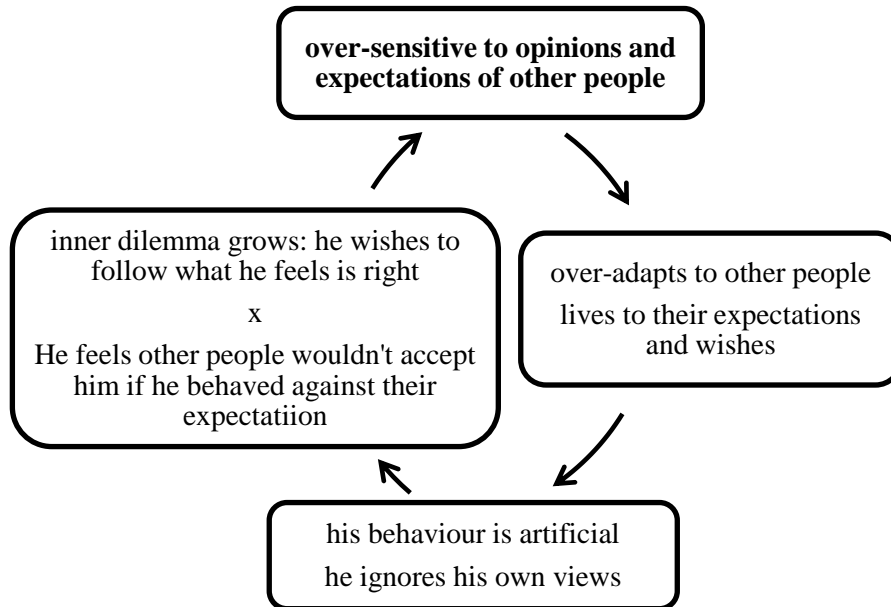



Diagram 24. Vicious circle of WALNUT.

4.7.4. Holly (*Illex aquifolium*)

 For those who sometimes are attacked by thoughts of such kind as jealousy, envy, revenge, suspicion.

For the different forms of vexation.

Within themselves they may suffer much, often when there is no real cause for their unhappiness.

E. Bach, Twelve Healers and Other Remedies

Summary

Feeling of being attacked and having no protection. Jealousy, suspiciousness, envy, hatred. Aggressive, attacking other persons, vindictive. Sometimes negative emotions restricted only to the relationship with one specific person. Feeling of humiliation.

Description

Similarly like WALNUT, HOLLY is a protective remedy. However, while in WALNUT, it is mainly a protection against opinions and convictions of other people, HOLLY protects against bad thoughts, emotions and intents of other persons. Patients in HOLLY state feel threatened by others – they are suspicious of their deeds and words. Because of feeling attacked, they may react by being jealous, envious, and revengeful.

All remedies in the Oversensitivity group have increased sensitivity and intuition towards emotions of other people. In AGRIMONY, CENTAURY and WALNUT, the antennae try to detect any trace of discord, wishes or opinions of other people, and this information is used to avoid conflict, to please others or to adapt to the situation. However, HOLLY is attuned to the most negative emotions and he can recognize any slightest signal of aversion or ulterior motives. HOLLY observes the gestures, words and deeds of their partner with a magnifying glass and that is why his reaction is excessive. If you provoke suspicion of HOLLY, his emotions may switch in a moment from love to hate. And HOLLY knows how to hate other people. If HOLLY revenges, he really enjoys it and is very inventive in the way how to make the opponents suffer. When HOLLY gets into a powerful position, it can have catastrophic consequences.

Mao Zedong's fourth wife, Jiang Qing, is a typical example of a negative HOLLY person in charge. She was a mediocre actress in Shanghai but she recognized very early the political potential of Mao Zedong and decided to seduce him. Because of Mao's famous weakness for young pretty women it wasn't too difficult. She was very straightforward in her effort and her behaviour was so scandalous that Mao's comrades-in-arms tried to dissuade Mao from this relationship. Finally, Mao married her; however, the party allowed Mao the marriage under one condition: during the following fifteen years, Jiang Qing was not allowed to take part in politics. She felt deeply humiliated and her revenge had

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a lot of time to ripen. Fifteen years later, she became a prominent personality of new China and her power was almost boundless. She was even more powerful than the prime minister. And she began to persecute cruelly her opponents and their relatives. For example, she couldn't directly attack the prime minister Zhou Enlai but she commanded to imprison his adopted children, to torment them for many months and finally to kill them. However, it wasn't enough for her yet. She commanded to burn their corpses and to spread their ashes, so that Zhou Enlai even couldn't bury them according to Chinese tradition. Her terror led to a death of many thousands of people and ended after the death of Mao. She was accused of many crimes and because of fear of the punishment she killed herself.

As you can see in above mentioned example, HOLLY is often competitive and strives to get into a powerful position. The reason is that power means protection. For HOLLY, life is like a jungle where only the strongest survives. In that aspect, HOLLY may be quite similar to VINE. The difference is that VINE remains in his anger, aggression and dictatorship on rational level; he is emotionally cold and distant. On the other hand, HOLLY is full of hate and passion.

HOLLY patients usually do not consider their feelings as a problem. They believe that these emotions are only a natural reaction to hostile world around. They feel that the other people intentionally attack them, often without any reason, just "for pleasure" or because they do not like them. That is why when explaining the picture of the remedy to the patient it is better to stress the protective character against negative emotions of other people even when the cause of the problem is in fact in the suspicious and aggressive attitude of the patient.

Sometimes, HOLLY state may manifest more subtly. It may have a form of a feeling of being attacked by one specific person with an intention to hurt or because of mischievousness in otherwise pleasant and mild person. In these situations, HOLLY may be combined for example with CENTAURY, MIMULUS or PINE.

⊗ *35 years old woman uncovered the infidelity of her partner. She is usually a calm and rational person but such an event is like a dagger stabbed in the back. She feels a terrible anger or even hate towards him but at the same time she has a fear of future: she has a fear that after the divorce, she might lose her house or even her daughter. Such disagreeable thoughts whirl all the time in her mind. Her sleep is disturbed and she is exhausted. Main remedies are HOLLY, MIMULUS and WHITE CHESTNUT. Six weeks later, she feels much calmer and has a courage to face future events.*

Sometimes HOLLY may get quite close to WILLOW. The difference from WILLOW is that in WILLOW, it is more a feeling of injustice that is caused by the other person because of personal benefit or because of negligence. In HOLLY, it is a personal attack. HOLLY is also more emotional than WILLOW in his anger.

The acute HOLLY state can be provoked for example by infidelity of partner or in children by a birth of a sibling that "steals all the attention of mum". It may also appear in people who have been unexpectedly sacked from their work or defamed by other people. They perceive the situation as an offence and humiliation. However, the situation itself isn't important; you must always consider the way how the patient reacts.

Physical complaints

Somatic problems of HOLLY may be quite dramatic because HOLLY is oversensitive by nature and his reactions are exaggerated. Allergic reactions, attacks of suffocation, terrible migraines, heart disorders,

these symptoms can be provoked by negative HOLLY state. What is important, similarly like in WILLOW, the patient believes that the problem has been provoked by aggressive words or deeds of other people.

☉ 75 years old woman, a lawyer, comes because of palpitations. ECG does not uncover any serious problem. The complaint has been provoked by a conflict with a client that has been very aggressive towards her. She feels humiliated and deeply hurt – she points to the centre of her chest (heart chakra).

Combination of HOLLY and STAR OF BETHLEHEM brings fast relief.

Communication

It is really challenging to communicate with HOLLY people. They often provoke the feeling of being threatened in the therapist. Furthermore, the patient is often overtly distrustful towards the practitioner. The negative energy literally radiates from the client. In such a condition, it is really difficult to establish effective therapeutic relationship. Taking a few drops of HOLLY can help the therapist to regain inner stability and to feel protected against the aggressive emotions of the patient.

☉ 50 years old woman. She comes because of feeling of overwhelming fatigue. She is a prosecutor and she explains that her professional career is like a life of a wild animal in a jungle – everybody waits for her mistake and is prepared to attack her.

This patient is very suspicious and aggressive from the very beginning. I feel threatened by negative feelings she emits to all sides. Because of that I take two drops of HOLLY into a glass of water and sip it during the consultation. And suddenly, my disagreeable feelings dissipate. I begin to feel relaxed and I am able to pay attention to the consultation as usually. The essence taken by me has surprisingly a positive effect to her too. Even when she hasn't taken essence personally, she begins to feel relaxed. At the end of the consultation, she smiles and feels relieved.

Positive

📖 A new commandment I give unto you, That ye love one another; as I have loved you, that ye also love one another.

By this shall all men know that ye are my disciples, if ye have love one to another.

John 13:34-35

HOLLY is an excellent example of how the essences are able to transform negative emotions into their exact opposite. Exact opposite of hate is love, not a sexual love but a universal all-encompassing Love:

☉ 80 years old man, a patient of my ambulance of G. P. He is quite healthy, his main problem is vertigo that causes frequent falling. Every fall is associated with the feeling that he is already too old and that he will never be healthy again. Prescription of HONEYSUCKLE as main essence helps significantly with the tendency to fall. A few months later, he reports repeated conflicts with his neighbour. He

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hears constantly some sound from the adjacent flat and he is suspicious that the neighbour does it intentionally to provoke him or to drive him mad. One month after the prescription of HOLLY as main remedy, he comes to my consulting room. When asking him about the effect of the essences, he is evidently emotionally moved:

"Oh, the drops are great. I have never felt as well as I feel now. I am so happy ... and I love you all SO much!"

Reflections:

You feel attacked by negative emotions of other people, like jealousy, revengefulness, suspicion.

You must bear wrongs and humiliation from others.

It is difficult to trust people under such conditions.

Compare:

- ❖ VINE – both may be domineering and cruel:
 - The cruelty of VINE is cold, distant, like a player moving a figure on the chess desk;
 - the hate of HOLLY is hot; HOLLY is temperamental and emotional.
- ❖ WILLOW – both may feel that they have been wronged by other people:
 - WILLOW is embittered and feels it as an injustice; the supposed motivation of other person's behaviour is personal benefit or negligence;
 - HOLLY feels rage and hate towards the offender and wants to revenge; the supposed motivation of the other person is personal attack and hate.
- ❖ BEECH – both may be very critical and even cruel to other people:
 - HOLLY uses criticism as a tool how to control other people or as a way of a revenge;
 - BEECH is critical because he has black and white views and firm principles and somebody violated them.

Combines frequently with:

- For **aggressive** and **domineering** persons:
 - VINE – very domineering and hateful person;
 - CHICORY – trying to control her loved person, manipulative and jealous;
 - WILLOW – feeling of being a victim of other person;
 - CHERRY PLUM – rage with a fear of doing something terrible;
 - BEECH – overcritical and revengeful.

For **pleasant** or even **submissive** persons:

- CENTAURY – mild person who has been unexpectedly attacked by somebody and feels humiliated;

Bach Flower Therapy is a Dialogue

- PINE – mild person who has been unexpectedly attacked by somebody; on one side, he feels anger or even hate towards the other person, on the other hand, he feels guilty because of his negative emotions and attributes part of the responsibility to himself.

Keynotes:

- He feels he is **attacked by other people** and he does not hesitate to **revenge** if he has an opportunity;
- Feelings of **jealousy, suspiciousness, envy, hate**;
- **Domineering, dictatorial, competitive**;
- Feeling of **humiliation** or **vexation**;
- **Physical complaints caused by unexpected attack of other person.**

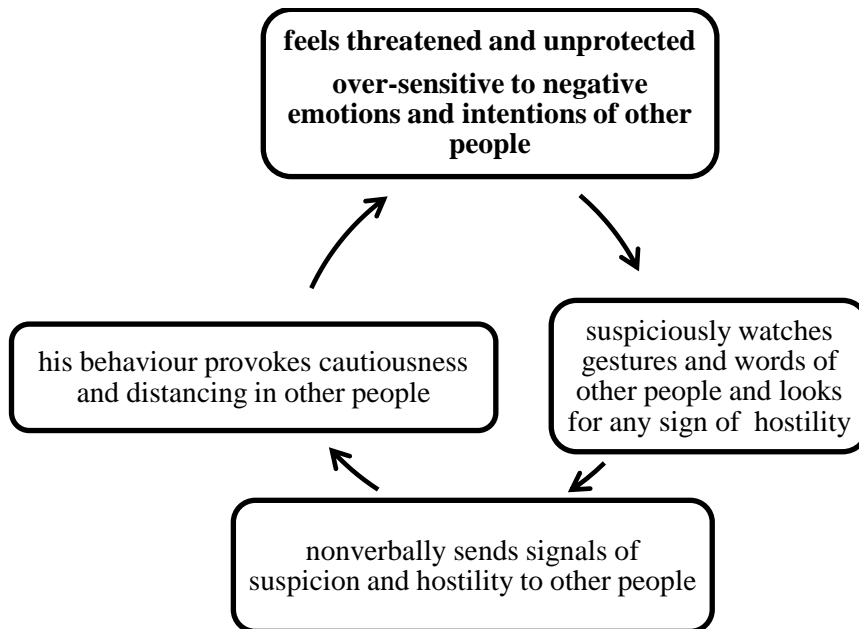



Diagram 25. Vicious circle of HOLLY.

4.8. For Despondency or Despair

 Definition of “despondency” by Merriam-Webster dictionary (1913):

(1) *To give up the will, courage, or spirit; to be thoroughly disheartened; to lose all courage; to become dispirited or depressed; to take an unhopeful view.*

Description

The themes of the remedies in this group are varied but they all carry some sort of “basic truth” about the patient and about life. Some of them are about **success** and **failure**:

- *Whatever I do, I will fail.* (LARCH).

Some of them are about **acceptability** and **performance**:


- *I am OK as long as I do everything perfectly.* (PINE);
- *I am OK as long as I am able to bear a lot of stress and responsibilities.* (ELM);
- *I am OK as long as I am able to overcome all obstacles.* (OAK);
- *I am OK as long as I am beautiful and healthy.* (CRAB APPLE).

And finally, there are also beliefs about **suffering**:

- *The whole my existence/family/world is condemned to total destruction.* (SWEET CHESTNUT);
- *I will suffer from pain forever.* (STAR OF BETHLEHEM);
- *I will suffer because of injustice and ill fate.* (WILLOW).

People may incorporate this “basic truth” as a cornerstone of their personality. The whole life is influenced by this underlying theme. Or, there may be an acute situation that provokes this conviction in the patient. All these beliefs are pessimistic by nature. Even when themes of PINE, ELM, OAK and CRAB APPLE may seem relatively positive their happiness is only conditional. A moment will sooner or later come when they will not be able to fulfil the exaggerated requirements anymore and they will fail. That is why all these states are finally associated with a feeling of despair and hopelessness.

4.8.1. Larch (*Larix decidua*)

 For those who do not consider themselves as good or capable as those around them, who expect failure, who feel that they will never be a success, and so do not venture or make a strong enough attempt to succeed.

E. Bach, Twelve Healers and Other Remedies

Summary

Lack of self-confidence; he knows he cannot succeed and that is why he does not even try or does not invest enough energy into attempts. Compares himself with others; believes that the other people are much more capable than he is.

Description

LARCH people lack confidence in their abilities. They know that they are not good at ... (mathematics, logical thinking, leading a team, making a presentation, their outer appearance is less attractive than in other people etc.) There is often a long history of underestimation of one's abilities, together with a series of failures confirming this conviction. LARCH does not have a fear of failure; he simply expects that he will fail.

The patient often speaks about an over-critical parent who has always paid attention to mistakes and has ignored successes. Sometimes there was somebody in the family or neighbourhood who was presented as a paragon: "*Look how little Johnny is good in math. He is a smart boy.*" Sometimes, there may be even an unconscious competition between parent and child. For example, the father had an ambition to be a professional football player when he was young but because of some reason he couldn't fulfil his dream. Now, when his son is at his age and also wants to become a sportsman, the father unconsciously feels jealousy that can manifest in a form of ridicule: "*Oh, that was a really great kick, ha ha! You are a real football wizard, aren't you?*" It is not easy to withstand all this critic and belittling and some people may unconsciously decide to become lifelong losers. They accept the fact that they are incapable and give up any effort to improve their results. They also adapt the whole their life philosophy to this conviction, for example they do not take part in competitions because they believe they will fail. In a milder form, they may participate but their expectations are pessimistic. They invest only little energy into the attempt and the failure only confirms their conviction. They may even half-jokingly "claim" from the very beginning the last position among the competitors (typically in combination with AGRIMONY).

For patients in LARCH state, the comparison with other people is especially stressful. They believe that other people are better than they are. It is interesting how today society pays attention to who is better (and also who is worse). People are used to comparing things and people. Even small children at the grammar school compete who the math king or better football player is. The problem of this competition is that there is only one person who can win, the others lose. And for some people, this experience only intensifies their inferior feelings.

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When treating such patients and hear how they describe many their faults and weaknesses, I use a metaphor:

You work as an architect. Tell me, which building is better, Tower of London or Sagrada Familia in Barcelona?

The patient is confused at first but then he begins to explain that both buildings are incomparable; they have been built in different times, in different styles and for different purposes. People who assess their beauty also have a different taste, so for one person, one building is nicer and for another one the other. Then I go back and explain him that with people, the situation is similar. Everybody is unique and has his qualities.

In some families, the expectation of failure can be transmitted from generation to generation:

⊗ 20 years old man. He wants to study medicine but last year he failed at the entrance exams. He is also a semi-professional football player but at present, he has some problems with his knee that limit him in his career. During the consultation, he reveals his inner belief that “he is the only member of his family who has a chance to succeed” because “everybody in his family failed”. Although on the conscious level, he may struggle, unconsciously there is a message: “you belong to losers family, you cannot win” that undermines his self-confidence.

After six weeks of the therapy with LARCH, MIMULUS and GENTIAN as main remedies, the problems with the knee disappear. He had a conflict with a trainer. Because of problems with the knee he had spent most of the matches on the player’s bench but now he wanted to spend more time on the field. However, the trainer refused and that is why the patient plans to change the team. His self-confidence is still shaky but better than before.

Six weeks later he reports that he feels better in every aspect. His knee problems completely disappeared. In football he feels more confident and his motivation is bigger. He played in one match and he scored the winning goal. He feels a new motivation for learning for entrance exams. The fact that he was born in a “loser family” is positive for him now: nobody expects anything for him and even a small success will be viewed as a victory.

LARCH persons need to learn to overcome their doubts and invest all their energy into the attempt. The task of the therapist is to look actively for the minor positive changes and successes and boost patient’s self-confidence.

Observation


LARCH patients may spontaneously ask for something to increase their self-confidence. You can also observe LARCH state when the patient underestimates his abilities or gives up any challenge even without trying it. He may speak about some his incapability as a matter-of-course. “*I am no good in math*”, “*I am a duffer*”, “*I have weak lungs*” (and that is why I am always the last in sports).

Physical complaints

LARCH is useful whenever there is some physical problem caused by some insufficiency of the body, especially when the patient mentions that “*My immune system is weaker than other people have*” or “*The muscles are weaker than my schoolmates have*” etc.


LARCH can be also useful in erectile dysfunction – it is the moment when the man has to prove that he is a real male and not a weakling.

Positive

 *With realization of one's own potential and self-confidence in one's ability, one can build a better world.*

Dalai Lama

People in positive LARCH state are able to preserve their self-confidence in spite of criticism or failures. A good example (of positive LARCH and WALNUT) is depicted in the movie *Cool Runnings*. In 1988, it was the first time when tropical island Jamaica sent their bobsleigh team to Winter Olympic games. Jamaican sportsmen had to face underestimation or even ridicule of other competitors. However, they finally proved to be as capable as competitors coming from traditional countries of winter sports like Switzerland or Austria.

 *40 years old man. He comes because of a low self-confidence. He has also a fear of speaking in public, especially with women, and blushes easily. His main problem is erectile dysfunction. He has a new partner. She is very tolerant to him but he feels badly after every failure.*

After one month of LARCH, MIMULUS and GENTIAN as main remedies, the patient reports significant improvement. His self-confidence is much better and his fear of speaking in public is also less intense. His sexual life has improved too.

Reflections:

Your self-confidence (in this area) is low.

If you compare yourself with others, you feel they are more capable than you.

Because you feel you will fail, you better do not start anything.

Compare:

- ❖ GORSE and GENTIAN - they all doubt the possibility of success:
 - LARCH believes that his abilities are insufficient;
 - GORSE feels hopeless, it lasts too long and his effort hasn't bring any progress yet;
 - GENTIAN has a history of repeated attempts and failures; every failure undermines his belief in success.
- ❖ MIMULUS – both do not like to face challenges and try to avoid them:
 - MIMULUS feels weaker or less capable than the other people and has a fear of failure, of speaking in public, of exams; he may avoid the confrontation with the problem for some time but finally he faces it;

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- LARCH has lack of self-confidence, he knows he is less capable than others, there is no fear, it is just fact. That is why he gives up things even before trying them.
- ❖ WILD ROSE – both can give up efforts to improve their situation:
 - LARCH has too low self-confidence;
 - WILD ROSE is generally resigned.
- ❖ CERATO – both have a low self-confidence:
 - CERATO doubts his common sense; he asks other people for their opinion;
 - LARCH has low self-confidence generally; it can concern any area. Because of that conviction, he avoids challenges or gives up easily.
- ❖ ELM – both may feel incapable to complete the task:
 - In ELM, it is a temporary problem, he is otherwise a successful and self-confident person;
 - LARCH has a low self-confidence; it is long-lasting situation.
- ❖ CENTAURY – both may have a lack of self-confidence and underestimate their abilities:
 - CENTAURY is a suggestible person, he creates his self-image on the base of other people's opinions; lack of self-confidence is mainly based on the underestimating comments of important persons;
 - In LARCH, low self-confidence is caused mainly by one's experience; it is an inner conviction.

Combines frequently with:

- MIMULUS – fear and lack of self-confidence;
- GENTIAN – pessimistic and lacking self-confidence;
- LARCH – lack of confidence and difficulty to make decisions;
- CENTAURY – a dependent and submissive person lacking self-confidence.

Keynotes:

- They have **low self-confidence** in some area or generally;
- They are convinced they are **less capable** than the other people; they take it as a matter-of-course; they may speak about themselves in a belittling way;
- Because of low self-confidence, they even **do not make a try** or their effort is insufficient;
- Their physical problems are caused by their conviction that some part of their body is weaker or less efficient than the organ of a somebody else.

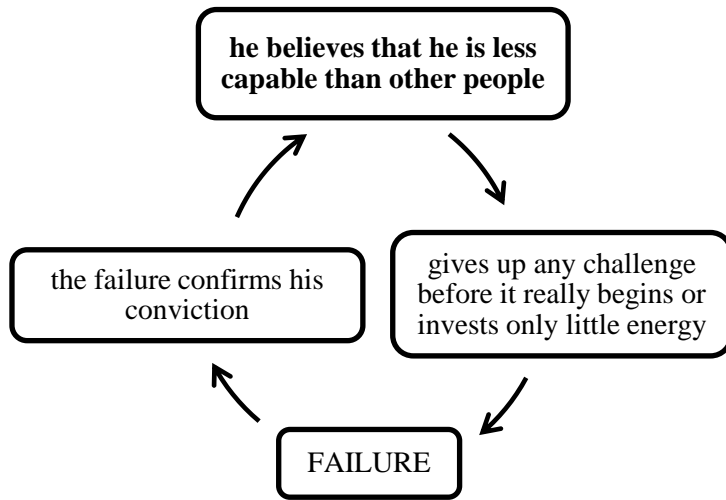


Diagram 26. Vicious circle of LARCH.

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4.8.2. Pine (*Pinus sylvestris*)

For those who blame themselves. Even when successful they think that they could have done better, and are never content with their efforts or the results. They are hard-working and suffer much from the faults they attach to themselves.

Sometimes if there is any mistake it is due to another, but they will claim responsibility even for that.

E. Bach, Twelve Healers and Other Remedies

Summary

Reproaches of conscience. He sets himself too high goals and feels guilty when does not accomplish them. Perfectionism. Wants to be perfect parent, worker, child, and when there is minor lapse he torments himself in mind, punishes himself by refusing enjoyment, by overwork etc. Self-destructive behaviour and diseases.

Description

People who need the essence of PINE are over-responsible and they set high goals to themselves, no matter whether the goals are feasible or not. They may feel exaggerated responsibility for their study or work results, for well-being of their family members or subordinates, for the relationship with the partner. They are perfectionists and they consider every minor deviation from their ideal as a failure. They torment themselves with reproaches and work still harder to avoid mistakes in the future. However, another “mistake” sooner or later inevitably comes. They live in a constant stress.

PINE has also a special connection with punishment. PINE people consider punishment as a natural consequence of their misdeeds and if there is nobody who would punish them they often punish themselves. The punishment may be unconscious, like over-exerting themselves at work and refusing any opportunity for relaxation or enjoyment, or conscious, for example, by denying their favourite food or by tormenting themselves by excessive physical exercise after they have “sinned” by eating sweets and gaining one or two kilograms of weight.

In some patients, the punishment may have a masochistic aspect – it may almost seem as if they enjoyed the suffering. Anyway, the punishment does not bring expected effect – PINE people continue to make the same “mistakes” in the future. Sometimes there even may be a compulsive tendency to repeat the fault, like obese people who try to reduce their weight but at times they have binges of over-eating or alcoholics who punish themselves for every excess but continue to drink. Here, the combination of PINE with CHESTNUT BUD is suitable.

PINE may even feel responsible and guilty for the deeds of another person that he cannot influence, like a friend, a parent or a superior, or can take over full responsibility for things that he can influence only partly. For example, a mother may be convinced that the misbehaviour of the son is her fault. She forgets that her responsibility is only partial; there is also a father who should take over some part of

upbringing of their child. And finally, it is the son who decides which part of education he adopts, against which part he will rebel or which part he will totally ignore.

⊗ 55 years old woman. She suffers because of hysterical behaviour of her superior; she feels ashamed when the colleagues from other departments see how the boss behaves.

⊗ 40 years old woman takes care of her only son. He is fifteen now and his study results are bad. Furthermore, his behaviour towards schoolmates and to her is unacceptable. 10 years ago, she divorced and since that time, she has been upbringing her son alone, the father does not take care of him. She feels terribly guilty because she is convinced that the cause of all these present problems is her imperfect care. She is also sad and disappointed because she has hoped that the relationship with her son will be better. She has also a fear for her son, she is worried about his future.

Therapy with PINE, HONEYSUCKLE, RED CHESTNUT, WHITE CHESTNUT and CENTAURY helps her significantly; her guilt feelings are much less intense. Furthermore, she has changed her view of the son: she has realized that son's behaviour is his responsibility and feels anger towards him. She begins to set him boundaries and to tell him "no". The son does not like this change much but after some time he begins to respect at least some basic rules.

PINE people ignore the fact that their strengths are limited and that everybody sometimes makes mistakes. It has its origin in their education. Their parents were probably very demanding and set too high goals. For example they accepted only the best marks at school or expected the victory whenever their child participated in some competition. They did not tolerate slightest mistake and the punishment was excessive. It might have a form of a beating but it could also be a sort of a psychological extortion, like excessive criticism or prolonged demonstrative silence. The punishment further intensified the guilt feelings. In fact, parents' motivation was in principle positive, they wanted to stimulate their child to better results. However, they ignored the fact that their son or daughter lost all the happiness, so typical for children of this age. His or her life became an endless sequence of tasks and duties without pleasure. PINE persons during their childhood often almost skipped the phase of a careless childhood; they had very early many after-school activities, like trainings in sports, lessons of violin or math etc. They had virtually no time for themselves and for relaxation. When asked about their childhood, some PINE people answer that they almost have no memories from their early childhood. They remember only school, studying, home duties, taking care of a younger sibling, trainings, competitions etc.

To survive in such a stressful environment during childhood, PINE people developed a special strategy – they incorporated their strict parent into the mind of their own. And this inner Parent became an overcritical and unfeeling judge and arbiter that harshly persecuted them whenever there was a smallest mistake or omission. Even now, after many years, the inner voice of the critical Parent is present and judges their every deed. Although their real parents are many kilometres away or even dead, their inner Parent is always with them; his critical comments assess their every step and increase inner stress.

If somebody grows up in strictly a religious family, it is also quite probable that a PINE state develops in him. These people often torment themselves because supposed sins and worry about their salvation. Especially sexual matters are considered as sinful and are severely persecuted but any other "devilish" pleasure, like watching TV, going out with friends, eating sweets, buying nice shirt or idleness can be viewed as something wrong. Suppression of any pleasure is typical for PINE. The difference in comparison with ROCK WATER consists in the fact that PINE refuses to fulfil his desires because it is

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something bad and sinful; ROCK WATER denies pleasures to develop spiritually and to be healthy. For PINE, pleasure means sin. For ROCK WATER, restricting himself means moderation, a virtue.

Such a strict education often has serious consequences. Continuous strive for perfection can lead to eating disorders like bulimia, anorexia, or excessive overeating. Some PINE people fail to fulfil their parent's expectations and become lifelong losers who make one mistake after another. They may drink alcohol, abuse drugs, become a prostitute, and go from one catastrophic relationship into another.

PINE may feel an aversion to one's own body and despise himself. In this aspect, it may be similar to CRAB APPLE. Again, in PINE the problem is more on a moral level while CRAB APPLE pays more attention to outer appearance and physical ugliness and contamination.

There are also various situations when acute PINE state may emerge. Bereaved persons after the death of somebody dear can often feel that they should have done something differently, that their loved could live if only ... They may also reproach themselves because of "not being sad enough". Women may also feel guilty after rape. Survivors of disasters may have an irrational feeling of a guilt because they survived but other people died.

Observation

People in PINE state may speak about their guilt feelings but more frequently you can observe this state – the patient describes some situation where, at least in his opinion, he should act differently, and reports that he “feels badly” because of that. At this moment, you can use a reflection “*You feel guilty (a little bit) because of that*” and wait for patient's reaction.

You can also observe PINE state when the patient punishes himself, e.g. by overworking, by being on a strict diet, forbidding himself some of life pleasures, having no free time for himself etc. Sometimes the patient describes one stroke of fate after another. Instead of being angry or desperate, the patient might seem to accept the events quite fatalistically. Underneath there may be a belief that he deserves it, that it is a natural punishment for his faults.

Physical complaints

Self-destructive diseases, like autoimmune diseases or malignancies can be associated with negative PINE state.

⊕ 40 years old woman. She suffers systemic lupus erythematosus, a serious, potentially life-threatening autoimmune disease. Her kidneys are significantly affected. In her urine there are increased levels of protein and there are periods when its amount further grows. Then she needs intense therapy with immunosuppressive drugs.

The consultation uncovers that the attacks of the disease are provoked by a conflict with her mother-in-law. She lives with her husband in the house that belongs to his parents, and the parents-in-law let her frequently know that she is there only because of their good will. That is why she suppresses her bad feelings against them but then her legs swell and kidney disease worsens. Although she feels she should set boundaries and her husband supports her, she still feels a certain respect to her parents-in-law; she feels guilty whenever she tells them anything that makes them angry.

After PINE, CENTAURY, MIMULUS and AGRIMONY as main remedies, the state stabilizes and the attacks are less frequent and less intense.

Because PINE has a close relationship with sexuality, any sexual, gynaecological or urinary trouble can appear in these patients. For example, a man may suffer repeated urinary problems after one-night affair with a colleague during a business trip. However, even without the history of infidelity PINE problems may appear. Especially women from strictly religious families may consider any physical manifestation evoking association with sex as sinful, like menses. Another remedy having close association with sexual organs is CRAB APPLE.

Positive

📖 The teachers of the law and the Pharisees brought in a woman caught in adultery. They made her stand before the group and said to Jesus, "Teacher, this woman was caught in the act of adultery. In the Law Moses commanded us to stone such women. Now what do you say?" They were using this question as a trap, in order to have a basis for accusing him.

But Jesus bent down and started to write on the ground with his finger. When they kept on questioning him, he straightened up and said to them, "Let any one of you who is without sin be the first to throw a stone at her." Again he stooped down and wrote on the ground.

At this, those who heard began to go away one at a time, the older ones first, until only Jesus was left, with the woman still standing there. Jesus straightened up and asked her, "Woman, where are they? Has no one condemned you?"

"No one, sir," she said.

"Then neither do I condemn you," Jesus declared. "Go now and leave your life of sin."

John 8:3-11

PINE people are responsible and hard-working. They suffer because of their exaggerated perfectionism. The essence helps them to learn that every human sometimes makes a mistake. Instead of endless self-punishment, it is better to learn from mistakes and to avoid them in the future. For Christians, a similar effect may have a parable about unfaithful woman.

Reflections:

You feel guilty (a little bit) because of that.

You have reproaches of conscience.

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You feel it is your responsibility.

You feel you failed.

You should have done it differently.

You like things to be perfect.

Compare:

- ❖ HONEYSUCKLE – both may be sometimes sad:
 - HONEYSUCKLE is sad because of some loss or disappointment;
 - PINE is sad because of real or alleged mistakes he has made.
- ❖ CRAB APPLE – both may have feeling of being expelled from the society:
 - in PINE it is because of moral mistake;
 - in CRAB APPLE it is because of feeling ugly, dirty, repugnant, or infectious.
- ❖ ELM – both are over-responsible:
 - PINE sets himself too high standard and fails;
 - ELM takes over too great responsibility and then worries that it is too much for him.
- ❖ OAK – both are hard-working:
 - PINE works hard because otherwise he would feel reproaches of conscience;
 - OAK works hard because he has a strong will and he is not used to giving up.
- ❖ CENTAURY – both are pleasant and pay attention to the feelings of other people:
 - PINE – if he tells or does something that displeases other people, feels reproaches of conscience;
 - CENTAURY – is a good person by nature and is oversensitive to feelings of other people.
- ❖ ROCK WATER – both are strict to themselves:
 - PINE is strict to himself because he believes that pleasure is a sin or as a self-punishment;
 - ROCK WATER is strict because he hopes that it will make him healthy or it will support him on his spiritual path.
- ❖ MUSTARD, HONEYSUCKLE, GENTIAN, SWEET CHESTNUT, GORSE and WILLOW – they all can feel depressed and desperate:
 - PINE feels desperate because of his failures;
 - HONEYSUCKLE lives a lot in the past; the condition has been usually provoked by some loss or disappointment;
 - GENTIAN is desperate after repeated failures. Repetitive pattern – hopeful – starts to do something – failure;
 - SWEET CHESTNUT suffers extremely, desperate tries to maintain the present situation even when it is hopeless, feeling that the body and mind reached its limits and that the disaster is inevitable;
 - GORSE is hopeless, resigned, makes an attempt only when persuaded by friends or because of a feeling that he should do at least something but does not believe that the therapy will be effective;
 - WILLOW feels desperate because of ill fate or injustice.

Combines frequently with:

- CENTAURY – reproaches of conscience when telling “no“;
- HONEYSUCKLE – reproaches of conscience because of past mistake, for example after the death of a dear person;
- AGRIMONY – reproaches when having a conflict with somebody or feeling of responsibility to maintain harmony in the family at any cost;
- MIMULUS – fear of making a mistake;
- HOLLY – feeling of being attacked and inability to protect himself because of guilt feelings;
- OAK – over-exerting himself and feeling guilty when having a rest;
- ELM – Over-responsible and feeling guilty when fails;
- CRAB APPLE – feeling guilty and dirty, like after sexual abuse;
- WHITE CHESTNUT – reproaches of conscience constantly whirling in the mind.

Keynotes:

- **Reproaches of conscience** because of minor mistakes or omissions;
- **Responsible and hard-working; perfectionist;**
- Sets a too high standard and then fails;
- **Self-punishment**, self-despise, denies himself pleasures of life (ROCK WATER), **self-destructive diseases and behaviour;**
- **Takes over the responsibility for the mistakes of other people.**

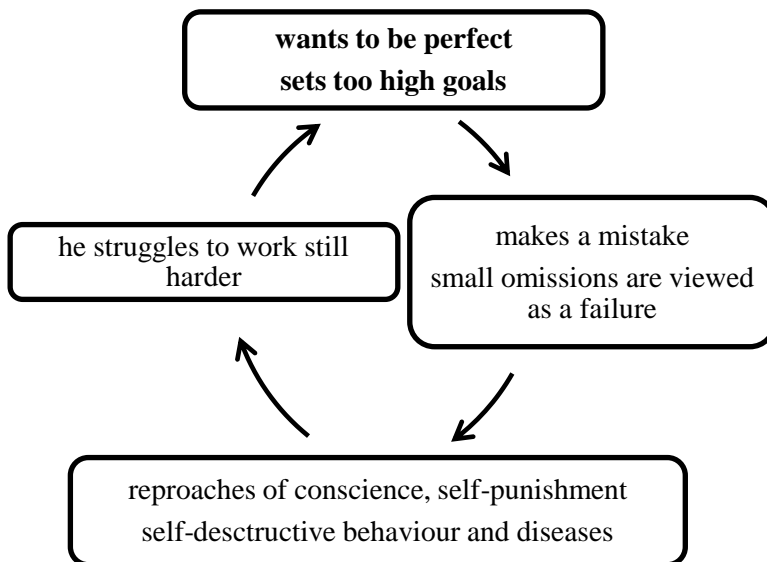



Diagram 27. Vicious circle of PINE.

4. Individual essences

4.8.3. Elm (*Ulmus procera*)

 *Those who are doing good work, are following the calling of their life and who hope to do something of importance, and this often for the benefit of humanity.*

At times there may be periods of depression when they feel that the task they have undertaken is too difficult, and not within the power of a human being.

E. Bach, Twelve Healers and Other Remedies

Summary

He carries huge responsibility, often in high positions. a minor mistake may cause serious consequences. Tendency to overwork. Difficulty to delegate responsibility to other people. Temporary crisis when he is afraid that the responsibility is too big for him and that he might collapse under its weight.

Description

ELM is similar somewhat to PINE because both remedies are used for exaggerated sense of responsibility. Where PINE sets too high goals and feels guilty because of failure, ELM sets goals that are high but generally accomplishable. The problem is that he is like an ambitious mountaineer; after reaching one peak, he looks immediately for a higher mountain. That is why sooner or later a moment comes when he feels he has overtaxed his strengths. He gets panicky because of fear of failure or because of possible health consequences. For ELM, it is typical that these states are only temporary in an otherwise successful person. As soon as the problem is solved, he will return to normal.

⊗ *26 years old man. He is a beginning but capable architect. His previous work was quite easy and he felt he couldn't use fully his talent. That is why he recently changed his job. The new work carries more responsibility than previous work but is more fulfilling. However, after a few days in this new work, he comes in an almost panicky state and fears that the work he has overtaken is too much for him. He has a terrible fear of failure.*


After the essences with ELM, MIMULUS and WALNUT as main constituents, there is a rapid improvement. One month later, he is again a self-confident young man ready to face future challenges.

The wood of ELM is very tough and at the same time flexible. That is why it is the best material for making bows. And an ELM person is like a bow: being stretched to maximal extent is his life mission; however, there may be moments when he gets a fear of being broken.

ELM is often promoted and works in high positions in companies and other organizations. He becomes an indispensable person and because of his reliability he gets more and more tasks and duties. And that is a position that ELM enjoys. It gives him a feeling of self-worth.

ELM does not like to delegate his responsibility to other people. He feels that nobody can do the work as well as he can. If he finally transfers some part of his work to somebody else he still feels responsi-

ble for it and checks frequently the progress and the quality of the work. In this aspect, ELM can be quite similar to IMPATIENS who has also problems to delegate his work to other people. The difference is that in IMPATIENS, there is an important theme of time and money; the other persons are too slow or there is a risk of a financial loss. In ELM, there is a problem with the quality of work; ELM has very high standards and nobody can do it as perfectly as he does it.

 *The graveyards are full of people the world could not do without.*

Elbert Hubbard

The workaholism of ELM has negative effects to patient's family. He spends most of his time at work and his family suffers because of that. He unconsciously suppresses the needs of his own, and he also suppresses the needs of his family for the sake of a "higher goal" – success of his company or of his own.

Observation

ELM people have a tendency to overtax their strengths. If you know the patient for a longer time, he is usually a self-confident and optimistic person who enjoys his work and likes challenges. However, there may be moments when he comes and is desperate or almost panicky because of fear of failure or because of alarming somatic problems. As soon as he overcomes the crisis he feels well again.

Physical complaints

Because of this tendency to set higher and higher goals, there may be moments when he feels that the goal he has set for himself is unreachable and that he will fail. At this moment, he may feel panicky or overload may manifest in a form of sudden alarming somatic symptoms, like chest pain, breathlessness, vertigo. ELM person is the heart and the brain of his company, and the problems often symbolically affect these crucial areas. All these symptoms have a role of a warning light in the car that signals that it is advisable to stop for a while and to check whether there is enough oil in the engine, whether the engine temperature is not too high etc. It usually does not mean a real disease but a risk of a serious health problem in the future if nothing changes. ELM has a tendency to ignore his body (OAK, ROCK WATER, PINE) and that is why the signal has to be strong enough to attract attention.


ELM pathology typically appears when the patient bears a lot of responsibility or when he can finally relax after finishing a difficult task. A businessman organizes a very important transaction and suddenly he gets vertigo or chest pain. Or he remains healthy during the period of maximal stress but as soon as he terminates his work alarming symptoms emerge and he has a fear that he has ruined his health (MIMULUS, PINE).

ELM (and also OAK or VERVAIN) people want to be independent and taking medication means that they are weak and need help from outside. That is why ELM persons try to manage their problems by themselves. For people in a negative ELM state the work usually has a higher priority than their health. As soon as their problems begin to recede they have a difficulty to find a suitable time for a follow-up or for necessary examinations. Because physical problems of ELM are usually only temporary the pa-

4. Individual essences

tient may believe that the problem has already been solved. This may lead to a premature interruption of the therapy and further overexertion. Then the symptoms come back and so on. Sometimes, this repetitive pattern is so prominent that CHESTNUT BUD comes into consideration.

Positive

 *I didn't go up there to die. I went up there to live.*

Reinhold Messner

ELM people are great workers and managers and they bring a huge benefit to their company. If they are bosses, they are demanding to subordinates but still more demanding to themselves. The goal of the therapy isn't to make them "free" and negligent. After the therapy they will remain responsible persons but they will listen more to their body. If they feel that the workload is too big they either will refuse it or will learn to share the responsibility with other people. As world-famous mountaineer Reinhold Messner says, the highest priority of a mountaineer is to remain safe and sound, not to reach the top at any cost.

Although the patient is usually quite optimistic and enjoys his work, the problem on the deeper level is that he unconsciously feels that he is acceptable and OK only as long as he is able to be perfect and to fulfil demanding tasks. The essence helps ELM persons to accept themselves as they are, without the need to overwork.

Reflections:

You are a responsible person by nature and you are used to carrying responsibility. At present, you worry that responsibility you carry is too heavy for you, it seems it almost isn't in human strengths to carry it.

You enjoy carrying a big responsibility.

Compare:

- ❖ OAK – both have a tendency to overtax their strengths:
 - ELM does it because he enjoys having responsibility and has a tendency to take higher and higher tasks;
 - OAK has a strong will and does not like to give up things even when the task is beyond his strengths.
- ❖ PINE – both have a strong feeling of responsibility:
 - PINE sets himself too high standard and fails;
 - ELM takes over too great responsibility and then worries that it is too much for him.
- ❖ HORNBEAM – both may feel that the task exceeds their strengths:

Bach Flower Therapy is a Dialogue

- In ELM, it is a temporary state - he feels he has taken over a too big responsibility and is afraid of failure; he has a previous history of successes in this area and he generally enjoys his work;
- HORNBEAM feels especially in the morning that he does not have enough strength to do all the necessary work; he does not enjoy much his work, it is pure routine; he lacks motivation for the work.
- ❖ LARCH – both may feel incapable to complete the task:
 - In ELM, it is a temporary problem, he is otherwise a successful and self-confident person;
 - LARCH has a low self-confidence; it is long-lasting situation.
- ❖ SWEET CHESTNUT – both may feel they have reached their limits:
 - ELM is overloaded by work and responsibility;
 - SWEET CHESTNUT faces a life crisis; he suffers extremely because he tries to resist an inevitable painful change.
- ❖ ROCK ROSE – both may sometimes get panicky:
 - In ROCK ROSE, the panic may be caused by an intense terrifying experience, by nightmares, or by a fear of death provoked by intense somatic symptoms like tachycardia or vertigo;
 - In ELM, a panic state may emerge in moments of extreme stress and responsibility, like work overload; it serves as a warning light signalling that he should take a rest.

Combines frequently with:

- OAK – Over-responsible and having a strong will;
- PINE – Over-responsible and feeling guilty when fails.

Keynotes:

- **Over-responsible** persons, **very capable**, often in high positions;
- Tendency to **overtax their strengths**;
- Do not like to delegate responsibility to other people;
- **Temporary states of panic or despair that the goal they have overtaken is too difficult**;
- **Physical symptoms appear during maximal stress or after it.**

4. Individual essences

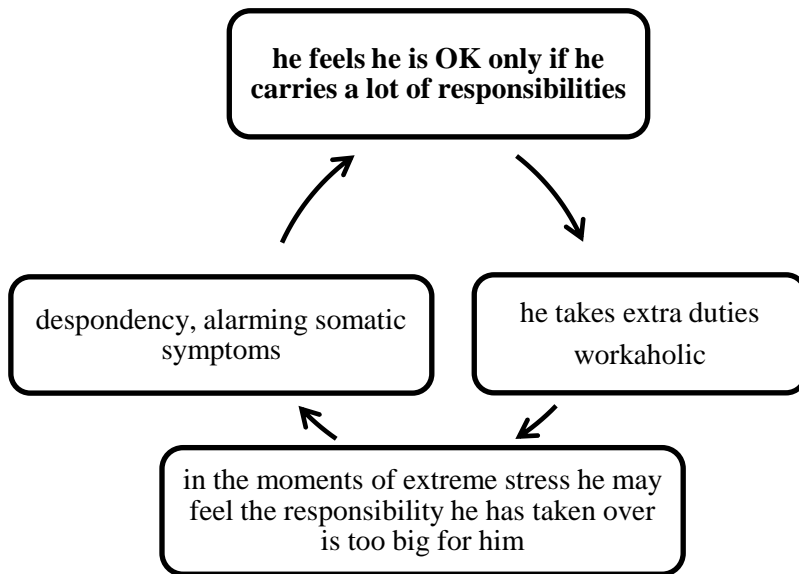



Diagram 28. Vicious circle of PINE.

4.8.4. Sweet Chestnut (*Castanea vesca*)

 *For those moments which happen to some people when the anguish is so great as to seem to be unbearable.*

When the mind or body feels as if it had borne to the uttermost limit of its endurance, and that now it must give way.

When it seems there is nothing but destruction and annihilation left to face.

E. Bach, Twelve Healers and Other Remedies

Summary

Extreme suffering, anguish, he desperately fights in a hopeless situation and feels that his strengths are exhausted. In a situation when the patient is confronted with a painful inevitable change, like divorce when there is no hope to save the marriage, in advanced deadly disease, after the death of a dear person etc.

Description

We all have some idea about how our life should be; we have some expectations, dreams, and plans. We have an inner map; we know where we are and where we would like to go. However, something terrible happens and nothing is as it used to be. It seems that everything we have and what we value will be destroyed.

Sometimes, the blow comes “out of the blue”, like the death of the child during a traffic accident or a disease that causes that the person will never walk or see anymore. This unexpected tragic event is so painful that the patient is unable to accept it, to integrate this information into his inner world. He tries to keep mental stability at any cost but his energy is exhausted. His suffering is extreme and there is no way out. He cannot continue anymore.

Sometimes it is a result of a long-lasting but unsolved problem. For example, a woman dedicated whole her life for the sake of her family. All her dreams and hopes were connected with her home. She couldn't even imagine life without the family. However, her husband recently announced that he had an extramarital affair and that he would divorce. Her sweet home suddenly fell into pieces. She is deeply shaken but in spite of her husband's announcement, she invests maximum energy to keep the family functioning. Her pain grows, her strengths are exhausted, she is hopeless and she feels that the destruction of the family is inevitable. She feels lonely; nobody can understand her pain. She does not cry and she does not pray because she feels it has no sense. She is convinced that the God has abandoned her.

4. Individual essences

Another situation is that of a patient with end-stage heart disease. His heart is failing; he can hardly breathe when sitting and he must use a lot of energy to fill his lungs with air. He cannot sleep; when lying down, he begins to suffocate immediately. He knows he will die soon; and he has a terrible fear of not-being.

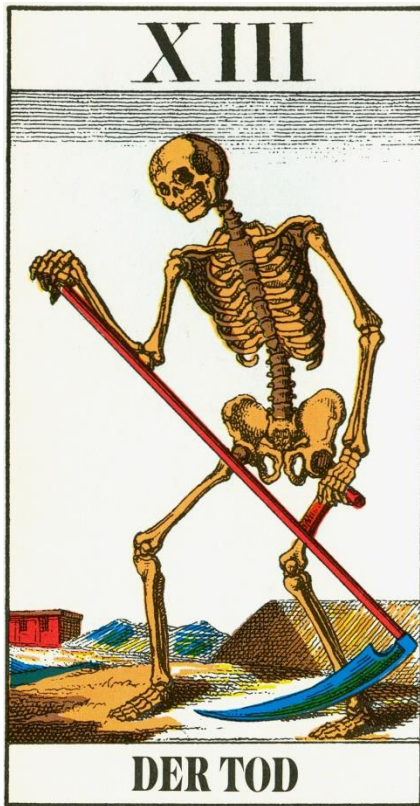


Figure 10. Death (Source: Wikimedia).

During SWEET CHESTNUT state, our most basic values and our meaning of life are challenged. The worst possible nightmare has become a reality. There is no way forward and there is no way back.

⊗ 45 years old woman. She comes because of feelings of exhaustion and dissatisfaction at work. She smiles and laughs when speaking about serious things. She does not speak much about her family. The remedy seems evident – AGRIMONY.

After the therapy with AGRIMONY as main essence, her state improves but then she suddenly comes to an urgent consultation in a desperate state. Her smile is away, and she begins to speak about her family. The family is very important for her and she has discovered now that her marriage is ruined. Her husband does not love her anymore and is dictatorial. She used to suppress her real feelings for many years but she cannot bear the situation anymore. At the same time she cannot imagine a life without a complete family. She desperately tries to keep the family functioning but she knows it is hopeless. She is exhausted and she knows it is only a question of time when the family will collapse.

SWEET CHESTNUT brings fast relief; she is able to accept the inevitable change and to cope with a new situation.

She begins a deep transformation from self-sacrificing housewife into an independent and self-confident woman who is ready to decide on her life.

Sometimes the theme of SWEET CHESTNUT manifests less dramatically. Typical indication for this essence is when the patient says that his complaints are unbearable and that he suffers a lot.

Physical complaints

People in SWEET CHESTNUT state invest extreme energy to avoid change. Because the body cannot bear such a pressure for a long time, physical problems with growing intensity appear to make the patient stop his meaningless struggle.

⊗ 30 years old woman. She is an owner of a hotel in the mountains. She has received this hotel as a present from her father. Her relationship with her dad isn't easy; her parents divorced many years ago and she lived with her mum. In spite of that or maybe because of that, she struggles to gain her dad's appreciation. Her hotel is her pride and whole her life. She cannot even imagine her life without the hotel.

Bach Flower Therapy is a Dialogue

However, there are long-lasting problems with the hotel. Nobody wants to work there. It is too distant from the city, and the work is too hard. It is virtually impossible to find a reliable employee. That is why during last months, she had to do all the work by herself. At present, she works as a receptionist, chambermaid, cook, barmaid and manager. She begins the work in the morning at 6 a.m. as a receptionist, chambermaid and cook, at 8 p.m. she changes into a barmaid and she ends the work at 2 a.m. She sleeps four hours daily. She has not had a day off for a few years. She has two small daughters, two and four years. She takes care of them alone, their dad left them early after the birth of the younger one. She has absolutely no time to play with them.

This situation is evidently unsustainable. She has repeatedly collapsed because of acute dramatic health problems, like explosive allergic reaction, states of suffocation, high fever, associated with panicky fear of death.

Three days after beginning to use Bach essences with SWEET CHESTNUT as a principal constituent, her state becomes absolutely unbearable. She lies in the bed and cannot even move and she has a fear of death. Her little daughters see their mother suffering; they come to her and take care of her. She suddenly becomes aware of how much they love her and that she isn't a good mother. She realizes that a change is necessary; she decides to sell her hotel and to buy a small house in the town. She wants to find a "normal" work to have time to take care of her small daughters.


As mentioned above, SWEET CHESTNUT is also suitable for dying persons who have advanced and incurable disease. Here, the combination of SWEET CHESTNUT with ROCK ROSE and/or MIMULUS and with WALNUT can bring a significant and fast relief.



Figure 11. Eli, Eli, lama sabachthani (Source: Lemontree, slimber.com).

4. Individual essences

Positive

 From noon until three in the afternoon darkness came over all the land. About three in the afternoon Jesus cried out in a loud voice, "Eli, Eli, lema sabachthani?" (which means "My God, my God, why have you forsaken me?").

Matthew 27:45-46

SWEET CHESTNUT is about an inner transformation. The old must die to enable the new to be born. Without Jesus's suffering on the cross there would be no Resurrection. It is interesting that in Tarot the card No. XIII, Death, isn't interpreted as a real death but as a deep change.

Reflections:

Your suffering is unbearable.

You have no hope and you continue to fight.

Everything important in your life seems ruined.

Compare:

- ❖ MUSTARD – both are depressive:
 - SWEET CHESTNUT has a clear reason for his feeling – he is in a desperate situation;
 - MUSTARD is depressed without any significant reason.
- ❖ WILD ROSE – both can be resigned:
 - SWEET CHESTNUT has a clear reason for his feeling and he continues to struggle;
 - WILD ROSE resigns without any significant reason.
- ❖ CHERRY PLUM – both may exert extreme effort:
 - SWEET CHESTNUT tries to maintain unsustainable situation;
 - CHERRY PLUM tries to maintain self-control or suppress his emotions.
- ❖ STAR OF BETHLEHEM – both can feel extreme pain:
 - SWEET CHESTNUT suffers because he cannot accept the change;
 - STAR OF BETHLEHEM is in a shock from bad news.
- ❖ OAK – both may continue to struggle in a hopeless situation:
 - SWEET CHESTNUT continues to struggle in spite of feeling desperate and hopeless; he cannot even imagine the situation after the change;
 - OAK is a fighter; he has a strong will and does not like to give up things; he remains optimistic even in a hopeless situation.
- ❖ PINE, HONEYSUCKLE, GENTIAN, SWEET CHESTNUT, GORSE and WILLOW – they all can feel depressed and desperate:
 - PINE feels desperate because of his failures;
 - HONEYSUCKLE lives a lot in the past; the condition has been usually provoked by some loss or disappointment;

Bach Flower Therapy is a Dialogue

- GENTIAN is desperate after repeated failures. Repetitive pattern – hopeful – starts to do something – failure;
- SWEET CHESTNUT suffers extremely, desperate tries to maintain the present situation even when it is hopeless, feeling that the body and mind reached its limits and that the disaster is inevitable;
- GORSE is hopeless, resigned, makes an attempt only when persuaded by friends or because of a feeling that he should do at least something but does not believe that the therapy will be effective;
- WILLOW feels desperate because of ill fate or injustice.
- ❖ ELM – both may feel they have reached their limits:
 - ELM is overloaded by work and responsibility;
 - SWEET CHESTNUT faces a life crisis; he suffers extremely because he tries to resist an inevitable painful change.
- ❖ AGRIMONY – both may suffer a lot:
 - AGRIMONY hides his feelings behind a happy mask;
 - SWEET CHESTNUT desperately tries to fight in a hopeless situation; he feels he has reached his limits and total destruction is imminent.

Combines frequently with:

- STAR OF BETHLEHEM – Extreme pain after losing a dear person or bad news;
- CHERRY PLUM – extreme pain and fear of losing self-control;
- ROCK ROSE, MIMULUS – extreme suffering and fear of a dying person;
- HONEYSUCKLE – extreme sadness and anguish after the death of a dear person;
- AGRIMONY.- desperately tries to suppress negative emotions when facing a destructive conflict; feeling that he has reached his limits, and that he cannot bear it anymore.

Keynotes:

- **Extreme suffering.**
- **They struggle against an inevitable or unacceptable change or in an unbearable situation.**
- They have reached **utmost limits of their endurance.**
- They feel that there is nothing than **destruction** or **annihilation** in front of them.

4. Individual essences

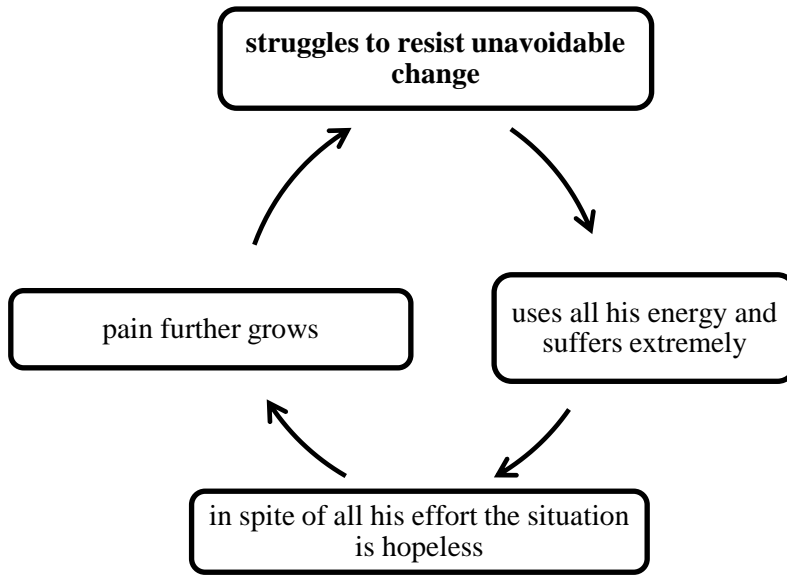



Diagram 29. Vicious circle of SWEET CHESTNUT.

4.8.5. Star of Bethlehem (*Ornithogalum umbellatum*)

 For those in great distress under conditions which for a time produce great unhappiness.

The shock of serious news, the loss of some one dear, the fright following an accident, and such like.

For those who for a time refuse to be consoled this remedy brings comfort.


E. Bach, Twelve Healers and Other Remedies

Summary

Shock. Emotions get frozen. He feels hurt, pain, suffers after unexpected bad news, after loss of a dear person, after injury, accident, after the diagnosis of a serious disease etc. He does not like to be consoled. Flashbacks, old pains as if happened yesterday.

Description

This tiny plant of Lilies family got the name after a symbol of hope of Christianity. Christians see our world as a valley of tears, a place where there is a lot of suffering. The “good news” (gr. evangelion = gospel) brought a hope and gave a meaning to our never-ending pain.

 Now when Jesus saw the crowds, he went up on a mountainside and sat down. His disciples came to him, and he began to teach them.

He said:

Blessed are the poor in spirit, for theirs is the kingdom of heaven.

Blessed are those who mourn, for they will be comforted.

Blessed are the meek, for they will inherit the earth.

Blessed are those who hunger and thirst for righteousness, for they will be filled.

Blessed are the merciful, for they will be shown mercy.

Blessed are the pure in heart, for they will see God.

Blessed are the peacemakers, for they will be called children of God.

Blessed are those who are persecuted because of righteousness, for theirs is the kingdom of heaven.

Blessed are you when people insult you, persecute you and falsely say all kinds of evil against you because of me. Rejoice and be glad, because great is your reward in heaven, for in the same way they persecuted the prophets who were before you.

Matthew 5:1-12

4. Individual essences

During our life, we go through a lot of painful events. Loss of a dear person, unexpected dismissal from employment, divorce, disappointment, accident. If the blow we have received is mild or moderate, we can process it and find a new way in our life. However, if the suffering is severe, our system is unable to deal with it. We can switch to an emergency mode and only do automatically what is necessary or just sit and stare. Our emotional life is full of pain and suffering. When the time from the traumatic event is longer we learn to suppress the painful memories and we can return to a relatively normal life. However, we may have flashbacks: we suddenly recollect the painful moment as if it happened yesterday. It may happen when we get into a situation that somehow resembles old pain. Some place or time, similar face, voice, sound or smell is often enough. Sometimes the situation is similar but the persons are different.

☉ 35 years old woman went through an ordeal of a cancer diagnosis, difficult treatment and finally death of her little son. She finally feels that she has coped with it. Two years later, the pain is less intense, she already has another child and it seems that her life begins to return to normal. However, her father is diagnosed a cancer, and all the memories emerge as if the son died yesterday.

In psychology, such situations are called “re-traumatisation” when old wound is reopened.

Re-traumatisation can also be provoked by an inadvertent psychotherapist who forces the patient to speak again and again about his pain because he believes that it is the right way how to cure the trauma. However, pulling out repeatedly sorrowful memories only activates old suffering but does not help healing. People in a negative STAR OF BETHLEHEM state are convinced that the pain will remain in their heart forever. *“It still hurts now, after twenty years, and I know it will hurt forever”*. They do not like to speak about their trauma. Instead of it, they try to close it in the depth of their soul, to continue to live without returning to the past. They try to behave as if nothing happened but whenever they have to speak about it the pain comes back. They may even avoid allopathic burial ceremony because of fear that they could cry. In this aspect of fear of being overwhelmed by painful emotions, STAR OF BETHLEHEM is somewhat similar to CHERRY PLUM.

In flashbacks, STAR OF BETHLEHEM is close to ROCK ROSE. Both states can be provoked by a terrifying event, like a car accident or rape. The difference is that STAR OF BETHLEHEM feels paralysed during flashbacks while ROCK ROSE is panicky and wants to escape or fight.

STAR OF BETHLEHEM is a constituent of RESCUE REMEDY. That is why you can use in acute cases also this combined essence if single essence is not available or if you have no time to make a more precise prescription.

Observation

In acute cases, you can usually make a good guess for the prescription only on the base of the situation and observation. In acute cases, people are often pale, they have an empty look and seem as if paralysed. They may also switch into an automatic behaviour as if nothing happened. For example, a person who has received information about a death of somebody dear during a car accident may begin to dress and prepare to go to work, to do home duties etc. When you ask him, it seems that he ignores the information you have just told him. There is some protective filter that does not allow painful news to enter.

In chronic STAR OF BETHLEHEM states, patients are reluctant to speak about the painful theme and if they begin to speak, you can observe the inner struggle how they try to control their emotions. A tear or trembling of voice is a clear signal that the loss they went through many years ago is still alive.

Physical complaints

STAR OF BETHLEHEM can help wounds to heal, either on the mental level or on physical level. Scars that remain painful for many years after the injury are an indication for this remedy. The theme of STAR OF BETHLEHEM may sometimes manifest in repeated “accidental” injuries that heal badly. It seems as if the patient had to go through a similar experience again and again because he hadn’t learned a necessary life lesson at the first occasion. Other remedies that suffer repeated injuries are also CHESTNUT BUD, IMPATIENS, MIMULUS, IMPATIENS or CLEMATIS.

☉ 70 year old woman. She was successfully treated with BFT because of an eruption in the face one year ago, now her eruption has come back again. She is convinced it has a connection with some cosmetic products she has recently applied.

T: How do you feel now, with the eruption?	<i>Open question.</i>
P: I avoid people now. I do not like when they pay attention to it.	
T: You do not like when other people pay attention to your eruption.	<i>Simple reflection.</i>
P: Yes, especially my friends, they begin to ask me, to sympathize with me, and I do not like it.	She does not like when other people console her. Sounds like STAR OF BETHLEHEM.
T: You do not like when other people notice you have some suffering. You like to keep your pain inside and to solve it by yourself.	<i>Complex reflection</i> – shifting “eruption” to “suffering” generally.
P: (eyes are suddenly filling with tears, silent for a while, then she speaks with a tense voice) It may also have a connection with the death of my brother-in-law. I feel pity because of my sister.	Confirming STAR OF BETHLEHEM theme.
T: It was a shock for you.	<i>Complex reflection</i> – adding “shock”.
P: Yes. Even when he had been ill for a long time, I didn’t expect it. And furthermore, my husband had a serious injury and I had a terrible fear for him.	

Communication

In very acute STAR OF BETHLEHEM states, the patient is full of pain or virtually paralysed by a shock. In such a situation, the best what we can do is simply being with him, taking care of his physiological needs (drinking, eating, room temperature, recommending to sleep, offering a paper tissue), listening to what the patient tells (if he wants to speak about anything) and reacting with sensitive reflections or being silent if the patient does not like to communicate.


In chronic cases, it is not easy for the patient to speak about old pain. Many years ago he decided to close this secret into the thirteenth chamber of his soul forever. For the technique useful when communicating with such patients, see 11.8. Dealing with a secret.

4. Individual essences

Positive


At present, people feel ashamed when having a visible scar, either on the body or on the soul. They may even ask a plastic surgeon to make the scar less “unsightly”. However, hundreds of years ago, scarred warriors evoked a respect and fear in those around. The scars testified that these persons had gone through ordeals and they had survived. A scar meant an important life experience that couldn’t be taken away.

Some cultures even make scars intentionally. However, their goal isn’t to make people suffer but to mark them clearly that they belong to some group of people (like Jews and circumcision or some “primitive” tribes or prisoners and tattooing) or that they have went through an important life stage (like scarring of skin during the initialization rituals to adulthood). When our soul gets a serious blow and heals with a scar remaining, we are never as we have been before. We know what in our life is important and what only a trifle is. We know what suffering is and we feel compassion for our fellow humans. People who dedicated their life for the sake of other people had often gone through some suffering that had changed them into better people.

 *Out of suffering have emerged the strongest souls;
the most massive characters are seared with scars.*

Khalil Gibran

Janusz Korczak (1878 – 1942) was a Polish-Jewish doctor, pedagogue and writer. Once, he got typhoid and almost died. His mother took care of him during this difficult period but then she herself got ill and finally died. Mother’s death was a terrible shock for him and it lasted a few years to recover. However, (also) on the base of this experience, he decided to devote his life to the care for children. He worked for years as a director of a Jewish orphanage. His great pedagogic methods became famous. They were based on the respect to every living creature and on the compassion with suffering. For example, once three schoolboys destroyed a bird nest. Korczak did not punish them. He ordered them to count every twig and feather in the destroyed nest and asked them to imagine how much effort it cost for the little birds to build such a marvellous home. Then he told the boys to imagine the sorrow of the bird parents when they saw the nest with eggs destroyed.

 *I exist not to be loved and admired but to love and act. It's not the duty of those around me to love me. Rather, it is my duty to be concerned about the world, about man.*

Janusz Korczak



Figure 11. Janusz Korczak monument at the Jewish cemetery at Warsaw. Source: Wikipedia.

However, Janusz Korczak wasn't only an excellent teacher. He was also a great human who lived in accord with his principles he taught. During the World War II, the orphans were sent to the Treblinka extermination camp. Because one of his parents wasn't a Jew he got repeatedly an offer to leave and to live. However, he decided to stay with his children until the very end. Witnesses reported that they had been surprised by the procession of two hundred Korczak's orphans proudly marching through the city to the death train. They were happy and smiling, like children on a school trip. They knew that their "old doctor" was with them and they feared nothing. As if Korczak took all their pain to himself.

Compare:

- ❖ HONEYSUCKLE – both may suffer a painful loss:
 - STAR OF BETHLEHEM suppresses his feelings, wants to behave as if nothing happened, does not like to be consoled;
 - HONEYSUCKLE returns to the past, everything in the house recollects him the lost person, he keeps the room of the dead in exactly the same state as when he was alive.
- ❖ ROCK ROSE – they both may have gone through a terrifying event:
 - STAR OF BETHLEHEM is passive, paralysed, pale, in a shock;
 - ROCK ROSE is active, panicky, hurried, wants to escape.
- ❖ SWEET CHESTNUT – both can feel extreme pain after a loss:
 - SWEET CHESTNUT suffers because he cannot accept the change;
 - STAR OF BETHLEHEM is in a shock from bad news.
- ❖ CLEMATIS, CHESTNUT BUD, IMPATIENS *and* MIMULUS – they all may have frequent small accidents:
 - CLEMATIS is disconnected from a real life and does not pay attention to things around him;
 - IMPATIENS is too hurried; he acts faster than thinks;
 - CHESTNUT BUD does not learn from his previous mistakes;
 - STAR OF BETHLEHEM may have a history of repeated injuries that healed slowly;
 - MIMULUS has a fear of having an accident or of making a mistake and his over-cautiousness may paradoxically lead to an accident.

4. Individual essences

- ❖ CLEMATIS – both can seem dreamy and not fully present in the present situation:
 - STAR OF BETHLEHEM is paralysed and shocked by a sudden disaster;
 - CLEMATIS reacts to too much pain by “switch off”, he may lose conscience, collapse, have low blood pressure etc. Both remedies are used in RESCUE REMEDY.

Combines frequently with:

- HONEYSUCKLE – loss of a dear person;
- ROCK ROSE – shock and panic;
- SWEET CHESTNUT – unbearable pain after a sudden loss.

Keynotes:

- **Shock after bad news, loss of somebody dear, after an accident** etc.;
- **They do not like to be consoled;**
- **Flashbacks;**
- When thinking about the painful event, they have a feeling as if it happened yesterday;
- **Slowly healing wounds, painful scars, paralysis** after an injury or psychic trauma.

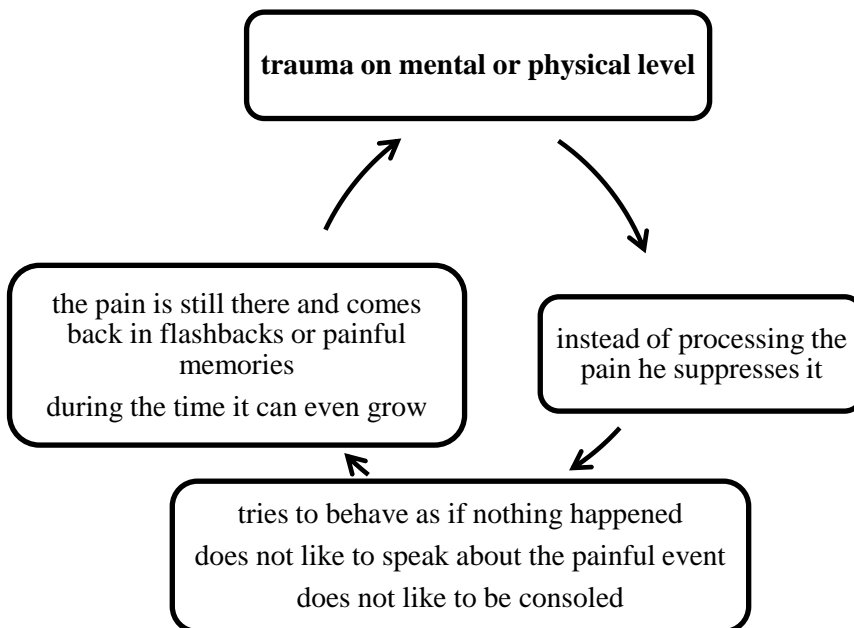



Diagram 30. Vicious circle of STAR OF BETHLEHEM.

4.8.6. Willow (*Salix vitellina*)

 For those who have suffered adversity or misfortune and find these difficult to accept, without complaint or resentment, as they judge life much by the success which it brings.

They feel that they have not deserved so great a trial, that it was unjust, and they become embittered.

They often take less interest and less activity in those things of life which they had previously enjoyed.

E. Bach, Twelve Healers and Other Remedies

Summary

Feeling of being a victim of injustice, mistreatment of other people, society, fate. Embittered, he has a grudge against somebody or something.

Description

People in WILLOW state believe that they have suffered some injustice and it is difficult for them to accept it. Instead of trying to overcome the painful situation they may cherish their grudge and develop it so that finally they create a whole story of repeated wrongs that has a central theme *“It is because of ...”*

The whole our life is unjust, at least from our human point of view. Where is the justice when somebody is born into a rich family and somebody as a child of a homeless drug abuser? “Genetics” is another frequent theme. Somebody has a gift for math and languages and is successful at school and at work while another person has a difficulty to grasp basic knowledge and ends as unemployed on social welfare. Of course, there are also many unjust deeds that we do each other. To become seriously ill or to suffer an accident also might be considered as an unjust coincidence.

To live and to remain healthy, we need to learn to accept the unfairness of our life and to go on. However, in a negative WILLOW state the patient keeps his bitter feelings, maybe in an unconscious hope that a miracle happens that punishes the wrongdoers and recompenses the victims.

The point of view of a WILLOW person is often one-sided. When hearing stories of people in WILLOW state, we may believe that the right is definitely on their side and we can even wonder how it is possible, why police or court did not act in their favour. However, the story of WILLOW person is tinted by the view through bitter WILLOW glasses. It is often surprising when we meet another person engaged in the problematic situation and hear “the other part of the story”, further details that uncover patient’s role and responsibility in this problem.

WILLOW people often have a pessimistic attitude generally. Because of feeling of injustice, they lost interest in things that they had enjoyed previously. They become passive and make little effort to im-

4. Individual essences

prove things. Unconsciously or consciously, they may feel that it is unjust that other people are happy but they aren't. They may spread their dissatisfaction by bitter comments and critical remarks. *"Look at the beautiful jumper!" – "Uhm, the colour is terrible, and I guess that after the first washing, it will change into a rag."* Sometimes it seems that they have a special talent to spoil every pleasure.

WILLOW often takes wrongs from other people or ill fate surprisingly well. It sometimes seems as if he almost enjoyed another injustice. *"So, the boss yelled at me yesterday again. Even when I did nothing wrong he was furious. I think he will sack me soon (ha ha)."* In this aspect, WILLOW may resemble AGRIMONY and his gallows humour.

In fact, the theme of WILLOW is about avoiding responsibility. What is still worse than feeling badly is feeling badly AND being responsible for it. When I believe that the full responsibility for the problem is outside of me it brings partial relief. I do not feel guilty, I feel angry. However, the side-effect is that I feel powerless. When I conclude that my unsatisfactory salary is caused by injustice of my boss I cannot do anything with that. I can only complain and that is all. The negative WILLOW state makes the problem difficult to solve.

The way out of this situation is to accept one's share of responsibility in the problem. If I realize that my irresponsible approach further worsens the situation, I can improve my working effort and there is a chance that my boss will change his opinion about me. It is also possible that my boss is really a dictatorial person who likes to oppress his subordinates. Then my responsibility is to decide whether I will stay in this job under these conditions or I will find another one.

And that is a frequent difficulty with WILLOW. For these people, to accept the responsibility for their own life is not easy even with the help of WILLOW essence. Especially persons who have fabricated a very complex WILLOW story where virtually everything bad in their life is caused by a sequence of unjust events are well accommodated to their victim role and usually prefer to stay in it. They aren't aware of their part of responsibility. Their request is to change other people or ill fate. However, our possibilities as therapists are limited; we can help the patient to change himself only.

⊕ 40 years old woman. Her life isn't too happy: she is divorced, she has to take care of her son alone and she has financial problems. However, recently the biggest blow (literally) came. At work, she was opening a window but the window because of some technical problem fell and injured her shoulder and neck. Although no bones are broken the pain is very intense. She undergoes repeated examinations by neurologist, neurosurgeon, orthopaedist and physiotherapist and CT and MRI scan. Findings are minimal but she continues to suffer. Because of the constant pain, she stays at home but her colleagues at work do not understand it and they suspect her that she only feigns the disease. They send her ugly messages and threaten her. Her boss refuses to recompense her for the professional injury. She feels exasperated because she suffers a lot but they do not trust her.

The therapy with a combination of essences including WILLOW has only temporary effect. Two years later, her problems remain virtually the same. Unconsciously she has decided to keep her pain as a silent reproach, "Look how you have hurt me!" The episode with the broken window becomes "the icing on the cake" of her life story full of wrongs and injustices.

Some people have WILLOW as only one of their themes. For example, a person who is otherwise mild and his usual reaction corresponds to CENTAURY may complain about one special event in his life or unhappy childhood that has caused many problems that have lasted till now. In these patients, WILLOW can bring a radical change not only to their life but it can have beneficial effects to the family and to relationship with other people in general.

⊗ 55 years old woman. She suffers because of chronic depressions for many years. It is an interesting coincidence that she works as a nurse at the psychiatric department. She has a difficulty to tell “no” to other people and feels tormenting reproaches of conscience. She has a tendency to take over the work of other people and she was exhausted.

The first prescription based on CENTAURY and PINE does not bring any effect.

During the consultations she often returns to her unhappy childhood – she felt that her parents didn’t love her. Even when she did her best, they preferred her younger sisters and they ignored her needs and feelings. During puberty when she found a boyfriend, her mother yelled a lot at her and called her a “whore”. She feels sad because of that and she feels that this difficult period of her life had a serious impact to whole her life.

At that time my experience with WILLOW was limited. My idea of WILLOW was that of an eternal complainer who shifts the responsibility to other people. However, she was over-responsible, very unselfish and accused herself. I tried various other essences with disappointing effect – her depression became worse and worse and finally she couldn’t work, she had to use combined treatment of high doses of antidepressants and the psychiatrist considered electroconvulsive therapy.

We decided to take the history again and she repeated the story of mistreatment during childhood and I finally realized the underlying theme of WILLOW in combination with HONEYSUCKLE. And this treatment brought a dramatic improvement during two weeks. A few months later, she could return to the work and to reduce step-by-step psychiatric medication. She also became more active in her life. She had some conflicts with her colleagues at work and she refused to take over their responsibilities. She also decided to fulfil her whole-life dream, to become a masseur – she passed the exams and founded a private practice. Because of that, she had to withstand the criticism of her husband who had doubts about her abilities and criticised her but she remained calm and determined.

Observation

Whenever the patient suddenly spontaneously switches from the present problem to the past and begins to describe unfeeling mother, divorce of parents or poor economic situation, the theme of WILLOW is possible (sometimes in combination with HONEYSUCKLE) and it is worth further exploration. When asking about supposed cause of the problem, mental or physical, WILLOW has a tendency to attribute the cause to other people, like *“I feel so badly because my boss is terrible”, “I am so tired because my husband never helps me at home” or “I am SO ill but the doctor from Social Security Administration does not believe me. Imagine, he cancelled my disability pension!”*

Physical complaints

WILLOW patients more frequently suffer joint and muscle pains (decoction of the bark of WILLOW containing salicylic acid was the first medicine used to treat rheumatism). However, what is more significant, for the treatment with WILLOW essence especially those cases are suitable when the patient attributes the health problem to some external event or conflict. *“I have the sore-throat because of that quarrel with my husband”, “I have breathing difficulties because I have to work all the day in such a dusty environment”* (while the other employees work in much better working conditions), *“I have this terrible cold because my colleague at work insisted on opening of the window”*. A similar tendency to attribute the cause of the problem to the wrong deeds of other people can be found in HOLLY patients. The difference is that in HOLLY, the other person attacks the patient with the intention

4. Individual essences

to cause a suffering, because of jealousy, mischievousness or as a revenge. In WILLOW, it is because of their negligence (the window was broken and nobody repaired it), personal benefit or because of injustice.

Positive

Every event in our life has some purpose even when we cannot see it at the moment when it happens. Apart from imperfect human justice, there is still another court that will once judge all of us. If we take such situation as an opportunity to learn something and to grow spiritually, we can overcome any hardship, as in the case of Job.

📖 One day when Job's sons and daughters were feasting and drinking wine at the oldest brother's house, a messenger came to Job and said, "The oxen were plowing and the donkeys were grazing nearby, and the Sabeans attacked and made off with them. They put the servants to the sword, and I am the only one who has escaped to tell you!"

While he was still speaking, another messenger came and said, "The fire of God fell from the heavens and burned up the sheep and the servants, and I am the only one who has escaped to tell you!"

While he was still speaking, another messenger came and said, "The Chaldeans formed three raiding parties and swept down on your camels and made off with them. They put the servants to the sword, and I am the only one who has escaped to tell you!"

While he was still speaking, yet another messenger came and said, "Your sons and daughters were feasting and drinking wine at the oldest brother's house, when suddenly a mighty wind swept in from the desert and struck the four corners of the house. It collapsed on them and they are dead, and I am the only one who has escaped to tell you!"

At this, Job got up and tore his robe and shaved his head. Then he fell to the ground in worship and said:

*"Naked I came from my mother's womb, and naked I will depart.
The Lord gave and the Lord has taken away; may the name of the Lord be praised."*

In all this, Job did not sin by charging God with wrongdoing.

Job 1, 13-22

Reflections:

It was unjust to you.

The fate was unjust to you.

It was not fair.

Your problem has been provoked by ... (another person's behaviour, by some event).

Compare:

- ❖ HOLLY – both may feel that they have been wronged by other people:
 - WILLOW is embittered and feels it as an injustice; the supposed motivation of other person's behaviour is personal benefit or negligence;
 - HOLLY feels rage and hate towards the offender and wants to revenge; the supposed motivation of the other person is personal attack and hate.
- ❖ BEECH – both can be over-critical towards other people:
 - WILLOW complains of injustice towards him and feels being a victim;
 - BEECH is critical and intolerant generally.
- ❖ VERVAIN – both can fight against injustice:
 - WILLOW feels as a victim and wants to get the right for himself;
 - VERVAIN has firm principles and somebody has violated them; he wants the justice for all people.
- ❖ CHICORY – both can complain because of injustice:
 - WILLOW complains because of injustice in any area, like at work, at the society;
 - CHICORY feels wronged by the family of his own; he does so much for them and they are ungrateful.
- ❖ CENTAURY – both may feel indignant because of injustice or of being abused:
 - CENTAURY is usually a pleasant person who used to sacrifice himself but at present, he is aware of the fact that the other people take his service as a matter of course and ignore his needs;
 - WILLOW simply feels that the situation was unjust, that he did not deserved such a mistreatment; WILLOW may have a history of repeated similar situations where he felt as a victim.
- ❖ MUSTARD, PINE, HONEYSUCKLE, GENTIAN, SWEET CHESTNUT, GORSE – they all can feel depressed and desperate:
 - PINE feels desperate because of his failures;
 - HONEYSUCKLE lives a lot in the past; the condition has been usually provoked by some loss or disappointment;
 - GENTIAN is desperate after repeated failures. Repetitive pattern – hopeful – starts to do something – failure;
 - SWEET CHESTNUT suffers extremely, desperate tries to maintain the present situation even when it is hopeless, feeling that the body and mind reached its limits and that the disaster is inevitable;
 - GORSE is hopeless, resigned, makes an attempt only when persuaded by friends or because of a feeling that he should do at least something but does not believe that the therapy will be effective;
 - WILLOW feels desperate because of ill fate or injustice.

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Combines frequently with:

- HONEYSUCKLE – embittered because of past wrongs;
- CENTAURY – embittered because somebody abuses his “kind heart”;
- HOLLY – rage and vindictiveness because of injustice;
- CHICORY - feeling of being a victim of his family members;
- GENTIAN – pessimistic and embittered because of injustice;
- WILD ROSE – embittered and resigned.

Keynotes:

- They feel they are a **victim of somebody or of some event**; they feel that it was **unjust** to them, that they did not deserve such suffering;\
- **Embittered, complaining**, accusing other people, the system or ill fate;
- They lose **interest in things that they previously enjoyed**;
- The cause of a problem is outside of the patient, like misbehaviour of somebody or some quirk of fate;
- Sour expression, spreading negative emotions around.

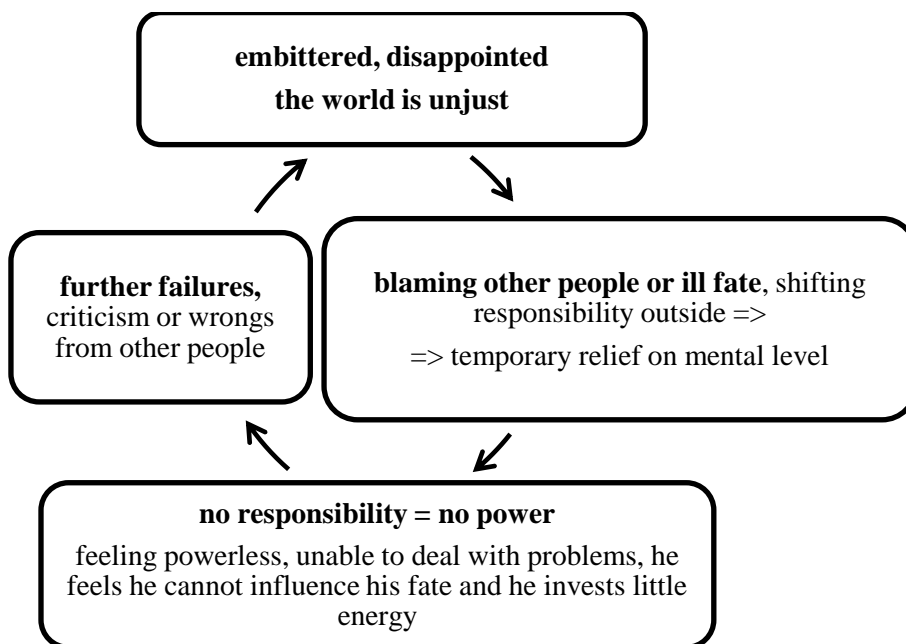


Diagram 31. Vicious circle of WILLOW.

4.8.7. Oak (*Quercus robur*)

For those who are struggling and fighting strongly to get well, or in connection with the affairs of their daily life. They will go on trying one thing after another, though their case may seem hopeless.

They will fight on. They are discontented with themselves if illness interferes with their duties or helping others.

They are brave people, fighting against great difficulties, without loss of hope or effort.

E. Bach, Twelve Healers and Other Remedies

Summary

Strong will, he fights with big obstacles in his life. Headstrong, tendency to overwork. Discontented with himself if physical complaints hinder him in fulfilling his duties. During rehabilitation after injury or surgery, he has a tendency to overexert. He does not like to be dependent (ELM, VERVAIN, VINE), does not like much to use remedies, wants to solve the problem with his strengths (ELM, VERVAIN).

Description

OAK is for people who have a strong will and use it for the benefit of themselves and others. Having a strong will is usually a good thing. However, in some conditions, they use too much effort or continue to fight even when there is no chance to win. This may lead to a situation when the mind wants to fight but the body is exhausted and suffers from overexertion.

Imagine a top sportsman. He trains more than his colleagues. Even when he is exhausted, he can exert further effort. His mind is relentless. Thanks to his strong will he wins competitions. However, his physical body has its limitations. Because of his strict regime, his muscles do not have enough time to recover. As a signal of over-training, they begin to be painful. This problem would make other people have a break but OAK is different. He is used to solving problems with his strong will and that is why he trains still harder. Because he ignores the warning lights of his body, the pain is worse and worse and finally a manifest disease may appear, like tendinitis (inflammation of tendons), distortion of a joint or rupture of a ligament or a knee meniscus. This problem makes him reduce his training dose or to stop training for some time but he suffers mentally. Too much rest and inactivity makes him desperate.

Then Samson reached toward the two central pillars on which the temple stood. Bracing himself against them, his right hand on the one and his left hand on the other,

4. Individual essences

Samson said, "Let me die with the Philistines!" Then he pushed with all his might, and down came the temple on the rulers and all the people in it. Thus he killed many more when he died than while he lived.

Judges 16, 26-30

OAK people are real workhorses who do a lot of work and are pillars of the society, of the company and of the family. They have a tendency to take over a lot of responsibility and are usually successful (ELM). The problem may emerge when the situation changes and it is a time to modify the approach or to accept the fact that the goal is at present unreachable. They are not used to giving up things and they may fight even in a hopeless situation. This may even lead to a self-destructive behaviour, like in the story about a great fighter Samson.

OAK is often very stubborn in his struggle. Proverb says, "Don't bang your head against a brick wall". However, on a symbolical level, OAK believes that his head is hard enough to succeed. He continues in his vain and painful effort and he ignores the fact that just next to him there is a door in the wall.

OAK people like to be independent, self-sufficient and to make the decisions of their own. Especially in women, this feature is striking. Because of that, their partners may have a problem to accept their independence and strong will. Some of them may become accustomed to a passive role and let all the responsibilities on their wife; some men may decide to leave.

OAK therapists may be too pushy in the work with their patients. They are used to solving problems with their strong will but they forget that the success of the therapy depends on the will of the patient, not theirs. The essence of OAK helps them to relax a little bit during the consultation and to let the patient some time to find the motivation and to mobilize his strengths.

Observation

During case taking, the patient describes many challenges that he has met in his life but he has never given up, in spite of hardships he has continued and still has often been able to help his relatives and friends. You can also observe how the patient is annoyed and angry because of the limitation physical problems bring.

Physical complaints

OAK frequently suffers because of muscle and joint problems, their overexertion leads to tendinitis, pain in the neck, backache, and painful shoulder syndrome. What is typical, these people feel annoyed by the limitation and are reluctant to surrender to pain. After an injury, OAK is close to IMPATIENS. The difference is that IMPATIENS wants to become healthy as fast as possible while OAK feels anger towards the body because it stopped working. *"I cannot look at the garden – there is SO MUCH work that needs to be done."*

OAK people do not like to accept any sign of weakness, and any treatment, including alternative, means for them that they are not able to manage their problems by themselves. The result is that OAK

patients, similarly like ELM patients, do not like to use any remedies and tend to interrupt the therapy prematurely.

☉ 40 years old woman. For many years, she has been having repeated backaches. She is a natural fighter; she has a quite stubborn nature and does not like to give up things. In spite of her frail constitution, she does not fear manual work. She helps her husband to build their house; whenever necessary she is ready to carry heavy sacks with cement or to shovel sand into the cement mixer. No wonder that she sometimes overexerts herself and gets backache. The backache is annoying and limiting and it irritates her. She tries to overcome the pain by her will but sometimes she has to take a break and to visit a doctor.

After six weeks of the treatment with OAK as main remedy, she reports that she is quite fine. Her back is painless, and she is more relaxed generally. The improvement was there in spite of the fact that she took the remedy by mistake in a lower dose, only four times two drops daily. She explains that she does not like to be restricted by anything, including the recommendation of the doctor. She decides to stop using the essences. We agree that she can come whenever necessary and I can mix her another bottle. Surprisingly, a few months later she comes again for another bottle. She feels well, back problems appeared only once, they were mild and disappeared spontaneously.

Communication

Oak people value their autonomy and they like to decide on their lives by themselves. When you treat a patient in a fully developed negative Oak state you should always invite him to participate in the selection of remedies. Because they often have a problem to take any medicine regularly for a longer time it is also useful to ask them explicitly to pay attention to the regular usage of the remedy (see also 11.6. Enhancing patient's autonomy).

Positive

If you cannot run anymore, run faster.

Emil Zátopek

In a positive OAK state, people are able to overcome huge obstacles and do a lot of work but at the same time they pay attention to the sensations and needs of their body.

Famous Czech sportsman Emil Zátopek, long-distance runner, winner of seven Olympic gold medals, had this life motto. He was a typical OAK fighter!

Reflections:

You fight with big difficulties in your life, and you never give up.

You are a fighter.

You do not like limitations.

4. Individual essences

This complaint annoys you.

It is difficult for you to look how other people do the work instead of you.

You are a person who has always been independent and now, you have to rely upon the remedies/help of other people.

Compare:

- ❖ ELM – both have a tendency to overtax their strengths:
 - OAK has a strong will and does not like to give up things even when task is beyond his strengths;
 - ELM does it because he enjoys having responsibility and has a tendency to take higher and higher tasks.
- ❖ IMPATIENS – both may overtax themselves during the recovery after a disease or injury:
 - OAK does not like to be restricted by disease;
 - IMPATIENS is in a hurry all the time and wants to get healthy as soon as possible.
- ❖ VERVAIN – both are fighters:
 - OAK has a strong will and can fight against great obstacles;
 - VERVAIN has strong principles and is ready to fight for them.
- ❖ ROCK WATER – both can be strict to themselves:
 - OAK is a fighter and in his fight he is used to ignoring the needs of the body;
 - ROCK WATER wants to be healthy or to grow spiritually and self-suppression is a tool to reach that goal.
- ❖ OLIVE, HORNBEAM and CENTAURY – they all can be exhausted:
 - In OLIVE, the exhaustion is only a temporary state appearing after a prolonged difficult period;
 - OAK chronically over-exerts himself. When dealing with daily problems, he uses his strong will to force his body to fulfil the duties;
 - in HORNBEAM, the tiredness appears already before some work or duty; it is usually the worst in the morning and then during the day it gets better;
 - CENTAURY – exhausted because he sacrifices for the sake of other people. Wants to please others; has a difficulty to tell “no”.
- ❖ PINE – both are hard-working:
 - OAK works hard because he has a strong will and he is not used to giving up;
 - PINE works hard because otherwise he would feel reproaches of conscience.
- ❖ SWEET CHESTNUT – both may continue to struggle in a hopeless situation:
 - SWEET CHESTNUT continues to struggle in spite of feeling desperate and hopeless; he cannot even imagine the situation after the change;
 - OAK is a fighter; he has a strong will and does not like to give up things; he remains optimistic even in a hopeless situation.

Combines frequently with:

- ELM – Over-responsible and having a strong will;
- PINE – over-exerting himself and feeling guilty when having a rest;

Bach Flower Therapy is a Dialogue

- ROCK WATER – strict to himself and having a strong will;
- VERVAIN – fighters with a strong will and firm principles;
- VINE – domineering and obstinately demanding fulfilment of his commands.

Keynotes

- **They have a strong will and relentlessly fight with great difficulties;**
- **Hard-working**, tendency to overtax their strengths;
- They **do not like to be restricted by physical complaints**; they like to be independent and often refuse medical care or stop the therapy prematurely;
- They **do not like to give up things**;
- Physical complaints caused or worsened by over-exertion, too intense rehabilitation after an injury leading to worsening of the healing process.

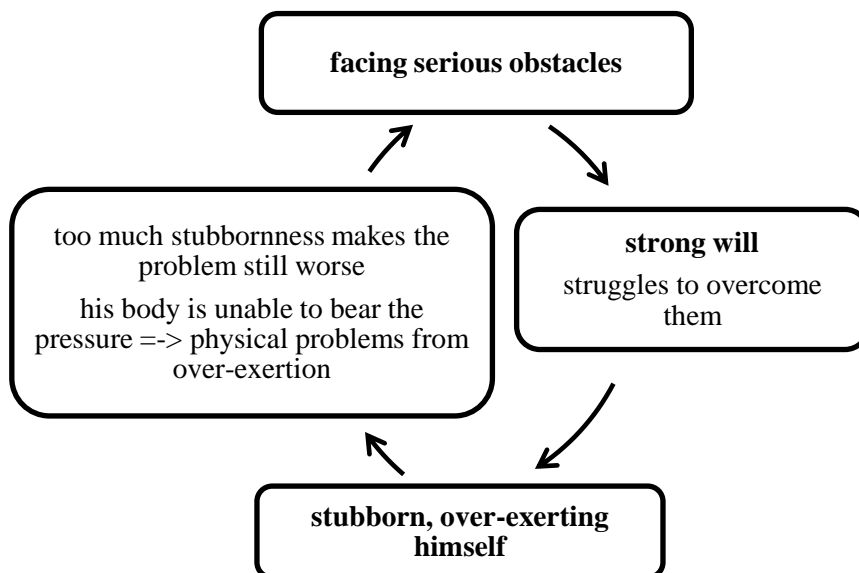



Diagram 32. Vicious circle of OAK.

4. Individual essences

4.8.8. Crab Apple (*Malus pumila*)

 *This is the remedy of cleansing.*

For those who feel as if they had something not quite clean about themselves.

Often it is something of apparently little importance: in others there may be more serious disease which is almost disregarded compared to the one thing on which they concentrate.

In both types they are anxious to be free from the one particular thing which is greatest in their minds and which seems so essential to them that it should be cured.

They become despondent if treatment fails.

Being a cleanser, this remedy purifies wounds if the patient has reason to believe that some poison has entered which must be drawn out.


E. Bach, Twelve Healers and Other Remedies

Summary

Cleansing remedy. Feeling of impurity or ugliness, outer or inner, feeling of body being poisoned, need to cleanse the body. Fear of infections, pollutants, toxins, radiation. A small spot on the skin is a huge problem for him and he wants to get rid of it. On the other hand also ugly, stinking or otherwise repugnant eruptions. He pays a lot of attention to external appearance. Plastic operations. Anorexia, bulimia.

Description

Ancient cultures had a big fear of leprosy. When somebody got this disease, there was no cure. It was a sure sentence of a slow and painful death. The only thing that could be done was to isolate him far from other people to avoid further spreading of the infection. The problem was that there were no definite diagnostic tools for recognizing the disease. That is why it was the responsibility of priests to decide according to their experience whether a seemingly innocent spot on the skin was leprosy or not. If yes, the unfortunate was condemned to a lifelong isolation from his friends and family members.

 *And the LORD spake unto Moses and Aaron, saying,*

When a man shall have in the skin of his flesh a rising, a scab, or bright spot, and it be in the skin of his flesh like the plague of leprosy; then he shall be brought unto Aaron the priest, or unto one of his sons the priests:

And the priest shall look on the plague in the skin of the flesh: and when the hair in the plague is turned white, and the plague in sight be deeper than the skin of his flesh, it is a plague of leprosy: and the priest shall look on him, and pronounce him unclean.

Leviticus 13:1-3

Many religions incorporated ritual cleansing into their ceremonies. This fear of infection and contamination and of expulsion from the society is deeply rooted in the unconsciousness of CRAB APPLE patients and influences the way how they feel, think and behave. They believe that the best way how to be accepted and appreciated by the society is to have a perfect outer appearance. A small speck or slight smell makes them nervous and they want to get rid of it as fast as possible. This theme may also manifest metaphorically. Sometimes they may concentrate on small details and ignore much more important problem that is emerging. They confuse details with the whole, like a woman that obsessively cleanses the house in the hope that it will save their marriage. They may also concentrate on using only extra bio-food but overlook rectal bleeding signalling possibility of a cancer. They may spend a lot of time with religious rituals but ignore the real heart of every religion, compassion with fellow beings.

The fruit of the apple tree resembles human face and is symbolically connected with beauty. In a fairy tale about Snow White, the queen gets jealous because of exceeding beauty of her step-daughter and decides to kill her with a poisonous apple. There are many varieties of apple and it is fascinating how many “apple beauty contests” are organized all around the world. In comparison with newly bred sorts, CRAB APPLE is visually very unattractive. It is wrinkled and spotty. CRAB APPLE people want to hide their CRAB APPLE core and to look superficially like a new breed. They pay a lot of attention to the impression they make to other people. They may spend a lot of money for fashion dress, an elegant car, newest mobile phones, handbags, cosmetics or plastic operations. Both men and women can spend most of their time in a gym and think a lot about their muscles. However, CRAB APPLE theme is not only about outer appearance. They may adjust their behaviour or speech according to actual fashion. That is why they may seem a little bit artificial, like a Barbie girl or Ken.

Today’s world is full of superficial and false beauty that hides corrupted core. We can see how the meaning of the word “celebrity” changed during the history of mankind. At first, the celebrities, persons who served as paragons for “average” people, were saints who sacrificed their lives for their ideals, for their faith or for other people. Then, composers, painters or sculptors became celebrities because of their talent. Scientists became modern-time celebrities because of their knowledge and intelligence. And at present, sportsmen, singers and models represent the ideal of the society. Many people become celebrities just because of their scandalous behaviour and extravagant lifestyle. During the time, real values were replaced by vanity and egoism, true gold by mere gilt. And for CRAB APPLE, such a comfortable but empty life is especially attractive. CRAB APPLE people are fascinated by superficial brilliance and try to become similar to them.

The opposite is also possible. Some people’s appearance is unattractive, even disgusting and repulsive for their peers. The reason may be purely medicinal, like a skin disease, inherited deformity or usage of medical compensatory devices, or may be caused by insufficient care for himself. It sometimes seems as if they gave up any effort to improve their visage. Even repugnant personality of some people may lead others to better avoid any contact with them.

4. Individual essences

According to the Bible, the apple is the forbidden fruit and Adam and Eve by eating it committed the original sin. They became aware of their sexuality and were cast out of the Paradise. Latin word *malum* means both apple and evil. The theme of sexuality and fear of being cast out is typical for CRAB APPLE. Whenever there is a feeling of dirt in association with sex or sexual organs, CRAB APPLE comes into consideration. In this aspect, CRAB APPLE is close to PINE. The difference is that PINE feels guilty easily but in CRAB APPLE the patient feels unclean.

A big theme of CRAB APPLE is impurity, dirt, repugnant smell, decay, poison, or in modern words infections, pollutants and toxins. CRAB APPLE people often pay a lot of attention to what they eat and are afraid of damaging the body by chemical contaminants and additives. This may lead to rather compulsive eating habits, in this way getting close to ROCK WATER.

Exclusion is a keyword for CRAB APPLE. Similarly as people with leprosy were excluded from the society, CRAB APPLE may have a tendency to avoid people they perceive as ugly or dirty, like ill, old, homeless, poor, drug abusers, prostitutes, prisoners, people from certain national minorities etc.

CRAB APPLE can also have some parts of his mind excluded. It is an area that seems especially repugnant or harmful for his perfection. For example, a person may exclude anger as an “ugly” emotion. The patient never gets angry. He may for example feel sadness or fear instead of anger. When meeting an especially challenging situation that provokes an intense anger, the patient may feel in a big stress. Emotion that he has almost excluded from his mind wakes up with a renewed energy.

Observation

CRAB APPLE people are sometimes recognizable from the first sight. Patients who pay a lot of attention to their visage or behave artificially often need this essence. People who work in show business or modelling, like models, make-up artists, fashion designers, hairdressers, cosmeticians, dermatologists or plastic surgeons frequently have benefit from CRAB APPLE essence. On the other hand, in people who provoke in the therapist an urge to repulse the patient because of their ugly appearance, repugnant smell or behaviour CRAB APPLE may also be useful. In less prominent cases, CRAB APPLE theme may manifest in the concentration on small details or in the attention paid to diet and avoiding contamination of the body. Whenever the patient believes that the evildoer is a bacterium, a virus, a parasite or some poison, CRAB APPLE can be beneficent.

Physical complaints

CRAB APPLE is often used in skin problems because they affect predominantly the outer appearance of the patient. Another frequent problem is fictive or real smell. CRAB APPLE people often complain that their body disagreeably smells, that they have a foul breath, or that the smell or dirt of other people makes them nervous or irritates them.

Whenever the patient believes that invisible dirt like food additives, radiation from Chernobyl or a hidden infection is a cause of the health trouble, CRAB APPLE should be considered. The obsession with infections may lead to a paradoxical situation when a patient, otherwise spending a lot of time and energy with extra healthy life style, demands strong antibiotics to get rid of the infection that he believes causes his health problems or cleanses the house with aggressive detergents.

CRAB APPLE is also worth consideration whenever there is a diagnosis (present or past) of anorexia or bulimia. Patients with both of these diagnoses are obsessed with their appearance. Anorexia and bulimia is statistically more frequent in people who pay a lot of attention to “healthy” diets. In that aspect, CRAB APPLE gets close to ROCK WATER. The difference is that CRAB APPLE wants to avoid toxins or eliminate them from the body and to be beautiful while in ROCK WATER, the diet is more about being strict to himself and to grow spiritually thanks to negation of one’s needs.

CRAB APPLE can also have many symptoms associated with sexual or urinary organs (PINE) or with rectum. Feelings of impurity or infection and obsessive cleansing are typical.

⊕ 40 years old woman. The communication with her is especially challenging because she is extremely suspicious towards allopathic doctors. She suffers recurrent infections and she treats herself with healthy diets and yoga. She pays a lot of attention to her outer appearance; she has undergone the surgical enlargement of breasts. She has a fear of contamination of the body; she believes that her health problems are caused by toxins from food. She has even refused a standard vaccination against tetanus because of the fear of contamination of the body.

A combination of CRAB APPLE, ROCK WATER, HOLLY and MIMULUS brings steady improvement, even when she remains very distrustful. Previously, she had a respiratory infection every month; now, she is half a year free of infection.

One year later, she comes again because of a recurrent sore throat. She believes that her problem is caused by some hidden but aggressive infection that remains undiagnosed and demands strong antibiotics to get rid of it. The combination of essences remains the same and brings fast relief again.

Positive

The essence of CRAB APPLE brings the patient a feeling of purity and cleanness. The patient becomes aware of the fact that in our lives there are much more important things than superficial beauty. While the negative CRAB APPLE corresponds to Old Testament, the message from New Testament is analogic to the positive effect of the essence:

When Jesus came down from the mountainside, large crowds followed him. A man with leprosy[a] came and knelt before him and said, “Lord, if you are willing, you can make me clean.”

Jesus reached out his hand and touched the man. “I am willing,” he said. “Be clean!” Immediately he was cleansed of his leprosy. Then Jesus said to him, “See that you don’t tell anyone. But go, show yourself to the priest and offer the gift Moses commanded, as a testimony to them.”

Matthew 8, 1-4

Reflections:

You believe that the cause of the problem is an infection/a toxin/food additives.

4. Individual essences

It might be useful for you to cleanse the body.

The appearance is important for you.

You are a person who never gets angry.

You detest the impurity.

Compare:

- ❖ ROCK WATER – both may keep a strict diet and can suffer eating disorders:
 - CRAB APPLE feels impure and ugly;
 - ROCK WATER is proud of being strict to himself and believes that this regime can make him healthy or help him to grow spiritually.
- ❖ PINE – both may feel badly:
 - CRAB APPLE feels ashamed, ugly, or repugnant;
 - PINE feels morally guilty.
- ❖ AGRIMONY – both may have a tendency to hide problems:
 - CRAB APPLE may hide ugly appearance by cosmetics, dress, by artificial behaviour;
 - AGRIMONY hides negative emotions and physical suffering by smiling and joking.
- ❖ ASPEN – both may feel threatened by something invisible:
 - ASPEN has a fear but does not know of what, maybe some spell, magic or predestination;
 - CRAB APPLE has a fear of contamination, radiation, infection, bad zones.

Combines frequently with:

- ROCK WATER - strict to himself, being on a diet to become healthy and beautiful;
- PINE – feelings of guilt and dirt, like after a sexual abuse.

Keynotes:

- Unconscious or conscious feeling of being **ugly, unattractive, stinking**;
- They pay a lot of attention to a **minor** (usually cosmetic) **problem**, and they may at the same time **overlook some serious condition**;
- **Feeling of infection, of being poisoned**;
- They are on **healthy diets**, eat only bio food, avoid food additives etc.;
- **Skin problems**, repugnant eruptions or smell, real or imaginary;
- **Eating disorders**;
- They pay a **lot of attention to external appearance**, to fashion dress, mobile phone, undergo plastic operations, they may behave unnaturally to imitate their favourite star.

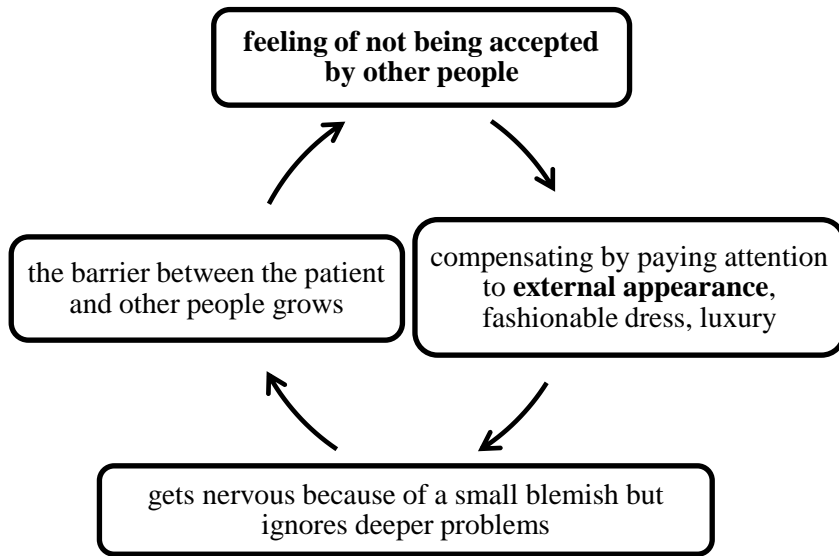


Diagram 33. Vicious circle of CRAB APPLE.

4.9. For Over-care for Welfare of Others

Description

People in these negative states know how things should be and their main problem is that the other people do not abide by their principles or do not obey their orders:

- CHICORY has a definite views about **how the family should function**;
- VERVAIN has **firm principles and rules** and wishes the others to respect them;
- VINE knows what should be done and **expects the others to obey his commands**;
- BEECH has **firm rules and views of what is good and bad**;
- ROCK WATER has definite convictions **how people's lifestyle should be** to help them to be healthy and to grow spiritually.

These convictions in all of them lead to a certain rigidity of thinking and to underestimating of opinions of other people. CHICORY, VERVAIN, VINE and BEECH usually try to force other people to abide by their principles and obey their commands. ROCK WATER, on the other hand, is strict to himself but does not impose his opinions to other people. He hopes to become a living paragon and inspiration for them.

Remedies

- CHICORY – Family is very important, he wants to have a big family, to have dear persons near. He takes a lot of care of them and pays attention to mistakes they make and wants to correct them. His care may be even suffocating and restricting for them and he may provoke contrary reaction by constantly telling other people what they are to do. He may become manipulative to get their love and care.
- VERVAIN – He has firm convictions and principles that should be respected by all people. Anger because the principles are violated, fights against injustice. Missionary tendencies, he wants to spread the ideas that he finds right. He wants to convince others about his truth. Rigid thinking. Rebellious.
- VINE - Dictatorial, wants to control other people. He is very self-confident and believes that the other people should do things as he does or as he thinks is right. Insensitive, even cruel. Feeling of superiority. Amoral. Macho. When ill, he wants to control the doctor too, demands specific examinations and VIP treatment.
- BEECH - Intolerant, critical, pedantic, always finding some mistake on other people but ignoring his own faults. He becomes allergic to some people. Critical attitude may be sometimes covered by false façade of tolerance. Black or white views, even extremist.
- ROCK WATER - Ascetic, strict to himself, refuses enjoyment because of belief that he will be strong, healthy, will grow spiritually. Strict diets, exercise, rigid view of what is healthy.

Communication

The communication with people in these states (maybe with exception of ROCK WATER) may be rather delicate. Their behaviour often provokes in the therapist countertransferential reaction (see 8.8. Transference and countertransference). The reason is that their behaviour often evokes in us negative memories from our childhood reminding us of situations when we had to resist or to endure the pressure and criticism from our parents or teachers.

In all remedies in this group, their negative state brings them a feeling of self-worth and a meaning to their lives. CHICORY is proud how good mother she is, VERVAIN is proud how just he is, VINE is proud of the way how he directs his family or his company, BEECH feels he is the guardian of social and moral rules and ROCK WATER is proud how healthily he lives and how spiritually advanced he is. That is why it is not wise to confront their unsuitable behaviour directly. Criticising them may cause a serious discord in the therapeutic relationship. Anyway, they won't give up their problematic behaviour on the base of your recommendation only.

Even when we have a strong impression that the patient needs some remedy of this group, it may be difficult to explain the theme of the remedy to the patient so that he would accept it. Although our motivation is usually some negative aspect of the remedy we should use a positive description. I personally quote Bach's *Twelve Healers*.


It is also quite typical that people in Over-care group see more a problem outside, in other people, than in themselves. They often consciously or unconsciously wish to change other persons instead of themselves. For example, CHICORY wishes to change her daughter-in-law, VINE wants to change his subordinates or BEECH wants to change a problematic neighbour. However, as explained in chapter 16 (Focusing), Bach essences cannot change other people, they can influence the patient only. Here, a useful way is to use a question:

“Your family members/subordinates... are ungrateful/negligent/irresponsible/disobedient and it is quite difficult to live/work with them. A lot of responsibility for discords is on their side, of course. However, we cannot change them. In my experience, in most conflicts some responsibility is on both sides. In this situation, say, their responsibility is 90-95%. Is it possible that there are also 5 or 10% on your side?”

If the patient acknowledges some minimal part of responsibility on his side, we can offer him to work on that.

4. Individual essences

4.9.1. Chicory (*Cichorium intybus*)

 Those are who very mindful of the needs of others; they tend to be over-full of care for children, relatives, friends, always finding something that should be put right. They are continually correcting what they consider wrong, and enjoy doing so. They desire that those for whom they care should be near them.

E. Bach, Twelve Healers and Other Remedies

Summary

Family is very important, he wants to have a big family, to have dear persons near. He takes a lot of care of them and pays attention to mistakes they make and wants to correct them. His care may be even suffocating and restricting for them and he may provoke contrary reaction by constantly telling other people what they should do. He may become manipulative to get their love and care.

Description

For CHICORY people, the family and the well-being of its members is of utmost importance. They take care of them and help them a lot. However, their help is not “free of charge”. CHICORY unconsciously expects something back from them. He feels insatiable hunger for love and tries to get it by demanding attention and care from family members. He believes that because of the fact that he has “selflessly” helped the others they will feel obliged to take care of him. Their help is often unsolicited, and it is more a manipulation than a real aid. In that aspect, CENTAURY is exact opposite of CHICORY: while CENTAURY has a problem to protect the boundaries of his own, CHICORY is a person who is very good in violating boundaries of others and manipulating with them.

A CHICORY mother likes to know everything about her children even when they are already grown-up and has a tendency to meddle in their private matters, what partner they have, how their household is arranged etc. A “sweet” mother-in-law that without permission invades the kitchen during the visit and checks what the daughter-in-law cooks and recommends her what she should or shouldn’t do is a typical CHICORY. When her children refuse her “well-meant advices”, CHICORY feels indignation. *“I want only the best for you”* , *“I have only wished to help you”*. is her frequent reaction.

A CHICORY child is also manipulative in a similar way as an adult CHICORY but because the power is on the side of adults, he (or more often she) may use other ways, for example seduction (*“My sweet daddy!”*), may manipulate by crying or using a disease (*“Look how I am suffering!”*, *“You would leave me alone at home when I am SO sick!”*) and like to demonstratively give presents. CHICORY seniors may ask for attention by frequent physical problems, and when these problems are ignored or the attention is not sufficient (*“Don’t worry, I will manage it by myself”*, *“No problem, even if I die, I am not important for anybody”*), they may visit doctors or call emergency. Later, when meeting her family members, they can verbally or non-verbally manifest an indignation (*“Look, how seriously I am ill!”*) and victoriously recount how healthcare practitioners were very kind to them (in contrast to her ungrateful children) and that they considered their disease VERY serious.

In the aspect of asking for attention, CHICORY is quite close to and is often combined with HEATHER. The difference is that CHICORY primarily wants the attention from family members only. He wants to be loved and cared for. HEATHER wants to get the attention of other persons and it is not so important whether they are relatives, friends or strangers.

Observation

CHICORY people like to speak about their family. In their comments, they may be proud or even boast with certain family members, or, on the other hand, describe how ungrateful they are and how things should be different. CHICORY patients would like to change their family according to their expectations. However, they frequently face a disapproval of family members. That is why they may prefer not to tell anything because of fear of refusal. However, when we explore more this theme and ask how it was in the past, they frequently describe that they tried to change things but their effort was not welcomed, so they decided to remain silent.

Physical complaints

As it has already been mentioned, for CHICORY a physical complaint isn't only about physical suffering but it plays an important social role. They suffer demonstratively and they like when the other people take care of them. They also may like to visit doctors and may leave an impression that they slightly exaggerate their problems to attract more attention (HEATHER).

Because CHICORY is strongly associated with a female role, gynaecological and breast problems are more frequent.

⊗ 70 years old woman. Two years ago, she underwent BFT in my ambulance because of nervous tension and sleeplessness with clear positive effect. Five years ago she underwent an operation of breast cancer. At present, the disease is in a remission but her problem is backache of chest spine and pain in the shoulder. She has a breast prosthesis and there is a muscle imbalance that causes that she bends and twists to one side. However, her problem is especially aggravated by family conflicts. She feels a lot of worries about family members and would like to help them but they do not pay attention to her recommendations. Her granddaughter studies abroad and the patient has a fear for her. Her daughter has conflicts with her actual partner. The patient has certain reservations about him, she believes that he is not suitable for her daughter. Her grandson married with a girl from another region of the country and her family did not accept him. She has to think a lot about her family and their troubles and at the same time she is worried that these worries can damage her health.

A therapy with CHICORY, RED CHESTNUT, WHITE CHESTNUT, PINE, MIMULUS and HEATHER brings fast improvement.

Positive

📖 *And a woman who held a babe against her bosom said, Speak to us of Children.*

And he said:

Your children are not your children.

They are the sons and daughters of Life's longing for itself.

4. Individual essences

*They come through you but not from you,
And though they are with you yet they belong not to you.*

*You may give them your love but not your thoughts,
For they have their own thoughts.*

*You may house their bodies but not their souls,
For their souls dwell in the house of tomorrow, which you cannot visit, not even in your dreams.*

*You may strive to be like them, but seek not to make them like you.
For life goes not backward nor tarries with yesterday.*

*You are the bows from which your children as living arrows are sent forth.
The archer sees the mark upon the path of the infinite, and He bends you with His might
that His arrows may go swift and far.*

*Let your bending in the archer's hand be for gladness;
For even as He loves the arrow that flies, so He loves also the bow that is stable.*

Khalil Gibran, On Children

In a positive state, CHICORY persons are marvellous selfless caregivers and parents who are ready to help whenever necessary but they also let their loved persons to decide on their lives in other situations. The archetype of positive CHICORY is deeply rooted in human mentality and is personified by Virgin Mary in Christianity and Islam.

Reflections:

The well-being of your family is of utmost importance for you.

You do your best to help your loved persons.

You have a vast life experience and you would like to hand it over to your children.

It is difficult to look at your loved, to know that they make a mistake and not to be able to do anything with that.

You love to have your dear persons close to you.

Compare:

- ❖ RED CHESTNUT - both may feel worried about their dear persons:
 - CHICORY is much more intrusive; wants to control dear persons, tendency to criticize or give “good advices”, takes care of others because he expects that they will take care of him;
 - RED CHESTNUT is symbiotically connected with his loved people and he feels their suffering, when he knows they are safe he is satisfied.
- ❖ HONEYSUCKLE – both may feel sad after a death of a dear person:

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- CHICORY needs other people to love her and to take care of her;
- HONEYSUCKLE returns frequently to the past and feels that he will never be happy again as he was previously.
- ❖ BEECH – both can be critical towards other people:
 - CHICORY desires to be loved by her family members and wants to have them near, gives them “well-meant advices” that are often refused or may provoke a conflict;
 - BEECH has black-and-white view what is right and what is wrong, he is over-critical to any people who do not comply with his high standards; he may try to change other people or get rid of them, sometimes he creates a mask of a false tolerance but underneath the aversion is growing.
- ❖ VERVAIN - both can have firm principles:
 - CHICORY often has firm principles as for how the family should function, what the role of a woman in the family is etc.; they have a tendency to criticise family members if they do not comply with them;
 - VERVAIN has general principles that should be abided by all people, like being honest, sincere, just etc.; if somebody violates them they are ready to fight for them.
- ❖ VINE - both may be dictatorial:
 - CHICORY wants to control her family; she uses manipulative tools, like emotional extortion, exaggerating health problems etc.
 - VINE wants to control every situation they are in, their family, work, or even the doctor when they are ill; they are straightforward in their commands.
- ❖ HEATHER – both may seek attention from other people:
 - CHICORY has a desire to be loved by her family members and to have them close;
 - HEATHER wants to have somebody who will listen to his incessant talks, no matter who it is.
- ❖ WILLOW – both can feel as a victim:
 - CHICORY is convinced that she does a lot for her family members but they are ungrateful;
 - WILLOW feels injustice generally or in a specific situation, in family, at work, unjust fate etc.

Combines frequently with:

- RED CHESTNUT – fear for a dear person and tendency to give him advices and direct him;
- HONEYSUCKLE – sadness and feeling of loneliness after a death of a dear person;
- HEATHER – manipulating with his family to get attention;
- BEECH – overcritical in family matters;
- HOLLY – trying to control her loved person, manipulative and jealous;
- VINE – dictatorial and suffocating his family by smother love;
- WILLOW – embittered because of misbehaviour of family members.

Keynotes

- Their **family is of utmost importance for them;**
- They have **unsatisfied need to be unconditionally loved and cared for;**
- They **take care of family members, no matter whether they want their help or not;**

4. Individual essences

- They have a tendency to **criticize family members** because they “know better” how things should be, and their **unsolicited advices often provoke discords**;
- They want to **have their loved near them**;
- They use their somatic symptoms as a **tool of manipulation** and **emotional extortion**.

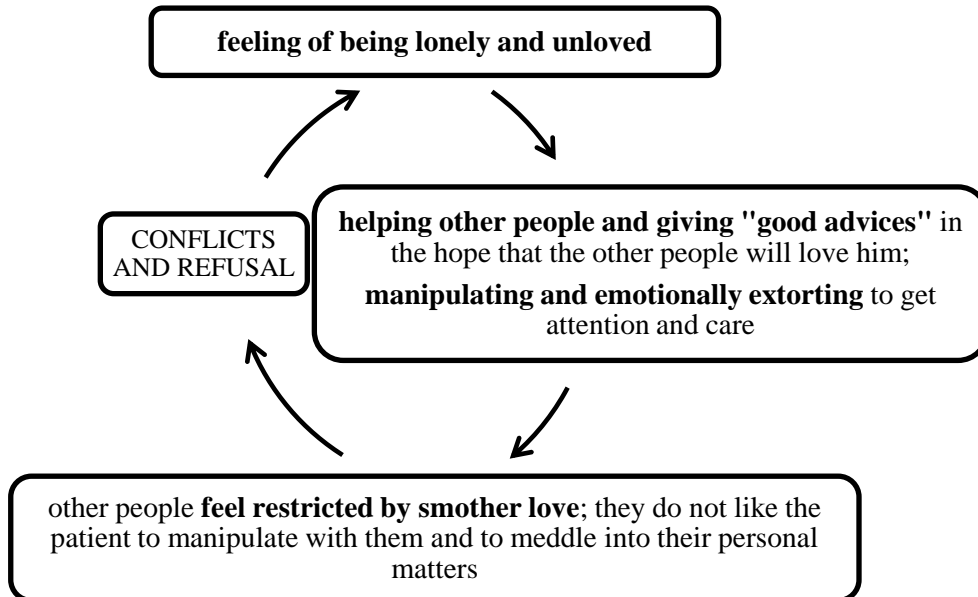


Diagram 34. Vicious circle of CHICORY.

4.9.2. Vervain (*Verbena officinalis*)

Those with fixed principles and ideas, which they are confident are right, and which they very rarely change.

They have a great wish to convert all around them to their own views of life.

They are strong of will and have much courage when they are convinced of those things that they wish to teach.

In illness they struggle on long after many would have given up their duties.

E. Bach, Twelve Healers and Other Remedies

Summary

He has firm convictions and principles that should be respected by all people. Anger because the principles are violated, he fights against injustice. Missionary tendencies, he wants to spread the ideas that he finds right. He wants to convince others about his truth. Rigid thinking. Rebellious.

Description

For people in VERVAIN state, principles and ideas are very important. Respecting them, fighting for them and spreading them brings meaning to their life. No matter whether it is social justice, protection of wild animals, a religious zest or a spreading of a marvellous treatment method, they invest a lot of energy and become its enthusiastic or almost fanatic promoters. English word “zealous” has its origin in the word Zealots, a religious group of radical Jews who resisted Roman rulers and when the defeat was unavoidable they all committed suicide to avoid Roman slavery.

In those days came John the Baptist, preaching in the wilderness of Judaea, and saying, Repent ye: for the kingdom of heaven is at hand. For this is he that was spoken of by the prophet Esaias, saying,

The voice of one crying in the wilderness, prepare ye the way of the Lord, make his paths straight.

Matthew 3:1-3

The problem usually isn't in the idea itself but rather in the way how VERVAIN people spread it. Because of inner conviction that it is the right and the only possible way for everybody, they become more and more forceful and rigid in their thinking. The more they try to convince other persons about

4. Individual essences

their conviction the more the others take right opposite stance in reaction to their vehement persuasion. Finally, VERVAIN persons get exhausted, or, in modern words, burn out.

They often describe a feeling of injustice. Here, VERVAIN may resemble WILLOW. However, in WILLOW, the injustice is a personal problem; a WILLOW person does not pay much attention to other people's problems. On the other hand, for VERVAIN, injustice means a violation of a principle; he is ready to fight against it no matter who is affected.

⊗ *50 years old woman. During her mother's stay in the hospital, she witnessed an unfeeling approach of healthcare staff. She feels indignation, not only because of her mother's suffering but because of suffering of any patient in this hospital She is ready to fight for their rights.*

VERVAIN has often adopted very complex theories about anything and enjoys discussions. For him, an exchange of opinions is exciting; it is like a verbal duel where smarter wins. However, no matter how powerful arguments you have, you only rarely convince him about your truth. The best you can reach is that VERVAIN integrates part of your thoughts into his "belief system".

Because of their firm principles and readiness to fight for them, VERVAIN people are rebellious by nature. They have a tendency to disrespect rules whenever they feel that they violate their values. Many revolutionaries had clear VERVAIN features. Their VERVAIN nature gave the power to their ideas and convincingness to their words.

📖 Above all, try to be able to feel deeply any injustice committed against any person in any part of the world.

Che Guevara

It is fascinating how easily a revolutionary fight for better world can change into a cruel dictatorship. "Many very bad things have been done with the best intentions", tells a proverb. And it is typical for VERVAIN as well as VINE, another typical remedy for revolutionaries – when VERVAIN and VINE get into a powerful position, they can oppress their subordinates by forceful promoting of their ideas.

Observation

VERVAIN people, when speaking about the idea or principle that is important for them, become enthusiastic or forceful, their voice gets faster and louder. They can even become red in the face and heart may palpitate. They may try to convince the therapist about their truth.

⊗ *One patient, a healer, began to convince me during the consultation about the efficacy of HIS natural treatment methods. Instead of dealing with his personal problem, he used the consultation as an opportunity to spread his great ideas.*

Physical complaints

General theme of VERVAIN is over-excitement. Arterial hypertension, heart arrhythmias, neuralgias, headaches, breath difficulties are most typical. Any of these problems can be caused by too much personal investment into a particular idea, movement or lawsuit.

⊗ 65 years old man. Twenty years ago, he worked as a policeman for whom the fight for justice was his whole-life mission. He once investigated a very complex case of financial criminality. He spent many extra hours at work. However, because of smart advocates of suspects, new and new obstacles hindered him in his work. That is why he worked harder and harder; he couldn't accept the fact that criminals would avoid deserved punishment. Finally he got a heart stroke. When he returned after three months to work, he discovered that there was no progression in the case; his colleagues did not continue in his investigation. He paid a high price, and his effort was in futile.

His present problem is annoying breathlessness whenever he makes the slightest exercise. He has a combination of heart failure and severe bronchial asthma. Even now, after twenty years out of service, he still gets exasperated whenever hearing about corrupted politicians and businessmen, almost daily theme of TV news.

After the essences with VERVAIN as main ingredient, his breathlessness is less intense, hospitalisations are less frequent and he feels generally calmer.

Communication

VERVAIN people often have clear views about healthcare too. During the therapy, remember that VERVAIN is rebel by nature. He does not want other people to tell him what to do. He needs to be in charge of their therapy, and that is why it is very important to acknowledge his opinion and offer him participation in the selection of the essences (see 11.6. Enhancing patient's autonomy).

Positive

Ideas of VERVAIN people change our world. In a positive VERVAIN state, people struggle to improve our life and have a gift to inspire other people but at the same time they are also open to different opinions of other people. They also pay attention to their needs and when they feel that their fight costs them too much energy, they can reduce their effort and relax.

Reflections:

You are a high-principled person.

This principle/idea is very important for you.

It would be great if others respected it too.

There are things that are worth fighting for.

If you feel you fight for the just cause, you are a real fighter.

4. Individual essences

Compare:

- ❖ OAK – both are fighters:
 - VERVAIN has strong principles and is ready to fight for them;
 - OAK has a strong will and can fight against great obstacles.
- ❖ IMPATIENS – both may be hurried and overactive:
 - VERVAIN is hurried and overactive because of his enthusiasm or indignation;
 - IMPATIENS is hurried because any unnecessary delay is a waste of time.
- ❖ BEECH - both can be over-critical towards others:
 - VERVAIN is critical because other people violate principles they believe are universal and of utmost importance;
 - BEECH has black-and-white view what is right and what is wrong, he is over-critical to any people who do not comply with his high standards; he may try to change other people or get rid of them, sometimes he creates a mask of a false tolerance but underneath the aversion is growing.
- ❖ VINE – both may be dictatorial:
 - VERVAIN is dictatorial to promote the principles that are “good for all”, that are to improve the society;
 - VINE is dictatorial because he enjoys power and likes to control other people.
- ❖ ROCK WATER – both can be strict to themselves or have a definite ideas what is healthy and what not:
 - VERVAIN is enthusiastic in every area, including healthcare; he be keen on any diet or treatment method and has a tendency to convince other people about its usefulness; if he is in a powerful position, like the father in the family, he may force other people to abide by the diet or to use alternative therapy;
 - ROCK WATER applies his strict principles to himself only; he does not have an urge to convince other people with words, he hopes only that they may get inspired by his positive example.
- ❖ WILLOW – both can fight against injustice:
 - VERVAIN has firm principles and somebody has violated them; he wants the justice for all people;
 - WILLOW feels as a victim and wants to get the right for himself.
- ❖ HORNBEAM – both may feel exhausted and have a burn-out syndrome:
 - HORNBEAM does routine and boring things; they do not bring him satisfaction but they have to be done;
 - VERVAIN has firm principles, he is enthusiastic for some idea, overexerts himself, and overwork and disappointment from lack of appreciation of other people may lead to burn-out.
- ❖ WHITE CHESTNUT – the mind of both can be overstimulated:
 - in WHITE CHESTNUT, the mind is full of disagreeable thoughts and worries; he wishes to get rid of them;
 - in VERVAIN, the mind is full either of positive, inspirational and enthusiastic thoughts or of thoughts associated with righteous indignation or humiliation; sometimes he may enjoy them but the problem is that he cannot relax and sleep.
- ❖ CHICORY - both can have firm principles:

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- CHICORY often has firm principles as for how the family should function, what the role of a woman in the family is etc.; they have a tendency to criticise family members if they do not comply with them;
- VERVAIN has general principles that should be abided by all people, like being honest, sincere, just etc.; if somebody violates them they are ready to fight for them.
- ❖ AGRIMONY – both may fight for truth and against injustice. Both may also be hyperactive and talkative:
 - AGRIMONY is very empathetic and feels pain of other people on himself. He has a painful experience of his own and that is why he tries to protect others. He can fight for others but have difficulty to fight for himself.
 - VERVAIN has firm principles and views and he would like other people to live in accordance with them.

Combines frequently with:

- HORNBEAM - exhausted and burnt-out because nobody appreciates his great ideas or the system is too rigid to accept new approaches;
- WHITE CHESTNUT – exciting thoughts whirling all the time in the mind and disturbing sleep;
- IMPATIENS – having firm principles and being impatient when other people do not respect them;
- ROCK WATER – healthy life-style or spiritual fanatic;
- OAK – fighters with a strong will and firm principles;
- BEECH – firm principles and black-and-white views;
- VINE – dictatorial when trying to implement his firm principles into a practice at any cost;
- AGRIMONY – hyperactive in an attempt to suppress disagreeable feelings; enthusiastically fighting for other people against oppression or injustice.

Keynotes:

- They have **firm principles** and ideas and are convinced that they are right and **rarely change them**;
- **They wish other people to abide by them too** and can be **enthusiastic or forceful in their propagation**;
- **Fighting against injustice**;
- **Physical problems caused by overexcitement, overexertion and hyperactivity.**

4. Individual essences

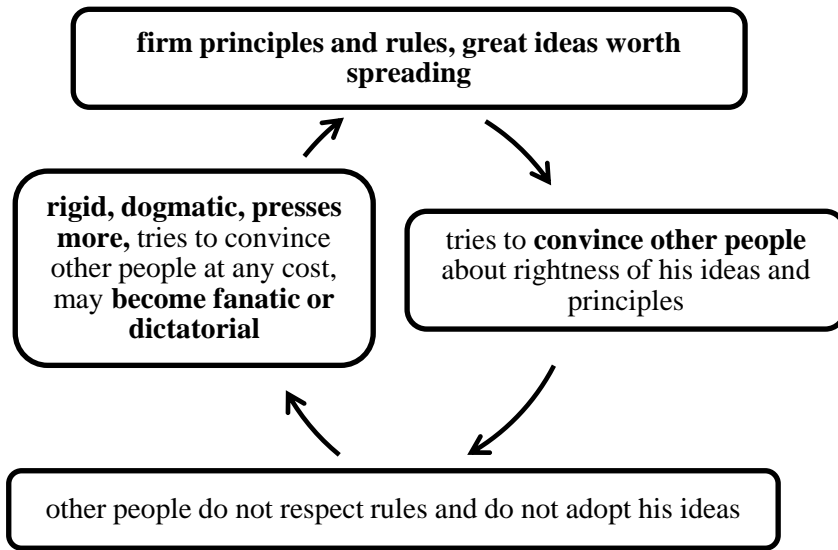



Diagram 35. Vicious circle of VERVAIN.

4.9.3. Vine (*Vitis vinifera*)

 *Very capable people, certain of their own ability, confident of success.*

Being so assured, they think that it would be for the benefit of others if they could be persuaded to do things as they themselves do, or as they are certain is right. Even in illness they will direct their attendants.

They may be of great value in emergency.

E. Bach, Twelve Healers and Other Remedies

Summary

Dictatorial, he wants to control other people. He is very self-confident and believes that the other people should do things as he does or as he thinks is right. Insensitive, even cruel. Feeling of superiority. Amoral. Macho. When ill, he wants to control the doctor too, demands specific examinations and VIP treatment.

Description

People who need VINE essence are often successful and capable (at least they believe so) and they are very self-confident. They believe that the way they do things is the only right one and they try to force other people to do things the same way as they do or as they believe is right. VINE people naturally get into leading positions where they can use their natural talent to its full. As bosses, they are concentrated on the goal only, and believe that the end justifies the means. They often have a tendency to underestimate abilities and knowledge of other people when their opinions differ from theirs. To force other people to obey their commands they may use any effective method, no matter whether it is morally or socially acceptable. They believe that the end justifies the means.

A director of one huge Chinese company producing electronics with more than one million employees developed a sophisticated system how “to press the best” from employees. A new employee from the very beginning knows clearly that he is in a subordinate position. For example, before getting the job, he must wait long hours outdoors, no matter how the weather is, and he can get the job only if he does not complain. The factories are concentrated in one area, they form a whole city, and this area has rules of its own and its own security guard that in most situations replaces police. That is why workers know that any complains or protests are meaningless. A significant part of the salary is not paid in the form of money but the employees can use local services inside the area like accommodation or food free of charge. It leads to a situation that for workers it is virtually impossible to find another job outside of the factory because they stay all the time inside the area and they do not have enough money to rent an apartment or to travel. At work, employees have to fulfil strict norms, and if they do not work hard enough, a penalty comes immediately, either financial or in the form of “corporeal punishment”, for example the prohibition to go to the toilet during breaks.

4. Individual essences

The system works perfectly, only ... only a few workers, trapped in a desperate situation, recently committed a suicide by jumping from the height. Their death raised suspicion about working conditions in the area. The final solution corresponds well to VINE mentality – a protective net was installed between buildings to prevent further deadly jumps! However, even in spite of his almost “perfect” system, the Big Boss still considers to improve it – he wants to replace most of his workers with robots. In fact, even now he deals with employees as if they were robots without any human emotions and needs.

VINE parents are domineering and demand absolute obedience. They do not pay much attention to feelings of other family members and are rather forceful in pushing others to do things according to their plan. For example, a sensitive and frail boy who prefers to read books or is a talented musician may be forced by his VINE father to become a rough ice-hockey player as dad used to be when he was young.

Successful sportsmen often succeed because of a VINE aspect of their mentality or because of VINE mentality of their trainer.

☼ *70 years old man. When he was young he was a successful shot putter. He arranged the whole his life to reach a success. During the consultation he admitted that he had abused doping during his career of sportsman because “everybody had used it”. Now, in his seventies, he tries to hand over his training techniques (not doping, luckily) to his granddaughter who is a successful ski runner.*

VINE is an interesting plant. It needs something to climb on. And it is exactly a case of VINE people. VINE plant can reach the heights only with the support of other people. Behind successful VINE people there is a team that selflessly supports him. Chinese proverb says, behind a success of one general there are ten thousand corpses. VINE without a support is like a dwarf. And dwarves, physically or metaphorically, are often a subject of ridicule or contempt. Like a dictator who has nobody to command, he provokes laugh and humiliation. That is why some people who are bullied by others may also sometimes have benefit from VINE essence. It is interesting that present-time bullies often have a history of being bullied by their schoolmates during their childhood. In fact, in VINE people generally there is usually a very deeply hidden fear of being controlled by other people. That is why even in people who seem submissive and are victims of abuse, the remedy can restore their feeling of power of their own and prevent the shift to the opposite position.



Figure 12. Climbing Vine plant (pixabay.com)

Political power grows out of the barrel of a gun.

Mao Zedong

Bach Flower Therapy is a Dialogue


For VINE people, the power is of utmost importance. They want to be bosses of their own or of other people but do not like to have a boss of their own. That is why they always try to get into a higher or independent position. When they cannot take over the whole power, they can create an opposition if they feel powerful enough.

Because all hierarchical structures are about power, they either attract VINE people or provoke rebellion in them. Many VINE people become soldiers or policemen but even in high church positions you can find VINE people. If VINE person rebels, the reason is different than in VERVAIN. VERVAIN fights against injustice or against strict, limiting or out-dated principles and ideas but VINE fights to take over the power. The more rebel's behaviour is ruthless and amoral, the more he is of VINE type. VERVAIN trusts his ideals and wants to fulfil them and to spread them. That is why he is enthusiastic or even fanatic when he fights for his just cause. VINE, on the other hand, has no special desire to spread his thoughts to other people. He refuses any discussion about his orders and requires unconditional obedience. A Marxist revolutionary is a typical example of VERVAIN and chief of local mafia is a typical representative of VINE type.

VINE's proverb tells "*Money means power*" and "*For money you can buy everything*". That is why VINE likes to be in a position where he can gain a lot of money. Because of lack of scruples, he is also more liable to bribing and to being bribed. VINE has a strong feeling of superiority. It may reflect in the fact that he may consciously or unconsciously believe that the rules and laws that are valid for "normal" people do not go for him. Power corrupts people, as we can see on many cases of politicians who believe that their position gives them right to have special benefits.

Another aspect is moral insensitivity and lack of empathy towards other people. Leading other people often requires making unpopular decisions, so a good leader needs to ignore temporarily the complaints of his subordinates when he makes a step that is painful but necessary for the whole. For example, a company gets into financial problems and needs to undergo a thorough transformation to survive. These changes may also include dismissing of some employees. However, as soon as the crisis is over, the boss needs to listen to opinions of employees again. Negative VINE remains in this hard, ruthless mode constantly; he suppresses his empathy and is more and more forceful in asserting of his commands.

VINE boss is often a typical macho in his relationship to women. He likes to be surrounded by beautiful girls and because of lack of moral scruples, he often has extramarital affairs. His approach to women is the same as to the other people – he is insensitive and dictatorial. He considers them as his property and becomes aggressive whenever he feels his possession might be endangered.

 *Three Rings for the Elven-kings under the sky,
Seven for the Dwarf-lords in their halls of stone,
Nine for Mortal Men doomed to die,
One for the Dark Lord on his dark throne
In the Land of Mordor where the Shadows lie.
One Ring to rule them all, One Ring to find them,
One Ring to bring them all and in the darkness bind them
In the Land of Mordor where the Shadows lie.*

J. R. R. Tolkien, Lord of the Rings

4. Individual essences

Fight for power and a struggle to dominate other people influences deeply our history. Chronicles of all countries are filled with lists of ruling kings, their victories and defeats and with attempts to overthrow the kings from the throne. VINE also became a central theme of famous literary work *Lord of the Rings*. The message of this book is that the desire to obtain the Ring of Power is hidden in all of us. We all have a part of VINE inside, no matter whether we are aware of it or not.

Observation

VINE patients almost never come because they feel they are too domineering. That is why the diagnosis is made almost exclusively on the base of observation. It is often the way how he deals with the therapist that gives the key for the prescription. VINE patients are arrogant, self-centred and expect that the therapist will deal with them as with VIP persons. They take as a matter-of-fact that the practitioner will obey their demands and there is a huge tendency to violation of boundaries. They aren't used to hearing "no" from the other people and do not accept other people's conditions. A typical VINE patient calls you and announces you that he will come to the consultation on next Monday at 10 a.m. and that he has half an hour of free time for you. He is often ready to pay extra charge for your special services. However, when you agree and accept his extra money and conditions you must prepare yourself that he will deal with you like with his subordinate or servant.

☉ *One my colleague had a VIP patient – a businessman. He used to pay him twice more than his usual fee was but he expected that the doctor would be available for him twenty-four seven. He also used to come late or leave sooner because of business matters. Because the therapist was in a submissive position the therapy inevitably failed.*

Physical complaints

VINE has also a special relationship to medical care. VINE people unconsciously feel restricted and powerless when meeting healthcare practitioners or having to stay in the hospital. That is why they may seek power or use power during the treatment. They may use their contacts to ask the best professors to take care of them, they may authoritatively demand special examinations or threaten doctors that if they do not obey his demands and they make a mistake he will sue them.

☉ *In above mentioned example of the sportsman, his wife suffered from breast cancer. He used all his authority and personal contacts to politicians, doctors in high positions and directors of hospitals to get the best possible treatment for his wife. When she finally died because of progression of cancer, he threatened doctors and demanded their dismissal. After that, he tried to renew his relationship with his son from his first marriage. However, his methods were quite dictatorial ("you will work in my garden and I will bequeath you my house").*

VINE people have one big fear, fear of being dependent and of having to rely upon other people's help. This fear manifests also in physical complaints. Josif Vissarionovich Stalin, Soviet dictator and an example of extremely negative VINE, ruled over the largest country in the world for many years and his power seemed boundless. He was ready to sentence anybody to death because a trifle, so nobody dared to oppose him. During his tyranny, more than twelve millions of Russians died in the hands of secret police or in Russian concentration camps (gulags). His wife was the only person who had dared to tell him the truth but finally she killed herself because of his ruthless behaviour. His son was captured by Germans during the World War II and he killed himself in the Nazis concentration camp be-

cause of fear of his father's punishment. However, at the end of Stalin's life, he as one of most powerful persons in the world himself experienced what the word "powerlessness" meant. He got a brain stroke. He couldn't move but he remained fully conscious. He suffered a lot but nobody dared to come and help him because of fear of punishment.

⊗ Above mentioned sportsman had terrible backache that limited him a lot and he used a lot of pain-killers without much effect. He had a constant fear of getting immobile, helpless and dependent on the help of other people.

Positive

When they had finished eating, Jesus said to Simon Peter, "Simon son of John, do you love me more than these?"
"Yes, Lord," he said, "you know that I love you."
Jesus said, "Feed my lambs."
Again Jesus said, "Simon son of John, do you love me?"
He answered, "Yes, Lord, you know that I love you."
Jesus said, "Take care of my sheep."
The third time he said to him, "Simon son of John, do you love me?"
Peter was hurt because Jesus asked him the third time, "Do you love me?" He said, "Lord, you know all things; you know that I love you."
Jesus said, "Feed my sheep. Very truly I tell you, when you were younger you dressed yourself and went where you wanted; but when you are old you will stretch out your hands, and someone else will dress you and lead you where you do not want to go." Jesus said this to indicate the kind of death by which Peter would glorify God. Then he said to him, "Follow me!"

John 21:15-19

Above mentioned quote from St. John's gospel shows positive VINE features. People in a positive VINE state are ready to lead selflessly other people during the crisis. They are a real blessing for their people during times of war and hardships, like St. Peter during the cruel persecution of Christians in ancient Rome. For Peter, leading other Christians meant a lot of responsibility and suffering. Although the leader, he served all. And finally, he had to sacrifice what VINE people value most, his freedom. However, the mission was worth his sacrifice. A moving story of a loving shepherd and his herd is beautifully described in a famous book of the Polish Nobel Prize winner Henryk Sienkiewicz *Quo vadis?*

Reflections:

You are a capable person and you know what the best is for the others.

Freedom is of utmost importance for you.

You are a leader by nature.

4. Individual essences

Y

It is important for you to maintain control over things even when you are ill.

You expect obedience from your subordinates.

Compare:

- ❖ HOLLY – both may be domineering and cruel:
 - The cruelty of VINE is cold, distant, like a player moving a figure on the chess desk;
 - the hate of HOLLY is hot; HOLLY is temperamental and emotional.
- ❖ BEECH – both can be very critical:
 - VINE is critical because the other people do not obey his commands;
 - BEECH has black-and-white view what is right and what is wrong, he is over-critical to any people who do not comply with his high standards; he may try to change other people or get rid of them, sometimes he creates a mask of a false tolerance but underneath the aversion is growing.
- ❖ VERVAIN – both may be dictatorial:
 - VINE is dictatorial because he enjoys power and likes to control other people;
 - VERVAIN is dictatorial to promote the principles that are “good for all”, that are to improve the society.
- ❖ CHICORY - both may be dictatorial:
 - VINE wants to control every situation they are in, their family, work, or even the doctor when they are ill; they are straightforward in their commands;
 - CHICORY wants to control her family; she uses manipulative tools, like emotional extortion, exaggerating health problems etc.
- ❖ ROCK WATER – both can be very strict and suppress the needs:
 - VINE is strict to his subordinates while he can enjoy pleasures of life;
 - ROCK WATER is predominantly strict to himself; he believes that a strict regime can help him to be successful, to be healthy or to grow spiritually.
- ❖ IMPATIENS – both can be concentrated on business and material things:
 - VINE likes the power and money;
 - IMPATIENS is hurried all the time and tense and nervous because he is worried about business matters and he believes that any delay is a waste of time.

Combines frequently with:

- BEECH - dictatorial and having black-and-white views;
- VERVAIN – dictatorial when trying to implement his firm principles into a practice;
- ROCK WATER – dictatorial and denying one’s needs;
- CHICORY – dictatorial and suffocating his family by smother love;
- OAK – domineering and obstinately demanding fulfilment of his commands;
- IMPATIENS – dictatorial, tense, impatient and having sudden bursts of anger;
- HOLLY – very domineering and hateful person;
- CENTAURY or MIMULUS – victims of bullying.

Keynotes:

- **Excessive self-confidence;**
- **Dictatorial, domineering**, often in managerial positions;
- They want the other people to **obey their commands unconditionally**;
- **Unfeeling, lack of empathy, amoral**, hard to other people, even **cruel**;
- **Fear of being dependent and helpless**;
- **Macho**, they deal with women as if they were his property;
- **May be also exact opposite** – victims of bullying.

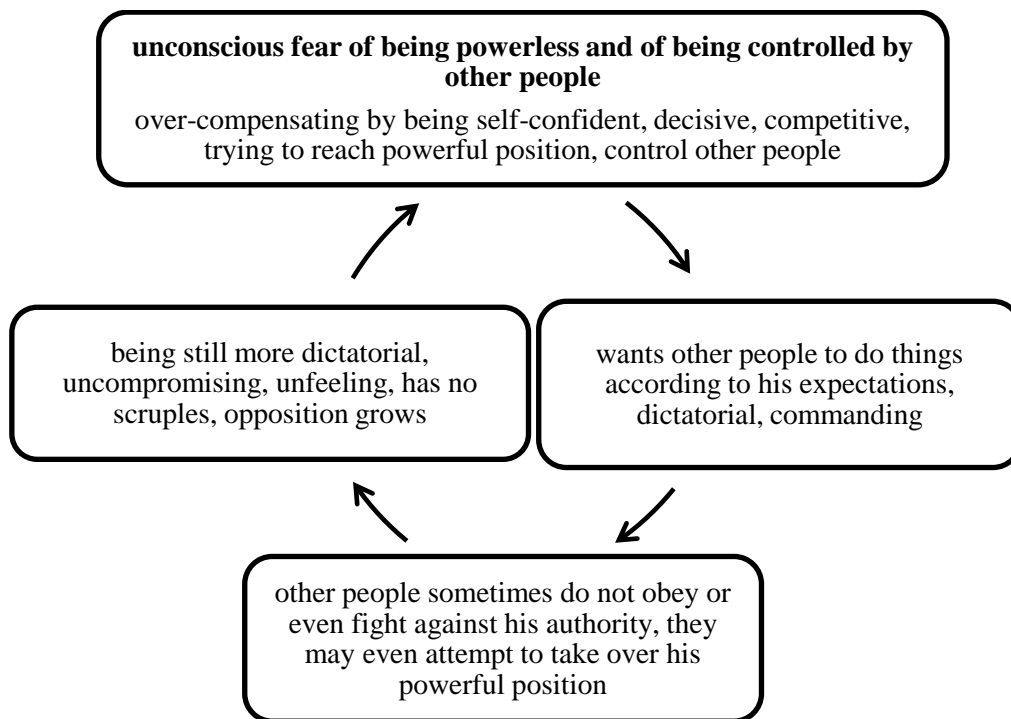


Diagram 36. Vicious circle of VINE.

4. Individual essences

4.9.4. Beech (*Fagus sylvatica*)

For those who feel the need to see more good and beauty in all that surrounds them. And, although much appears to be wrong, to have the ability to see the good growing within. So as to be able to be more tolerant, lenient and understanding of the different way each individual and all things are working to their own final perfection.

E. Bach, Twelve Healers and Other Remedies

Summary

Intolerant, critical, pedantic, always finding some mistake on other people but ignoring his own faults. He can become literally allergic to some people. Critical attitude may be sometimes covered by false façade of tolerance. Black or white views, even extremist.

Description

BEECH people have generally very strict requirements and rules that they apply in various areas of their lives and there are usually only few people (except them, of course) who comply with them. These high standards may concern aspects that people can influence, like level of education, quality of work, interpersonal communication, dressing, hairstyle, or those that cannot be changed, like race, sex, and origin. Towards those who do not comply with these criteria, an aversion similar to allergy develops: during the time As the antipathy grows, even a very limited contact can provoke a violent reaction. *“Meeting him for a minute causes a rash on my skin.”*


BEECH concentrates on the criteria of his own but neglects other aspects that might be more significant, in the others and in him. For example, a BEECH boss may wish to get rid of an IT expert who has a weird hairstyle and earring but he ignores the fact that he has an extraordinary talent for his work.

BEECH people are usually aware that manifesting their aversion directly can damage their relationships with other people. That is why they at first try to suppress their aversion or prejudices and to be nice and tolerant to other people. However, their inner aversion grows and finally it can manifest rather abruptly, in a form of a sharp remark, a burst of anger or sudden interruption of all communication.

After my studies I spent some time at the surgical department. The head doctor was a very pedantic person who required all things to be done perfectly. At the beginning, he was quite pleasant and tolerant to me. However, he watched my every step and criticised every slightest mistake I had made. Being under such a surveillance, I became nervous and in spite of my best effort I began to make more and more mistakes. Finally he wasn't able to control his aversion to me anymore and he interrupted all contact with me.

BEECH type is often transmitted from one generation to another. The reason is that BEECH parent education is very strict and critical. Any minor mistake is severely punished. In such a situation it is extremely difficult to preserve feeling of self-worth, and the child may also develop a BEECH reaction as a protection.

BEECH state sometimes appears in people who are excluded from a society, for example because of a physical handicap, nationality or race. They may also be excluded from their group of schoolmates because they are somehow different, like studying harder than other students, being smarter than they are, being overly submissive towards the teacher, informing the teacher about other student's misbehaviour etc. In these situations, BEECH reaction can develop as compensation – *“I am not the bad one, they are bad, I am better than they are”*. BEECH people may also provoke aversion in people around them, and the isolation may be a result of their conflicting character. Sometimes it is difficult to decide which was the first.

 *I have learned silence from the talkative, toleration from the intolerant, and kindness from the unkind; yet, strange, I am ungrateful to those teachers.*

Khalil Gibran

Extremist movement philosophies are all based on BEECH (often in combination with VERVAIN and VINE) mentality. These people concentrate on easily recognizable features, like colour of skin or a typical dress confirming that the person belongs to a certain nationality or religion, and they have a “straightforward solution” for all pressing problems – get rid of this “human garbage”.

⊕ *50 years old man. One of his complaints is a fear to go out; he lives in an area where a lot of gypsies live and he feels a fear and strong aversion to them. This fear even limits him in his daily life. Whenever he goes outside and meets a group of gypsies he feels a strong fear but at the same time anger towards them. When speaking about them he uses pejorative words.*

The combination of MIMULUS and BEECH as main ingredients reduces his fear and makes him more tolerant to national minorities.

Observation

Their critical attitude manifests often in the way how they communicate with other people. They are critical, sarcastic, ironic, and use biting comments. However, towards the therapist they often try to keep a tolerant, socially acceptable façade. Their intolerant nature manifests often unexpectedly when the patient, till now pleasant to you, makes a sarcastic or critical note about somebody else. Even when BEECH persons seem mild and tolerant, they may spread their critical nature non-verbally in a form of a negative energy. Sensitive people may feel discomfort in their presence. They may have a tendency to excuse or defend their deeds or may be more liable to making mistakes.

Physical complaints

Their physical complaints may aggravate in certain environments, when meeting certain people or when doing a certain work, like asthma in a radical non-smoker worsening when entering a room where somebody is smoking or having a skin eruption when the patient believes that it was provoked in a public bus by a contact with a homeless or black person (in this situation probably in combination with CRAB APPLE). Allergic reactions are quite typical.

4. Individual essences

⊗ 35 years old man. He has an allergic rhinitis and conjunctivitis and food allergy. All these allergies appeared a few years ago and they have been worsening during the time. At present he is afraid that they will get worse and limit him in his daily life.

He is an owner of a wood, and in this wood there are some cottages. He has long-lasting problems with tenants. Although he is already virtually allergic to their constant complaints and demands he feels badly when having to tell them “no”. That is why he tries to fulfil their requirements even when his irritation grows.

After BEECH, CENTAURY and MIMULUS as main remedies his allergies settle down. He is able to tell “no” to his tenants without having disagreeable feelings. He has realized that setting boundaries is important. Even when they are displeased by his behaviour he is able to deal with them with calmness and self-confidence.

Positive

📖 Do not judge, or you too will be judged. For in the same way you judge others, you will be judged, and with the measure you use, it will be measured to you.

Why do you look at the speck of sawdust in your brother's eye and pay no attention to the plank in your own eye? How can you say to your brother, 'Let me take the speck out of your eye,' when all the time there is a plank in your own eye? You hypocrite, first take the plank out of your own eye, and then you will see clearly to remove the speck from your brother's eye.

Matthew 7:1-5

BEECH essence can help us to see also the positive side in other people and become more tolerant. However, as you can see in Bach's description, patient's intention is very important. In persons with strong prejudices or extremist opinions who feel perfectly comfortable with them, we can hardly expect any significant change even when we convince the patient to take BEECH essence. The remedy can bring the biggest benefit to people who feel that their intolerance disrupts interpersonal relationships and they want to change it.

The Bible contains many marvellous parts that have a healing effect. “Do not judge, or you too will be judged” is one of them.

Reflections:

You have high standards and expect the same from other people.

It is difficult for you to tolerate people who do not live according to your standards.

You try to be tolerant to these people but it is not always easy.

Compare:

- ❖ CHICORY, VERVAIN and VINE – all can be critical towards other people:
 - BEECH has black-and-white view what is right and what is wrong, he is over-critical to any people who do not comply with his high standards; he may try to change other people or get rid of them, sometimes he creates a mask of a false tolerance but underneath the aversion is growing;
 - CHICORY desires to be loved by her family members and wants to have them near, gives them “well-meant advices” that are often refused or may provoke a conflict;
 - VERVAIN is critical because other people violate principles they believe are universal and of utmost importance;
 - VINE is critical because the other people do not obey his commands;
- ❖ ROCK WATER – both can be strict and deny pleasures:
 - BEECH is strict because it corresponds to his high standards or prejudices; he applies these restrictions to both himself and others;
 - ROCK WATER is predominantly strict to himself; he believes that a strict regime can help him to be successful, to be healthy or to grow spiritually.
- ❖ WILLOW – both can be over-critical towards other people:
 - WILLOW complains of injustice towards him and feels being a victim;
 - BEECH is critical and intolerant generally.
- ❖ IMPATIENS – both can react irritably and critically:
 - BEECH has rigid views of what is right and wrong; he wants to change other people or to get rid of them;
 - IMPATIENS is irritable and hurried by nature; he just wants the work to be done as soon as possible; he does not try to change other people.
- ❖ HOLLY – both may be very critical and even cruel to other people:
 - HOLLY uses criticism as a tool how to control other people or way of a revenge;
 - BEECH is critical because he has black and white views and firm principles and somebody violated them.

Combines frequently with:

- HOLLY – overcritical and revengeful;
- VINE – overcritical and dictatorial;
- VERVAIN – overcritical and fanatic;
- CHICORY – overcritical in family matters;
- ROCK WATER – intolerant in diet and lifestyle;
- IMPATIENS – intolerant and impatient;
- MIMULUS – intolerant but having a fear to manifest it.

Keynotes:

- **Critical, sarcastic, ironic, intolerant**, they concentrate on trifles somebody else makes and ignore mistakes of their own;

4. Individual essences

- They try to cover their intolerance by a **pleasant façade**;
- They may have suffered a **lot of criticism during childhood** or they may **feel excluded from the society**;
- Often **allergies** or food intolerance.

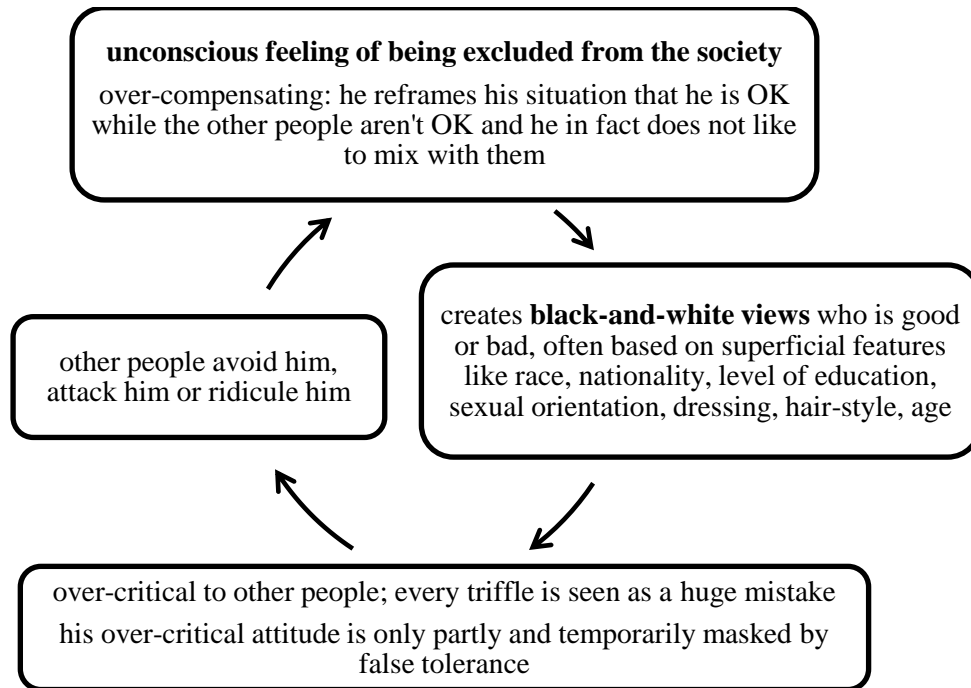


Diagram 37. Vicious circle of BEECH.

4.9.5. Rock Water

Those who are very strict in their way of living; they deny themselves many of the joys and pleasures of life because they consider it might interfere with their work.

They are hard masters to themselves. They wish to be well and strong and active, and will do anything which they believe will keep them so. They hope to be examples which will appeal to others who may then follow their ideas and be better as a result.

E. Bach, Twelve Healers and Other Remedies

Summary

Ascetic, strict to himself, he refuses enjoyment because of belief that he will be strong, healthy, will grow spiritually. Strict diets, exercise, rigid view of what is healthy.

Description

People, like all animals, have a tendency to avoid pain and to seek a satisfaction of physiological needs. When we touch a hot surface, we reflexively pull the hand back. When we are hungry, we look for some food. When we are sleepy, we go to sleep. When we feel a sexual urge, we seek a suitable partner.

However, our life is not perfect. Our needs often cannot be satisfied immediately, and some pain must be endured for some time. That is why we have been equipped with stress hormones and natural pain-killers, endorphins. These substances help us to overcome hardships and to reduce our suffering. What is important, even when we have high levels of steroids, adrenaline or other hormones, we still feel the urge to reduce pain or to satisfy our needs.

In some people, this situation is different. Stress and suffering brings them satisfaction, and in extreme cases, it is more pleasant than real satisfying needs or avoiding pain. These persons feel proud they can bear torture without complaining. They even may hope that other people will follow their example. This reaction is unnatural, and it can lead to self-destruction. The essence of ROCK WATER can help to revert this distorted behaviour to its natural form, so that the patient can enjoy the gifts our life brings and will give to the body what it needs for its right functioning.

ROCK WATER is a strange essence. While all other essences are produced from flowers put into spring water, ROCK WATER is **water alone**. As if in people who need this essence an important part were missing. Flower symbolically means life, love, happiness, and emotions. Water in its solid form, ice, is a crystal with a regular structure similar to minerals. The essence still keeps this characteristic. These people have a lot of structure in their lives but lack real life, enjoyment and emotions. They mortify their bodies and forbid themselves all enjoyment.

People in negative ROCK WATER state voluntarily suppress their signals from the body and bear suffering. It may have a form of excessive sport activities, strict diets, meditating for many hours in

4. Individual essences

an uncomfortable position or restricting sleep, hard studying or working without rest. However, it is not easy to force the body to such extreme behaviour. That is why people in ROCK WATER state adopt a theory that gives a higher meaning to their suffering. For them, long-distance running or vegan diet can become almost a religion. They arrange their whole day program to improve their physical fitness or to prepare food according to high standards they have set to themselves.

⊕ 50 years old man, a combination of AGRIMONY and ROCK WATER, used to run every day 20 km or made 100 km bicycle trips to suppress his feelings, no matter how the weather was. He ignored signals from his body. He comes now because the body cannot endure this suffering anymore. It has developed tendinitis of Achilles tendon to stop him for a while.

⊕ 40 years old woman. She has many allergies, and to get healthy, she has decided to be on a special diet. Her food needs a lot of care; she spends every day two or three hours with preparing her dinner.

Present society pays a lot of attention to various diets and eating. Books about cooking and about reducing weight invariably become bestsellers. However, when a strict diet becomes a life philosophy there is a significant danger of eating disorders. According to professionals working with patients with anorexia and bulimia, about one third of nutritional therapists or diet counsellors have a history of some eating disorder. And these people spread unhealthy eating habits further to other people. Another remedy frequently used in eating disorders is CRAB APPLE.

⊕ 55 years old man. Because of his family history, he has a fear of heart stroke. He uses a specific strategy of prevention: he almost totally excluded fat (both animal and vegetable) from his diet. The only way how he gets some fatty acids into his body is by eating different types of nuts. He is used to eating 100-200 grams of walnuts or hazelnuts daily. He has excluded meat, eggs and dairy products; he also does not use vegetable oils. His diet is stricter than vegan. And not surprisingly, his main complaint is that he is unable to gain weight. His slim, emaciated body evokes in him a fear of a serious disease. However, the disease is not in his body but in his head. He needs a combination of MIMULUS and ROCK WATER.

Some people may swim in ice-cold water or suppress their sexual urge in the hope of improving their health or speeding up spiritual growth. In extreme cases, they may inflict to their bodies real pain, like whipping themselves, and they may enjoy it.

Thousands of people spend a lot of time with spiritual techniques selectively taken out of its cultural and historical context. They forget one important thing. The heart of all great religions is to concentrate to other people instead of oneself, to cultivate selflessness and compassion. However, these techniques often lead to a sort of narcissism, to bigger and bigger concentration to one's mind and body. That is why they may become perfect practitioners of yoga or gurus but their spiritual development stagnates.

Observation

Negative ROCK WATER state in its fully developed form can be usually recognized quite easily. These patients reflect their lifestyle in their appearance, they are often thin and bony. Another possibility is that they have perfect muscles without a gram of fat.

During the conversation, they often present rather rigid views of what is healthy and what not. They may have better knowledge about diets or exercise than average doctor has. When speaking about health or spiritual themes you can see how a usually calm and self-controlled person suddenly becomes excited and how his eyes sparkle when explaining the advantages of yoga, meditation or vegan diet.

☯ Once a 60 years old yoga master registered in my ambulance of G. P. However, soon it became apparent that our communication would not be easy. He had very strict views of medicine. Initial lab tests revealed a high risk of prostate cancer in him. That is why I suggested him to go to a urologist but he categorically refused. For him, the only acceptable treatment was yoga, diet, meditation and herbal medicines. Because I felt a real fear for him I continued in my effort to persuade him to go to the urological investigation. Instead of thinking about my rational arguments, he exasperatedly left my consulting room.

Physical complaints

ROCK WATER people often suffer because of stiffness in any part of the body. This stiffness reflects their stiff attitude to the life generally. It is also significant how they solve their health problems. For example, when they are ill they may intensify their exercise of yoga, qi-gong or tai-chi instead of taking a rest. Of course, these exercises are usually very beneficent. In other people, I often recommend them to improve their health. However, ROCK WATER patients are often advanced in these practices; they even sometimes work as trainers or masters. For these people, increasing their exercise load does not help them in their health problems. Similarly, they may also resort to extreme diets that have detrimental effect on their body. They may also treat their mental problems by meditations and restricting sleep.

☯ 45 years old woman. Twenty years ago, when her allergy first appeared, she switched to vegetarian diet. After years, her allergy reappeared; she switched from vegetarian to strict vegan diet. She also still intensified her long-distance running. She was used to running ten or fifteen kilometres a day. One night she unexpectedly died; the cause of death was probably heart arrhythmia. Her body was already unable to bear such a hardship anymore.

☯ 40 years old man. Because of his annoying eczema, he began to drink regularly his urine. Although at the beginning it was not easy for him to use this strange remedy, after some time he got used to it and when the eczema became less prominent he even began to promote this strange treatment method to other people. The essence of ROCK WATER was certainly much more palatable 😊 and it brought complete healing of his skin.

Positive

📖 After leaving his second teacher, Uddaka, Prince Siddhartha was known as Ascetic Gautama. He met five friends – Kondanna, Bhaddiya, Vappa, Mahanama and Assaji – who had also left the palace and a life of luxury to become ascetics, or students of life, living poorly. They went to Uruvela and for six years Gautama struggled and tortured his body while his five friends supported and looked after him.

4. Individual essences

"I will carry austerity to the uttermost," thought Gautama. "This is the way to acquire wisdom." He practised fasting, which was thought to be one of the best ways to acquire wisdom. He lived on a grain of rice a day, and later, nothing at all. His body became so thin that his legs were like bamboo sticks, his backbone was like a rope, his chest was like an incomplete roof of a house, his eyes sank right inside, like stones in a deep well. His skin lost its golden colour and became black. In fact, he looked like a living skeleton – all bones without any flesh! He suffered terrible pain and hunger, yet continued to meditate.

Another way of torturing his body was to hold his breath for a long time until he felt violent pains in his ears, head and whole body. He would then fall senseless to the ground. During the full moon and new moon he went out into the forest or to a cemetery to meditate, wearing rags from graveyards and rubbish heaps. He became frightened at first, especially when wild animals came, but he never ran away. He stayed behind bravely in these dreadful places, meditating all the time.

For six long years he did these practices and in spite of the great pain and suffering he did not find wisdom or the answers to his questions. He finally decided, "These austerities are not the way to enlightenment." He went begging through the village for food to build up his body. When his five friends saw this they felt disappointed. They took their bowls and robes and left, wanting nothing more to do with Gautama.

Life of Gautama Buddha (*Life of the Buddha*, 2008)

Keyword of positive ROCK WATER is moderation. Person in a positive ROCK WATER state can control his needs and urges whenever necessary but remains aware of his body feelings. Like Siddhartha Gautama, he knows what golden mean means.

This essence is produced from spring water having verified healing properties. It is interesting that such springs have been used for centuries to treat various physical complaints. Many busy and exhausted people during their stay in the spa have learned how to relax and enjoy life. And that is the positive effect of the essence – people learn to relax, to soften their strict daily regime and to open the heart to pleasures our life brings.

Reflections:

It is very important for you to stay healthy.

You are rather strict to yourself.

It would be great if other people learnt from your example. (For ROCK WATER people, it is important to be an inspiration for other people. It does not mean that we must necessarily agree with his way of life.)

You use any effective means to get rid of the health problem.

Compare:

- ❖ VERVAIN – both can be strict to themselves or have a definite ideas what is healthy and what not:
 - VERVAIN may be enthusiastic in every area, including healthcare; he is keen on any diet or treatment method and has a tendency to convince other people about its usefulness; if he is in a powerful position, like the father in the family, he may force other people to abide by the diet or to use alternative therapy;
 - ROCK WATER applies his strict principles to himself only; he does not have an urge to convince other people with words, he hopes only that they may get inspired by his positive example.
- ❖ CRAB APPLE – both may keep a strict diet and can suffer eating disorders:
 - CRAB APPLE feels impure and ugly;
 - ROCK WATER is proud of being strict to him and believes that this regime can make him healthy or help him to grow spiritually.
- ❖ WATER VIOLET – both may keep distance from other people:
 - ROCK WATER does not like to be involved in talks about mundane things and prefers to stay in solitude because he believes that too much contact with other people would hinder his spiritual growth;
 - WATER VIOLET keeps a distance because he feels there is some barrier between him and other people; they do not have common conversation themes; he evokes air of proudness, nobility or haughtiness that keeps other people in a distance.
- ❖ PINE – both are strict to themselves:
 - PINE is strict to himself because he believes that pleasure is a sin or as a self-punishment;
 - ROCK WATER is strict because he hopes that it will make him healthy or it will support him on his spiritual path.
- ❖ OAK – both can be strict to themselves:
 - ROCK WATER is strict to himself because he hopes that it will help in his spiritual development or to be healthy;
 - OAK is strict to himself because he has a strong will.
- ❖ CHERRY PLUM – both remedies are self-controlled:
 - CHERRY PLUM suppresses negative emotions because he feels that they are socially unacceptable or even dangerous; he feels ashamed because of having these feelings;
 - ROCK WATER suppresses his needs and is strict to him because he believes that it will help him to be healthy and strong or it will support his spiritual growth; he is proud of it.

Combines frequently with:

- VERVAIN - healthy life-style or spiritual fanatic;
- CRAB APPLE - strict to himself, being on a diet to become healthy and beautiful;
- OAK – strict to himself and having a strong will;
- VINE – dictatorial and denying one's needs;
- BEECH – intolerant in diet and lifestyle;
- MIMULUS – strict to himself and rigidly maintaining healthy life-style because of fear of disease.

4. Individual essences

Keynotes

- They are **strict to themselves**: strict diets, excessive exercise, meditations, self-imposed sexual abstinence;
- They are **proud they can bear such hardships**;
- **They hope their suffering will help them to be healthy, strong, successful or to grow spiritually**;
- They do not impose their views to other people; **they hope they can serve as an inspiration for the others**;
- Rigid views what is healthy and what not;
- **Eating disorders, stiff joints.**

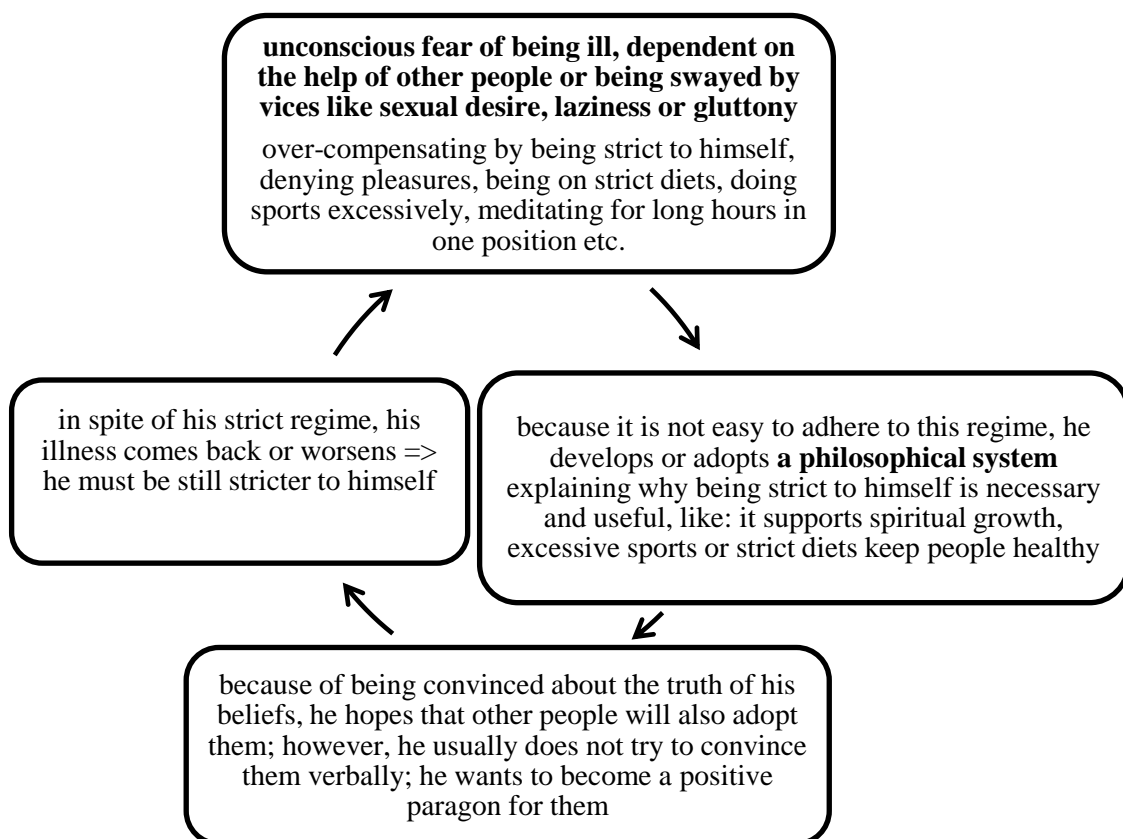


Diagram 38. Vicious circle of ROCK WATER.

4.10. Rescue Remedy (Five Flower Remedy, Crisis essence)

Summary

Any ACUTE condition associated with fear, panic, shock, loss of a dear person, bad news, uncontrollable emotions, restlessness, inner tension, lethargy, disconnection from external world. Serious situations but also less serious: fear of a dentist or of an exam. Acute physical problems, pains, injuries, heart attack, brain stroke, suffocation, epileptic fits, collapse, somnolence, unconsciousness, paralysis. RESCUE REMEDY DOES NOT REPLACE ALLOPATHIC TREATMENT!

Description

Bach has always stressed the importance of selecting of individual combinations of essences. The only fixed combination that he has used has been RESCUE REMEDY. Another fixed combination called RESCUE CREAM has been later created by other practitioners.

RESCUE REMEDY (*Crisis essence, Five Flower Essence*) contains following components:

- ROCK ROSE for panic;
- IMPATIENS for inner tension, hurriedness and restlessness;
- STAR OF BETHLEHEM for shock;
- CHERRY PLUM for fear of losing self-control, fear of getting mad and for hysterical and uncontrollable behaviour;
- CLEMATIS for paralysis, disconnection from reality and collapse.

RESCUE CREAM, a remedy used for the treatment of minor local infections, boils, burns, insect bites etc., apart from five essences included in RESCUE REMEDY also contains CRAB APPLE, a cleansing essence.

RESCUE REMEDY has a few important advantages – it is a whole first-aid medical kit in one bottle. You can carry it wherever you go. Because the combination of essences is well-balanced even laypersons can use it. It is absolutely safe and it has no side-effects.

However, it also has disadvantages. When you use it you almost always give to the patient also essences that do not correspond to patient's actual condition. It is not a problem if you want to give RESCUE REMEDY alone because these redundant essences simply do not have any effect. However, if you feel other essences are also necessary and you want to mix them together with RESCUE REMEDY into the treatment bottle, you can get easily to a situation when you mix too many essences together. Remember that the limit for number of essences in one treatment bottle is six or seven; RESCUE REMEDY itself contains five flowers. It is reasonable to use individual essences instead of RESCUE REMEDY whenever you have enough time for a more precise prescription.

4. Individual essences

RESCUE REMEDY is used mostly in acute conditions, either psychic or physical. Typical mental states suitable for the treatment with RESCUE REMEDY are:

- **Panic states** after terrifying experience, like a car accident, an assault, a natural disaster etc.; RESCUE REMEDY can be useful also in less serious conditions like fear of a dentist or fear of exams (ROCK ROSE);
- **Shock** from bad news, death of somebody dear, when hearing a serious diagnosis, after being fired from work (STAR OF BETHLEHEM);
- **Uncontrollable emotions**, like anger, hysterical reaction, fear of getting mad (CHERRY PLUM);
- Tension, restlessness, hurriedness, bursts of anger (IMPATIENS);
- Somnolence, disconnection from the world around (CLEMATIS).

As for physical problems, RESCUE REMEDY is useful whenever there are intense accompanying psychic symptoms like panic or shock. It can also be used routinely in serious or less serious somatic problems:

- Injuries, accidents;
- Myocardial infarction, arrhythmias, brain stroke;
- Intense pains of any origin;
- Bleeding;
- Asthma, acute laryngitis of small children or any other conditions associated with suffocation;
- Epileptic fits;
- Collapse, unconsciousness;
- Terminally ill and dying people etc.

Remember that RESCUE REMEDY can never replace allopathic medical treatment! Even when the condition gets better, the patient needs to undergo all necessary investigations if there is a possibility of any serious underlying condition.

For example, if you use RESCUE REMEDY in a patient with a myocardial infarction, you buy some time for the patient. He calms down, his blood pressure and heart rate decreases. There is higher chance that he survives until the arrival of emergency and it reduces the extent of the injury of heart muscle. However, the principal treatment is reopening of obstructed coronary artery. And it can be done only by an experienced cardiologist with the usage of modern equipment.

Sometimes RESCUE REMEDY is useful for all family members even when there is only one ill person.

☼ *A small boy gets acute laryngitis. He wakes up during the night and begins to cough. He coughs and coughs and the attack seems to be endless. Between the attacks, he tries to gasp for air but he is evidently suffocating. The worry of parents grows into a sheer panic that transmits back to the ill child.*

You will certainly call emergency but you can do still more. The first thing is to open the window to let cool fresh air in. Another thing is to give four drops of RESCUE REMEDY to the ill boy and to family members and repeat this treatment every few minutes. In such acute conditions, the effect of RESCUE REMEDY is often very fast and it is possible that when emergency arrives the child will be already much better.

Bach Flower Therapy is a Dialogue

Remember that while in individual essences, you give only two drops, in **RESCUE REMEDY** you give **four drops**, either directly into the mouth, to the lips, into a glass of water or into a treatment bottle. In acute states, you can repeat the dose very frequently, even every five or ten minutes if necessary. There is no risk of over-dosage.

PART II

A Dialogue

Definition of “dialogue” by Merriam-Webster dictionary

(1): a written composition in which two or more characters are represented as conversing

(2a) a conversation between two or more persons

also: a similar exchange between a person and something else (such as a computer)

(2b) an exchange of ideas and opinions

organized a series of dialogues on human rights

(2c) a discussion between representatives of parties to a conflict that is aimed at resolution a constructive dialogue between loggers and environmentalists

(3) the conversational element of literary or dramatic composition

(4) a musical composition for two or more parts suggestive of a conversation

5. Communication

5.1. The position of the therapist is changing

One hundred years ago, a profession of a teacher, doctor and priest had a natural respect among common people. Their wisdom and experience was acknowledged and their recommendation was widely accepted. However, during twentieth century, the position of these archetypal professions changed a lot. The process of transformation began with the fast development of science and technologies that evoked false illusion of human omnipotence and strengthened the position of materialism. Rapid expansion of new religions and sects doubted traditional churches.

After World War II, movements demanding freedom, promoting human rights and rebelling against established authorities spread among young people and challenged traditional values of the society. Hippies fought against social rules and traditions and their activities initiated changes in many areas of human life. Teachers lost a lot of traditional respect and the whole educational system entered into a deep crisis. New pedagogical approaches have been developed in an attempt to find a new path to pupils and students.

The development of medicine also reflected general trend in the society. Although allopathic medicine made a huge progress and saved many lives, it also began to reveal its limits. More and more people felt disappointment and aversion towards authoritative approach of allopathic doctors and resorted to alternative medicine.

For hundreds of years, physicians had a monopoly for medical information. Latin and Greek words served as a secret code that protected the hidden wisdom against laypersons. The expansion of Internet absolutely changed this situation. At present, after a few clicks the patient has a direct access to hundreds of medical resources. Today's patients are well informed, they know a lot about suitable treatment methods and they want to decide on themselves.

All these factors, freedom to make decisions about one's life, ambiguity of efficacy of modern medicine and overwhelming amount of easily accessible information, lead to a situation where the relationship between the practitioner and the patient is much more equal than it was one hundred years ago. The patient wants to be taken as a partner, to understand the diagnosis and planned therapy and to make qualified decisions. However, many healthcare practitioners stick to old directive style of communication and it causes misunderstandings and discords.

It has become apparent that the right way of communication can improve therapeutic results, no matter in what area we work. Even in a very technical branch like surgery, empathetic approach can significantly influence the result of the operation, the speed of recovery and prevent the development of complications.

5. Communication

⊗ *Surgeons differ from other doctors. During their practice, they have to deal with extremely stressful situations and that is why their training resembles a drill in the army. There is no place for weaklings, the surgeon must learn to suppress his feelings and needs to be able to remain firm hand under all conditions. That is why many surgeons seem rough and unfeeling. However, there are also exceptions.*

One my schoolmate from grammar once called me and asked me to examine her father. Investigations revealed advanced lung cancer. Although I explained her that the prognosis was fatal and the condition was unsuitable for an operation she insisted on asking for help of a famous surgeon from Prague renowned for almost miraculous cure of many patients.

I was rather sceptical about it. I expected that because of hopelessness of the case the professor would shift the consultation to some of his subordinates. However, he agreed to meet her personally. In spite of his very busy schedule he found a space between two operations and already two days later they met in his office. He shook her hand and offered her coffee. He listened attentively to her narration. Then he empathically reflected her fear for her dad and her desire to help him. He explained her the nature and extent of his disease and the limited efficacy of surgical treatment. Finally the professor patiently answered all her questions. The whole consultation lasted about one hour.

When she was later describing me the consultation her eyes filled with tears. Although the information she had obtained from the professor was pessimistic talking with him brought her a great relief. She knew that the present therapy was the best possible, that there was no other better way how to help him.

The empathetic approach is professor's "secret of success". In that way he differs from his colleagues and that is why his therapeutic results are so extraordinary.

In non-invasive branches, the significance of a good **therapeutic relationship** and **empathetic listening** is crucial. In alternative medicine as well as in psychotherapy, an understanding and trustworthy approach of the therapist plays central role in the therapeutic process.

📖 More and more research studies demonstrate that it is the relationship between the client and psychotherapist, more than any other factor that determines the effectiveness of psychotherapy. This is, success in psychotherapy can best be predicted by the properties of the patient, psychotherapist and their particular relationship.

Petrūska Clarkson (Clarkson, 2003)

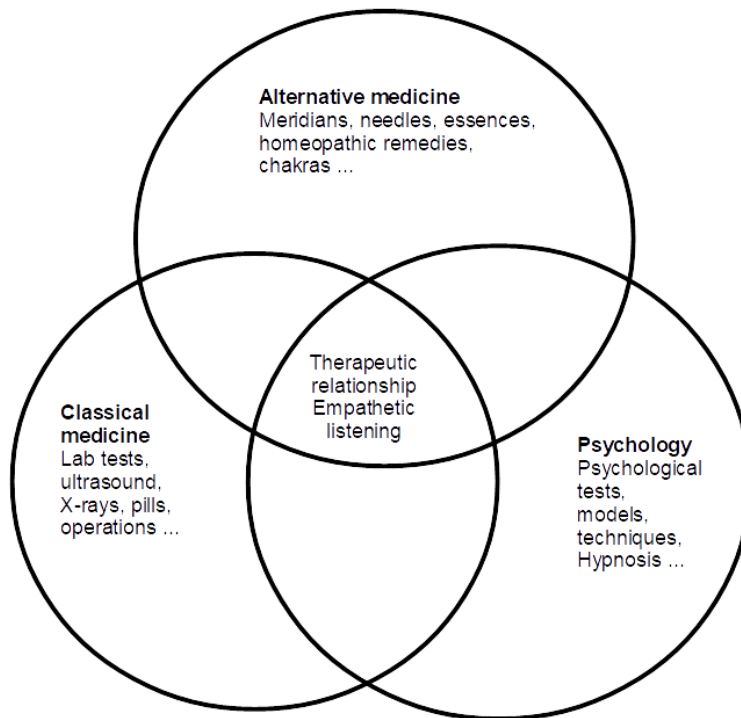


Diagram 39. Relationship between psychotherapy and allopathic and alternative medicine.

Various therapeutic approaches differ in their theory, used models and techniques but they have common parts that play most important role. Beginning therapists concentrate on technical aspects but during their practice they learn what really helps their patients. This is true for both allopathic and alternative medicine.

The rest of this book concentrates on these most important tools that are common for all therapeutic methods and influence most significantly the result. Of course, they have been adjusted for the usage in the daily practice of BFT practitioner; however, much of this information can be applied generally in any other therapeutic approach.

Although the tools we are using differ from a standard psychotherapy, Clarkson's statement is valid in Bach flower therapy too. A few years ago I made a statistical analysis of my therapeutic results; I divided my cases into "success", "partial success" and "failure". And when I analysed these completely unsuccessful cases I discovered that in ninety per cent, the patients terminated the therapy very early. They came only once or twice. They gave BFT a try and it did not fulfil their expectations. The termination was often abrupt, without any excuse or explanation. In successful cases, even when there were moments when the effect of the therapy wasn't evident, patients continued with BFT and after a few follow-ups, they finally acknowledged its efficacy.

Some patients terminated the therapy even when the combination seemed to be well-selected. This sudden interruption of the therapy had a few reasons. Some of these patients felt disappointed by the

5. Communication

therapeutic method. They simply expected something different. They made a try but when after a few days there wasn't clear improvement, they interrupted it. Some of them felt distrust towards me as a therapist. They found my contact details on Internet and arranged a consultation by phone or e-mail but didn't know me personally before the consultation. During the whole consultation there was some barrier between us as humans that couldn't be overcome. And some of them were pushed into the therapy by their relatives, the therapy wasn't their choice.

Many of these problems weren't inevitable: they could be prevented by providing the patient with necessary information prior to the beginning of the therapy or could be solved by empathetic approach during the consultation. This led me to an important conclusion: **The way how we communicate with the patient and how reliable therapeutic relationship we create is at least as important as which essences we choose.**

Part II of this book presents communication styles that have proved to be most effective in my daily practice. The goal of the rest of book is to show you how to establish a reliable therapeutic relationship with the patient, how to avoid discord and how to facilitate the therapeutic process.

We can compare a student of BFT with a person learning to drive a car. He needs to know something about technical parameters of the vehicle, how to start it and how he can switch on the lights. He also needs to know some basics about how the car engine works. Here, the car represents Bach essences as a treatment tool. In our book, we deal with the engine in chapter 3 (Edward Bach and his work), and chapter 4 (Individual essences).

In later chapters, we describe how to drive the car in an everyday traffic – the way how to communicate with real patients. Driving has some basic principles, like *Safety foremost* or *Have respect for other traffic participants*. Driver should always bear these principles on mind, otherwise driving changes into unreasonable hazard. BFT has also its basic principles that should be respected. They are explained in chapter 6 (Basic principles). When driving a car, we also need to know something about how external factors (weather, visibility) or internal factors (driving style) influence vehicle's behaviour on the road and safety of passengers. Similarly, in BFT there are some factors that influence the therapeutic relationship with the patient. They are described in chapter 8 (Therapeutic relationship).

The driver should also learn all necessary procedures. Some of them are simple, like braking, acceleration, shifting gears, manipulating with the steering wheel. Here we can find a parallel with chapter 10 (Basic communication techniques). Other operations are more complex and the driver will use simple techniques in combination to accomplish them, like driving through a crossroad or overtaking. In this book, other communication techniques are described in chapter 11 (Other useful techniques).

The driver also needs to learn traffic rules. He needs to know what red light means and what he is to do when he sees a "Give way" sign. These regulations protect both him and others. Similar rules that protect both the therapist and the patient are described in the chapter 12 (Therapeutic contract). The driver also needs to learn basic orientation skills, like to find out which way to go - chapter 13 (Case taking), chapter 14 (Prescription), chapter 15 (Treating physical problems) and 16 (Focusing), and how to recognize whether he is driving the right direction - chapter 17 (Follow-up).

He also needs to know what to do when he gets lost on his way or when he has an accident - chapter 18 (When therapy does not work) and when he arrives to the destination - chapter 20 (Terminating and re-starting of BFT). The driver may also need to learn how to drive the car under special conditions, like having a trailer - chapter 21 (Specific situations: treating pregnant and breast-feeding women,

children, elderly people and animals) and chapter 23 (Combining BFT with other therapies) and how to further improve driving skills - chapter 24 (Further education of BFT practitioners).

5.2. Working styles

Let's begin with three cases:

I.

⊗ A young man comes to the consulting room because of problems at school. He studies at the university and his studying isn't smooth. Every exam brings a lot of stress to him and he feels that the pressure is already overwhelming; it costs him more and more energy to force himself to sit and study. He even begins to hesitate whether this study branch is suitable for him or not.

During the consultation, the patient describes his feelings associated with the studying. His motivation is further explored. He discusses with the practitioner how the essences can support him to overcome his doubts, how to improve his learning abilities and how to boost his self-confidence. One of the themes during the therapy is also indecision whether it is the right branch of study for him or not.

II.

⊗ A young man comes to the consulting room because of problems at school. He studies at the university and his studying isn't smooth. Every exam brings a lot of stress to him and he feels that the pressure is already overwhelming; it costs him more and more energy to force himself to sit and study. His fear of exams grows; he has a repeated pattern of preparing for an exam but then the fear overwhelms him and shortly before the exam he postpones it. The problem is that the time is shortening; he has still to pass other exams and his stress is growing. At present, he comes again because the date of next exam is near and there is a risk that he will postpone it again. In spite of suitable essences, like MIMULUS, LARCH or CHESTNUT BUD, it seems that the situation is the same as previously.

During the consultation, the patient describes his feelings associated with the studying. Because it is evident that another postponing of the exam will further increase the stress of the patient, the therapist decides to support the variant of going to the exam instead of postponing it. He shifts intentionally patient's attention to facts that favour going to the exam and pays less attention to the facts that speak against it. He does not omit them fully but simply mentions them and goes further. He also offers interpretations that support going to the exam. He tries to evoke optimism and self-confidence in the patient.

III.

⊗ A young man comes to the consulting room because of problems at school. He studies at the university and his studying isn't smooth. Every exam brings a lot of stress to him and he feels that the pressure is already overwhelming; it costs him more and more energy to force himself to sit and study. At present, the patient is preparing for another exam. However, the stress is simply too much for him; because of lack of sleep, his memory is unable to absorb any new information anymore. He is recommended to have a rest and to sleep better and he gets a bottle with some essences. However, three days later, one day before the exam, he comes in a desperate state. He trembles all over the body, he has an empty look in eyes, he has no energy and he feels that his memory has collapsed entirely. He barely can remember the name of his own. From the extreme stress, he cannot either eat or sleep and today he has vomited a few times. He feels desperate but still intends to go to the exam. He sees no other option; he knows that he will fail. It is a situation of a condemned going to the execution.

5. Communication

Although these three cases may seem superficially similar, there are significant differences. And each situation requires different **working style** of the therapist. In the first case, the patient is active in solving of the problem. He just needs the information (in a form of words or essences) how to use the best way the resources of his own. The work with such patients is usually straightforward and satisfactory for both the patient and the therapist. Used working style is called **following**, it is the patient who decides and the role of the therapist is to facilitate exploration of the problem and to offer information.

In the second case, the difference is that the way how the patient thinks, feels and behaves isn't fully autonomous. It is adversely influenced by his immature tendency to avoid problems instead of facing them. He sees things in a short-term perspective only; he prefers to avoid present suffering at any cost and does not pay much attention to the consequences. In other cases, there may also be a problem with dependence, either physical, like in alcoholics or heavy smokers who consider stopping their bad habit but at the same time they are controlled by their craving, or emotional, like in a woman who repeatedly leaves and returns to a violent partner who abuses her and her children. In these situations, the therapist knows according to his experience that the patient's behaviour is detrimental; however, at the same time if he tries to directly convince the patient there is a risk that he will react right contrarily. The best working style is **guiding**, a technique favouring one of possible options but at the same time letting the decision on the patient and avoiding discord.

In the third case, the patient's rational thinking is significantly impaired. His behaviour is clearly self-destructive and his inner resources are exhausted. He is in a state of intense suffering, like somebody who breaks his leg and needs urgent help. A similar situation may happen when a patient gets into a deep depression. He is desperate, he has no energy, he sits and stares only, and his mind is stuck in a vicious circle of self-accusations. He cannot get out of this situation by himself and the only way is to send him immediately to the psychiatrist. The style used is **directing**. When using directing style, the therapist takes over the responsibility for the patient and tells him gently but firmly what he should do. In above mentioned example, **the duty of the therapist to tell clearly STOP:**

*“The exam is very important for you and you have invested a lot of energy into it. However, at present, your energy is exhausted and there is also a risk that you will get ill because of it. Please, **POSTPONE THE EXAM NOW**. After you recover, we will adjust the essences and next time you will succeed.”*

Another possibility is **to express concern** (see also 11.2.):

“You are exhausted and you have repeatedly vomited. I need to tell you that I feel really worried because of your health state. If you decide to go to the exam there is a significant risk of health consequences.”

In the consulting room of a BFT practitioner, all of these working styles are sometimes used. The difference is in the frequency, of course. Most frequently used is following style. Many of patients who consider BFT are those who highly appreciate the autonomy of their own and want to decide on themselves. **Following style** is typically used during the first consultation when the patient describes the problem and we need to gather as much spontaneous information as possible. We do not know in what the problem consists yet; we need to understand how the patient views the problem from his perspective.

Guiding style, apart from above mentioned situations, is especially useful during follow-ups. The suitable combination of essences has already been selected and it is the time to evaluate its effect. The main goal during follow-ups is to convince the patient about the efficacy of the therapy and to dispel

his doubts (see also 7.3. Cycle of change). It is quite possible that he has expected faster or different effect; maybe he does not trust the method much. Guiding style helps to enhance his optimism and the trust in the treatment method.


Guiding style is also used in situations when the therapist treats the patient with a different therapeutic modality but he considers offering BFT as an additional therapy. For example, a patient comes to a masseur because of backache. However, during the consultation the patient begins to speak about the extreme stress he has now. It is evident that backache reflects the feeling of a heavy burden the patient has to carry and BFT in combination with massage can be especially useful for him. Guiding style can help the patient to see the benefits of BFT and to build his motivation for this therapy.

Guiding style isn't a manipulation. You do not distort facts; you also do not do it in order to get a personal benefit. Every situation can be seen from different points of view; some are positive; some are pessimistic. Some of them support change, some of them favour staying in the present situation. In the proverbial glass of water, you can see it half full or half empty. Optimists see it half full, pessimists half empty but the glass is the same. Guiding style respects patient's autonomy; at the same time it increases the probability that his reasoning will become more constructive and optimistic.

Directing style is typically used in allopathic medicine in acute situations. In BFT, the usage of directing style is limited only to above mentioned extreme situations.

In the examples included in this book, following and guiding style are used. They aren't explicitly differentiated; in the first consultation, following style is usually used while in the other situations, like in follow-ups or when convincing the patient about BFT, guiding style is predominant. However, the boundary between these two styles isn't often clear and the communication may sometimes seem more as following but a few moments later as guiding. The art of medicine consists in swift change of the approach whenever it is suitable, instead of sticking rigidly to one way. They both use the same tools: open questions, affirmations, reflections and summaries. The difference consists in the goal of the therapist: if he wants to understand patient's feelings and thinking only, he uses following style. If he wants to understand patient's feelings and thinking AND at the same time he wants to influence patient's decision, he uses guiding style.

6. Basic principles

 *Just living is not enough... one must have sunshine, freedom, and a little flower.*

Hans Christian Andersen

When studying a therapeutic method, we mainly concentrate on **how** to treat the patient, on the technique. However, there is still some part remaining that is maybe even more important. It is the philosophy that lies behind; the principles that help us decide what right is and what wrong is. We needn't articulate these rules directly during the consultation although we can mention them when explaining BFT to the patient during the introduction. The most important is, whether and how we apply these principles during our practice. There is sometimes a delicate boundary between treatment and manipulation, between supporting the patient in the personal development and trying to change him according to our expectations. We should bear these principles on the mind and apply them whenever there is a doubt about the right course of the therapy.

These principles are a result of a long-lasting development, not only of medicine or psychology but of the society as a whole. We can find a parallel between them and postulates made by many philosophers or politicians. For example, the motto of French revolution, *Liberté, fraternité, égalité* (liberty, brotherhood, equality) is quite similar to principles of Autonomy, Compassion and Partnership described below.

These principles are essential for establishing of a reliable therapeutic relationship. Although they may seem natural and self-evident, psychology needed some time to discover them. At the beginning, the way how psychologists worked was quite similar to the work of somatic doctors (because medicine was usually their original education). They took history of the patient and made a sophisticated diagnosis, an analysis. They believed that exact understanding why the patient felt, thought and behaved this way was crucial for the therapy. Building of the relationship with the patient was only secondary.

Today most psychologists work differently. Although understanding the patient's problem is still important, more attention is paid to the establishing of a good communication with the patient and to supporting him in finding solutions of his own. This change is a result of a relentless effort of the enthusiasts who believed in the healing potential hidden in their patients instead of relying upon the healing powers of themselves as therapists. A prominent personality of this movement, Carl Rogers defined basic rules of a so called **person-centred approach**, stressing freedom and responsibility for one's own life. They were further elaborated by Rogers's followers, founders of motivational interviewing, William R. Miller and Stephen Rollnick.

As it has been already mentioned in the chapter about Bach's life, BFT isn't about essences only. It has a deep philosophical background that should be respected by practitioners. And here psychothera-

py gets close to BFT: ideas of person-centred approach are very close to concepts postulated by Edward Bach. It is fascinating how Edward Bach surpassed the development in psychotherapy. His principles are plausible for all sorts of therapy and for all therapists even now, more than eighty years after his death.

Here is the overview of the principles¹⁴:

- Partnership
- Acceptance, that is a combination of
 - Absolute Worth
 - Autonomy
 - Accurate Empathy
 - Affirmation
- Compassion
- Evocation
- Life mission

6.1. Partnership

📖 Gone forever must be the thought that relief may be obtained by the payment of gold or silver. Health, like life, is of Divine origin, and can only be obtained by Divine Means. Money, luxury, travel, may outwardly appear to be able to purchase for us an improvement in our physical being; but these things can never give us true health.

The patient of tomorrow must understand that he, and he alone, can bring himself relief from suffering, though he may obtain advice and help from an elder brother who will assist him in his effort.

E. Bach, *Ye Suffer from Yourselves*

When we speak during supervision about certain patients, my supervisor sometimes uses an expression **broken car syndrome**. She uses this term for people who try to apply their experience with solving technical problems in everyday life to their health difficulties. When their car engine does not work correctly, they take it to the car repair shop. They describe the problem and they expect that the repairer is an expert and that he will be able to solve the problem by himself. They make a contract about when the car will be ready to use again and how much the repair will cost. The repairer's duty is to fix the problem; their duty is to pay for it.

Some patients believe that healthcare works similarly. They just take their dysfunctional mind or body to the doctor's repair shop, describe the problem and expect fast cure. They do not do anything else to restore the health. They are pure recipients of health care. They think that payment, either in cash or by

¹⁴ Similar principles have also been postulated by other psychotherapeutic schools, not only by person-centered therapy. For example, the philosophical assumptions of transactional analysis are: *People are OK* (corresponds to Acceptance), *Everybody has the capacity to think* (Partnership) and *People decide their own destiny, and these decisions can be changed* (Autonomy).

6. Basic principles

health insurance agency, is enough. Then, when the treatment fails, they feel surprised and blame the therapist.

It (motivational interviewing - MI) is not something done by an expert to a passive recipient, a teacher to a pupil, a master to a disciple. In fact it is not done "to" or "on" someone at all. MI is done "for" and "with" a person. It is an active collaboration between experts. People are the undisputed experts on themselves. No one has been with them longer, or knows them better than they do themselves.

W. R. Miller, Stephen Rollnick, *Motivational Interviewing*

In fact, today's healthcare system supports this approach. The process, by sociologists called **macdonaldisation** (Ritzer, 1993), means an effort to treat as many patients as possible as fast as possible by limited number of healthcare professionals, a model resembling fast food companies. The "patients" are renamed to "clients" in this system to stress that they are customers of healthcare company and consumers of healthcare. Little attention is paid to the fact that in medicine the active involvement of the patient to the therapeutic process is indispensable.

No one saves us but ourselves. No one can and no one may. We ourselves must walk the path.

Gautama Buddha

There are also therapists who are convinced that they are experts and they know the best what will help their patients. They use paternalistic approach and ignore needs and opinions of their clients. They may use a sophisticated terminology or a complicated apparatus that "measures objectively" what is missing. This therapeutic relationship is unequal, the therapist has all the knowledge and the patient is pushed into a passive role.

Luckily, there are many patients who want more than a simple "repair". They want to actively participate in the therapeutic process including decision making and they want to understand their health problem. They also hope that in the future they will be able to avoid similar problems or treat them by themselves. They value their independence and the task of the therapist is to support them in their effort to regain health.

Many therapists have also realized that the motivation and activity of the patient is the most important factor predicting the success in the therapy. They share necessary information with the patient and invite him to cooperate and to decide on the treatment.

Partnership is about equality. Both the patient and the therapist are on the same level. They have information that is indispensable for the success of the therapy. The therapist is an expert about the method, the patient is expert about his life. He lives with himself twenty-four seven and he will have to live with the consequences of the therapy. Without their cooperation real healing is impossible. This fact should also reflect in the language of the therapist. All his explanations should be made in a language easily understandable for the patient. Usage of technical terms or Latin and Greek words

creates a power imbalance. It is not difficult to explain complicated things with sophisticated language but it is challenging to explain complex things with simple words.

6.1.1. Therapeutic dialogue

We can imagine a treatment process as a **therapeutic dialogue**. The therapeutic dialogue means a **constant interchange of information** between the therapist and the patient. The therapist tells “*Hello*” and the patient answers. The therapist asks him what his idea about BFT is and the patient describes his fantasy or previous experience. The therapist adjusts possible inaccuracies and waits for the reaction of the patient. If this way of treatment is acceptable, the patient begins to describe his problem. Description of the problem is also a sequence of mutual interactions. The patient has some feelings and tries to translate them into words. However, words are never accurate in describing our emotions. The therapist may miss a part of what has been told or he may misunderstand it. So, he gives the feedback to the patient how he understands what has been told. To have an accurate idea about how the patient feels a continuous feedback is necessary. This feedback also tells the patient whether his therapist understands his problem. Finally, the therapist offers a selection of essences and they discuss about them.

Following table graphically represents the dialogical character of consultations. Although it might seem obvious and trivial, it is essential to create and maintain such a dialogue, to really listen what the patient says and to react to it.

Therapist – expert in BFT	Patient – expert in his life	Result
<i>Hello.</i>	<i>Hello.</i>	The first contact is established.
<i>What do you know about Bach essences?</i>	Answers according his knowledge, experience and expectations.	The therapist knows what the patient’s expectations are.
Describes method. Corrects inaccuracies. <i>What do you think about that?</i>	Compares the description with his expectations. Accepts, denies or asks further questions.	The patient knows what he can expect from the therapy.
<i>How can I help you?</i>	Describes the problem.	The therapist has the first idea about the problem.
Reflects what he has heard and how he has understood it.	Gives feedback, corrects what has been misunderstood or explains in more detail.	The patient feels listened to and can verify whether the therapist has understood him correctly. The therapist obtains more reliable information.
Reflects what he has heard and how he has understood it. Asks questions if anything important is missing.	Gives feedback, corrects what has been misunderstood or explains in more detail. Answers questions etc.	The same.
Explains what themes seem important and what essences are suitable.	Gives feedback. Accepts or refuses suggested themes and essences.	The answer of the patient tells the therapist whether the recommended remedy is right. The patient feels that his opinion is important and that the remedy combination really corresponds to his feelings and needs.

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Adjusts the essence combination.	Agrees with the final combination.	The same.
Suggests usual way how to use essences.	Considers how the way of dosage is applicable in his life.	The treatment regime is acceptable for the patient and he is ready to abide by it.
Offers other supportive techniques if suitable. (relaxation, yoga, exercise, learning assertive techniques etc.)	Agrees the suggested therapy.	The patient feels he can actively influence the result of the therapy. Empowers patient's autonomy.
<i>Goodbye.</i>	<i>Goodbye.</i>	The consultation is terminated.

Table 2. Therapeutic dialogue.

During a follow-up the dialogue continues. The patient describes the observed changes, either positive or negative, and the therapist offers an adjustment of the mixture. This new combination goes through the process of negotiation and so on. The more the patient feels accurately understood and the more he feels that the therapy is the result of joint efforts of the therapist and the patient, the better is the outcome.¹⁵

It is important to remember that our role begins and ends with offering information, either in the form of words or essences. We cannot do anything more, even when we would wish to do that. It is up to the patient whether and how he uses what he is offered.

⊗ 40 years old woman. She is a patient of my ambulance of G. P. for a few years but we previously met only very rarely. At present she comes because of recurrent respiratory infections. Now I can fully perceive how difficult person she is. Her way of communication is very conflicting; she is aggressive, domineering and suspicious, doubts my knowledge and tries to force me to do things I do not like. She has a strange life philosophy: on one hand, she pays a lot of attention to a healthy lifestyle, she exercises yoga, meditates etc. On the other hand, she requires strong antibiotics to get rid of the infection she has, she has undergone plastic operations and she has decided to remain childless because children would be a burden for her. Her relationship with her partner is unusual too; it is based mainly on sex. She does not trust him and takes as a matter-of-course that he might have other partners too.

Her domineering behaviour provokes a fear and an aversion in me. I feel an inner urge either to shift to a submissive position and to accept her unreasonable requirements or to counter-attack and criticize her. However, none of these communication styles would be helpful. That is why I suppress these negative feelings and invite her to an equal communication. Communication techniques described later in this book (chapter 10) help to reduce the tension and to make the conversation more constructive.

Partnership principle integrates other principles of BFT. Both partners accept each other, respect the other person's autonomy and his capacity to find a solution.

¹⁵ As in our everyday life, a natural dialogue is a balanced blend of agreement, disagreement and clarification. Whenever this balance is disturbed it is a signal that the communication is disharmonious. Sometimes one participant refuses most of the proposals and ideas of the partner. The conversation has a conflicting character. Sometimes the bidirectional flow of information is interrupted. One person accepts everything without further comments or questioning. It may mean a submission, resignation or disinterest.

6.2. Acceptance

📖 The curious paradox is that when I accept myself just as I am, then I can change.

Carl R. Rogers

In our daily life, we are continuously assessed by others or we assess other people. While for somebody, awareness of being observed and judged may be stimulating, for people who suffer some mental difficulty, such a thing invariably worsens their problems. That is why non-judgemental environment has an unspecific healing effect to our patients. If the patient feels accepted and respected by the therapist it helps him to feel comfortable and to reveal his hidden traumas.

Acceptance has four aspects: respect for the patient's **absolute worth**, **autonomy**, **accurate empathy** and **affirmation**.

6.2.1. Absolute worth

📖 People are just as wonderful as sunsets if you let them be. When I look at a sunset, I don't find myself saying, "Soften the orange a bit on the right hand corner." I don't try to control a sunset. I watch with awe as it unfolds.

Carl R. Rogers

📖 We, as children of the Creator, have within us all perfection, and we come into this world merely that we may realize our Divinity; so that all tests and all experiences will leave us untouched, for through that Divine Power all things are possible to us.

E. Bach, Free Thyself

Bach believed that all humans are children of the Creator and that they have all the perfection within. Rogers compared people with nature's masterpiece - a sunset. Both metaphors are beautiful and they describe how both giants of medicine admired human beings and loved them. Everybody was valuable for them, no matter who he or she was or what impression he or she made to other people. These words are always a great inspiration for me and an impulse to learn how to accept even most troublesome people. Without unconditional acceptance of the patient, it is virtually impossible to treat him well. In my practice I do not remember any successful case of a patient to whom I felt an aversion that I was unable to overcome. Because I concentrated on negative traits of patient's personality, the therapy was more an attempt to repair his faults, rather than a sincere effort to develop his virtues.

📖 When the other person is hurting, confused, troubled, anxious, alienated, terrified; or when he or she is doubtful of self-worth, uncertain as to identity, then understanding is

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called for. The gentle and sensitive companionship of an empathetic stance... provides illumination and healing. In such situations deep understanding is, I believe, the most precious gift one can give to another.

Carl R. Rogers

One of my teachers once described her experience when she had worked as a psychologist with a woman imprisoned because of unintentionally killing her own child. At first, this patient had been absolutely unacceptable for her as a woman and a mother but later, when she learnt more about her and about her life, she was able to accept her as a human being, to understand what and why had happened. She was able to separate the person from her deeds; the woman was acceptable for her but her deeds remained unacceptable.

It is important to differentiate who somebody is and what he does. In the language of transactional analysis, some things you do aren't OK for me but you as a person will always be OK for me. If we separate deeds from the person, we can help him to change his behaviour. We cannot change him as a human.

Old rabbinic proverb tells that God created mankind in his own image and that is why when we look at a face of somebody who we love we see a face of God. Let's try to look for the image of God in the faces of our patients.

When I meet a really difficult patient, I sometimes use following technique: I use my fantasy and visualize him as a small child, the smaller the better. I continue to imagine how the feelings of his or her mother to this small beautiful and vulnerable creature were. Then I let him grow a little bit. I guess what might have happened to him, what has caused that he is now who he is, what experience has changed him into that difficult person.

☞ *Although I feel a strong aversion to this patient I know that she has, like every human and every living creature, her inner worth that only needs to be uncovered. I also appreciate her strong will, independence and active approach to the treatment.*

6.2.2. Autonomy

Some therapists like the role of an expert. Their motto is ***“Do not tell me what you need, I will tell you what the best for you is.”*** They meticulously take history and make a diagnosis and recommend the treatment. This approach may be attractive to some patients. However, by doing this, these practitioners put the patients into a passive position.

📖 We must not expect others to do what we want, their ideas are the right ideas for them, and though their pathway may lead in a different direction from ours, the goal at the end of the journey is the same for us all. We do find that it is when we want others to 'fall in with our wishes' that we fall out with them.

E. Bach, Free Thyself

📖 In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?

Carl R. Rogers

It is not easy to let people do what they wish, to respect their **autonomy**. For me, it is a lifelong lesson to learn how my possibilities are limited. Bach and Rogers both believed in an innate self-healing potential in all people that only needs suitable environment to activate. We as therapists are here to create favourable conditions for change, not to change the patient. And even when we feel that the patient is going wrong way the only thing we can do is to warn him and to hope that his future decisions will be better than those in the past.

📖 You know that I don't believe that anyone has ever taught anything to anyone. I question that efficacy of teaching. The only thing that I know is that anyone who wants to learn will learn. And maybe a teacher is a facilitator, a person who puts things down and shows people how exciting and wonderful it is and asks them to eat.

Carl R. Rogers

There are also situations when the patient tries to force the therapist to do something the practitioner does not like. He may ask for a special time or place for a consultation, for a discount or for a treatment under conditions that are unacceptable. Here the autonomy of the therapist is very important. The duty of the therapist is to set and to maintain his **boundaries** (see 12.3.)

⊕ Let's return to my patient. We both have our autonomy; I cannot force her to do anything and she has no power to force me. It is possible that her and my views about the right therapy will be too different, and then it is OK to tell that we are unable to work together. However, there is a chance that we will find some way where I can help her. Being aware of this reduces my fear (that she will force me to do things I do not like) and my feeling of responsibility (we both are responsible for the result of the therapy).

We discuss possible treatment options. Finally she agrees to have a try of BFT. She feels more comfortable when she realizes that BFT respects patient's autonomy. It is very important for her that she can decide on suitable essences.

6.2.3. Accurate empathy

📖 When a person realizes he has been deeply heard, his eyes moisten. I think in some real sense he is weeping for joy. It is as though he were saying, "Thank God, somebody heard me. Someone knows what it's like to be me.

Carl R. Rogers

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As the Herbs heal our fears, our anxieties, our worries, our faults and our failings, it is these we must seek, and then the disease, no matter what it is, will leave us.

Take no notice of the disease, think only of the outlook on life of the one in distress.

E. Bach, *The Twelve Healers and Other Remedies*

One of the goals of the therapeutic dialogue is to evoke in the patient a feeling that that the therapist pays attention to what the patient has said and he has understood it correctly. Another goal is to collect reliable information to prescribe right essences. Both these goals are reached by **accurate empathy**. Accurate empathy does not mean to tell *“I know how you feel”*. It is an active process of repeated verification and adjustment during the therapeutic dialogue. By definition, empathy is *the capacity to understand or feel what another person is experiencing from within their frame of reference, i.e., the capacity to place oneself in another's position.* (Bellet & Michael, 1991).

However, empathy is not about the feeling of the therapist only. If we want to apply our empathy effectively during the therapy, we also need suitable techniques how to express it, so that the patient **gets the feeling of your empathy**. Although this book tries to cover all main aspects of the work of BFT practitioner, probably the most important thing you can learn is how to use and develop empathy in your daily practice. If you begin to pay attention to the way how you use your empathy and introduce techniques described in this book into your practice you will notice very fast that your relationship with your patients is improving. This change is even directly observable: patient's face expression becomes more relaxed and sometimes tears appear.

People generally like to be listened to and still more to be understood. In everyday life, they usually do not get much attention from people around, and they feel embarrassed to speak about sensitive themes. That is why they often live with their painful secrets and their suffering is still more intense.

Proverb says, shared pain is half pain, shared happiness is double happiness. Even speaking about a problem can be helpful to many patients. They do not need to find a solution; they just need to share their suffering. Accepting and tolerant environment further facilitates the patients to speak about their deepest worries and hidden traumas. Quite a lot of my patients at the end of the consultation confess that I have been the first person to whom they have revealed their secret.

Empathy is not only about technique. It is something we all learn through all the life and all our practice. It is about us as humans, about our own path in the life.

No man is an island, entire of itself; every man is a piece of the continent.

Any man's death diminishes me, because I am involved in Mankind; And therefore never send to know for whom the bell tolls; it tolls for thee.

John Donne

Bach Flower Therapy is a Dialogue

The more our personality is integrated, the better our work is. There is no doubt that there is a direct link between the quality of us as humans and the quality of our work.

📖 To be with another in this [empathetic] way means that for the time being, you lay aside your own views and values in order to enter another's world without prejudice. In some sense it means that you lay aside your self; this can only be done by persons who are secure enough in themselves that they know they will not get lost in what may turn out to be the strange or bizarre world of the other, and that they can comfortably return to their own world when they wish.

Perhaps this description makes clear that being empathetic is a complex, demanding, and strong - yet subtle and gentle - way of being."

Carl R. Rogers

⊕ During the consultation, her central HOLLY and CRAB APPLE themes become apparent. She feels very vulnerable and needs to protect herself. She feels she cannot trust anybody and she feels lonely. She compensates her loneliness by excessive paying attention to external appearance. I can only guess that there might have been some traumatic experience in her early childhood that led her to the loss of trust towards other people. When I realize this I become much more tolerant to her argumentative behaviour.

6.2.4. Affirmation

📖 The way you see people is the way you treat them, and the way you treat them is what they become.

Johann Wolfgang von Goethe

📖 The perfect method is not so much to repel the adverse influence, as to draw in its opposing virtue; and by means of this virtue flood out the fault. This is the law of opposites, of positive and negative. For example: a patient is suffering pain because there is a cruelty in his nature. He may suppress that quality by constantly determining, 'I will not be cruel', but this means a long and strenuous battle, and should he succeed in eliminating cruelty, there is a gap, a void. But should the patient concentrate on the positive side, to develop sympathy, and flood his nature with this virtue, cruelty without any further effort is replaced and for all time becomes impossible.

E. Bach, Some Fundamental Considerations of Disease & Cure

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Our society is mainly based on negative feedback. Parents usually pay more attention to negative behaviour of their children than to positive aspects. Teachers are used to assessing the abilities of their students according to the number of mistakes they make. Bosses hope to stimulate their subordinates to harder work by excessive criticism.

In some people, reproaches may stimulate them to increase their effort to prove that they are good enough. These persons are usually able to deal with life problems by themselves because they perceive negative feedback as a challenge to show the best of them. However, most of our patients do not belong to this sort of people. They have suffered many setbacks in their life and consider themselves incapable generally or in some specific area. Sometimes, after repeated failures, they have even given up the hope that their life can be better.

It is interesting that the more we concentrate on the mistakes of other people the more mistakes we find. Similarly, the more we concentrate on the positives in the other person the more good we will see. And for the sake of the therapy, we should let the patient know about what positive we have found. Such a feedback affirms the patient that he is capable enough and that it is in his strengths to overcome the present problem. These affirmations also support hope in the patient. And hope is very important for any change. People need to have a belief that the therapy can help them.

Affirmations can be compared with the rain in the desert. When some people come to a consultation, they resemble a dry, inhospitable place almost without life. However, after a rain the whole situation changes. During a few days, the desert transforms into a flourishing meadow. A similar transformation may happen in emotionally scorched patients after the rain of affirmations.

Giving affirmations isn't as simple as it might seem at the first sight; the affirmations should be true and support constructive behaviour of the patient. A technique of giving affirmations is further described in 10.3.3.

⊗ *During the consultation, I give the patient a lot of affirmations. I appreciate that her health is very important for her and she has a vast knowledge about medicine. She is also an intelligent and independent person. She is active in her struggle to become healthy again. She does not rely upon the help from the outside but she looks for all possible means; she is ready to exercise, to be on a special diet etc. When hearing positive statements about herself, she calms down and feels more comfortable. She feels accepted by me and her trust towards me grows.*

6.3. Compassion

Everyone of us is a healer, because everyone of us at heart has a love for something, for our fellow-men, for animals, for nature, for beauty in some form, and we every one of us wish to protect and help it to increase. Everyone of us also has sympathy with those in distress, and naturally so, because we have all been in distress ourselves at some time in our lives. So that not only can we heal ourselves, but we have the great privilege of being able to help others to heal themselves, and the only qualifications necessary are love and sympathy.

E. Bach, Free Thyself

Medicine differs from other branches of human activities. Our history is full of physicians and nurses who, regardless of their personal needs, helped suffering people. Even now, at the time of modern healthcare system where access to medical care is guaranteed by human rights and governments invest large amounts of financial resources to maintain and improve medical services, being a practitioner is more a life mission than an average profession. Many healthcare professionals are naturally very compassionate people.

However, compassion as a principle of therapy is understood in a more complex way. It is not only the sensitivity to suffering of others and the urge to help them but it also includes an ethical aspect. Compassion means that we put the needs of the patient to the first place and that the benefit of the patient is of utmost importance for us. It is a principle that protects the patient against a potential abuse from the therapist. The abuse here does not mean only overt physical or mental mistreatment leading to personal profit of the therapist. Sometimes, abuse can have a more discreet character.

A typical situation is when there are more options of treatment, and I know which one of them is most suitable for him but because of some personal reason I recommend him another one. For example, a patient has some psychic problems and he has already tried a few combinations of essences without any effect. Although his state is worsening I insist on continuing with BFT.

It is a matter of compassion to overcome one's pride and offer him also other treatment options. I should recommend him to visit a psychiatrist for the prescription of antidepressants. In this specific situation, psychiatric pills, either alone or in combination with the essences, have a higher chance for success.

☯ *The behaviour of this patient is very disagreeable, at least at the beginning. I feel inner urge to get rid of her as soon as possible. However, I am her therapist and her benefit is of utmost importance for me. Sending her away or quarrelling with her wouldn't help her. That is why I have to suppress my negative feelings and to use all my energy to build an effective therapeutic relationship.*

6.4. Evocation

📖 Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime.

Chinese proverb

📖 Whether we are speaking of a flower or an oak tree, of an earthworm or a beautiful bird, of an ape or a person, we will do well, I believe, to recognize that life is an active process, not a passive one. Whether the stimulus arises from within or without, whether the environment is favourable or unfavourable, the behaviours of an organism can be counted on to be in the direction of maintaining, enhancing, and reproducing itself. This is the very nature of the process we call life. This tendency is operative at all times.

Carl R. Rogers

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Everybody has resources of his own. These resources are usually sufficient to overcome present difficulties. The problem is that the patient does not know how to use them. He may even not be aware of having them.

Ideal therapy should help the patients to uncover their abilities and to help to develop them. However, a general tendency in present society, not only in medicine, is to pay attention to people's weaknesses and to refill what is missing by external assistance. This approach can temporarily stabilize the situation but if the treatment does not deal with the real cause the difficulty will sooner or later reappear. (see also footnote about deficit and assets model in chapter 1).

In social sphere, if somebody is unemployed or he is disabled and does not have enough money, the state will provide for him with welfare. It solves his actual financial situation; however, at the same time it diminishes his motivation to find a job or to fight with his physical handicap. It helps him to survive but it does not make him self-reliant.

If a child has behavioural or learning problems at school, he gets a diagnosis of ADHD or some dys- (dyslexia, dysgraphia, dysorthographia etc.) The label of being ill helps him to go more smoothly through the educational system but it does not prepare him for the real life after the school. The underlying problem remains unsolved. When applying for a job, nobody will take his handicap into consideration but will refuse him because his curriculum is full of grammatical mistakes.

To the places of a social unrest the government sends police or soldiers. Although the order is restored, underlying problem remains unsolved. As soon as the military forces retreat the conflict may flare up again with doubled intensity.

In medicine, doctors believe that the cause of recurrent infections is a weak immune system and they try to support it by antibiotics. Chemical substances kill harmful bacteria but do nothing for the activation of the immunity. If somebody lacks thyroid hormones, he will get medicines supplying the missing substance. If somebody has a high blood pressure he gets antihypertensive medication. When taking pills, he seems healthy. When the supply of remedy is interrupted, his state can deteriorate fast.

In all of above mentioned situations, a solution with a lasting effect is to find and mobilize the local resources instead of helping from outside. In social sphere, motivating unemployed and offering possibilities of retraining can help them to find a new work. Developmental and behavioural problems of children are often favourably influenced by family therapy. In the cases of social unrest, improvement of life conditions of poor people and integration of national minorities can prevent conflicts in the future.

In medicine, the goal of the therapy should primarily be to help the patient to become aware of his abilities and to teach him how to use them in the best way. Help from the outside should be used in serious cases only. We can use a metaphor with an empty jug and a well. If we see the patient as an empty jug, we will spend time with pouring water into it. However, the jug will be empty soon again. On the other hand, if the patient is like a well for us, we believe that in the depth there is an inexhaustible source in him. We need to clean the spring only and the well will be filled spontaneously.

This approach is especially compatible with BFT. Our essences do not have any chemical effect. They cannot supplement anything missing in the body. They can give information to the patient only, and this information can help him to tune up his energy and to mobilize his resources.

Ancient practitioners described a force called **physis** and even now, this model is valid. Physis is a natural tendency in everything living to strive to live and to be healthy. We can observe this force in

organisms growing in most unfavourable conditions. We can also recognize its presence when listening to moving stories of people who, although in hopeless situation, continued to struggle to survive or to save their offspring. It is also active in people who “survived their death”, won a fight with a deadly disease. Remember that whenever treating a patient, you always have this powerful ally on your side.

In daily practice, Evocation means that instead of offering the patient a complete solution for his problem, we should guide him to find a solution of his own. Instead of asking, what the weaknesses of the patient are, it is better to explore how he can develop his strengths. In BFT, this orientation to positive aspects is evident. The essences do not suppress negative aspects of our personality, they help to develop the virtues. For example, the essence of MIMULUS boosts and nurtures the seeds of courage in a timid person, IMPATIENS increases patience in a grouch, CERATO helps to trust one’s opinion in a hesitant person etc.

Evocation in BFT also means to invite the patient to take part in the process of selection of essences. You can invite him to study the essences at home and to bring his suggestions to the next follow-up.

☞ *At the end of the first consultation, I invite her to study BFT and to bring some suggestions to the follow-up. For the follow-up she prepares a whole list of suitable remedies and finally we add two of them to the treatment bottle. This recommendation further enhances our therapeutic relationship. She feels more powerful; she can understand and influence the treatment process. Her interest in BFT grows.*

6.5. Life mission

📖 Everyone has his own specific vocation or mission in life; everyone must carry out a concrete assignment that demands fulfilment. Therein he cannot be replaced, nor can his life be repeated, thus, everyone's task is unique as his specific opportunity to implement it.

Viktor Frankl

📖 It is as simple as this, the Story of Life a small child has decided to paint the picture of a house in time for her mother’s birthday. In her little mind the house is already painted; she knows what it is to be like down to the very smallest detail, there remains only to put it on paper. Out comes the paint-box, the brush and the paint-rag, and full of enthusiasm and happiness she sets to work. Her whole attention and interest is centred on what she is doing - nothing can distract her from the work in hand.

The picture is finished in time for the birthday. To the very best of her ability she has put her idea of a house into form. It is a work of art because it is all her very own, every stroke done out of love for her mother, every window, every door painted in with the conviction that it is meant to be there. Even if it looks like a haystack, it is the most perfect house that

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has ever been painted: it is a success because the little artist has put her whole heart and soul, her whole being into the doing of it.

This is health, this is success and happiness and true service. Serving through love in perfect freedom in our own way.

So we come down into this world, knowing what picture we have to paint, having already mapped out of our path through life, and all that remains for us to do is to put it into material form. We pass along full of joy and interest, concentrating all our attention upon the perfecting of that picture, and to the very best of our ability translating our own thoughts and aims into the physical life of whatever environment we have chosen.

Then, if we follow from start to finish our very own ideals, our very own desires with all the strength we possess, there is no failure, our life has been a tremendous success, a healthy and a happy one.

The same little story of the child-painter will illustrate how, if we allow them, the difficulties of life may interfere with this success and happiness and health, and deter us from our purpose.

The child is busily and happily painting when someone comes along and says, "Why not put a window here, and a door there; and of course the garden path should go this way." The result in the child will be complete loss of interest in the work; she may go on, but is now only putting someone else's ideas on paper: she may become cross, irritated, unhappy, afraid to refuse these suggestions; begin to hate the picture and perhaps tear it up: in fact, according to the type of child so will be the reaction.

The final picture may be a recognisable house, but it is an imperfect one and a failure because it is the interpretation of another's thoughts, not the child's. It is of no use as a birthday present because it may not be done in time, and the mother may have to wait another whole year for her gift.

This is disease, the reaction to interference. This is temporary failure and unhappiness: and this occurs when we allow others to interfere with our purpose in life, and implant in our minds doubt, or fear, or indifference.

E. Bach, Free Thyself

Viktor Frankl, a psychiatrist and a founder of logotherapy, had a quite dramatic life. During World War II, because of being a Jew he was imprisoned in a concentration camp. In the times of extreme suffering, he asked himself again and again why to continue to live in such inhuman conditions. Finally, he found his life mission in helping his fellow prisoners. After the war, he had to face a fact that almost all his relatives died in concentration camps. And again, he overcame this tragedy by helping

other people to deal with a loss of dear persons. Following beautiful story from his practice demonstrates his approach:

Once, an elderly general practitioner consulted me because of his severe depression. He could not overcome the loss of his wife who had died two years before and whom he had loved above all else. Now how could I help him? What should I tell him? I refrained from telling him anything, but instead confronted him with a question, "What would have happened, Doctor, if you had died first, and your wife would have had to survive without you?:" "Oh," he said, "for her this would have been terrible; how she would have suffered!" Whereupon I replied, "You see, Doctor, such a suffering has been spared her, and it is you who have spared her this suffering; but now, you have to pay for it by surviving and mourning her." He said no word but shook my hand and calmly left the office.

(Wikipedia about Logotherapy)

In our lives, we need a motivation; we feel an urge to give a meaning to our life. If our life is meaningless, we “survive” only one day after another, and inner dissatisfaction grows. We begin to pay more attention to banal physical symptoms and become afraid of them. And when we meet an obstacle in our life, we easily give up. In 1960’s Viktor Frankl discovered that almost one half of patients with diagnosed depression did not have a real depression but a so called **noogenic neurosis**, “a frustration of meaning”. Their life was void and missed a direction. At present, the statistics would be probably still more alarming.

Bach has believed that we all have a unique mission and following it gives meaning to our life. Our task as therapists is to support our patients to find it, no matter how it might seem extraordinary or unrealistic at the first sight. Fulfilment of this task requires a combination of all above mentioned principles of the therapy. Because the only person who can find the life task is the patient himself, we must give up any authoritative position and be an **accepting and compassionate partner** that acknowledges patient’s **absolute worth** and **autonomy** and with **accurate empathy** perceives his feelings and **evokes** patient’s resources.

Most patients do not come because of missing a meaning in their lives. They come because of various physical or mental problems. However, during the therapy they often become more aware of their unfulfilled desires and dreams, and after they have regained more energy and self-confidence they often begin to feel an urge to find a deeper meaning of their life.

The physical or psychic problems often signal that we have entered into a **life crisis** (see 11.5.1.) Life crisis means that the out-dated strategies we have used do not work anymore. A new direction needs to be found to better fulfil our life.

In some stages of life, finding a new meaning of life is especially important. Well-known is an “**empty nest syndrome**”; a situation that sometimes emerges after the last child has left home and the mother, till now taking care of her children, suddenly has too much free time and does not know how to use it. A similar situation may appear after retirement. It is quite typical that these people, until now quite healthy, begin to have various health problems. Because their time isn’t filled by meaningful things, they have a tendency to fill it with diseases and visits of doctors. In such situations, WILD OAT is often useful.

6. Basic principles

⊗ *The therapy with BFT is successful and her somatic problems disappear. One year later, she comes again because of a similar problem and BFT has a prompt effect.*

This patient has a strong inner urge to do something special, to grow spiritually, and the physical problems and her suspiciousness hindered her progress. The essences helped her to feel healthy again and to reduce her distrust towards other people. She can proceed now more easily on her life path. My role is that of a keen observer now.

It is probably the most exciting part of the work of a BFT practitioner to observe how our patients develop their hidden skills and how they become independent and self-confident people. Helping patients to find their meaning of life is a noble mission of us, practitioners. A secretary decides to fulfil her childhood dream and becomes an actress, an accountant gives up her job and becomes a florist, a woman working for many years in social services becomes a professional gardener. A salesman decides to abandon his comfortable job and chooses a work of strong men – he becomes a lumberjack. What can be more fulfilling for the therapist than helping other people to fulfil their life?

7. Process of change

7.1. Therapy means a change

Some people come to the consulting room with a request “to feel better”. They have some long-lasting problem, like inner tension, anxiety, tiredness, lack of self-confidence or depression and want to get rid of this feeling but they do not like to do any changes in their life. They hope the essences will be a natural anxiolytic or a stimulant that gives them more energy.

Some patients come and they describe an interpersonal problem. They explain how the behaviour of another person hurts them. Consciously or unconsciously they hope that the other person will make necessary steps to improve the relationship. However, they do not plan to change themselves; they want to change the others.

Finally, there are also people who want YOU to change THEM. Like in a repair shop, they believe that you can somehow take out some bad feeling or unproductive behaviour and replace it with something better, like a broken chip in a computer.

Bach essences do not work this way. Therapy is about change. But we have no power to change the other person. We can change ourselves only. The therapist cannot change or repair the patient; it is the patient who can change himself and the role of the therapist is solely that of a facilitator and a guide.

A change means a change of feeling, thinking and behaviour, and the **change of behaviour is most important**. We can change our emotions or the way how we think, however, as long as it remains in our head only it has only a limited impact to our life. It can influence how we perceive the world but it does not solve the external problem. Furthermore, behavioural change is easily observable and it is a clear signal that the patient has made a real progress. If the patient speaks about his reduced fear of driving a car but he doesn't do anything else, it may or may not be true. However, if he decides to take extra lessons in the driving school to improve his driving style it is an objective sign that something has changed.

Of course, making a behavioural change is not easy. During the process of deciding there is always a period of hesitation, an **ambivalence**. It seems as if there were two voices in our heads, two people, or even a whole committee discussing the problem. Like in a parliament, one of committee members expresses his opinion but it provokes the contrary reaction of the other participants and so on. And such a committee session can continue for a long time without definitive decision.

Situations where there is only one voice in our head are in fact very rare. Even people who seem to be absolutely sure about rightness of their decision AGAINST the change have some doubt. A heavy smoker is aware of an annoying morning cough and growing price of cigarettes. An alcoholic might have a fear of losing his job, family or driving licence. A home tyrant may have a fear that because of intense anger he feels he may get a heart attack.

7. Process of change

It is easier to see the cause of the suffering from outside than when we are directly in the centre. It is easier to diagnose the problem in other people than to recognize it in ourselves. And it is difficult just to sit and watch how somebody else ruins his life or body. We feel an urge to tell him how he should change, what he should do or not to do. It is called **righting reflex**. We know it better, and it is often true, but the problem is that the other person does not accept our recommendation. We are not able to transmit our knowledge and experience. This outer opinion, after entering his inner committee, often provokes some committee member in his head to react: *“Yes, but ...”*¹⁶ And paradoxically, our well-meant advice may have a contrary effect; it causes that the patient insists still more on maintaining of the present unfavourable situation.

For example, let's take again a situation of a heavy smoker. For you, it is evident how harmful the smoking for the patient is. It damages his health; cigarettes cost a lot of money; furthermore, the smoke may cause an illness in non-smoking family members and it smells disagreeably. However, even when you repeat these facts one hundred times, it is likely that the other person will continue to smoke. The only thing that can really make him stop smoking is a **decision of his own**.

On this example you can see how basic principles of therapy are important. Even when the therapist feels that it would be useful for the patient to make a change in his life, he should respect principle of Partnership (see 6.1. Partnership). Any change can be undertaken after a discussion and after a mutual consent only. The principle of Autonomy (see 6.2.2. Autonomy) is also very important. We should bear on mind that we do not have any tool how to force somebody to do or not to do something. Our task and responsibility is to offer information. Decision is always up to the patient.

The principle of Evocation (see 6.4. Evocation) is essential for the change to be long-lasting. Of course, we can provide the patient with some external motivation. We can speak about reasons why to make a change and some people (especially submissive, like CENTAURY, MIMULUS or WALNUT) can take the first steps for change to please us. However, because these patients aren't internally convinced that the change is needed they may consciously or unconsciously sabotage the change. Their effort may be insufficient. They may tell you that the change is too difficult, or too risky. After the change, they may even blame you that you pressed them into the change and they must deal with disagreeable consequences now. Because of all these reasons, it is much better to help the patient to find the motivation by himself.

Righting reflex violates all these principles. That is why very simply speaking, **our goal in the communication is to find a way how to avoid the righting reflex and how to shift the scale of inner ambivalence to the side of change**.

7.2. Power of words

In the beginning was the Word, and the Word was with God, and the Word was God.

John 1:1

Words are a powerful magic. They can hurt and they can comfort. They can build and they can destroy. They can bring together and they can seed a discord. Words can change world. The word is di-

¹⁶ See also footnote in 10.3.4.

rectly connected with an object, similarly like a name with a person. People of ancient cultures even believed that when they manipulated with the word in the written form, they manipulated with the object itself. Well-selected name could influence new-born child's fate. A prayer or blessing could bring immense good, and a curse could bring long-lasting disaster.

Modern science confirmed this belief. We are what we tell and we do what we tell. Neuro-linguistic programming states that when we spontaneously speak about the need of change or about the way how to do it, it is more probable that we will really change. On the other hand, when we speak against the change the change is more difficult.

Change of words we use can influence our attitude towards change even when the content is virtually the same. You can make an experiment. Think about some difficulty of yours that needs to be solved. When this image is vivid enough in your mind, tell aloud two following sentences:

“It is a PROBLEM.”

“It is a CHALLENGE.”

Is there any difference? If you feel these sentences are not the same even when they describe the same situation, it is because the word “problem” concentrates on the past and on the difficulties. Word “challenge” on the other hand shifts attention to the present and to the future and the benefits that it can bring. Being a “person who fights with challenges” brings respect of others while being a “person that has some problem” may evoke compassion at best. Slight change in wording brings very different emotions.

So, if directly speaking what the patient should or shouldn't do is usually counter-productive, what other options do we have how to influence patient's decisions? There is growing evidence that **the more the patient speaks about his willingness to make change or about the need to make change or about negative aspects of the present situation, change is more likely**. Motivation is growing when so called **change talk** is more frequent in patient's speech. On the other hand, **the more he speaks about disadvantages of change or about positive aspects of present state (sustain talk), change is more unlikely**. It is not so important whether the patient uses change talk spontaneously or whether he tells it as a reaction to the way how the therapist communicates. The whole theory of motivational interviewing is based on this presumption and it offers us many useful tools how to increase change talk frequency. Concept of change talk and sustain talk is explained in detail in chapter 9. In chapter 10 (Basic communication techniques) you can learn how to increase frequency of change talk in patient's speech.

Apart from the motivation for change, the trust of the patient towards the therapist and the method is also very important. Even after two thousand years, the biblical expression “*your faith has healed you*“ is still valid. No matter how advanced present-day medicine is the approach of the patient towards the practitioner and towards used therapy significantly influences the result. And again, the techniques mentioned in chapter 10 and also in chapter 17 (Follow-up) can boost patient's hope and perseverance.

7.3. Cycle of change

In two following diagrams, you can see how the trust or doubt activates a whole cascade of thoughts, feelings and behaviours that finally enhance the trust or doubt. Thus, a minor trust may grow during

7. Process of change

the therapy into a big trust; a minor doubt can grow into a big doubt. For example, a patient has come because of fear of driving a car. You evoke a slight optimism in him. He begins to take the remedy and he feels that the fear is slightly less intense. Even when he does not like driving, he makes an attempt. He feels that he is more courageous. He drives more frequently and his self-confidence further grows. He may also unconsciously pay more attention to aspects that confirm his belief. For example, he may discover that he is able to deal more calmly with complicated traffic situations. This enhances his trust. His courage and energy is further increased by the effect of the essences. Generally, with every step, he is closer to health and success.

On the other hand, the patient may slightly doubt the therapy at the beginning; maybe because he considers the treatment with the essences “too alternative”; he does not understand how it can be effective. It is also possible that he does not trust you as a therapist. The therapeutic relationship may also be undermined by discords and misunderstandings.

The patient is quite passive during the therapy, he just uses drops and “awaits a miracle”. He still avoids driving. A few weeks later, he feels that his fear is the same or even worse, there is no positive change. His distrust is confirmed. His courage further decreases and he invests no energy into the therapy. This therapy fails.

The essences work as an amplifier; they intensify patient’s virtues. If I as a therapist succeed to mobilize at least a minimal courage in him, MIMULUS multiplies it. However if my attempt fails and he invests zero energy into change, the result is a multiplied zero, i.e. big Zero. There is a huge difference between patient’s authentic desire to become courageous and therapist’s conviction that the patient SHOULD be more courageous.

35 years old woman, a patient of my ambulance of G. P. repeatedly comes because of recurrent respiratory infections, pain of cervical spine, vertigo etc. She always describes dramatically how much she suffers. She usually comes with her small daughters that immediately begin to demolish the waiting room and the consulting room. When her problem is serious enough, her husband accompanies her and speaks instead of her.

Because of her frequent health problems, I offer her BFT. She agrees, however, she is quite passive during the treatment, she expects that BFT removes her problems but she remains the same.

In fact, the unconscious reason of her various complaints is to attract attention of her husband. Her husband is an entrepreneur. He is very busy and spends most of time at work. Times when she is ill are those rare moments when he helps her at home and she can have a rest for a while.

She expects the help from outside (doctor will remove her physical illnesses; husband will help her with household). She invests little energy into the treatment. Her tactics is to be more and more helpless to convince other people that she needs help. As you would expect, therapy fails and her physical problems get worse and worse.

Two years later, the situation repeats. However, there is some difference. This time she comes alone. She reports that growing physical problems have finally made her find some time to take care of herself. Even when she is very busy with her family, she finds time to come to my consulting room. At the beginning of the consultation, we stay on the somatic level of allopathic medicine. Later she begins to speak how difficult it is for her to manage the whole household, to take care of their hyperactive children, especially because her husband is very seldom at home. She spontaneously visualizes a dramatic change she wishes to make, like that she escapes for one week or one month away from home, so that her husband will finally recognize how much work she does at home and her daughters will feel how important she is for them. She considers visiting a psychologist too.

At this moment, I offer her BFT again. In spite of previous negative experience, she is interested in it, wants to read more about it. She finds especially attractive the idea of mobilizing of her own strengths to fight with the problem. She reports that ten years ago she had a positive experience with Homeopathy. She is much more active now, and we can predict that the therapy will be effective even when used essences can be similar.

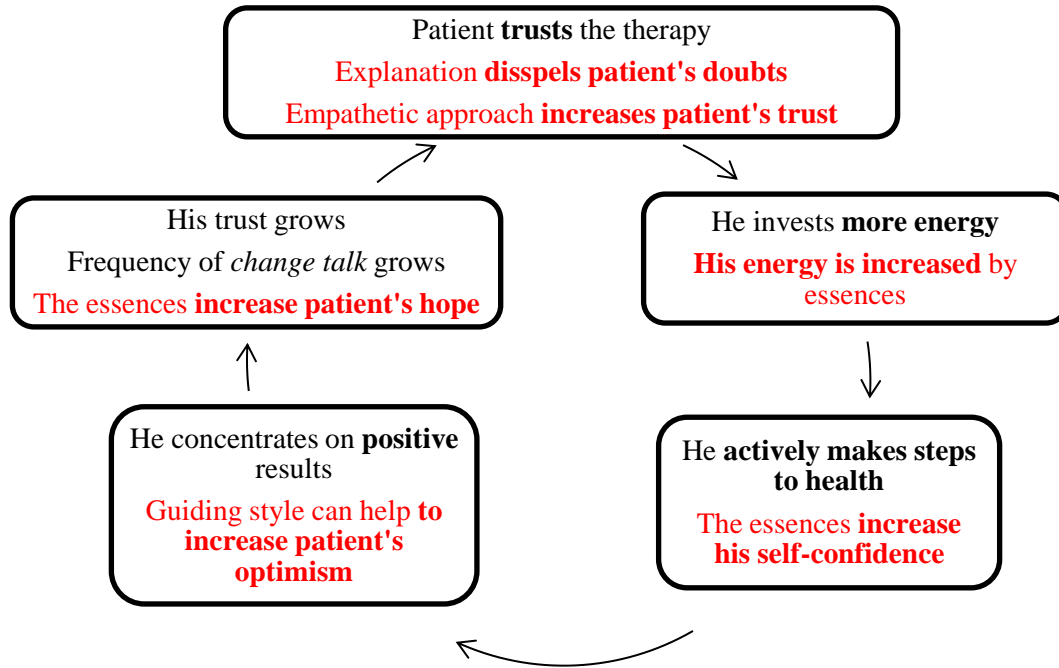


Diagram 40. Cycle of change. With every cycle, patient's self-confidence and his trust towards the therapist and the remedy grows.

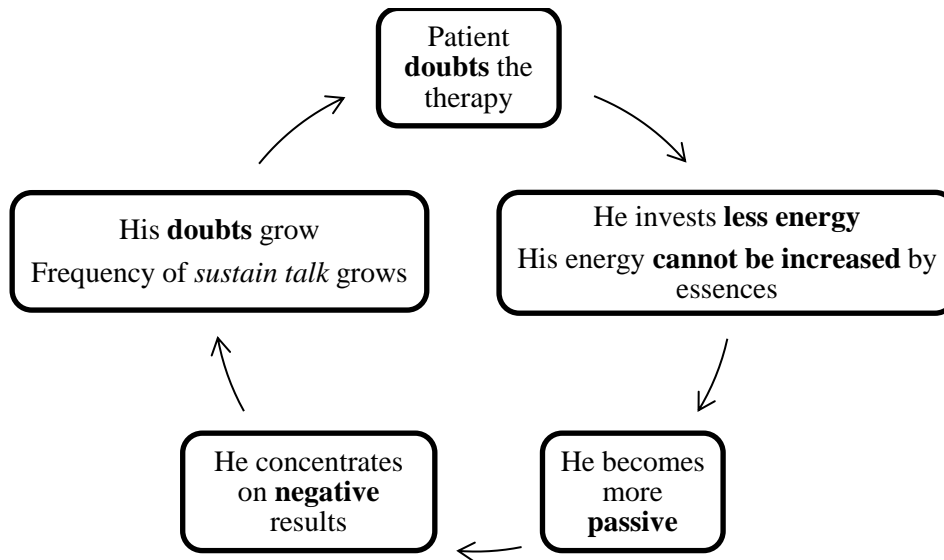


Diagram 41. Cycle of failure. With every cycle, the patient's doubts grow.

Our goal as therapists is to support cycle of change and to avoid the cycle of failure. How can we achieve it?

- We should resolve patient's doubts before the beginning of the therapy if possible. If the doubts are strong it is the time to discuss with the patient whether to begin the therapy or not.

7. Process of change

- By paying attention to the way how we communicate with the patient, especially by accurate empathy, we can establish and develop the therapeutic relationship.
- In a safe and accepting environment, it is easier for the patient to share his secrets and sufferings. The therapy can be targeted more precisely.
- We can influence positively patient's ineffective patterns by suitable essences.
- By explaining of themes of possible essences and discussion about optimal combination we can enhance his trust towards the treatment.
- During follow-ups, with suitable communication techniques, we can guide the patient to pay attention to signals confirming efficacy of BFT.
- We can also invite the patient to actively participate in the treatment.
- During the whole therapy, we can enhance patient's self-confidence and awareness of his own resources.

Here you can see how the effective **therapeutic dialogue** (see 6.1.1.) is important. In following chapters, we will demonstrate what factors influence the therapeutic process (chapter 8. Therapeutic relationship), how patient's speech reflects his trust or distrust towards the therapist, the method and his own ability and readiness to change (chapter 9. Change talk and sustain talk) and what communication tools to use to strengthen the therapeutic relationship and to facilitate the effect of Bach essences and probability of change. (see chapter 10. Basic communication techniques, and chapter 11. Other useful techniques).

When we look at the process of change from the perspective of working styles (see 5.2.), following style follows the patient, i.e. the ratio between change talk and sustain talk remains unchanged. Guiding style, on the other hand, tries to actively increase frequency of change talk and/or reduce frequency of sustain talk. Following style is especially used during the first consultation when the therapist needs to get an undistorted image of how the patient perceives the world around. Guiding style is used mainly during follow-ups to enhance patient's self-confidence and trust towards the therapist and the remedy. Techniques used during follow-ups are described in chapter 17. Follow-up.

8. Therapeutic relationship

We are used to thinking about the treatment method or remedy as the main therapeutic agent that cures the patient. The antibiotics kill harmful germs, the operation removes a tumour, and the ointment heals the eruption. During scientific research, allopathic medicine tries to separate the effect of the remedy from all other factors influencing the result of the therapy. Randomized double-blind studies “make both the therapist and patient blind” and bring “objective evidence” whether the medicine is effective or not.

However, real-life treatment is not so simple. There is always THE THERAPIST WITH THE METHOD OR REMEDY that treats the patient.¹⁷When prescribing essences, we always give a dose of us as a remedy too. We cannot separate the action of the remedy from the effect of the contact with the therapist. Many patients say, *“the remedy was fine but it was the conversation with you that helped me most”*. In that aspect, BFT practitioner gets close to a psychotherapist.

The relationship between the therapist and patient, so called **therapeutic relationship**, plays a crucial role. It has been a subject of many psychological and sociological investigations. In comparison with psychotherapy, in BFT the therapeutic relationship is still more complex because of the presence of a remedy. In this chapter we will describe therapeutic relationship generally. Later, in chapter 18 (When therapy does not work), you will see practical usage of concepts explained in this chapter.

To better understand what happens during the therapy, we can use **quadrangle model** describing its various aspects. Basic four factors, i.e. Therapist, Patient, Disease and Method/Remedy, form its four corners. Apart from them, outside of the quadrangle there are also Other significant people, like parents, siblings, children, close friends, other authorities. At the first sight, they do not participate actively in the therapeutic relationship; however, their influence can be also significant.

¹⁷ This phenomenon has already been described by psychologists. At present, there are about 400 psychotherapeutic schools and it is not clear which of them is most effective. Some people tried to do an objective research and to compare their efficacy. However, the results of scientific studies were disappointing: the effect of psychotherapy was better than no treatment but there were no significant differences between different approaches. Some researchers modified the conditions of their investigation: they compared successful and unsuccessful cases of different therapists and of different schools and found out that there were some unspecific or **common factors** that largely predicted the result: the quality of the relationship between the patient and the therapist, patient’s and therapist’s belief that the problem is curable and patient’s proactive approach to the therapy. (Prochaska & Norcross, 2018)

8. Therapeutic relationship

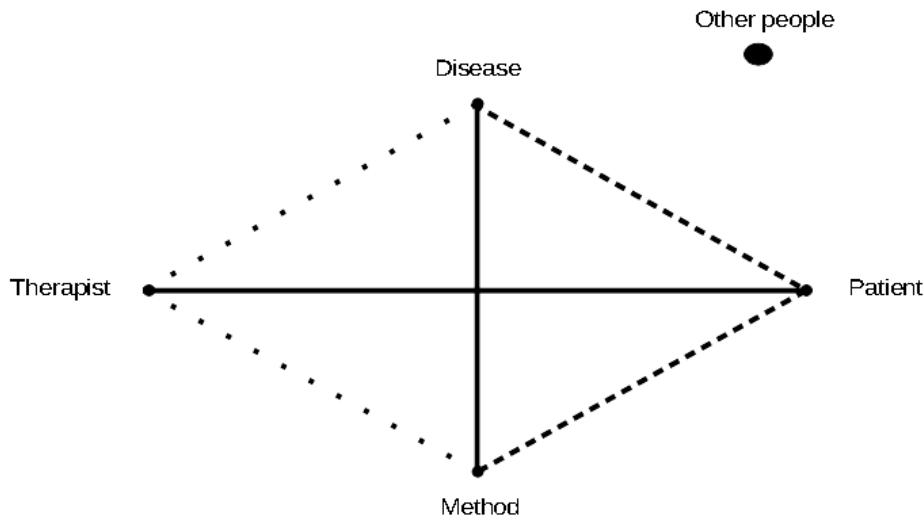


Diagram 42. Quadrangle model of the therapeutic relationship.

In this model, every line symbolizes one important part, sub-relationship, and the therapeutic relationship is a sum of all of them. Success of the treatment depends on a few conditions. The therapy is effective if:

- The patient trusts his therapist (Therapist - Patient relationship);
- The patient trusts the method and remedy (Patient – Method/Remedy relationship);
- The patient believes that his disease is curable and can be cured by this method (Patient - Disease relationship);
- The therapist finds suitable combination of essences (Disease – Method/Remedy relationship).

As you can see, well selected combination of essences is on the fourth place only. Of course, it is important but if some other part is seriously disturbed no combination of essences can be effective. In these situations, the only solution is to change the way how you communicate with your patient.

We can use an metaphor. Imagine that you have a problem and somebody gives you an advice. Whether you apply this advice in your life or not and whether it really helps you depends on more factors, the quality of advice is only one of them. First, this person giving advice must be trustworthy for you. Second, the advice must seem reasonable to you. Third, you must believe that your situation is changeable, that there is a chance that you can solve it. And fourth, the advice must contain an effective solution of present problem.

There are still other factors in the therapy. It is also important:

- Whether the therapist trusts his method and how responsibly he practices it (Therapist - Method/Remedy relationship);
- Whether the therapist believes that he can cure the disease (Therapist – Disease relationship);
- How the opinions of Other important persons about the therapist, method and disease influence patient's opinion.

There are three types of these relationships. Relationships represented by full line are those that we can influence directly during the therapy: Therapist – Patient and Disease – Method/Remedy. Relationships depicted by dashed line (Patient –Method and Patient – Disease) are those that can be influenced indirectly by the practitioner during the therapy. Dotted lines (Therapist – Method/Remedy and Therapist – Disease) symbolize areas that may contain important themes blocking the therapy on the side of the therapist. If they represent a significant problem they should be dealt with the help of supervision or personal therapy of the practitioner.

Let's explore them one by one now.

8.1. Therapist – Patient relationship

Central theme: Does the patient trust the therapist?

Therapist-Patient relationship plays central role in psychotherapy generally and it also has a deciding role in BFT.

Positive

If you succeed to create an effective Therapist-Patient relationship, you do the important first step to success:

- The patient likes to come to your consulting room, he feels safe, accepted and appreciated;
- Talking with you brings him relief;
- The patient is optimistic even when the essences have brought only partial effect until now;
- He actively participates in the therapy;
- He may also bring you presents or recommend your therapy to his friends.

Negative

When Therapist – Patient relationship hasn't been successfully established:

- The first and only manifestation may be that the patient unexpectedly interrupts the therapy, especially at the beginning, after one or two consultations;
- In less serious form, you feel that the therapy isn't important for your patient; for example, he may come late without excuse or hurries up to leave as soon as possible;
- During the consultation, the patient keeps some distance. His answers are short and vague. Such a patient often likes to use answers like "OK" or "normal";
- He may also react abruptly and irritably to your questions. He does not trust you and refuses to uncover his secrets;

Causes of discord

Effective Therapist-Patient relationship isn't something automatic and matter of course. Although its establishing often seems quite natural and spontaneous, in some cases it may be rather difficult and sometimes our effort fails.

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Why does that happen?

- Maybe the therapy wasn't the patient's choice, like in a situation when a wife arranges a consultation for her husband;
- Maybe he expected something else, his fantasy was too different from the way you practice it. For example, he has heard that Bach flower therapists use some special apparatus to make a diagnosis. However, you talk with him only. Using a complicated apparatus is scientific but your diagnosis seems like a pure guess to him;
- The way you take history may also play a significant role. It is not easy to share personal things with an absolute stranger; especially people who come to you because of physical problems may consider your questions unusual or inappropriate. *"I have come here to treat my eczema, so why does he ask me about my relationship with my wife?", "Normal doctors do not ask me such questions; they give a remedy and that is all. Does he really need to know it all or does he ask only because of a pure curiosity?"* ;
- Another reason may be **transference** and **countertransference** (see below).

What to do

What to do when we feel that the Therapist-Patient relationship isn't good? The best is prevention:

- Treat only people who really wish to be treated by you;
- At the beginning of the first consultation, it is good to discuss the details of the therapy with the patient. If you feel that the patient hesitates a little bit, the best way is to ask him about that and offer him the possibility to back out of the therapy before you begin to take history;
- Always bear on mind Basic principles of the therapy (see chapter 6) and use Basic communication techniques as much as possible (see chapter 10);
- When there is already a discord (see 9.1.), it is possibly because the consultation switched into a power struggle. Even when the urge is to press more, it is better to use reflections (see chapter 10) and to go along with the patient for a while. Another reason for discord may be that your goals and goals of the patient differ. In this situation, it is good to use the technique of Focusing (see chapter 16).

8.2. Patient – Method/Remedy relationship

Central theme: Does the patient believe that this method can help him?

Positive

Patient's positive relationship towards used therapeutic method/remedy manifests in various ways:

- He pays a lot of attention to the usage and storage of the remedy according to therapist's recommendations;
- When there is a minor omission he may report it during the next consultation or he can even call you in-between the visits to verify that the way how he uses the essences is OK;
- He may report its usefulness in moments of intense stress; he may also actively take extra doses to reduce his bad feelings;

Bach Flower Therapy is a Dialogue

- He may note carefully names of essences that have been mixed in the bottle and may wish to read more about them;
- It is also possible (and especially when you encourage him) that he comes for the next consultation and brings a list of suggested remedies;
- Another possibility is that he wants to preserve the magic of the bottle and refuses to know anything about used essences;
- The patient may also report pleasant scent or taste of the essences or of drinks with added drops of the remedy.

Negative

- The patient does not pay much attention to regular usage and storage of the remedy;
- He frequently forgets to take the remedy but does not consider his omissions important;
- During follow-up, he describes the effect of remedy as “no change”. Even when you use techniques described in 17.1. (Basic techniques used during follow-up), the answer remains the same;
- Another reaction is aggravation of complaints after the remedy, especially when the patient was pushed by somebody to enter the therapy against his will;
- He may attribute side-effects to the remedy and they may be the reason why he has stopped the therapy;
- He is indifferent to the description of essences used in the mixture;
- He may report unpleasant smell or taste of essences or of the drink containing drops of the remedy.

Causes of discord

- The cause may be the same as in the case of Patient – Therapist disorder. The patient does not trust the therapist and does not trust the method he uses;
- However, there are also situations when the patient trusts the therapist but does not believe that BFT can help him. This situation can often happen when you treat the patient with some other method and because you feel that BFT can be useful for him, you offer him the treatment with the essences. For example, the patient has primarily come to you for a massage. During the consultation it becomes apparent that the patient perceives a huge stress now and you decide to offer him BFT too. Isolated discord in Patient – Method/Remedy relationship often means that you have been too enthusiastic when recommending BFT; maybe you have ignored slight signals that he agrees with the therapy only because of politeness.

What to do

The principles described above in Patient – Therapist relationship are valid for Patient – Method relationship too. When offering BFT to somebody whom you treat with a different method, you should always pay a lot of attention to non-verbal signals of hesitation or refusal. It is much better to use a method of seeding:

8. Therapeutic relationship

“It may or may not be interesting for you but I also use another treatment method – Bach flower therapy. It is a natural method that helps to harmonise the mind and body. According to my experience, in your condition this therapy can be quite useful, of course as an addition to our standard therapy. If you decide to try it or you will need more information, now or sometimes in the future, please tell me.”

If a patient decides to begin the therapy but he has some doubts about its efficacy, you can use the technique described in 11.7. (Work with “doubters”).

8.3. Patient – Disease relationship

Central theme: Does the patient believe that his disease is curable?

Positive

- The patient is optimistic as for the cure of his disease;
- He actively seeks a suitable treatment method, looks for information on internet, and actively participates in the therapy, exercises regularly, changes his diet etc.;
- The usage of symptomatic remedies like painkillers is limited because he wants to treat the cause, not the symptom;
- He may share his tips and recommendations with patients with similar problems on web discussion forums.

Negative

- The patient is pessimistic;
- He may believe that his disease is inherited or that it is caused by some problem that cannot be solved;
- He is passive in the therapy; if he decides to start a treatment, he pays attention to reduction of intensity of symptoms only; he doesn't invest too much energy into the therapy. If he begins to exercise or agrees to change a diet, his effort is only temporary and does not bring lasting effect;
- He continues to use painkillers or tranquillizers or even increases the doses.

Cause of discord

Patient's disbelief that his disease can be cured can be caused by patient's personal experience or by some information from outside:

- For example, the patient may suffer the problem for a long time and he has already tried various treatment methods without lasting effect;
- Or, he may remember from his childhood that his mother suffered the same problem and nothing helped her;
- The patient may also find information about the disease that it is incurable; the only possibility is to reduce intensity of its symptoms;

- There also may be some medical authorities who have told him that his problem cannot be cured.

Patient – Disease relationship reflects in patient's **concept of the disease** (see 15.1.3. Cause of the disease).

What to do

The only thing that can definitely change patient's conviction about curability of his problem is effective treatment. There is a vicious circle - the patient doubts the possibility of cure, and his doubt blocks the effect of the therapy. No persuasion can change patient's (dis)belief; too much pressure can even have a contrary effect – the patient will more and more insist on his disease's incurability.

In some patients, there is still somewhere in the depth hidden a trace of hope that his suffering can be reduced. That is why your effort should be directed to nurturing of this little sparkle of optimism. However, remember that sparkle of hope is similar to a real sparkle; you should blow but do not blow too much, otherwise you extinguish it.

You can offer some slightly optimistic information or your experience as a therapist. Your explanation should contain some less positive information too; otherwise it might seem too good to be right. A good way is to use double-sided reflection or double-sided summary (see 10.3.4. and 10.3.5.):

“You have already been having your backache for a few months and you begin to doubt whether any therapy can help you. You have undergone allopathic examinations and they have uncovered some changes on back spine, including a minor prolapse of intervertebral disc. On the other hand, you have also an experience that when you have regularly exercised for some time, the backache has been slightly better. You are also aware that apart from the prolapsed disc, there may be still other factors that influence your backache, like constant stress at work. There are factors you cannot change, and there are factors you can influence.”

If you feel there is a real chance of success at BFT, you can also offer the therapy as an experiment. While the word “therapy” carries inherent hope of cure inside, the word “experiment” is neutral; it can bring positive and negative results or no results at all. People with disturbed Patient – Disease relationship have often already tried some therapy but it has failed. They have a fear of a further disappointment and that is why they hesitate to start another treatment. Experiment does not promise anything, and that is why it may be more acceptable for them.

When selecting remedies, GORSE, GENTIAN and WILD ROSE are often useful. Anyway, you should prepare yourself that especially at the beginning the progress will be minimal. You will have to use all your energy to keep the hope alive in the patient. Communication techniques suitable for follow-ups (see 17.1.) are especially useful. The way how to assess the progress of the therapy in these patients is described in 17.2.3. (What is a successful consultation in BFT?)

8.4. Method/Remedy - Disease

Central theme: Is selected method and remedy suitable for the disease?

8. Therapeutic relationship

Therapists learn how to select the right combination of essences for the patient and his health problem during their professional training and many suitable books are available for further studies.

There are also natural limitations of the method. Because BFT works with the resources of the patient only, the essences do not have sufficient power to cure patients with serious and advanced diseases. However, even in these patients BFT can be used as a **supportive method** in combination with allopathic medicine (see also 15.1. Indications for the treatment with allopathic medicine and with BFT).

There are still other factors that can adversely influence the course of the therapy. Sometimes therapist's relationship to the disease or to the treatment method may represent a significant obstacle that needs to be solved.

8.5. Therapist – Disease

Central theme: Does the therapist believe that the disease is curable?

Positive

- The therapist is optimistic and active in the therapy;
- According to his concept of the disease and therapy (see 15.1.4.), he is convinced that the disease can be cured. Although he is aware of the fact that diseases may have many causes, he considers inner factors (stress, relationship problems, inner imbalance, wrong diet, lack of motion etc.; see 15.1.3. Cause of the disease) as most important;
- He may have a positive experience with successful treatment of this disease in other patients, in his family members or in himself or he may know about successful cases of his colleagues;
- During the therapy, he transmits his optimism to his patients and he approves their active efforts to get healthy.

Negative

- The therapist is pessimistic and passive in the therapy;
- He believes that the disease is incurable; it is a chronic state. Its symptoms can be mitigated only but the condition is lifelong;
- He may have an unfavourable experience from his own practice, from literature, from his family or from his own life;
- He believes that the cause of the disease is mainly outer (infection, morphological abnormality, genetic factors, pollution of environment etc.);
- Because the patient cannot influence these factors by himself, the therapist does not encourage him to be more active in his attempts to solve the problem. The patient becomes passive and resigned;
- Therapist's pessimism can also reflect in his words: *“We can make a try”, “Maybe it can help a little bit”, “I cannot guarantee you the positive effect”* etc.
- He may also provoke excessive fear in the patient (*“Do not do this, otherwise your disease can worsen”, “You mustn't eat this, it can kill you”*) or undermine his self-confidence and

effort (*“You must accept that you are an ill person. You cannot do anymore what you used to do when you were young”*).

To better understand what Therapist – Disease discord means, let’s look at one example:

☉ *One of my colleagues, a psychologist, has a mother who had a serious depression since my colleague’s childhood. For her as a child, the disease of her mother was a constant threat that she could lose her mum. Her mother was divorced and they lived alone. She had no other adult person she could rely upon. She felt absolutely helpless and terrified in situations when her mother got more depressive.*

For her mother, the disease was something like a remote control to her daughter. Whenever she wanted to make her do something and the daughter refused, she pushed “depression” button: “I feel SO badly when you are a bad girl”. She put on an expression of suffering and the daughter was so terrified that she fulfilled all her demands.

It was probably also the reason why my colleague became a psychologist. However, in her daily therapeutic practice whenever she meets a patient with a diagnosis of “depression” she feels again like a small child facing the disease of her mother: fearful, helpless and doubtful about any possibility of cure.

What to do

For above mentioned colleague, it would probably be the best not to accept patients with the diagnose of depression into the therapy. However, depression is over-diagnosed at present days; common problems are frequently labelled as depression even when there is little evidence for this conclusion (see also 13.7.) That is why it would be quite difficult to exclude all such patients from the therapy. Another solution for the colleague is to undergo a therapy with an experienced therapist and to deal with the theme “depression” and its significance in her life and its role in her family.

Sometimes previous education of the therapist can also influence adversely therapist’s concept of the disease (see 15.1.4.) and his expectation of the result of the therapy.

☉ *One of my colleagues, a psychiatrist, took part in the long-term training in transactional analysis. However, his psychotherapeutic attempts were mostly unsuccessful. In his medical thinking he was firmly rooted in a biological theory of origins of mental disorders. For him, a depression or anxiety was caused by a lack of some hormone in the brain. He did not believe much that psychotherapy was able to influence significantly a problem that was chemical by nature. Finally, after years of training, he summarized his philosophy:*

“When the patient is really ill (has a severe depression, mania, schizophrenia etc.), the only effective treatment is a chemical remedy for him. Nothing else can help him. If he isn’t really ill (= he has problems with interpersonal relationships, for example), he does not need any therapy.”

Three months after this statement, he terminated his psychotherapeutic training. He simply couldn’t find a suitable usage for psychotherapy in his practice.

In above mentioned example, his fixed idea about the cause of mental disorders (disturbed Therapist – Disease relationship) led to inefficacy of psychotherapeutic work. However, there was also a disturbance in Therapist – Method relationship. His convictions about the limited healing potential of psychotherapy restricted its efficacy.

8.6. Therapist – Method/Remedy

Central theme: How is the method important for the therapist?

Positive

- The therapist highly appreciates BFT;
- He invests a lot of time, money and energy into its study;
- The philosophy of BFT corresponds well to his concept of health and disease;
- The principles of BFT have permeated into his life;
- He handles carefully with the essences and pays a lot of attention to the selection of a unique combination of essences for the patient.

Negative

- The therapist uses BFT as one of many methods only;
- He has a superficial knowledge of the method; however, he considers it sufficient for him and for his practice;
- He barely knows what the basic principles of BFT are and he considers them only as an ideal, not a real recommendation for life and treatment;
- He is quite careless in the storage and work with essences;
- He does not select the remedies according to patient's actual state; he uses a few "verified" combinations according to patient's diagnosis;
- He may also do irresponsible experiments; without taking history, on the base of one patient's sentence he gives the patient a bottle with the essences and tells *"Try this"*.

The way how we use the method and how we manipulate with essences has an impact to our therapeutic results. The description of life of Edward Bach isn't only an interesting story about the discovery of a new therapeutic method; he should serve as a paragon for present-day therapists.

When working with essences, we should be like a devoted musician who takes much care of his music instrument and spends a lot of time with practice. In fact, a perfect sound of Stradivari's violin is quite comparable with fine touch of our precious essences. Both can have a calming and comforting effect to human souls.

8.7. Other Important Persons – Therapist, Patient, Method, Disease

Central theme: How do the other people influence the therapeutic relationship?

Even when we analyse well all above mentioned relationships, there are still many factors that usually remain hidden but may modify significantly the course of the therapy. Already before the first consultation, the patient knows something, he has asked his friends and has searched on Internet the information about you as the therapist, about BFT and about his disease. Some opinions may be supportive

while other people may try to dissuade him from the therapy. And the final result may also depend on the relationship with this person and how his opinion is important for him.

☉ 23 year old female came to me because of annoying eczema. Her mother is a patient of my allopathic ambulance and when we once spoke about the problem of the daughter I offered her BFT. She agreed to tell her about the essences. Next day, her daughter called me and arranged an appointment. During the consultation, she was withdrawn, her answers were monosyllabic and she did not smile at all. There was an evident problem in Patient – Therapist relationship. The prescription was only superficial, I gave her a combination based on IMPATIENS and CRAB APPLE. One week later, she sent me an e-mail. She had felt worse after the remedy and she decided to terminate the therapy. I asked her to write me more details about the aggravation of complaints She answered that itching was worse; the extent and colour of eruption remained the same.

Later I discovered the background of the case. Her relationship with her mother was not good at all. The mother and father were divorced and the girl blamed her mum because of that. Her mother loved her a lot and had a fear for her health. Offering BFT was an attempt to help her and to improve their relationship. However, the anger of the daughter against her mum was still too intense. The abrupt interruption of the therapy was a symbolical message to her mum: “Look how I suffer because of you!”

In the above mentioned case, the result of the therapy had already been decided **before** she came to my consulting room. I and my essences became a communication tool in the long-lasting conflict between the daughter and her mother.

8.8. Transference and countertransference

By definition, “*The transference/countertransference relationship is the experience of unconscious wishes and fears transferred onto or into the therapeutic partnership*” (Clarkson, 2003). We can translate this complicated description into a more informal language by telling that transference means that the patient “puts on the therapist the head of somebody else” and countertransference means that the therapist “puts on the patient the head of somebody else”.

Transference means that you as the therapist remind your patient of somebody important in his history or in the present, like a parent, sibling, child, teacher, previous therapist etc. For example, you are in some way similar to patient’s strict teacher he did not like at all. You may have similar face features, intonation of voice, wear a similar T-shirt or have a beard and glasses. This teacher tried to force him to learn more by any means, he was dictatorial and domineering. The patient, in an attempt to protect his freedom, used rebellion as a way how to fight with him. On the base of these recollections, at the very moment he meets you he may experience these old feelings again. And he may unconsciously react in the same way as he used to react to his teacher, he may dislike you, may be sulky or taciturn and disobey your recommendations. If you give him essences, they will probably have no effect or provoke negative reaction.

☉ This story returns to the beginning of my practice of a G. P. 50 years old woman. I saw her only once in my ambulance because of a minor respiratory infection. One year later she came again and without any previous warning she immediately began to yell at me “You are absolutely negligent! You do not care for my high blood pressure. I had to ask one my friend, a surgeon, for treatment!” It was a real shock for me. She never complained because any problems other problems than a cold and she did not come to a regular preventive examination, so I had no opportunity to examine her blood pressure.

8. Therapeutic relationship

The reason for her irrational behaviour was that she had had a bad experience with doctors in the past. Now she saw a young (and in her eyes unexperienced) doctor and expected that I would be negligent too. There was a combination of an intense fear of being ill and suspicion.

Although our relationship was quite dramatic at the beginning, finally I succeeded to gain her trust. At present our relationship is quite normal.

Countertransference is a similar process but it is the therapist whose recollections are in action. For example, your patient resembles your son, now in puberty, quarrelling with you and disobeying all the time. And you unconsciously begin to perceive again the exasperation against these “irresponsible young people” and try to force him to do things because “you know what the best for him is”.

☁ *Some time ago I had a series of unsuccessful cases. They had a similar pattern – the patients manifested slight doubt about the efficacy of the method during initial consultation. I felt an urge to work still harder. I wanted to prove them that BFT was useful for them. However, at the same time I began worry about the result of the therapy. “Oh now! Another hopeless case!”, resonated in my head. During the first follow-up, it became apparent that my intuition was true. “No change” or “Still worse” were their regular comments. With every follow-up my despair grew and finally I gave up completely.*

It lasted two years for me to realize that the reason of the failure wasn't hopelessness of the cases but my chronic GENTIAN state. This discovery brought a new impulse into my practice. Apart from dealing with negative GENTIAN in me, I began to introduced new methods into my work with doubtful patients, like offering the therapy as an experiment, usage of OARS+I and guiding style during follow-ups. Instead of being pessimistic and resigned, I began to actively boost hope and optimism in my patients and the improved therapeutic results confirmed efficacy of my new approach.

Transference can have both positive and negative impact to the therapy. Sometimes you can remind the patient of somebody positive, like a granny who liked him a lot and cared for him during his difficult childhood. Now, many years after granny's death, he may even believe that granny protects him from the heaven. In such a situation, the relationship is established very smoothly and the therapy proceeds very fast.

There are also cases when the patient perceives you as a mighty authority who can decide things for him in the best way. In these situations, the relationship seems to be created very easily and the patient keenly obeys any of your recommendations. The only problem is that it may lead to a **dependence**, i.e. the patient needs your help whenever he has to make an important decision. He may continue with the therapy for a long time, report positive effects of essences but he feels helpless whenever unable to consult you or take essences. The uncritical acceptance of you as an authority can also lead to a situation when the patient obeys your recommendations even when he would like to do things differently.

No matter what the specific transference is, it may be very important for the therapeutic process. It can become a hindrance, and it can also become a source of important information. For practitioners of some psychotherapeutic schools, like psychoanalysts, transference is the main area of work for them.

We as BFT practitioners sometimes also have to deal with the transference. To pull the underlying emotions to the surface, we can use complex reflections (see 10.3.4 Reflections). For example, in above mentioned example of a rebellious patient, we can react by *“It is important for you to preserve your independence”*, or *“It is important for you to make decisions by yourself”*. Similarly, in the case of a dependent, overly submissive patient, you can tell *“It is not easy for you to make decisions by yourself”* or *“It is important for you to have somebody who can help you with your decisions”*. If the patient agrees, you can explore further the transference theme and add corresponding essence to the mixture.

Speaking about the emotions connected with transference helps to resolve them. For example, we can assure a patient that is afraid of losing his independence that he is the only person who makes final decision and we cannot force him to do anything he does not like. We can also invite him to actively participate in the remedy selection (see 11.6 Enhancing patient's autonomy).

As for countertransference, it can also cause serious obstacles in the therapy. You view the patient differently than he is in reality, and that is why your therapy is not well targeted. It is wise to resolve countertransference whenever it begins to play a significant role. If you repeatedly meet pessimistic, disobedient, rebellious, suspicious or overly dependent patients, it is a theme for your own supervision or therapy.

8.9. How we can improve our therapeutic results

We can influence all above mentioned relationships to some extent. We can **directly** modify the relationship Therapist - Patient. Methodical application of Basic principles (chapter 6), Basic communication techniques (chapter 10) and paying attention to boundaries (chapter 12.3) can improve our ability to establish reliable therapeutic relationship. We can also adjust our essence combination and thus improve Method/Remedy – Disease relationship. We can learn more about the essences and take part in courses to enlarge our knowledge how to recognize the states corresponding to individual essences more easily.

We can also work **indirectly** and change Patient – Disease and Patient – Method/Remedy relationships. Maybe the patient needs only more information; a positive experience with the efficacy of BFT can influence his Patient – Method/Remedy relationship. Improvement of a chronic condition may ignite a hope that his disease is curable.

Difficulties in all above mentioned relationships are also suitable for **supervision** (see 22.3. Consulting difficult cases with colleagues). Dealing with next two relationships, Therapist – Disease and Therapist – Method/Remedy, can be solved by supervision too but sometimes the theme may be too personal and the practitioner may need to undergo **individual therapy** by an experienced therapist.

9. Change talk and sustain talk

When describing a problematic situation, we usually also express our attitude to change. This attitude may be expressed in different forms:

- *I should do something with it.*
- *I will probably do something with it.*
- *I promise I will change it.*
- *I feel I can change it.*

Or,

- *It bothers me a lot.*
- *It is really unbearable.*
- *I do not like it.*

All these sentences either express patient's willingness to make a change or dissatisfaction with present situation (= a motivation for change). Although you probably also feel that their significance differs, they all signal that the patient at least **considers a change**. In technical language, such statements are called **change talk**.

On the other hand, following sentences represent the opposite:

- *I have a fear to change it.*
- *I do not believe I can change it.*
- *I have given up any attempt to change it.*
- *I do not see any way out.*
- *I do not think the change is really necessary.*

Or,

- *The problem isn't so big.*
- *The change would bring more problems than I have now.*

All these expressions reflect patient's inner orientation **away from change**. We call such statements **sustain talk**.

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Statistical analyses confirm that the more the patient spontaneously uses change talk the more probable the change is. On the other hand, if he uses mainly sustain talk, the change is less probable. There are different types of change talk and sustain talk. Some of them belong to a so called **preparatory talk** while other represent readiness to act – **action talk**. The acronym DARN (Desire, Ability, Reason, Need) is traditionally used to memorize preparatory talk types and CAT (Commitment, Activation, Taking steps) to remember action talk types. Examples of change or sustain talk:

	Change talk	Sustain talk
Desire	I would like to change it. I would like to exercise more.	I prefer not to change it. I do not like sports.
Ability	I could change it. I have a strong will to make myself to exercise regularly.	I am not able to change it. I have too weak will to exercise regularly.
Reason	I should change it because of ... I should move more because I gained ten kilograms and I can barely breathe when going upstairs.	I shouldn't change it because of ... I should avoid too much movement because it can make pain in hip joint worse.
Need	I need to change it. I need to move more.	I need to remain where I am. I feel quite fit without any sports.
Commitment	I will change it. I promise I will change it. I will start to walk to my work instead of going by car.	I will remain where I am. I am satisfied with my health now (without physical activities).
Activation	I am ready to change it. I am ready to begin regular exercises.	I have already decided not to change. I have already decided to live as previously (without physical activities).
Taking steps	I have already done first steps to change it. I have already bought a season ticket to a fitness centre.	I have abandoned any attempts to change it. I have already sold my season ticket to the fitness centre.

Table 3. Change talk and sustain talk.

Similarly, we can describe similar sentences in the relationship with the essences. We can call them **effect talk** and **failure talk** as for the essences:

	Effect talk	Failure talk
Desire	I wish the remedy would help me.	I hope the remedy will not make my irritability worse.
Ability	I believe the remedy is able to help me.	I do not believe the remedy can help me.
Reason	My colleague tried Bach essences and they helped him a lot.	How can it work when there is no scientific proof for its efficacy?
Need	I need the support of the remedy to make a change.	I do not need any remedy now.
Commitment	The remedy will help me.	The remedy won't help me.
Activation	I feel it already does something. I feel that with the help of the remedy, I will do it.	It does not work.
Taking steps	Thanks to the remedy, I felt much more comfortable when making a presentation at work.	I have already stopped taking the remedy.

Table 4. Effect talk and failure talk.

9. Change talk and sustain talk

However, change talk and sustain talk or effect talk and failure talk isn't only about the prognosis whether the patient will make a change or not. MI studies have brought evidence that **if we succeed to increase somehow change talk and effect talk rate or decrease sustain talk and failure talk rate in patient's speech, the change is more probable**. It seems that people feel an unconscious need to preserve personal integrity; they try to keep their thoughts, feelings and deeds in accord with words. If people speak about the need of change, it is more probable that they will also consider how to realize it. They may "talk themselves" into a change. Similarly, when they tell that they feel the remedy works they will try to find evidence for it. They will also feel more optimistic and will be more willing to take active steps to change their situation.

MI is based on these facts. It has developed techniques how to increase change talk rate in patient's speech. In BFT they can be used too and increase the efficacy of the essences. Remember how during the process of change (see chapter 7) general attitude of the patient influences critically the result of the therapy. In the following chapter, we will introduce basic communication techniques that improve the therapeutic relationship generally. Further, in the chapter 17, we will demonstrate in detail how to evoke change talk and effect talk and how to deal with sustain talk and failure talk during follow-ups.

9.1. Discord

We should differentiate sustain talk from a situation called **discord**. When somebody uses sustain talk, it means that he is at this very moment more inclined against the change. Together with change talk, it reflects his inner struggle, like a vacillation of a balance where weights on both sides are almost the same.

On the other hand, discord means that **the patient is actively fighting with the therapist**; therapist has one opinion, and the patient has opposite. As if an ambivalence moved outside, the therapist pushes one side of balance down and the patient the other. This situation is unfavourable and if the therapist does not change his approach, it will very probably lead to enhancing patient's position against change, instead of facilitating his decision for change. It may also disrupt therapeutic relationship as a whole.

Some years ago the therapists used the expression **resistance**, meaning that the patient resists therapist's recommendations. However, later it became evident that the problem isn't a personality of patient but that discord is often caused by therapist's communication. Typical factors that can lead to a discord are described in 10.2. What not to do. Another reason for discord can be negative transference (see 8.8. Transference and countertransference).

What is the best way how to deal with discord? Basic communication techniques, described in chapter 10, can be used both as a prevention of discord as well as the way how to deal with a discord that already exists. Especially reflections are useful and can reduce the intensity of the discord. At the beginning, **simple reflections** are sufficient to make the communication smoother. Later, **complex reflections** will help to reveal the reasons of discord and to deal with them.

In these moments, the therapist often has a feeling that the patient needs to change something. However, the patient's opinion is different, and the more pressure the therapist exerts the bigger the resistance of the patient is. Here you can see again how Basic principles (chapter 6) are useful and how they help

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to establish and maintain effective communication. Principle of Partnership speaks about the equality and cooperation. The therapist isn't in the role of an expert who decides everything and the patient's role is to accept it. Therapeutic process is about communication and about negotiation. It is a dialogue, not a dictatorship. You have no other choice than to respect patient's Autonomy. He is who will make the final decision. You cannot do things instead of him, and you will not take the essences instead of him.

Discord often has its origin in the fact that the therapist does not accept the patient as a human (basic principle of Acceptance). He concentrates on negative aspects of patient's personality and wants to correct him (sounds like negative BEECH, CHICORY, VERVAIN or VINE state). The reason for that may be that he does not understand patient's situation and his point of view (he needs to develop Accurate empathy).

To make any change, we can use only the resources the patient has (the principle of Evocation). We cannot provide the patient with a strength or skill he doesn't have. We can only uncover and develop this capacity in the patient if it is hidden or suppressed. And here we get back to BFT. The essences do not supply positive energy from the outside. They cannot supply courage if the patient does not have any already present. They cannot supply patience if the patient does not have any potential of his own for it. The remedies help the patient to find and develop resources he already has but does not know how to use them.

📖 We cannot change, we cannot move away from what we are, until we thoroughly accept what we are. Then change seems to come about almost unnoticed.

Carl R. Rogers

10. Basic communication techniques

Our communication sometimes resembles chess. We make a move and our partner makes a move. There are strong moves and weak moves. With a few strong moves we can get closer to the victory and with a few weak moves we can spoil the whole game. However, there is a significant difference in comparison with chess. A victory means here a good therapeutic relationship and increased patient's motivation for change. The therapist and the patient both can win or lose.

10.1. Two dialogues

At the beginning we will look at two dialogues. Both concern the same patient.

Dialogue 1

T: How are you?	<i>Open question.</i>
P: (with a forced smile) I am fine.	There is an <i>incongruity</i> (see 13.9.) She is hiding something.
T: No, I can see you are not fine. Something is wrong.	<i>Arguing</i> with the patient. This communication will provoke a discord.
P: No, everything is OK.	The patient disagrees. <i>Sustain talk.</i>
T: Oh no ... this bruise on your arm! Your husband has beaten you again!	Forcefully <i>revealing patient's secret.</i>
P It was an accident, he did not want to hurt me.	The patient defends her husband. <i>Discord</i> continues. <i>Sustain talk.</i>
T: No, it wasn't an accident. It is over and over. I tell you, you must leave him, or otherwise he will injure you badly.	Again, <i>discord. Giving unsolicited advices, ordering. Threatening.</i>
P: He is a good man, only when he has a lot of work he needs to let the tension go. He drinks alcohol and sometimes he hits me. But he has promised me that he will not drink anymore.	The patient defends her husband. Instead of treating the patient, the discussion has shifted to whether the husband is a good man or not. The patient loves her husband and conflicting communication of the therapist pushes her to his side. <i>Sustain talk.</i>
T: In my experience such men will never change. And they certainly won't change because of you.	<i>Giving information without permission.</i>
P: Believe me, I know him, he feels always very guilty next day and apologizes many times.	Again, defending the husband. <i>Sustain talk.</i>
T: It is a typical story of abused women. The husband beats them, then he promises he will be good and then he beats them again, and this beating will be still worse.	<i>Interpretation.</i>

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By the way, what about the children? They aren't his, are they? Does he beat them too?	<i>Closed questions.</i>
P: Oh no, he is nice to them. Only once, when my son was a little bit noisy and my husband had a headache, he slapped him but normally he does not beat them.	<i>Sustain talk.</i>
T: So, he has already beaten your son. If you are a responsible mother loving her children you will leave him. Otherwise there is a risk that he can hurt them.	<i>Emotional extorting. Evoking reproaches in the patient.</i>

Dialogue 2

T: How are you?	<i>Open question.</i>
P: (with a forced smile) I am fine.	There is an <i>incongruity</i> (see 13.9.) She is hiding something.
T: Everything is absolutely OK.	<i>Amplified reflection</i> provoking the patient to the opposite reaction.
P: Yes ... most things are OK.	The patient admits that there is some problem.
T: There are things that are OK and things that aren't.	<i>Double-sided reflection</i> acknowledging both aspects, positive and negative. The patient will more probably explore further the latter part.
P: (after a while of hesitation, with a trembling voice) Yesterday I had a quarrel with my husband.	The patient decides to reveal her secret.
T: You do not like conflicts.	<i>Complex reflection</i> – going to the deeper feelings.
P: NO, I do not like quarrels. And they are more and more frequent.	Confirming that conflicts are a significant problem. AGRIMONY?
T: It is already too much for you.	<i>Complex reflection</i> – exploring the theme in detail.
P: He is a good man but sometimes he gets angry.	
T: He is a good man and he sometimes beats you.	<i>Double-sided reflection.</i> Note “and” conjunction. It acknowledges both parts and shifts attention to the latter part.
P: I sometimes even hesitate whether to leave him or not.	There is already some ambivalence – SCLERANTHUS may be helpful. <i>Change talk</i> mixed with <i>sustain talk</i> .
T: Your feelings fluctuate, sometimes you feel attracted to him and sometimes you have a fear of him.	<i>Complex reflection</i> – adding “attracted” and “fear”.
P: Not fear ... maybe yes, a little bit. You know, the children are only mine, they have another dad. And he sometimes gets angry at them. He has even once slapped my son. Little George did not understand why and began to cry.	She continues in the description of conflicts. Her fear for children is an important theme.
T: You are a good mother and cannot look at your children crying.	<i>Affirmation. Complex reflection</i> adding “you cannot look at your children crying”
P: If he beat only me it would be OK, I sometimes provoke him. But when he beats children I feel terribly.	There is a real worry for children. We can further build the motivation for change.
T: You are really worried that he can hurt them.	<i>Complex reflection</i> exploring further the theme of

10. Basic communication techniques

	her fear for children.
P: I would already leave him but you know, he is my third husband. Previous husbands were violent too and I am afraid that the next man I will find will be the same.	She considers change (<i>change talk</i> mixed with <i>sustain talk</i>). She describes her fear (MIMULUS) that this story will repeat again (CHESTNUT BUD).

Although both dialogues have the same beginning, further development of conversation is very different. In the **Dialogue 1**:

- the therapist tries to push the patient to leave the husband;
- he uses various unsuitable methods, like ordering, giving unsolicited advices, giving information without permission, threatening or extorting;
- the therapeutic relationship is disturbed, there is a discord;
- the patient feels that the therapist does not understand her;
- patient's decision to stay in the relationship is confirmed;
- at the same time her fear grows and she feels guilty because of not being a good mother;
- there is little information usable for a selection of essences;
- we can reliably predict that if the therapist does not changes his approach the therapy will fail.

In the **Dialogue 2**:

- the therapist has already established an effective therapeutic relationship;
- the communication is harmonious and the patient feels accepted and appreciated;
- the patient is willing to reveal her suffering and doubts she feels inside;
- the therapist has already collected some information that can be used for a good prescription;
- there are first signals that the patient considers a change;
- we can predict that the therapy will be helpful for the patient.

The conflicting communication of the therapist in Dialogue 1 was intentionally exaggerated. Anyway, most practitioners sometimes use some of above mentioned ineffective methods. To better understand what not to do during the consultation, see 10.2.

On the other hand, there are techniques that can improve therapeutic relationship significantly. You will learn them in 10.3.

During the BFT consultation, there are three main goals of communication:

- To create and maintain mutually understanding and trustworthy therapeutic relationship;
- To obtain sufficient amount of reliable information to make an effective prescription;
- To support the patient in a positive change in his life.

Creating and developing a good therapeutic relationship is a precondition of any effective therapy. To understand well what is happening in patient's head, it is important **to support the patient to speak freely and spontaneously**. To support a positive change, we need to help the patient to **build a motivation for change**, to **boost his hope** and to **uncover and enhance his inner resources**.

10.2. What not to do

There are known factors that can influence adversely the flow of the dialogue and can increase the probability of a discord. These ineffective techniques have been described by Thomas Gordon and are called **roadblocks**. A roadblock is something that disturbs the flow of a communication like an obstacle on the street. You have to reduce your speed and to change your direction.

Some patients like to speak and speak a lot. Other people, on the other hand, do not like to share details about their personal life and emotions. A natural way how we obtain needed information in our everyday life is posing questions. However, too many questions, and especially **closed questions** that require only a short, form-item type answer (yes/no, numbers, time, place etc.) may cause that the patient moves into a passive role. When he has come to your consulting room, he has probably already had some ideas about what he wants to tell you and what he believes is important for the understanding of his problem. Answering closed questions is too easy, too tempting for some people. The patient may give up any initiative and answer questions of the therapist only. This situation may resemble an interrogation at police or examination by a teacher at school but brings only poor material for a reliable prescription. If you make audio or video records of consultations, there is one simple clue indicating this problem. If you spend more time with speaking than your patient, too many questions and especially closed questions may be the problem. The problem of open and closed questions is further explained in 10.3.2.

As one would expect, **arguing, ordering, criticism, moralizing, extorting** and **judgemental notes** can seriously disrupt therapeutic relationship and hinder spontaneous speech. *“Do that!”*, *“Don’t do that”*, *“You SHOULD do that”*, *“How could you do that!”* etc. provoke in many people rebellious behaviour. Such sentences remind too much of our childhood when we were dependent, powerless and had to obey. A similar effect may have **warning** or **threatening**. Sentence *“Next time he can injure you badly if you do not leave”* in a case of home violence will probably intensify patient’s worries but does not help the patient to find a solution. Much better is to offer a concern about the problematic behaviour (see 11.2. Offering a concern).

Too much **consolation, forceful sympathizing** or **too much nurturing** can also evoke an adverse reaction. Some people do not like to speak about their emotions and like to stay on the rational level during the consultation as much as possible. Other people refuse consolation because it reactivates old pain (STAR OF BETHLEHEM). For somebody, consolation and nurturing can send him a message *“You are weak and need help”*. During his life, he has always struggled to be strong and independent (OAK, ELM, VERVAIN, VINE) and consolation is something he really does not like to hear.

Especially when the patient has suffered a lot, like mother after a death of her child, it is wise to choose carefully the words and watch the reaction of the patient. Comments like *“I know how you feel”* (unless you really know how it is, and then you should share your life experience), *“It will be OK”*, *“You should go outside to divert yourself”* are too artificial and can disturb the therapeutic relationship. It is better to tell *“I do not know how you feel but I believe that it is the worst feeling possible”*, *“Even when the suffering is unbearable and seems never-ending now, according to statistics (my experience), the pain will reduce during the time.”*

Exaggerated praising or **assuring** without any significant reason evokes impression of insincerity. In transactional analysis, an expression **“throwing marshmallows”** is used for that. They are sweet but full of air. A better way how to express your acknowledgement is to use Affirmations (see 10.3.3.).

10. Basic communication techniques

Using **logical arguments** may be effective in a professional dispute but in personal matters where emotions and patient's likes and dislikes play an important role, often does not work. There are many statistics that smoking or drinking too much alcohol is harmful. Anyway, there are still many people who smoke or drink a lot. Of course, well-timed and well-selected information can influence positively patient's decisions. However, the way how we offer information is important. An effective method is described later (10.3.6. Providing information).

Interpretation is sometimes useful but it should be used as a spice adding a taste, not as a main dish. Knowledge and understanding means power. When used with moderation, interpretation evokes a feeling that the patient and the therapist understand the causes of the problem. It empowers both of them and reduces patient's fear. It also enhances the trust of the patient towards the therapist. However, interpretation itself does not treat the patient. It is one of myths of present-day psychology (having its origins in traditional analytic psychotherapeutic schools) that understanding the problem equals to solving it. At best, it can show a direction for further therapy.

On the other hand, in some cases, especially when there is a power struggle between the patient and the therapist and the patient is afraid of losing control over the situation, too much interpretation may evoke a feeling in him that the therapist has too much power over him. There is imbalance of information; therapist knows something that the patient does not know.

Over-interpretation also leads to "psychologization" of the patient; he can explain any of his complaints but the problem remains the same. In fact, to work with patients who have already undergone many years lasting psychotherapy is quite challenging because of that. During the long, painful and ineffective therapy, they have developed sophisticated ways how to avoid pain and how to hide their real emotions behind interpretations and rationalizations and they do not invest much energy into the therapy because of previous disappointments.

Unsolicited advices and **giving information without permission** usually do not help either. For our patients, their problems are usually much more important than for us as therapists. We spend one hour with the patient and his problem, and he spends 24 hours every day with himself. He certainly thinks a lot about it and has already considered, tried and put aside many options. It is quite probable that the solution you want to recommend him or the information you want to give him he already knows and has already evaluated and finally refused because of some reason. He is aware of all cons and pros and all the arguments cause constant vacillation of his virtual inner balance. Again, a suitable way how to offer information is described later (10.3.6. Providing information).

10.3. What to do

There is growing evidence that well-chosen statements can positively influence the communication, mobilize his activity and enhance his self-confidence. Basic communication tools are called by their acronym OARS+ I: *Open questions*, *Affirmation*, *Reflection*, *Summarizing* and *providing Information*.

10.3.1. Keen observer

We should describe first the position from which the therapist should communicate with the patient. William R. Miller called his method "motivational interviewing", not "motivational therapy" or "moti-

vational counselling". The reason is that the word "therapy" inherently contains inequality; there is somebody who is healthy and powerful and there is somebody who is ill and powerless. The expression "interviewing" associates more a conversation with somebody famous and successful. The interviewer is happy to meet his "star" and wishes to know more about him.

This aspect of curiosity is very important and adds lightness to the conversation. Although you are speaking about serious things, you should evoke the impression in the patient is that you are happy to see him and keen on what he wants to tell you. We as therapists are very lucky because our work is never the same; every patient brings a new story, a new challenge.

It is important to avoid any trace of irony or sarcasm. Such a signal can provoke discord and disturb significantly therapeutic relationship.

10.3.2. Open questions

As above mentioned, we should be careful when posing questions. Too many questions are overwhelming and can lead to the passivity of the patient. When the patient describes his problem we can use reflections (see below) to facilitate spontaneous speech. Anyway, in a moment when the patient stops his description or you are moving in a circle, **open questions** can restart the flow of information. Open question is a question that cannot be answered with one word or one sentence. Closed questions often begin with *“Who”, “When”, “Where”*, or expect yes/no answer or choice from a few options. Open questions usually begin with *“How”, “What”*, less frequently with *“Why”*. Sentences like *“Tell me more about ...”* are also considered to be open questions.

Closed question	Open question
<i>Who makes you angry?</i>	<i>Tell me more about your anger.</i>
<i>When do you feel worst during the day?</i>	<i>How is your mood during your average day?</i>
<i>Where, at home or at work, is your asthma worst?</i>	<i>What factors influence your asthma?</i>
<i>Do you think a lot about that?</i>	<i>How are your thoughts and feelings about that?</i>
<i>Do you decide by yourself or do you ask other people for their advice?</i>	<i>Tell me more about how you make decisions in your life.</i>
<i>Is everything OK at home/at work?</i>	<i>How is it at home/at work?</i>
<i>When do you get up in the morning?</i>	<i>How is your average day?</i>

Table 5. Examples of closed and open questions.

As for *“Why”* questions, we should be cautious when using them. Some people may interpret them as blaming. *“Why is it difficult for you to do all the work?”* may be interpreted as *“You are lazy or slow”*. It is also frequently difficult to answer them. *“Why do you feel so tired?”* usually brings answer *“I don’t know”*. On the other hand, there is one situation when we NEED to ask this question. In this situation, the goal of the question isn’t to get a real reason of the problem but to get the information about **how the patient understands his disease**. Here, it is useful to introduce the question:

“Most people have some fantasy about the disease, why they are ill. You are not a doctor, of course, but it is quite probable that you have also some idea about the reason of your problem. If it is true, please tell me, how you understand your disease, why you are ill.”

The answer can help bring important keys for the prescription. CRAB APPLE often speak about toxins, pollutants or infections, WILLOW or VERVAIN about an injustice he has suffered, HOLLY about nega-

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tive emotions of other people, HORNBEAM about weak immune system, BEECH about incompetence of his doctor.

This question can also help to build an important bridge when the patient has come primarily for some other treatment (massage, allopathic therapy) and we consider offering him BFT. When the patient begins to describe inner disharmony, too much stress or weak immune system, we can explore further his attitude towards alternative medicine and if he is open to it, we can offer him the essences (see chapter 23. Combining BFT with other therapies). This information is also important when we intend to treat a physical disease because the answer reveals patient's concept of the disease (see 15.1.4.) If the patient believes that the cause of his problem is outer, BFT will be probably ineffective. On the other hand, if the supposed cause is inner, we can expect that BFT will help him.

Open questions play also important role during follow-ups. *“How do you feel?”*, *“How is your fear?”*, *“How do you perceive the effect of the remedy?”* are frequently used. However, open questions can also facilitate a change in the patient. When the patient reports a slight improvement in some aspect, we can focus on the change and explore it more: *“Tell me more about the improvement”*, *“How has improved your relationship with your mother?”*, *“Tell me more about the (bigger) energy”*.

Similarly, we can compare the past, a state before the remedy with the present. *“When you compare it with the time before the therapy, how is your self-confidence?”* and if he confirms there is a change *“Tell me more about your self-confidence in the past and now”*.

My favourite question at the very beginning of case taking is *“How can I help you?”*

10.3.3. Affirmations

The importance of affirmation has already been explained when describing basic principles of the therapy (6.2.4.). Whenever we learn or do something new we need a feedback, we need somebody to tell us whether what we do is right or not. Sometimes the feedback is expressed by words, sometimes by behaviour – for example, when we produce some goods, the behaviour of our costumers tells us whether our product is interesting for them or not.

During childhood, we have also created an idea about ourselves on the base of the feedback of other people. This feedback may be delivered directly to us but an indirect way is sometimes still more effective. Small Jack, playing in the next room, hears a talk of his mum with a neighbour. His mother proudly tells: *“Jack is very smart; he can now, at his age of four, count to ten”*. This sentence may have, especially when frequently repeated, a deep impact to his life. It can help him to build his self-confidence and this “smartness” can reflect in his life. It may also provoke his whole-life interest into math. The comment *“Jack is a good boy”* may have two-sided effect. On one hand, he may “be good” during his life. He may be even “too good”, unable to tell “no” or to fight for his rights (CENTAURY). He may also in some life period, typically in puberty, decide that he will never be “a good boy” anymore and he may become a “bad boy”. a sentence *“He is too weak”* may also change his life significantly. Because he may believe that he is weaker than other people, he may feel a worry whenever he is to face a challenge. He will pay attention to be always dressed well to avoid cold, he will avoid fights with his schoolmates, or he will avoid “heavy dishes” to avoid digestive problems (MIMULUS). On the other hand, he may also react by hyper-compensation. He may become a tough boy, a fighter or motorbike rider who fears nothing.

Therapy is also a sort of learning; we try to transform our patients' ineffective thinking, feeling and behavioural patterns into more effective. That is why feedback is very important for them too. In fact, during the therapy they always get into a temporary WALNUT state when they feel uncertain and are increasingly sensitive to reaction of other people. Furthermore, they often perceive unconsciously the therapist as a parental figure, and his words have a deep impact to them.

In our society, a negative feedback is used much more frequently than a positive one. Many parents have a tendency to criticize the children and tell what not to do, instead of appreciating what they have done well. The sentence *"Too much praise spoils the child"* is still their motto even when many psychological studies have confirmed that positive comments are much more motivating for most people. Most of our clients are people whose self-confidence is shattered and critic only confirms their unfavourable convictions about themselves.

Furthermore, people who do not believe they have resources sufficient to deal with the problem effectively feel hopeless and helpless. They expect the help from outside and are passive during the treatment. That is why a positive feedback helps to create a positive relationship between the patient and the therapist, helps the patient to recognize his resources and enhances his belief that the disagreeable situation can be changed. It also supports his autonomy for the future, he will be aware of his resources also in the future and that is why there is a higher chance that he will be able to solve the problem without help from the outside. That is why affirmations also work as a **prevention of dependence**.

One thing is to be aware that appreciation is vital for the therapy. Another question is how to do it so that the patient would be able to hear it and to accept it. Many of us during our childhood have learnt that it is polite to refuse positive comments: *"Your presentation was excellent!"* - *"Oh no, it was nothing ..."* or *"It could be better but I am a bad speaker"*. It sometimes seems as if we carried an emotional umbrella that protects us against the "the rain of praise".

According to David B. Rosengren (Rosengren, 2018), there are a few basic rules that help to create an affirmation that is effective and influences positively our patient's behaviour:

Focus on specific behaviours instead of attitudes, decisions, and goals. Change of behaviour is best observed, it is an objective signal of progress. The more your description of behaviour is specific, the more probably the patient will repeat it in the future. *"You were able to tell 'no' to your colleague"* will support the patient to tell "no" in the future. To stress the importance of the behaviour, you can also appreciate that he had to overcome some obstacles: *"You were able to tell 'no' to your colleague even when it wasn't easy for you"*. You can still enhance the effect of affirmation by comparing with previous state before the therapy: *"Before the therapy, you had been used to accepting his demands without comment even when you had felt uncomfortable with them. Now, you were able to tell him 'no'"*.

Avoid using the pronoun "I". It shouldn't be you who appreciates your patient's behaviour. You should present it as a universal truth that is valid, no matter who evaluates it. Otherwise there is a danger that the patient will feel as if being again at school examined by a teacher.

Focus on descriptions and not evaluations. When giving affirmations, it is reasonable to stay at what the patient has said, maybe reformulate it slightly or connect it with facts already mentioned previously. You do not know how the patient himself perceives it.

⊗ 19 years old girl, during entrance exams to the university she was very successful; she had one of the best results. However, when discussed further, it appeared that she felt guilty because of that. She had a very close friend and they had hoped they would study at the university together. However, her friend failed at the exams. For her, a sentence “You were one of the best in the entrance exams” in fact wasn’t an affirmation. It was just a reflection that opened the door to her guilt feelings. Stressing too much how good student she was would probably have stressed her and might have caused a discord.

Attend to non-problem areas rather than problem areas. We should always consider whether the area we would like to give an affirmation is suitable for it. For example, affirming an anorectic girl that she gained two kilograms can be contra-productive: it can provoke a relapse of the disease. If a workaholic has a demand to be able to work still more and he feels badly when he has a rest, it is not easy to choose the right affirmation. Of course, we shouldn’t give him affirmations *“You work harder than before”*. We know that too much work can kill him. However, we should be also careful to affirm him *“You were able to relax”*. It can provoke guilt feeling in him. It is better to choose an area that is also important for him but is not problematic, like *“In spite of being very busy, you spent whole day with your children. Being a good father is important for you”*.

Think of affirmations as attributing interesting qualities to clients. Apart from affirming behaviour, you can also affirm a personality feature that is generally considered as positive or you know it is important for the patient. For example, *“You are a good parent”*, *“It is important for you to be a good mother”*, *“You are a responsible person”*, *“You have a strong sense for justice”*. If the patient describes many ordeals he had to go through and you want to boost his hope and self-confidence, you can affirm him for example *“You are a fighter, you do not give up things”*. During the consultation, when the patient speaks about difficult themes, you can give him an affirmation *“During this consultation, you have been very honest”*, *“You are a courageous person; you do not avoid painful topics”*. If the patient begins to cry during the consultation and he feels guilty or angry towards you because of that, you can make a special affirmation *“Thank you for being so honest to me. It is really not easy to speak about such things and I perceive it as a sign of trust towards me. I will do my best to use this information for your benefit”*.

Nurture a competent instead of a deficient worldview of clients. Again, it means that we should pay attention to aspects that strengthen patient’s autonomy and self-confidence. For a woman who spends most of her time with the care of her family members, cooking, washing, cleansing, a right affirmation should be everything that helps her to widen her limited world: *“You really enjoyed the evening when you went outside with your friend”*, *“You decided to go once weekly to yoga lessons”*, *“You decided to refresh your driving licence and to begin to drive again, after so many years”*, *“You were able to ask your husband for the help with children. You will finally have more time for you.”*

Generally speaking, problem of most therapists is that they give too few affirmations. Of course, our affirmations should always be based on truth, should be sincere. Do not “throw marshmallows”. On the other hand, you can give freely affirmations appreciating minor things that for you might seem insignificant but for the patient they are important. Paraphrasing a famous quotation of Neil Armstrong, it can be a small step for an average person but a huge jump for your patient.

Affirmations are useful in any phase of the therapy. At the beginning, they help to establish a reliable therapeutic relationship. During the case taking, they support spontaneity of the patient and help him

to become aware of his resources and to mobilize them. During follow-ups, they enhance the self-confidence and their trust in the effect of essences.

10.3.4. Reflections

Using **reflections** is probably the most important technique and can improve communication quickly and significantly. Reflections might seem very easy, almost banal at the first sight but their effective practice requires a thorough training. Reflection generally means to repeat what the patient has told, what he has intended to tell or what he has expressed by non-verbal signals. In the easiest form, we simply repeat what we have heard, in more advanced variant; we **guess** what lies under the surface.

Why are reflections so important? One of the reasons is that **our speech is very imperfect in its capacity to transmit information**. Even when we describe a situation with as many details as possible, there is always something missing. Furthermore, everybody has his personal “dialect”, some words have a special meaning that is clear only to him or to his family members. For example, *“I feel badly”* can mean in one person’s language *“I feel guilty”*, for another person, it can mean *“I feel sad”* or *“I feel angry”*, for somebody else *“I feel exasperated”* etc.

With reflections, we can give to our patient an impulse to further elaborate his description. Using superficial reflections like *“You feel badly”*, or simply *“Feeling badly ...”* we stimulate the patient to continue his narration. If we feel we understand what lies behind patient’s feelings badly, we can use deeper reflection *“You feel guilty because of that”* or *“You miss him a lot”*. If you are right in your guess, the patient will react by telling *“Yes, you are right”*, *“Uhm, maybe, it is a guilt feeling”*, *“Yes, I miss him”* or pass it over with silence. If your statement is not true, he will correct it *“No, I do not feel guilty, it is more sadness”*. Anyway, you move further.

Another reason is that by using reflections, **we demonstrate the fact that we listen attentively to what the patient has said and that we understand it**. We humans like to be listened to. That is why we meet each other and spend a lot of time with small talk. This social conversation usually does not help us to solve our problems. When a wife complains to her friend about the selfish behaviour of her husband, she in fact does not expect that her friend can offer her a solution for her difficulty. She just likes that somebody pays attention to her and listens to her problems. In extreme situations, this need for attention can even develop into a pathological state, as in the case of negative HEATHER.

When we realize the importance of listening in our daily life, we can easily imagine how it is important for the patient to be listened carefully by the therapist. When the patient feels he is understood, it has a strong comforting effect to him. It means that his (patient’s) responsibility during the consultation to give all necessary information has been fulfilled and now, he can relax and wait for the therapist’s decision. Even in a situation where there is an evident discord between the patient and the therapist and the patient feels exasperated, a few reflections can calm the patient down, so that the communication moves from emotional level to rational.

There is still one reason why we should use reflections. Reflections allow us **to steer the conversation**. Similarly as with other basic communication techniques, open questions, affirmations and summaries, we can move focus to some area that either needs more exploration (especially during the case taking) or supports a change by enhancing hope and trust in his strengths and BFT.

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For example, the patient tells *“Last month I felt really tired. A lot of work at home, my youngest son began to go to school; my mum needed frequently some help from me. And besides that, my husband was away all the day, so I had to manage everything by myself”*. At this moment, we are on a crossroad. We can explore tired feeling (*“You felt tired more than usually”*) and we can get for example information how the tired feeling changes during the day, or we can pay more attention to a lot of work (*“The work was overwhelming”*). We can shift the attention to her mother (*“Your mother needed a lot of attention”*), or finally, we can open the theme of her relationship with her husband (*“Your husband did not help you much”, “You could rely upon yourself only”, “It was not easy to deal with all these things by yourself”*).

We can use reflections also during follow-ups. For example, when the patient reports *“There have been times when I felt slightly better but generally it has been the same as before”*, you can use a reflection *“There have been times when you have felt similarly as before and there have been times when you have felt better than before”* (for technical details, which part to tell first and why to use “and” conjunction instead of “but”, see below, Double-sided reflections). This sentence leads the patient to explore those “better” moments while “the same” moments can be shifted aside. And this change of focus during the conversation is very important. Remember that the more the patient speaks about change and about positive things, the more he is optimistic, the more he trusts the therapy and the easier the change is (see chapter 7. Process of change, and chapter 9. Change talk and sustain talk). When you look back at the sentence of the patient and the reaction of the therapist, they both have told nearly the same. However, if the patient stays concentrated to “no change” moments, he will begin to doubt the effect of the therapy, invest less energy in it and finally he can give up the whole treatment. If he begins to pay attention to positive moments, his confidence and investment will grow.

You can also ask why not to use open questions instead of reflections. Yes, you can use questions, and therapists often do it at the beginning of their practice, when they are familiar with using reflections yet. They react with a question that resembles reflection but has a question mark at the end: *“You feel guilty?”* Although both ways, reflections and questions, can bring necessary information, there is a significant difference. When somebody poses me a question, it is polite to answer him. That is why I have to stop for a while and to find the right formulation. This interrupts my spontaneous speech and after answering it, I have to pick up the threads of the conversation. That is why too many questions can negatively influence spontaneity of the patient and provoke a tension. Reflection does not require any reaction, so I can continue with narration without interruption or with simple *“Uhm”* if the content of reflection is true. Besides, using a declarative sentence can evoke a feeling that you are the person “who knows”. Many patients will be fascinated by the fact that you know things before they tell them, and it enhances their trust in the therapy.

There are more types of reflections; each of them has a specific usage. First of all, we can divide reflections into superficial or simple and deep or complex. **Superficial** or **simple** reflections remain very close to what the patient has said. We can use exactly the same words or to modify them slightly. Superficial reflections help to establish therapeutic relationship. They are especially useful at the beginning of the consultation when the patient needs to feel that the therapist pays attention to his problems. They can be also used when there is a discord and we want to calm down the patient. For example, when the patient gets angry because of having to wait long in the waiting room, you can react with *“Time is precious for you and you do not like to waste it”, “You are a punctual person and you would like the other people to be punctual too”,* or simply *“You feel anger because you had to wait so long”*. As it has already been mentioned, **when using reflections you must carefully avoid any sign of sarcasm or irony**. Otherwise, there is a danger that the discord will grow, the patient will feel ridiculed.

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We shouldn't limit ourselves to simple reflections only. The reason is that with superficial reflections, we stay only at the surface. However, during the therapy, we also need to go deeper. And here, our experience and intuition begins to play a major role. We should use our empathy and should guess how the patient thinks and feels. And to verify our speculations, we will need complex reflections.

Deep or complex reflections are a more sophisticated variant of reflections. They add some extra information, shift the focus, link one piece of information with another, or add some observation. All following reflections are complex reflections.

We may use reflections in different ways. We may attempt to **uncover underlying emotions**. Here are a few examples, the reflection targeting on underlying emotions is highlighted:

P: I have to dress well to avoid cold.	
T: You are afraid of getting a cold and that is why you dress well as a preventive measure.	Exploring MIMULUS theme.
P: Yes, whenever I catch cold I need quite a long time to become healthy again. So, I try to avoid it.	Confirming MIMULUS theme.

P: And he yelled at me, ha ha.	So called gallows laugh – the patient laughs at serious things.
T: You laugh when speaking about serious things.	Reflecting the discrepancy between content and the way how he speaks about it – AGRIMONY?
P: My friends tell me that they do not know when I am joking and when I am speaking seriously.	Confirming AGRIMONY theme.

P: And the boss asked me to take over part of the responsibilities from my colleague. And I agreed.	The patient is submissive.
T: You have a lot work yourself and he told you to take over still more work.	<i>Complex reflection</i> – adding “a lot of work yourself”. This reflection highlights the injustice of the situation.
P: Yes. I did not like it but I agreed.	Although she did not like it, she agreed. It sounds like CENTAURY.
T: It is difficult for you to tell “no”.	Exploring CENTAURY theme.
P: Yes, I have problem to tell “no” to anybody. I do not like to disappoint him.	Confirming CENTAURY theme.

We can also use **double-sided reflections**. Double-sided reflections are used to describe the ambivalence of the patient. Describing both sides avoids “Yes, but” game¹⁸ and reduces patient's tendency to be in the opposition. **“You are not satisfied in the present work and you are afraid of change”.**

¹⁸ Game “*Why not – yes but*” was one of the first psychological games described by the founder of transactional analysis Eric Berne in his famous book *Games People Play*. It is a typical game in helping professions; it is played by a client or patient and by a counsellor or therapist. The game begins by the request of the patient to help with some problem, for example with overweight. The therapist reacts with repeated proposals “*Why not ...*”, for example “*Why don't you change your diet?*”, “*Why don't you eat more vegetables?*” or “*Why don't you exercise regularly?*” The patient answers “*Yes but*” – “*Yes but my will is weak*”, “*Yes but vegetables are expensive*”, “*Yes but when I exercise my knees hurt*” etc. The result is that after some time, when the thera-

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For double-sided reflections, there are two basic rules. One is, avoid conjunction “but”. “But” conjunction is often perceived as diminishing or even negating significance of the former part. On the other hand, if you use “and” conjunction, the significance of both parts is acknowledged. Compare these two sentences:

I would like to help you but I have a lot of work now.

I would like to help you and I have a lot of work.

The content of both sentences is nearly the same. However, the first sentence is often perceived as an **excuse how to avoid doing something**. The second sentence exposes the dilemma of the speaker. He wants to help and he has a lot of other work.

Apart from the conjunction “and”, you can also use “On one hand – on the other hand”, or “... at the same time ...”:

“On one hand you are not satisfied in the present work. On the other hand you are afraid of change.”

“You are not satisfied in the present work. At the same time you are afraid of change”.

The second rule is to put the part you want to further elaborate as second. In the example *“I would like to help you and I have a lot of work now”*, you would probably like to pay more attention to his willingness to help you, instead of analysing why he has so much work to do. It is probable that the reflection *“You have a lot of work and you would like to help me”* will be more effective.

In above mentioned example *“You are not satisfied in the present work and you are afraid of change”*, the patient will probably begin to speak about his fear of change and we can explore more theme of MIMULUS. If we tell *“You are afraid of change and you are not satisfied in the present work”*, our reflection will more probably lead the patient to speak more about his motivation for the change of job.

The guiding aspect of reflections is especially important during follow-ups. To facilitate change and enhance patient’s hope and trust in the efficacy of the therapy, we need to concentrate more on positives. That is why during follow-up it is usually better to put the negative part as first and positive as second. For example:

P: The headache seemed a little bit better for a while but last week it was terrible.	Look how the patient uses “but” conjunction – he diminishes the significance of improvement.
T: Last week was not so good and before that, you noticed some improvement.	<i>Double sided reflection.</i> Note also <i>weakened reflection</i> (see below) in the first part – “terrible” was changed into “not so good”. The therapist shifts attention to the signals of improvement.

Using double-sided reflection, we confirm that we have heard both parts of patient’s statement but it is more probable that the patient will pay attention to the second part.

pist exhausts all his ideas, he resigns. This game confirms to the patient that his situation cannot be changed and to the therapist that such patients are difficult to treat.

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We can also change the intensity of what the patient has said. When we reduce the intensity, as in above mentioned example, we use **weakened reflection** that reduces emotional charge of the message. For example:

P: (bursts with anger, bangs the table with a fist) I was absolutely furious because of that. Such an idiot!	Too strong emotions disturb the consultation. It is the time to calm the patient down a little bit.
T: (Calmly) His behaviour has made you angry.	<i>Weakened reflection</i> reduces the emotional charge.

The opposite situation is when we **amplify** the message of the patient:

P: I have repeatedly tried to solve this situation but without effect.	It seems that the situation has no solution.
T: (Seriously) You have tried absolutely everything to solve it.	<i>Amplified reflection</i> exaggerates the situation and provokes the patient to find a way out.
P: Well, there are still other possibilities, of course ...	The patient, reacting to amplified reflection, begins to look for other options that haven't been mentioned yet.

Amplified reflections are suitable when communicating with a pessimistic and passive patient. It is quite difficult to work with such a person and some therapists feel tempted to offer one suggestion after another. However, this patient has a tendency to dismiss them with “*Yes, but*” answer. Finally both the therapist and the patient feel frustrated and hopeless. Better solution is to use amplified reflection. Amplified reflection can provoke a reverse reaction of the patient. At the beginning, he expects that the therapist offers some miraculous solution. However, the therapist simply acknowledges there is no way out. And this moment when the patient realizes that his passivity cannot solve his problem it may provoke him to be more active.

Amplified reflections can be useful in follow-ups too. Some patients come to the follow-up with the position “nothing has changed”. Again, it is a passive position when the patient expects a miraculous solution from the therapist. “No change” answer is often an unconscious manipulative attempt to force the therapist to give him a better combination. That is why he ignores minor changes that have happened during the usage of the remedy.

In such a situation, to decide whether the combination is right or not is especially difficult. One option is to stay with the same combination and hope that longer therapy will bring some effect. Another option is to repeatedly change the combination. And finally, the third option is to use amplified reflections:

T: So, how are you?	
P: Uhm ... the problem seems to be the same.	The patient moves immediately into a defensive position. Maybe he feels disappointed by the therapy and is pessimistic about its effect.
T: Every day the problem was absolutely the same.	With <i>amplified reflection</i> , the therapist does not attempt to push the patient. On the contrary, he acknowledges the pessimistic situation and still amplifies it. Now, the therapist can wait whether the position of the patient is so “absolute” or not.

10. Basic communication techniques

P: Oh no, there were some changes, of course. It depended on how much work I had ...	And the patient sincerely accepts that there were slight changes. And it is a good starting point to explore them in detail.
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We can also either **follow** the patient or **guide** him during the conversation. Following reflections repeat what the patient has said while guiding reflections, also called **continuing the paragraph**, offer him a new direction of the conversation. We can typically use guiding reflections when on the base of previous narration of the patient we already have some idea about a suitable remedy for patient's feelings and we add more details:

P: (After he has described complicated family problems) ... And there is always something, I cannot relax.	The patient is overwhelmed by family problems. He spends a lot of time thinking about them, even when his possibilities to influence them are limited.
T: You have a lot of problems and you have to think about them all the time.	<i>Continuing the paragraph</i> – exploring WHITE CHESTNUT theme.
P: Yes.	
T: Thoughts that circulate all the time. They annoy you and you cannot get rid of them.	Another <i>continuing the paragraph reflection</i> to confirm WHITE CHESTNUT theme.
P: Yes, I try to stop thinking but there is always another idea that comes to my mind and it is here again.	Confirming WHITE CHESTNUT theme.

We can also use guiding reflections when having a patient to whom you would like to offer BFT in addition to another method or as an alternative. For example, in my ambulance of G. P., patients often express their aversion towards allopathic medicine. If the diagnosis isn't serious, I often consider offering them BFT as an alternative to allopathic medicine. Here is a transcript of such a dialogue:

P: I do not like these pills. It is chemical garbage.	It seems that for such a patient, BFT can be an interesting alternative.
T: You do not like these pills and you do not like to pollute your body with chemical garbage.	<i>Continuing the paragraph</i> – adding “pollute the body”.
P: Yes. I think it is better when the body fights with the disease itself.	Patient's approach to the treatment is active – it is another signal indicating that BFT can be useful for this patient.
T: You want to be free and do not like to be dependent on chemical crutch.	<i>Continuing the paragraph</i> – adding “independent” and “chemical crutch”.
P: Yes.	
T: You would like to use fully the potential of your body. What you need is information how to mobilize inner resources.	<i>Continuing the paragraph</i> – adding “use fully potential” and “information how to mobilize resources”.
P: Yes.	
T: I can offer you one thing that probably can help you in that. Have you ever heard about Bach flower essences? ...	The terrain seems to be well prepared to make an offer.

In this dialogue, you can see how the focus has been shifted from negative, rebellion against chemical remedies to positive, using inner resources to fight with the disease.

Finally, we can also use a **metaphor** to describe patient’s feelings. Metaphors generally can describe aptly a complex situation and carry an emotional charge that can be used to motivate the patient for a change:

P: I work all the day and work and work and have no time to relax.	
T: You are like a hamster on the running wheel.	<i>Metaphoric reflection.</i> Being like a hamster in a running wheel isn’t certainly anything attractive and it can raise a question – “do you really like to be like a hamster?”

10.3.5. Summarizing

Summarizing means collecting and linking different parts of what has been told. It can be used to begin or close the whole consultation or its part, **thus building a bridge to a new theme or continue with the old one**: *“So, your main complaints are annoying headaches that appear paradoxically more during weekends when you have more free time than during workdays. Another problem is a guilt feeling when you have made a mistake, no matter how small or negligible it is. And you would like also to be helped with sleeplessness; you have to think about matters of previous day about whether you could have done something better or not. Have I forgotten anything?”*

Summarizing more facts with a similar meaning also **intensifies their effect**: *“At work, you agreed to help your colleague even when you had a lot of work yourself. You know he would feel annoyed and angry towards you if you refused his demand. At home, you tolerate bad temper of your husband without comments. You want to maintain peace at home. You do not like conflicts and try to avoid them whenever possible. ”*

You can also use summarizing to **link discordant parts of patient’s narration**. *“When you described the conflict you had had one week ago, you mentioned that he had slapped you in the face. Now, you say how he is important for you and how you love him. How do these two things fit together?”*

You can also **link verbal information with results of observation**: *“When you called me to arrange today’s consultation, you repeatedly asked me about whether Bach flower therapy is suitable for you. When you have come today, you have asked me again. You have also described how you search in the Internet all the resources about treating borreliosis (infection transmitted by ticks) and you feel more and more confused by discordant information you have found. It is not easy for you to make a decision.”*

In BFT, summarizing also means that we **arrange similar facts in one place connecting them with an essence picture**, like *“You have mentioned you are worried whenever having to speak in the public. You do not like to stay alone at home. When describing the problems with digestion, you have expressed the fear that it might be caused by some serious disease. It sounds like fear is a big theme for you. A suitable remedy can be Mimulus ... (reading the text from Twelve Healers). So, what do you think about that?”*

10.3.6. Providing information

As we have already mentioned, giving information without patient's permission can be disturbing and when done too frequently, it can damage the therapeutic relationship. It reminds too much of allopathic doctors who feel obliged to "educate" the patient, to give him as much information as possible because they feel it is essential for them and for their treatment. They forget that the patient frequently knows quite a lot about his disease and about the treatment and he may feel annoyed by having to hear what he already knows. It is also possible that his knowledge does not correspond to what the doctor wants to tell him. For example, the doctor wants to prescribe him remedies that lower blood cholesterol but he has heard that such pills can damage liver. Another patient may even doubt the diagnosis, he is convinced that he is healthy. That is why he is not interested in information how to treat the disease he does not have. To avoid discord in the therapeutic relationship, the best way how to give information is:

- To ask **whether the patient is interested** in it or not.
- To ask **what he already knows** about the problem.
- To give information in **small bits**.
- To repeatedly verify whether and how the **patient understands what has been told**.

In some situations, especially when information is short, you can replace above mentioned process by telling:

"It may or may not be interesting for you but I would like to tell you that according to medicinal statistics, the risk of liver damage is very low when using pills against high cholesterol. What do you think about that?"

In rare cases, especially when you feel that if you do not tell the information it can be dangerous for the patient, you can use following way:

"Even when you are not interested in it I feel a need to tell you one thing. The reason for that is that I am afraid that using anxiolytic pills on a regular basis can lead to a dependence and it may be difficult to get rid of it later. Of course, you are the person who decides on your life. What do you think about that?"

Of course, sometimes it is evident that the patient wants to hear some information. Anyway, it is always reasonable to ask what the patient already knows.

In BFT, we give information in different phases of the therapy. At the beginning, we give information about the method. At the end, we give information about how to store and use the essences. We can also add information about some behavioural change, assertive technique, suitable exercise etc. that can enhance the effect of the therapy (see 11.5. Education).

For example, when the patient comes for the first consultation, he should know what to expect from the therapy. However, quite a lot of patients already have some idea about BFT (it was usually the reason why they asked you for treatment). That is why the first question should be: *"Do you like to hear anything about Bach flower therapy?"*, and if he agrees, *"What do you already know about it?"*

This question is very important. One reason is that the patient gets from you only information that is new to him. You spare time. Another reason is that you can verify how his fantasy about BFT corre-

sponds to your practice of BFT. If it becomes evident that there is a serious discrepancy, it is necessary to **clarify it before you begin a serious work with the patient**. For example, the patient may have heard that in BFT, the diagnosis is made using a special device or dowsing. If you do not use them (and I am happy because of that), you should tell it right at the beginning, before you start to speak about specific aspects of the case. Otherwise there is a serious danger that the patient will feel disappointed or even deceived by you. If he continues to demand the usage of the device, it is a good time to cancel the consultation without any payment.

Finally, it is also useful to hear first what the patient already knows about BFT because you can adjust your explanation so that it corresponds to patient's previous knowledge. BFT is a very complex method and you can use various ways how to explain what BFT is and you are right. However, it is important for the patient to feel that **the treatment he has chosen is the right one for him**. For example, when the patient comes because of prolonged convalescence after a fracture of the leg, it is better to tell him that Bach essences help to mobilize our natural resources to fight the best way with the disease and to heal the wounds, rather than to explain how it works on the emotional level. If you use one standardized explanation of BFT as spiritual healing, there is a risk that the patient will be confused by that: *"But I have no problem with my way in life, I just need to help with the broken leg"*.

Information can influence significantly patient's decisions. For example, the patient has some mental complaints and considers either antidepressants or BFT. You know that his problems aren't so serious and they can be dealt with BFT. Anyway, he hesitates and wants fast relief from his problems. Following information may be helpful:

"It may or may not be interesting for you but according to psychiatric textbooks, the effect of antidepressants usually manifests with some delay. It is recommended to assess their effect after six weeks of therapy."

Or, you can recommend your patient to find information on Internet, for example Wikipedia:

"It is important for you to have sufficient information to be able to make a decision. May I read you a short quote from Wikipedia about antidepressants?"[Yes]

"Conflicting results have arisen from studies analysing the efficacy of antidepressants by comparisons to placebo in people with acute mild to moderate depression. Stronger evidence supports the usefulness of antidepressants in the treatment of depression that is chronic (dysthymia) or severe. A 2018 meta-analysis of trials found that in adults with major depressive disorder antidepressants were more efficacious than placebo. Effect sizes measured at 8-weeks after treatment onset were modest. (Wikipedia about Antidepressants)"

"What do you think about it?"

Some people believe that because the essences are natural, their effect is slow and weak while the effect of chemical remedies is fast and strong. In fact, the essences sometimes work faster and stronger than antidepressants.

10.4. Difference in communication during first consultation and during follow-up

There is a significant difference in communication during case taking and during follow-ups. During the first consultation, you need to explore painful themes into the depth, so that your communication leads the patient to look at his negative feelings from all sides, to look for provoking moments, difficult situation etc. On the other hand, during follow-ups when suitable remedies have been already selected and they need some time to work, you concentrate more on positives, on how the situation has changed to enhance patient's hope and trust in the remedies. Of course, if you feel that there is a new theme you haven't explored yet or that your previous prescription should be adjusted you will return to the way of communication used during the first consultation.

During the first consultation, following style is preferred. During follow-ups, guiding style will be more useful.

You can use OARS+I as a steering wheel to move the conversation into a suitable direction. Here is an example of a sentence of the patient:

I love my children but they sometimes drive me crazy.

During the first consultation, it would be probably interesting to pay attention to the part “drive crazy”.

You can use for example *weakened reflection* to shift more to rational level when dealing with problematic moments:

Upbringing of children may be sometimes quite challenging.

You can also react with *double-sided reflection*:

You love your children and sometimes you have difficulty to control your anger.

Double-sided reflection keeps both sides of the statement important. There is also a reframing: “*children drive me crazy*” are changed into “*you have difficulty to control your anger*”. While “*children drive me crazy*” puts the responsibility and the power to the side of children, “*you have difficulty to control your anger*” shifts the responsibility and the power to the patient (it is up to him whether he keeps the control or not). This reflection also explores the theme of CHERRY PLUM.

You can also use *open question*:

Tell me more about those more difficult moments.

On the other hand, **during the follow-up** a few weeks after the prescription of CHERRY PLUM, your goal is to look for positives, to enhance patient's hope that the situation will improve. Suitable reaction to the same sentence is different:

Children are very important for you. (*Guiding reflection* directing more to the positives of their relationship; at the same time it is an affirmation that appreciates him as a parent).

There are moments when it is difficult to keep control over your emotions, and there are moments when you really enjoy being with them together. (*Double-sided reflection*; it acknowledges the existence of difficult moments but shifts attention to positives).

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Tell me more about the moments when you feel fine with them. (*Open question; this question shifts again the attention to positive aspects of their relationship*).

Of course, there is no strict rule which way of communication is to be used. You should observe the reaction of the patient and if there is a sign of discord, you should change your approach. It can be compared with driving – there are different driving styles. Some of them are fast, some of them spare fuel. However, for the sake of safety you should always adjust your driving style according to the actual meteorological and light conditions.

11. Other useful techniques

There are various techniques that can be useful in specific situations. Very simple and frequently used is Facilitating spontaneous speech (11.1.) When the patient is doing something risky, you will probably find a suitable way how to warn him interesting (11.2. Offering a concern). When speaking about socially problematic behaviour, it can be dealt with more easily when Normalized (11.3.) Quite frequently the patient has some idea and you need to modify his point of view slightly, to Reframe his frame of reference (11.4.) Sometimes the therapist may provide the patient with some Education that may help him to understand better his situation or to fasten the therapeutic process (11.5.)

There is also a note how to Enhance patient's autonomy (11.6.) a specific problem is how to deal with people who are doubtful about the efficacy of BFT (11.7.) and how to Deal with a secret (11.8.) Finally we will speak about how to "Seed" some idea in the patient (11.10.) and how to Plan specific steps how to make some change come true (11.11.)

11.1. Facilitating spontaneous speech

To understand well how our patient feels and how he sees the world around, the best source of information is his spontaneous speech. When describing some problem or situation, people need from time to time to verify whether the listener really pays attention to them and whether he understands them, stop for a while during their speech and expect our reaction or question. One way to give feedback is to use reflections, as described above. In some situations, whole sentences are not necessary and they may even interrupt the flow of thoughts of the patient. We can use simple "Uhm". Another possibility is to make "shortest possible reflection". We can simply repeat one or two words that lead to a theme we would like to explore more.

P: I feel badly about that.

T: Badly ...

P: I was absolutely shocked. My husband's behaviour was SO terrible!

T: Shocked ...

11.2. Offering a concern

There are situations when you have an intense feeling that the patient is going the wrong way, that there is a serious danger and you want to warn him. However, telling it straightforwardly can paradoxically provoke a discord and lead to a contrary reaction. Although your motivation is to protect your patient, some patients may perceive it as restricting and lecturing. It simply resembles too much the warning on cigarette packages: *Smoking kills*. Although these inscriptions are bigger and bigger, their effect is smaller and smaller. And the same problem may be with your warning. The more you try to convince the patient, the more intense is your patient's resistance. Remember that threatening is one of roadblocks that can disrupt the communication (see 10.2. What not to do).

However, if straightforward warning does not work, what to do? You can use one of OARS+I, providing information. You can ask whether he wants to hear your opinion or not. If he agrees, you can describe your worries. Even when he refuses your opinion, you can tell him about your concern:

“Anyway, I feel a need to tell you one thing. Of course, the final decision is up to you and I think this information may be useful for your decision. I am really worried about the fact that

What do you think about that?”

Let's have a look at this statement. At first, you acknowledge the fact that the final decision is up to the patient, you acknowledge his autonomy. Then you explain why you want to tell it to him. One part is on his side, he needs this information to make a reasonable decision. And one part is on your side. You speak about your emotions, about your worries. Finally you verify whether your comment has had any impact to the patient.

11.3. Normalizing

Sometimes, the patient may feel embarrassed or ashamed when speaking about some sensitive theme. Or, there may be a situation that the therapist raises a difficult theme and the patient may feel criticized or judged and can move into opposition. This can lead to a disruption of therapeutic relationship. The technique called **normalizing** can help us in such moments.

Let's take an example. The patient has just started to cry. He has never cried in front of strangers, so it is a very unusual situation for him. Another example is a woman that has just opened her Pandora box of being sexually abused in childhood. The patient may feel shame and may reproach herself because of revealing such things or even feel anger towards the therapist that his secret has been "stolen" from him. How to react?

T: It is quite normal to cry when speaking about such a difficult theme.

T: People often cry in my consulting room.

T: It is not easy to speak about such a difficult theme. For me, I perceive the tears as a sign that you trust me so that you are able to reveal your painful secrets. And that needs a lot of courage from you.

We can also nonverbal speech to express normalization. Offering paper tissue means, people sometimes cry here.

11. Other useful techniques

Sometimes, normalization is also needed when opening a social taboo. Speaking about alcohol, drugs, sex or home violence is not easy and many people, especially with disagreeable previous experience of criticism, ridicule, rejection or belittling, may decide to deny it even when the truth is obvious. A typical example are alcoholics who insist that they drink daily one beer at maximum even when their lab results confirm alcoholic liver damage or there is objective information obtained from their relatives.

In such situations, we can use normalization in two ways. One is, **to insert a key question in a series of neutral ones**:

How do you relax during your free time? Any sports or games? TV or books? Computer games? Do you go outside with your friends? Some alcohol or even anything "better"?

Another possibility is **to offer more options for answer with the introduction "some people"**. This is an example how to use normalizing when speaking with a man with a history of home violence:

All people sometimes get into a situation when they feel angry. Some of them hold their anger inside, as if nothing happened. Some express their anger in a form of rational arguments. Some yell and scream. Some break things. And some of them, when it is too much for them, may hit somebody. What about you, how do you express your anger?

When speaking about such a sensitive theme, it is better to avoid eye contact. For example, you may pretend that you are looking for something in the computer or in your notes. It evokes in the patient a feeling that what he tells isn't important for you and he can speak more freely about an embarrassing topic. On the other hand, if you establish an eye contact, he may feel as if being interrogated and his stress may grow. It may activate his defence mechanisms. As for the usage of eye contact, see also 11.8. (Dealing with a secret).

Remember that normalizing does not mean that you agree with the problematic behaviour; you just express the opinion that it is "normal for some people", not that it is the right thing.

A great example of normalization is the description of essences by Edward Bach in *Twelve Healers*. Let's take for example CHICORY:

Those who are very mindful of needs of others, they tend to be over-full of care for children, relatives, friends, always finding something that should be put right. They are continually correcting what they consider wrong, and enjoy doing so. They desire that those for whom they care should be near them.

E. Bach, *Twelve Healers and Other remedies*

How empathetic description of somebody who bores into matters of others! Bach described the heart of the problematic behaviour but he also put it into a positive context. One might even feel pleased when hearing that characteristics about them. And here you can see that an empathetic reflection can help a lot when speaking about such a sensitive theme. If you develop your empathy, you can often find something positive about the difficult behaviour. For example, you can use following reflection when speaking about excessive drinking habits:

You like to have harmonious relationships with people around and that is why you keep your negative emotions inside. In a similar situation, some people may use alcohol to relieve the pressure.

If the patient confirms that reflection, you will have a good reason for prescribing AGRIMONY.

11.4. Reframing

Although it might seem that we all perceive things outside us the same way, in fact our perceptions are interpreted with respect to our previous experiences. That is why the same thing can be seen quite differently by different people. For example, imagine new red Ferrari. The car is the same but one person when looking at it may have positive feelings of beauty, elegance and luxury while other person may feel indignation against irresponsible driver who certainly violates speed limits (otherwise, why would he buy such an expensive and fast car?). Our previous experience forms what psychologists call **frame of reference**.

Our brain works in a strange way. When dealing with a new thing, we are used to paying attention to a few most obvious details and then on the base of our frame of reference we try to make a conclusion. Frame of reference brings us a feeling of safety in an unsafe world. We unconsciously believe that our experience is something reliable that protects us against chaos. That is why maintaining of frame of reference is of utmost importance for us. The problem appears when we meet something that is in conflict with it. Say, the person who believes that Ferrari drivers are irresponsible whippersnappers meets a Ferrari driver that sticks strictly to traffic regulations; his speed in the city is even slightly below the limit. Such an experience can challenge his frame of reference. The right conclusion should be that at least one Ferrari driver drives responsibly. However, this person can in his fantasy create a story why he sticks so much to regulations. For example, he may imagine that the driver has already done so many transgressions that he is in a danger that if he makes another one he may lose his driving licence.

Frame of reference is crucial for our mental stability. Without frame of reference, we would be like new-born babies, having to deal with everything as if it were an absolutely new experience for us. Thanks to frame of reference, we know what to do, how to behave. On the other hand, frame of reference may also hinder us in a change. For example, a woman may believe she is an incapable person who must always rely upon her partner. Her experience has been confirmed many times during her life and she is convinced that it is true. When the therapist tries to **reframe** her perception, to demonstrate her that in fact she is capable and that she can manage a lot of things, like driving a car, earning money, speaking foreign language etc., she may dismiss his arguments with *“It’s nothing”*. According to her frame of reference, she is weak and needs support. Such facts, although true, do not fit into her perception of self.

On the other hand, if she finally modifies her frame of reference and accepts the information that she is capable it can bring a real transformation to her life. Her self-confidence grows, she may begin to behave differently and experiment with new things. However, this may bring new challenges. For example, she may become aware of the fact that her relationship with her partner has become a mere routine and the main reason for staying with the partner has been her dependence and feeling of weakness. Now, she is capable and does not need any support anymore. This may lead her to reconsider whether to stay in the unsatisfying relationship or to leave.

11. Other useful techniques

Changing frame of reference by words only is not easy and may require a lot of time. To make reframing smoother, the essences can be very useful. They may give the patient necessary energy to make a change. They can enhance his self-confidence and reduce his fear of new things. They may help him to find his life mission.

It is our work as therapists to challenge our patients' frame of reference. We can for example offer evidence that his convictions about him, about other people or his life situation do not correspond to reality. We can also use reflections that slightly shift the meaning of what has been said to offer another interpretation:

P: (Speaking about her adult son) He drives me crazy by coming late at night.	The patient describes her feeling as anger.
T: You are worried that something bad might happen to him.	The therapist using <i>complex reflection</i> offers reframing of her emotion of anger to worry.
P: Yes. I am angry but deep in my heart I feel a terrible fear for him.	

In above mentioned example, by expressing anger, she unconsciously hopes that her son will change his behaviour. However, her anger can provoke only a conflict and rebellion; we cannot expect that it will make him come earlier. Reframing allows her to become aware of the fact that her authentic emotion isn't anger; it is only a superficial layer and underneath there is a fear that something bad could happen to him. We can target our therapy directly to the central problem and prescribe RED CHESTNUT. We can also recommend her to express her authentic feeling when speaking with her son, like:

Whenever you tell me that you come at midnight but then come at three a.m. I am really worried that something bad has happened to you. I cannot sleep because of that. Please, next time, when you know you want to stay longer there, just let me know. If I know you are OK I feel much calmer.

11.5. Education

People sometimes do not need sophisticated psychotherapeutic interventions; they just need to get "know-how" for solving a specific problem. Every therapist has his set of such **educations** that he routinely uses in his work with his patients to help them to understand more his life situation, to deal with daily problems or to improve their general health.

Here are my four most frequently used education themes:

- Life crisis, not a disease;
- Broken record technique;
- Expressing anger;
- Regular exercise as a way how to improve a general well-being;
- Avoiding cycle;
- Explaining psychosomatic character of somatic problems;
- Triangular breathing.

Of course, when doing education, we should respect general principles of giving information (see 10.3.6 Providing information):

- To ask first whether the patient wants to hear it;
- Ask whether he already knows anything about the theme;
- Explain in small chunks and ask him how he understands it;
- Finally, we should verify how this information has been useful for him.

11.5.1. Life crisis

People often come to the consulting room because of difficulties in their personal or professional life. These problems are overwhelming and they do not know how to deal with them. They have visited their general practitioner or a psychiatrist who has prescribed antidepressants or anxiolytics to them. Apart from difficulties with solving the principal problem, they still feel badly because they believe they are ill (diagnosis of depression or anxiety) and they perceive mental illness as a social stigma. They feel they have failed; they aren't capable to manage their life like "normal" people. They have never gone through such a situation and they do not understand why they have to suffer so much now.

In such a situation, I use education called "Life crisis":

"I am convinced that you are not ill; you do not have depression or anything like that. I would prefer to call this situation a 'life crisis'. Life crisis is something almost all people have sometimes to go through during their life. Since childhood, we have been using the same strategy, the same way of thinking, feeling and behaviour. Till now, it has been quite effective for you in dealing with daily problems. However, life crisis is a moment when these 'old good strategies' are failing. It is a time to learn. To learn new ways, more effective, how to deal with the problems.

It is a very important moment. You can learn something important that can make your life more meaningful. Some people, when they get old, they are seventy or eighty and look back, they feel sadness or blame themselves because they see that during their life they have wasted a lot of time and energy with wrong things. For example, they have paid too much attention to their work instead of spending time with their children, or they sacrificed themselves for the sake of the family, instead of taking care of themselves. And life crisis is a moment when we can change it, we get clear signals that it is a time to take another direction in life.

Life crisis is a difficult period in life for everybody. However, many people tell after they have successfully gone through it that it has been very useful for them, that it has brought them a new perspective of their life."

Using this education, we do a few things together:

- We **reframe** the present state as a healthy process, not a disease;
- We **normalize** it; most people go through it at certain moments in their life;
- We **give a meaning** to it – it is a way how to progress on their personal development;
- We explain it as something **temporary** with a positive perspective; thus we boost the hope and courage;
- We share the **experience of other people**.

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11.5.2. Broken record technique

Quite frequently, the patient is in a situation when he should express his opinion, refuse somebody's demand or ask for something. For some people, especially in AGRIMONY, CENTAURY, WALNUT or MIMULUS state, it can be rather challenging. I use following education:

“It is not easy for you to tell ‘no’ or to ask for something you need. You would like to be on good terms with other people and at the same time you feel you should do something they may not like. I can offer you a quite safe way how to do it.

The principle is that you remain calm and repeat the same thing over and over, with the same tone of voice, like a broken record. When the other person responds with some reason why not, you can tell ‘Yes, I understand it is not easy but ...’ and repeat the same thing again. If you continue long enough in the same calm way, you avoid an escalation of a conflict and you express your need.”

Here you can see the parts of this education:

- Double-sided reflection acknowledging that it is **difficult** for the patient to express his opinion and that **being firm and resolute is important for him**;
- Offering him a **safe way** how to do it;
- Explaining **main principle** – remaining calm and repeat the request over and over;
- Repeating that this method is **safe and effective**.

11.5.3. Expressing anger

For many people, it is not easy to express their anger. That is why they try to avoid conflict by suppressing their feelings and accepting something even when they do not like it. Here is my education for these people:

“Anger is a very important emotion in our lives. It protects us and helps us to obtain things we need for the life. Our immune system must have a lot of anger and aggression to kill all these bacteria or viruses we meet, otherwise we would die.

Anger is like a fire, it is a good servant but a bad master. You need to use it and you need to keep control over it. Being angry does not mean you should scream or yell. Expressing anger means to tell that you do not like something. It is important how you tell it. It is better to avoid sentences like ‘It is because of YOU’, ‘YOU have hurt me’, ‘YOU have made a mistake’ etc. such expressions attack the counterpart, and he will probably shift into a defence or counter-attack. The best way how to tell that you do not like something is to speak about your feelings. ‘When you do this or that, I feel hurt, sad, disappointed, and angry’. This sentence does not attack the other person, you speak about yourself. It gives him important information about your feelings. And it is up to him how he decides. Of course, he can tell to himself, ‘Well, she is over-sensitive or hysterical and that is all’. However, it is quite possible that if your emotions are important for him, he can begin to think whether he really wants to evoke such disagreeable feelings in you. ”

Again, the education has following parts:

- Explaining **significance of anger**;

- Using a **metaphor** how anger should be dealt with;
- **Describing** the technique with **examples** of suitable sentences.

11.5.4. Regular exercise

Quite a lot of people complain because of muscle and joint pains. Medical examinations have not uncovered any serious disease but they do not feel well and ask you to do something with it. They do not like to use painkillers and they hope they can replace them with Bach essences.

BFT does not work this way. BFT can deal with deeply seated problems but it needs personal investment from the patient. Replacing painkillers with BFT simply means that they want to remain passive and your task is to “repair them”.

Some people have already solved their main problem with BFT but certain physical discomfort remains. For both groups of patients, I use following education:

“Most people believe that a healthy body does not produce any feelings, as a contrast to ill body that produces pain. However, we cannot have “no feeling” feeling in the body. We can feel well or badly, there is no other option. And if we have too little positive stimuli, our body begins to generate negative feelings itself, like backache or headache when we sit too long in front of the computer, weakness when walking or dizziness when lifting fast from the seat. These feelings do not mean the body is ill but they signal that our life-style needs some change.

The life-style of most of us is very sedentary, we lack motion. And the best ways how to move are Eastern exercises, like yoga, qi-gong, tai-chi or Five Tibetans. The purpose of these exercises is to preserve health. Our Western sports and games concentrate on strength, speed, competition. Eastern activities help to be healthy until ripe old age.

According to how I understand your problem, I think that some of these exercises could be useful for you and they could fasten the therapy and help Bach essences to work better. Of course, it is up to you whether you decide to try it or not.”

This education can help both the patient and us in a few ways:

- It offers the patient a **“healthy” explanation** of his problem;
- It offers him an **active way** how to work with the problem;
- It makes him more **powerful** to deal with this problem in the future;
- It **mobilizes his energy** for the therapy generally, including BFT;
- Finally it **acknowledges his autonomy** and the right to decide.

11.5.5. Avoidance cycle

This education has been originally developed by cognitive-behavioural therapy but it can be used in BFT too. Whenever there is a tendency to avoid problems instead of solving them following education may be useful:

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Some people may consider facing some situations so stressful that they begin to avoid them if possible. For example, a student may postpone a difficult exam. A patient with weak digestion may begin to avoid some meals that cause him difficulties. People who have a fear of heights avoid high places. Avoiding a problematic situation brings a temporary relief but when facing the situation again, the fear may be still stronger. The result is that the fear is growing and the patient is more and more limited in his life. A student avoiding exams feels a fear even when facing a minor test. A patient suffering digestive problems will avoid more and more types of food. In a person having originally vague disagreeable feelings from heights, these feelings can grow into a sheer panic. The bigger the fears are the bigger the avoidance is. And the bigger is the avoidance, the bigger the fear is.

There is one method that is disagreeable but effective: to begin to face the problematic situation again. Of course, the patient must begin with small challenges and when he succeeds, he continues with a bigger one. People who have tried this method often report that the feeling has been initially almost unbearable but during the time it has diminished. We have an advantage – Bach essences can help you significantly to deal well with a difficult situation if you decide to face it.

What do you think about that?

When using this education, it is especially important to respect patient's autonomy and not to press to him. The experience of fear is so disagreeable that it is likely that the patient will try to avoid it if not prepared yet. That is why this method should be provided as information only that can be useful now or sometimes in the future.

11.5.6. Explaining psychosomatic character of a physical disease

Quite a lot of people believe that BFT can be helpful in the case of psychic problems but are hesitant as for the treatment of somatic diseases. It is caused by frequent presentation of BFT as a treatment of negative emotions only. For the therapy to be effective, the patient needs to understand how the therapy works. Otherwise, even when the therapist succeeds to persuade the patient to use BFT for somatic problems, it will probably lead to a failure of the therapy.

It is better to deal with the doubts before the beginning of the therapy. However, how to explain to the patient the best that the essences can have also an effect to somatic problems?

If there is a psychic stress together with somatic problems, some people understand that there might be a connection. Luckily, general awareness about psychosomatic problems is growing and for many people, this explanation is acceptable. Of course, you can add some basics about stress hormones and neuro-vegetative regulation (nerves connecting nervous system and inner organs).

However, some people do not consider their stress as an important factor. It may be because they aren't aware of the stress; it is also possible that they believe that the stress has to be extreme to cause physical problems. They may also believe that such an intense stress means a mental disorder, like depression, and they feel they are psychically healthy. Besides, in some people, the physical problem has started in a period of relative calmness; if there is some stress now, it is provoked by physical problem, not conversely.

For these people it is important to know that even when you will treat him with BFT, his problem will be also treated correctly from the point of view of allopathic medicine. I have found following education useful:

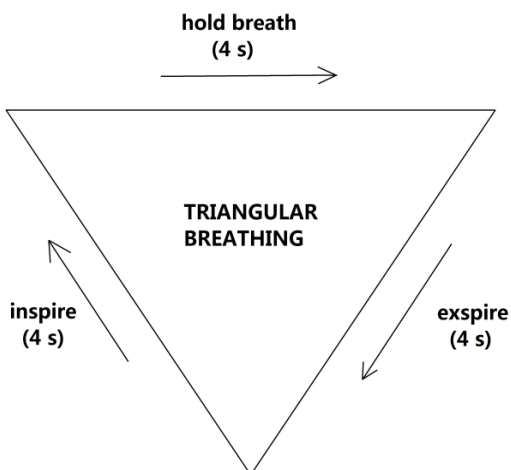
⊗ This is a transcript of a conversation with a 45 years old man who has been having urinary problems for last half a year. Urological examination has uncovered chronic prostatitis, an annoying but benign disease. However, the associated mental stress is quite intense, and he has a fear that something serious has been overlooked. And this stress intensifies his pain.

T: You have a physical problem that lasts quite a long now. Even when the examinations haven't found anything serious, the complaints last in spite of the antibiotic therapy. My experience is that in similar cases, there might be some stress or worries that may worsen the problem. What do you think about that?	<i>Summarizing</i> as a transition to questions about stress. <i>Open question</i> to explore the opinion of the patient.
P: Uhm ... but I do not think I have too much stress now. I think the stress had been much worse before the problem started. I feel psychically quite OK now.	Most people consider their mental state as "normal"; they do not have a comparison with other people.
T: I do not think that the stress has caused your problem but sometimes there may be a vicious circle. For example, the patient has some minor physical problem, at least at the beginning, but the problem provokes a stress. And this stress makes the problem worse, and so on.	Avoiding discord – the therapist accepts the fact that the patient is not aware of the connection of the stress and physical problem and offers an explanation that integrates somatic theory of the problem with BFT.
P: Yes, it is possible. Whenever I think about the problem, it gets worse.	
T: And to treat such a problem, it is necessary to interrupt the vicious circle, no matter where. You will certainly continue with the therapy at the specialist, and the essences can help you to reduce the mental stress from the disease.	This offer is attractive for the patient – the treatment of the disease is twofold, there isn't a dilemma whether allopathic medicine or alternative. There is a higher chance of cure.
P: Yes, we can try it.	

After *Mimulus* and *White Chestnut* as main essences, after six weeks the patient reports a significant relief. Sometimes there are still some problems but they are less intense than previously and disappear spontaneously. He does not think much about the problem; his fear of a serious disease disappeared.

11.5.7. Triangular breathing

Triangular breathing is a relaxation technique useful in patients with inner tension, anxiety or panic. Its principle is simple: the patient is asked to breathe slowly and to concentrate on breathing. This



technique diverts the attention away from the stressful factor. Slow breathing reduces the activity of sympathetic nervous system. Heart rate and blood pressure decreases. Adrenaline level gets lower and the mind calms down.

The patient begins to inspire slowly. During the inspiration, he counts to four. Then he stops for another four, and then he slowly expires, again, count-

11. Other useful techniques

ing to four. The inspiration is relatively shallow. After some training, this technique reduces stress and gives the patient the feeling that he is powerful - he can influence his health condition and mental state. It can reduce or replace unnecessary and harmful usage of anxiolytics in anxious and panicky patients.

Figure 12. Triangular breathing.

11.5.8. Sleep hygiene

Many people take a regular sleep as something normal, automatic. However, when it becomes disturbed it has a significant impact to their life. Sleeplessness is a complex problem. Our bad habits may play a role and BFT alone isn't sometimes sufficient to restore regular sleep. Adjustment of our daily regime may be useful.

Here is an overview of **sleeping hygiene**:

- 1) **Get regular.** One of the best ways to train your body to sleep well is to go to bed and get up at more or less the same time every day, even on weekends and days off! This regular rhythm will make you feel better and will give your body something to work from.
- 2) **Sleep when sleepy.** Only try to sleep when you actually feel tired or sleepy, rather than spending too much time awake in bed.
- 3) **Get up & try again.** If you haven't been able to get to sleep after about 20 minutes or more, get up and do something calming or boring until you feel sleepy, then return to bed and try again. Sit quietly on the couch with the lights off (bright light will tell your brain that it is time to wake up), or read something boring like the phone book. Avoid doing anything that is too stimulating or interesting, as this will wake you up even more.
- 4) **Avoid caffeine & nicotine.** It is best to avoid consuming any caffeine (in coffee, tea, cola drinks, chocolate, and some medications) or nicotine (cigarettes) for at least 4-6 hours before going to bed. These substances act as stimulants and interfere with the ability to fall asleep
- 5) **Avoid alcohol.** It is also best to avoid alcohol for at least 4-6 hours before going to bed. Many people believe that alcohol is relaxing and helps them to get to sleep at first, but it actually interrupts the quality of sleep.
- 6) **Bed is for sleeping.** Try not to use your bed for anything other than sleeping and sex, so that your body comes to associate bed with sleep. If you use bed as a place to watch TV, eat, read, work on your laptop, pay bills, and other things, your body will not learn this connection.
- 7) **No naps.** It is best to avoid taking naps during the day, to make sure that you are tired at bedtime. If you can't make it through the day without a nap, make sure it is for less than an hour and before 3pm.
- 8) **Sleep rituals.** You can develop your own rituals of things to remind your body that it is time to sleep - some people find it useful to do relaxing stretches or breathing exercises for 15 minutes before bed each night, or sit calmly with a cup of caffeine-free tea.
- 9) **Bathtime.** Having a hot bath 1-2 hours before bedtime can be useful, as it will raise your body temperature, causing you to feel sleepy as your body temperature drops again. Research shows that sleepiness is associated with a drop in body temperature.
- 10) **No clock-watching.** Many people who struggle with sleep tend to watch the clock too much. Frequently checking the clock during the night can wake you up (especially if you turn on the light to read the

time) and reinforces negative thoughts such as “Oh no, look how late it is, I’ll never get to sleep” or “it’s so early, I have only slept for 5 hours, this is terrible.”

- 11) **Use a sleep diary.** This worksheet can be a useful way of making sure you have the right facts about your sleep, rather than making assumptions. Because a diary involves watching the clock (see point 10) it is a good idea to only use it for two weeks to get an idea of what is going and then perhaps two months down the track to see how you are progressing.
- 12) **Exercise.** Regular exercise is a good idea to help with good sleep, but try not to do strenuous exercise in the 4 hours before bedtime. Morning walks are a great way to start the day feeling refreshed!
- 13) **Eat right.** A healthy, balanced diet will help you to sleep well, but timing is important. Some people find that a very empty stomach at bedtime is distracting, so it can be useful to have a light snack, but a heavy meal soon before bed can also interrupt sleep. Some people recommend a warm glass of milk, which contains tryptophan, which acts as a natural sleep inducer.
- 14) **The right space.** It is very important that your bed and bedroom are quiet and comfortable for sleeping. A cooler room with enough blankets to stay warm is best, and make sure you have curtains or an eye-mask to block out early morning light and earplugs if there is noise outside your room.
- 15) **Keep daytime routine the same.** Even if you have a bad night sleep and are tired it is important that you try to keep your daytime activities the same as you had planned. That is, don’t avoid activities because you feel tired. This can reinforce the insomnia.

Source: Centre for Clinical Interventions

The leaflet suitable for printing can be downloaded at:

<https://www.cci.health.wa.gov.au/~media/cci/mental%20health%20professionals/sleep/sleep%20-%20information%20sheets/sleep%20information%20sheet%20-%202004%20-%20sleep%20hygiene.pdf>

11.6. Enhancing patient’s autonomy

Patient’s autonomy is a central principle in both BFT and MI. Only when the patient is allowed to decide things by himself he can use all his potential to solve his problems. It is also the best prevention of dependence. In some patients, ignoring the need for autonomy may even lead to serious discord in the therapeutic relationship and to the failure of the therapy. There are three types of such patients. The first are people who are used to carrying responsibility for themselves and for others, their family or company. These people are often in charge. They like to take part in making important decisions and they feel a frustration if something is decided “about them without them”. The second group are people who have a tendency to rebel against authorities. This reaction is almost automatic whenever they feel somebody is communicating with them from the position of power.

The third group includes people who have a bad experience from the past. They trusted somebody who disappointed them, and the trauma led to decision to rely solely upon themselves. These people feel threatened when somebody else decides on them.

In all these patients, it is important to respect and enhance their autonomy. What are the best communication ways?

11. Other useful techniques

Of course, the usage of OARS+I prevents discords generally. We can also use other tools. We can for example offer the patient a few options on how to solve a problem and add *“Anyway, the final decision is up to you. What do you think about these options?”*

There are also various ways how to **support patient’s autonomy** and how to **include him into the process of decision by non-verbal tools**. One way is to invite the patient to take part in the selection of remedies. When I consider one particular remedy or when I try to decide between two similar essences, I read their description from *Twelve Healers* and ask the patient about his opinion. If you prefer to use your way of description of remedies, it is important to stay on the positive side, to stress the attractive aspects of the remedy.

It is also useful to invite the patient to **study the remedies at home** and look for the remedies that they consider suitable for him. This approach activates the patient generally and empowers him to be able to deal more effectively with difficult situations in the future. Of course, you must be prepared for the situation when the patient brings a list of fifteen or more remedies to the next consultation. You will have to spend some time with him and to discuss every individual essence. You should also include at least one of them into your final combination, even when you do not consider this theme essential.

Some people may have a fear that the essences can change them. Maybe they have an experience with their friends who used allopathic psychiatric pills for a long time. They wish to remain themselves and they are afraid that any medication can change them. Here following explanations can be useful:

“It might or might not be interesting for you but Bach essences cannot force you to do anything or to change if you do not like. That is the difference between allopathic remedies and BFT. In allopathic medicine, when you take a sleeping pill, it will make you sleepy whether you want or not. Bach essences do not work this way; they act only when you are open to their effect.”

“You are worried that the essences will push you do something. However, in reality, they only give you more options. You will be able to react in the same way you react now However, in some moments you may prefer to react differently. The essences give you information only; it is up to you what you will actually do.”

Following case demonstrates the usage of a metaphor of essence as a map:

☞ *This is a transcript of a conversation with a 50 years old man with strong principles and a very fixed way of thinking. VERVAIN seems perfectly suitable but the patient has some doubts.*

P: OK, this remedy sounds to correspond to me well. However, what will the remedy do? Will it change me?	He is worried that the remedy can threaten his free will. It sounds like MIMULUS; this remedy has been repeatedly offered to him but he has always refused.
T: The remedy gives you information only, and you can decide yourself which way to go.	<i>Enhancing patient’s autonomy.</i>
P: My principles are very important for me, so I am afraid that this remedy will make me more lax.	Again, expressing worries that the remedy can threaten his principles.
T: You are worried that the remedy can negatively influence your principles and you feel that the remedy corresponds well to your state. I will tell you a metaphor how the essences work. Imagine you are for example in Paris or in another big city you have never been to, and you are	<i>Double-sided reflection.</i> <i>Giving information.</i>

Bach Flower Therapy is a Dialogue

looking for something. You do not know the language and that is why you cannot ask other people. You just go according to your intuition but it is quite possible that you are going a wrong way or that you are walking in circles. Bach essences serve as a map; they give you information and you can look at it whenever needed.	
P: But I think wandering without any direction is sometimes good too.	“ <i>Yes but</i> ” reaction.
T: The essences serve as a map you can use or you can put to your pocket. It is not a GPS navigation telling you, “On the next crossroad turn to the left”.	Again, <i>enhancing autonomy</i> .
P: So, I can make a try and the remedy cannot change me against my will?	
T: No, it cannot.	
P: OK, I will try it.	

Patients who have a problem to respect a dosage of essences often have a problem to take any medicine regularly, no matter whether allopathic or alternative. They just like to be independent, to rely upon the body of their own, not upon external resources. Having to take some remedy regularly symbolises for them a weakness (OAK, ELM). The desire to be independent can be a good starting point for further discussion; you can guide the patient to agree with temporary usage of remedy. You can use OARS+I in a similar way:

T: It is important for you to be independent and to rely upon your own resources only.	<i>Complex reflection</i> – adding “independent”, “rely on oneself” (OAK)
P: Uhm.	
T: And the medicine means for you that you are weak and need a help from outside.	<i>Complex reflection</i> – adding “weak” and “help”
P: Yes, exactly.	
T: Your body is strong, is capable enough to solve the problem. The only thing you need is information how to use your strengths in the best possible way.	<i>Complex reflection</i> – <i>continuing the paragraph</i> - leading the patient to the theme “The only thing you need is information”.
P: Yes, I feel I am strong enough but I am moving in a vicious circle, the problems repeat all the time and I do not know why.	
T: Do you like to know the difference between allopathic remedies and Bach essences?	<i>Offering information</i> .
P: Yes, It would be interesting.	

11. Other useful techniques

When explaining BFT, you can use for example a metaphor:

“In allopathic medicine, people usually have to take some chemical remedies for an indefinite time. The body is not working well and needs a chemical support. However, in BFT, the process of therapy can be compared with a lesson at school. Your body has sufficient resources to fight with the disease; it only needs to learn HOW to use them. With the training, your body will be more and more proficient in fighting with the disease, so that it will finally not need any therapy at all. Of course, it is possible that it will need some refreshment course in the future but it will be much shorter than the present therapy.”

Sometimes the need for autonomous decisions is driven by a fear of side-effects of the remedies. This problem can be solved by offering the patient a possibility of adjusting the dosage according to actual feelings. The recommended dosage is at least four drops four times daily; anyway some people prefer to begin with a lower dose, especially those who had a bad experience with the reaction to previous combinations or with the aggravation after homeopathic remedies. I tell them:

“It sounds to me that it is important for you to maintain control over the therapy. You are afraid that too high dose can aggravate your complaints. I have a suggestion for you. You will be able to adjust the dosage as you like. Let’s say you will start with one drop daily. If you see it is OK you can raise the dose say to two drops daily. Then to four drops daily etc. Every single drop means a step towards the cure, so any dosage is useful. What do you think about this way?”

Another option is to use two (or more) treatment bottles.

⊗ 50 years old woman. She comes because of problems with alcohol and a lethargy. She feels that her health is deteriorating but she does not do anything against it. The treatment combination based mainly on WILD ROSE brings fast improvement. She has reduced ten kilograms, has begun to exercise regularly and has begun to take care of her external appearance. She also does not drink anymore.

One new problem has appeared. She has sometimes drunk alcohol to relieve panic attacks that have sometimes come. She has a sudden fear of death and she does not know what to do with that. After stopping alcohol, they are more frequent. I mix her a second bottle with ROCK ROSE as the only remedy for acute usage during attacks.

During the next follow-up she reports that she feels better, that the acute bottle is effective during attacks and that their frequency is decreasing. However, she is not able to continue with full dosage of sixteen drops of the first bottle daily. She has spontaneously reduced the dose to four drops twice daily and she feels comfortable with that. When she takes full dosage she feels irritable and bursts easily.

To reduce her irritation, I mix IMPATIENS as the only remedy into the third treatment bottle. I recommend her to take it whenever she will feel nervous or tense. During next follow-up, she complains that taking IMPATIENS when irritable makes her negligent. She is usually very busy at work but after IMPATIENS she is too calm and slow. At this moment I perceive that her adverse reaction to Impatiens may be caused by her feeling that fixed dosage restricts her freedom. I invite her to experiment freely with the essences. When she comes to the next follow-up she looks very well and she has made a further progress. She has completely stopped the usage of the first bottle with the combination of remedies and she does not need the second with ROCK ROSE. She uses only one (!) drop of IMPATIENS daily. She feels that that dosage fits perfectly – it maintains the balance between irritation and lethargy.

However, the technique is always only secondary. **The most important is to have respect towards patient's autonomy and to respect patient's freedom to make decisions**, no matter whether good or bad:

Remember that all people are working out their own salvation; are going through life to learn those lessons for the perfection of their own Soul; and that they must do it for themselves: that they must gain their own experiences: learn the pitfalls of the world, and, of their own effort, find the pathway which leads to the mountain top. The most that can do is, when we have a little more knowledge and experience than a younger brother, very gently to guide them. If they listen, well and good: if not, we must patiently wait until they have had further experience to teach them their fault, and then they may come to us again.

E. Bach, Ye Suffer from Yourselves

11.7. Work with “doubters”

Some patients have doubts about BFT. Anyway, even in these patients, the therapy can be successful. Let's look closer at these patients now.

There are more reasons why people have doubts about BFT. One is that they have no personal experience with BFT or alternative medicine generally and do not trust much a method that hasn't scientific grounds. Furthermore, medical authorities often warn against the usage of alternative methods. However, their suffering is so intense that they are ready to try anything that could help them.

The second group are people who refuse BFT as a matter of principle. They believe in science; for them, alternative medicine means a violation of rational thinking and physical laws. Even without making a try, they KNOW it cannot work.

There is still one group, a group of people who refuse BFT from religious reasons. For them, BFT is a sort of magic, and because all magic is devil's gift, they believe that using BFT can endanger their soul.

While trying to treat people from the second or third group has no sense and will bring only disappointment, the first group is still suitable for BFT. However, we should use a specific technique to communicate with these patients about BFT.

When a patient does not trust BFT we cannot convince him by words. The more we will push to him to believe, the higher is the risk that our approach will convince him about the **exact opposite**. A more effective method is to appreciate his rational way of thinking and to reframe “therapy” into an “experiment”.

☞ *It is a good sign when the patient verbalizes his distrust. Here is a short transcript of a dialogue with a 65 year old man who during the consultation expressed his doubts:*

P: Well, doctor, I should tell you one thing. I am quite materialistically oriented. And these drops provoke some disbelief in me. I am not sure	
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11. Other useful techniques

whether it will work in me because of that.	
T: Thank you for expressing your doubts. It is really a strange method. It is difficult to grasp it.	<i>Affirmation</i> appreciating patient's sincerity. <i>Complex reflection</i> – shifting “disbelief” into “difficult to grasp”.
P: Yes, it is something not quite logical.	
T: I am glad to have patients who do not blindly trust when somebody tells them. It is also very important for me to verify whether it really works or not and patients like you can give me an objective feedback. I also do not wish to give mere placebo to my patients. May I suggest one thing? (Patient nodding) We can call it an experiment, not a therapy, and just observe what happens after the essences. What do you think about that?	<i>Affirmation</i> . Therapist appreciates the patient for his pragmatic approach and invites him to participate in the experiment. When the patient accepts such an offer, it is quite probable that he will push his misgivings and preconceptions aside and will become an objective observer.
P: Uhm. ... Yes, it is possible. I will tell you whether it does something or not.	

After such an intervention, patients feel a responsibility to be objective about the effect of the therapy and pay attention even to small details. They do not feel pushed to blindly believe something; they have become participants of a scientific research. And this is a good starting point for further work.

Another option is to shift the attention of the patient from the irrationality of the therapy to the positives it can bring:

☞ *This is a transcript of a conversation with a 40 years old man. He is a patient of my ambulance of G. P., he has a severe arterial hypertension and he is using four types of medicines. During one consultation he describes that he has constant conflicts at work and he holds the emotions inside. He also feels dissatisfaction with his work. When he is offered BFT, he expresses his doubts; he does not understand how it can work. Instead of trying to convince him by arguments, the therapist shifts the attention to positives the therapy can bring:*

T: It is difficult for you to accept a therapy you do not understand. In fact, nobody knows how it works and my experience is quite positive when treating patients like you. I need to tell you one thing; you are a young man and it is difficult for me to accept the fact that you will be dependent on chemical pills for the rest of your life.	<i>Simple reflection.</i> <i>Offering concern</i> (see 11.2.)
P: Uhm.	
T: And because of that I try to find any suitable possibility that could help you at least to reduce the dose of the pills.	<i>Offering concern</i> continued.
P: Uhm.	
T: And what is probably still more important, you are a skilful man and you do a work that is not satisfying for you. For a man the work is especially important, to do something he can be proud of. I feel you are at present wasting your time and that is a pity.	<i>Offering concern</i> continued. <i>Affirmation.</i>
P: OK, let's try it. Anyway, if it works it will help me and if it does not work it will do nothing. Am I right?	The patient finally agrees to make an experiment.

T: Yes, exactly.	
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11.8. Dealing with a secret

During the consultation, we sometimes may have a feeling that there is some secret and that revealing it would be helpful in the therapy. You can see for example a certain incongruity (see 13.9) between words of the patient and his non-verbal signals. For example, we ask about the relationship with the partner, and the patient, after a short hesitation answers, *“It is OK”*. His smile disappears and tone of voice is tense. You feel that there might be something important that needs to be uncovered but what is the best way how to do it?

If the patient is hesitant, some therapists believe that revealing hidden pain will cure the patient and their task is to pull the secret to the daylight. They may even transform from an empathetic therapists into zealous interrogators that use cross examination to expose the cause of the problem.

However, such an insensitive approach can often cause more harm than good. A secret is something very intimate, and revealing it to you is a manifestation of trust. Rather than exposing, it is a sharing of a secret with the therapist. And it is a real privilege. It is true that in many cases, when the patient finally reveals his innermost suffering or painful recollections it brings him comfort. It can also help to target the best our essences. However, in some cases, especially when the secret is obtained from the patient too violently, it may lead to re-traumatisation of the patient (see 4.8.5.) Furthermore, pushing the patient may provoke contrary reaction; he may mobilize defence mechanisms to protect his wounded feelings against the intruder.

Whenever we are in such a situation, we should especially pay attention to basic principles of BFT. It is the patient who decides whether he tells you about his pain or not. Your role is to be an empathetic listener.

Of course, there are some communication tools that can facilitate this process. Especially reflections are helpful, they support the patient to continue exploring of his feelings and memories, and revealing of the secret is often a natural result of it. Sometimes the patient gets absorbed by the story and reflections are a sensitive way how to express that you are there with him and that you understand how he is feeling. On the other hand, questions often have opposite effect; they make him to “wake up”, to stop and to think about the right answer.

The therapist also should be cautious as for the usage of eye contact. Sometimes it is useful, in other moments it can be too stressful and invasive for the patient. Usage of eye contact is quite tricky and can be compared with a dance. When you make a step forward (use eye contact), your partner is expected to subdue. If there is a discord, there is a risk that you can step on his toe. Similarly, when you make a step back (divert eye contact), you expect that the patient will follow you. If not, you lose touch with him. In general, eye contact stresses the importance of what has been said. It is especially useful in moments when the therapist poses a seemingly innocent question but he wants to express that it can carry a deeper meaning. Your look into patient’s eyes means, it is not a social conversation, please think for a while about the answer. On the other hand, if the theme is painful or embarrassing for the patient, it is better to divert your look, to look somewhere else, like looking for something in your records, staring in the window for a while etc. Avoiding the eye contact gives the patient a possibility to decide whether he will follow you or stay distant.

11. Other useful techniques

Here is a short transcript of an illustrative case where this technique was effective:

⊗ 35 year old woman, she has come because of palpitations. Serious somatic cause has been excluded, and she is aware of the fact that it might have a connection with stress. She is divorced, and her present partner is divorced too. Both have one child from previous marriage. There are regular conflicts between her partner and his ex-wife. At first she describes her anger and exasperation she feels when she sees how aggressive his ex-wife is in her demands and feels helpless because she cannot help her partner in this difficult situation. Later during the consultation, she admits that there is still one feeling, also painful for her, a feeling of pity for her partner's daughter who suffers because her mother pays more attention to her present partner than to her.

We often project our hurt feelings and painful memories from our own childhood onto children. Her reaction has naturally evoked a question in my mind whether her feelings of pity might be connected with some experience from the childhood of the patient herself.

Here is the transcript of the following dialogue:

T: And how was your childhood? (establishing eye contact)	<i>Open question.</i> Eye contact means “Think about it for a while please, it may be important ...”
P: It was ... (hesitation, it seems evident that she is overwhelmed by old recollections) ... nice.	There is an incongruity ¹⁹ that is worth exploring.
T: It was a happy time for you. (diverting eye contact)	Instead of confronting directly the incongruity, it is better to follow the patient with reflections. Note the usage of <i>amplified reflection</i> (“nice” changed into “happy”) to provoke her reaction. Diverted eye contact means “Don’t worry; I do not pay much attention to it.” Interrupting the eye contact allows her to be alone for a while with her memories.
P: Well ... sometimes happy.	She acknowledges there were some problems.
T: Sometimes it was happy time, and sometimes not quite happy. (Eye contact still diverted)	<i>Double-sided reflection</i> , offering the latter part for further elaboration. “Not quite happy” is <i>weakened reflection</i> .
P: Uhm ... my parents quarrelled a lot (voice tense, eyes filling with tears)	The secret is going out.
T: it was painful for you to see your parents quarrelling. (with comforting tone of voice, re-establishing eye contact)	Exploring AGRIMONY theme. Eye contact means, I know it is painful and I am her with you.
P: Yes.	
T: The harmony in the family is important for you. (Maintaining eye contact)	Confirming AGRIMONY theme.
P: Yes.	
T: And now you suffer because in your present family there are conflicts too. (Maintaining eye contact)	Confirming AGRIMONY theme. Eye contact means, I am here with you and I understand you.
P: Yes.	
T: You do not like conflicts, and you suppress your emotions inside. (Maintaining eye contact)	Confirming AGRIMONY theme.
P: Yes (body more relaxed).	AGRIMONY confirmed.

¹⁹ “incongruity” means that there is a discrepancy between what has been told and the form of what has been told. For example, a patient speaks about some serious topic and laughs. Or he tells that something is normal but his facial expression stiffens or a smile disappears. Incongruity is an important signal of a significant theme. See also 13.10.

About eye contact, see also 12.3.1. Physical boundaries and personal space.

11.9. Counselling with equipoise

Sometimes the patient asks directly for an advice. In principle, we should avoid giving explicit recommendations unless the patient is in a real danger.

P: Doctor, do you really think that one small beer can damage my liver? (in a patient with incipient alcoholic cirrhosis)

T: Yes, without doubts.

However, most questions are difficult to answer. *“Am I to divorce or to stay in this marriage?”*, *“Am I to change the job?”*

You probably want to tell that the patient needs CERATO. And you are right. However, for CERATO to be able to work, you need a few things:

- **The patient must agree to take essences** (in some cases, the patient came because he needed an advice, not because he wanted a remedy)
- **The patient must be ready to take over the responsibility for his decision.** Asking for other person’s advice is often a way how to avoid responsibility.
- **The patient must have at least a basic confidence in his rational thinking.**

In other cases, we can support the patient using so called **counselling with equipoise**. We use standard OARS + I techniques. Besides of that, it is useful to guide the patient through a few things:

- To explain the patient that I may have some solution that would work for me but I do not know what the best for him is and it is better to find a solution of his own;
- To acknowledge that making decision is not an easy thing and can bring discomfort to him. However, your role as a therapist is to help him to go through it;
- To brainstorm what options exist;
- To find out what are their advantages and disadvantages;
- To define patient's priorities;
- To find out what can help the patient to decide more easily.

☞ 65 year old patient. He has been recently diagnosed a chronic progressive inflammatory process of lungs (not an infection; probably an autoimmune process) that can lead to permanent lung damage. He comes to me and asks me what to do. Here is a transcript of the conversation:

P: Please, doctor, tell me what to do. I am to undergo bronchoscopy but I have a fear it may cause some complication. I know it is necessary but I am to go there right before my holiday in Egypt. I would ask them to postpone the exami-	This is a typical situation for counselling with equipoise. Whatever I recommend him, he may come later and blame me that my advice was wrong and that it caused him problems.
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11. Other useful techniques

nation but I am afraid that because of the delay my lungs will worsen. What you recommend me?	
T: There are more options and you do not know which of them to choose. The problem is that I really do not know which of them is the best for you. I have one suggestion: I can help you to find the right solution by yourself. What do you think about that?	<i>Simple reflection.</i> Inviting the patient to cooperate in looking for the solution.
P: Uhm.... OK, we can try it.	
T: It is sometimes disagreeable to make such decisions but my experience is that it is always better than to let the decision to somebody else. So, what options do you have?	Acknowledging that making a decision isn't easy. <i>Open question.</i>
P: I can go to the procedure as planned and then to go to the holiday. I can go to the bronchoscopy and cancel my holiday. And finally, I can postpone the investigation.	
T: You have three options. Tell me more about their advantages and disadvantages.	<i>Simple reflection. Open question.</i>
P: When I go to the procedure and then to the holiday there is a risk that the complications manifest in Egypt. If I cancel holiday I will avoid health risk but will lose some money. And finally, if I postpone the procedure there is a risk of a worsening of the disease.	
T: If you go to the bronchoscopy as planned and then you go to Egypt you risk the development of complications. If you cancel your holiday you will lose money. And if you postpone the examination you have a fear of worsening of the disease. What are your priorities; what is most important for you?	<i>Summarizing.</i> <i>Open question.</i>
P: The health is certainly most important for me. Money and holiday less important.	
T: Is there anything that would help you in your decision?	<i>Open question.</i>
P: Uhm ... the doctor in the hospital has not told me how my condition is dangerous and how fast I have to start the therapy. ... I have one idea: I will ask him about the seriousness and urgency of my disease. If he tells me that there is a real risk for me I will cancel the holiday. And if he tells me that two weeks delay isn't a problem I will postpone the examination. Thank you doctor!	

11.10. Seeding

Seeding is a technique used during the work with patients with whom you meet repeatedly. It is a typical situation in the ambulance of G. P.; other examples are moments with clients who come regu-

larly to a physiotherapist for massage or to a kinesiologist. You want to invite your patient to see things in a different way, for example, you feel that his physical problem may have a connection with his stress. Or, you consider offering BFT to your patient. Because you see your patient regularly, you needn't convince him during one session. Rather than to push too much, it is better to "put a seed" and wait whether it brings some result. You can seed repeatedly, of course. Some of my patients agreed with BFT only after a few years of seeding. Seeding can have a form of simple offering information, like *"It may or may not be of concern to you but my experience is that in some cases, similar problems may have a connection with some stress or worries. What do you think about that?"*

11.11. Planning

Planning is a standard technique used by coaches and consultants. However, in BFT, it is used only seldom. The reason is that the essences usually mobilize the patient so that changes happen quite naturally and no specific plan is needed. However, there are some specific situations where planning is useful even in BFT, especially when the patient's request is to deal with a specific problem, rather than to change the personality as a whole. For example somebody may ask for help in looking for a new job. Or a student needs to help with one especially difficult exam. In these situations, creating a detailed plan reduces patient's or client's anxiety and helps him to use the best his resources.

Again, when creating a plan, it is essential to support the patient to create this plan by himself. The patient certainly has some ideas how to increase the chance that he will be successful in his effort, and your role is that of a guide. That is why it is reasonable to begin with following questions:

T: In quite a lot of people in a similar situation, creating a detailed plan how to reach the goal is useful. What do you think about that, can this plan be useful for you too? (Inviting the patient to create a plan).

T: You have probably already considered some helpful steps. Can you tell me about your ideas? (exploring patient's ideas first).

T: What else? (By repeated asking about other options, you can get more and more options).

T: Feel free to speak about anything that can be useful, even when it might seem a little bit crazy or unrealistic. (When looking for options, **brainstorming** is a useful technique. Assuring that unrealistic options are OK invites patient's inner Child to participate in work).

At the beginning, it is useful to define the goal of the plan, and then to divide the whole process into smaller steps. For example, a person who is looking for a new job may create a following list:

- *I will create a list of education, skills and positive character features I have, I will decide in what areas I would like to work – two days.*
- *On the base of previous information, I will write down a curriculum. After writing it down, I will ask two best friends for their opinion – one week.*
- *I will make a list of suitable companies where I would like to apply for job, I will divide them into two groups according their priority. I will visit personally the companies in the first group, and to the other I will send my application by post – one week.*
- *I will send applications by post; make a plan for visits of priority one companies – two companies per week.*

11. Other useful techniques

While the goal might seem overwhelming, small steps are much easier to fulfil.

One thousand miles long journey begins with the first step.

Lao-zi

You should also guide the patient to **define his goal and individual steps in positive words**. Goal “*I will stop smoking*” will quite probably lead to failure. The reason is that whenever he will think about the plan he will recollect smoking. That is why the desire to smoke will be still present and it will activate whenever he will work with the plan. It is much better to think about what positive cigarettes bring to him, like reducing inner tension, having a break at work, having some enjoyment etc. Further step is to brainstorm how to replace these gains by other means. For example, the patient may learn other ways how to relax, like yoga, autogenous training, reserving some time for the needs of his own, spending more time with friends. Spared money can be used for buying something the patient otherwise couldn't afford.

☼ *One patient, a heavy smoker who suffered from his bad habit significantly and had already spent huge sums for cigarettes, discovered that a strong motivation for him would be to buy a small garden, to fulfil his whole-life dream. Instead of spending time with cigarettes, he would be happy to spend his time with the work on the fresh air in the garden.*

Another important thing about goals and steps is that they **should be well-defined and observable**. Furthermore, in defining the goals and steps, avoid words like “more”, “better” etc. For example, a goal “*I will spend more time with children*” is too vague. It is better to redefine it into “*I will spend half an hour every day playing with my children*”. Such a goal is clear and you both, your patient and you, can tell whether it has been fulfilled or not.

Of course, BFT has one advantage, it can directly support patient's plan with the power of essences. You can ask about the feelings during the discussion about the plan and mix a special combination of essences that will deal with these emotional states.

Sometimes it is useful to create a plan in a written form. Here is one example of such a plan - from (Miller & Rollnick, 2013), slightly modified:

Change Plan Worksheet

My reasons for making this change are:

Here are my goals in making this change:

Here is how I am going to do it:

<i>Specific action</i>	<i>When</i>	<i>How</i>
1.		
2.		
3.		
4.		
5.		

Here are some ways other can support my change:

Three people who support my change **How I might use this person's support**

- 1.
 - 2.
 - 3.
-

Two people who have made a similar change **How I might use this person's support**

- 1.
 - 2.
-

One person I can count on for immediate help **How I might use this person's support**

- 1.
-

What are some challenges I might encounter? **How I might handle them?**

- 1.
 - 2.
 - 3.
-

I know that my plan is working when I see these results:

12. Therapeutic contract

Imagine you need a wardrobe and you decide to ask a joiner to make one for you. You ask your friends about their experience and decide to go to that with the best references. You expect that your wardrobe will be wooden but you do not tell it – handmade furniture is made from wood, isn't it? You will not tell him how big it should be or how the internal space should be divided. You tell him only that you live alone, and he can probably guess how many pieces of clothing you have and how much space you will need for them. You tell that it should be dark brown, as other pieces of furniture are dark brown too. You expect that it will be done in time and for a reasonable price but you do not ask him about that.

Does it seem weird? In our daily life, probably nobody would order wardrobe this way. However, when we come to a therapist including BFT practitioner, it may sometimes seem quite similar. The patient comes to a practitioner on the base of friend's recommendation. He knows virtually nothing about BFT but has some expectations based on what the friend has told, on the internet search and on the fantasy of his own:

Bach – he was a musician, wasn't he? Is it a therapy with music?

It is made from plants; so it will be something like herbal therapy, like camomile for the upset stomach.

It uses essences; it sounds like aromatherapy, so I will smell it, like essential oils.

I will ask an essence for headache, I need something to replace my painkillers,

I have heard that Bach therapists use a sophisticated apparatus that can measure objectively what is missing in the body.

No matter how these fantasies are unfounded, the patient believes that they are true. That is why, when the patient comes and his fantasies are not confronted with reality before beginning of the therapy, it may lead to serious misunderstandings and disappointment.

This confusion can be partly dispelled before the first consultation (in e-mail communication, during phone call) but we should always spend some time at the beginning of the first meeting to clarify what the patient expects and what you can offer him. It is possible that when the treatment begins without this preparatory phase and the expectations differ too much he may feel disappointed or even deceived by you. That is why it is wise not to charge him until it is clear that the way how you practice BFT is really his choice.

The process of discussion about therapy conditions and details is called **therapeutic contract**. The original idea of the therapeutic contract comes from legal contracts of our daily life. We can return to our example with the wardrobe. You will probably tell the joiner what material he should use and he may tell his recommendations, for example whether soft or hard wood is more suitable or whether

there is any other material more suitable or cheaper. Joiner will offer you a catalogue or small pieces of wood to choose the colour, and you will describe in detail its size and the structure of inner parts. At the end, you will ask him for a price offer and expected time of delivery.

Therapeutic process has similar components. Some parts are fixed, i.e. there is no space for negotiation. The patient can only consider whether he accepts them or not. Similarly as in the case of a joiner, price is usually fixed. Other parts are flexible; they can become a subject of discussion. For example, you are used to making follow-ups after three weeks but the patient will be abroad and you will have to postpone the follow-up one week later. It is up to you how many parts will be fixed and how many will be flexible. Both are necessary. If there are too many fixed parts, your approach may seem too rigid and the patient may decide to go to somebody else. If your conditions are too flexible, you may feel uncomfortable with them. Too flexible conditions invite some types of patients to cross your boundaries (see later). For example, at the beginning of the practice, some therapists do not have a consulting room and visit patients at home. From the financial point of view, it is a quite reasonable solution. However, because there are no fixed opening hours, in order to meet patients' demands the therapist may agree to visit patients in the evening or during weekends. The result is that his or her family may suffer significantly because of that.

What will you need to discuss before the beginning of the therapy? Here is a brief list items:

As **fixed parts** are usually:

- The way how you use Bach essences and take cases;
- Your opening hours;
- Place where you make consultations;
- Prices of consultations and essences and the ways of payment;
- The way how the patient can contact you between the consultations;
- Cancelling policy.

Flexible parts can be for example:

- Frequency of follow-ups;
- The application of essences: exact dosage and the possibility to adjust it, external application;
- Other supportive tools, like course of assertive techniques, extra lessons at the driving school, regular exercise etc.;
- Combination with other treatment approaches if you consider them suitable or if the patient is already treated somewhere else or he plans to begin another treatment too;
- Active participation of the patient in the selection of essences; you can invite him to study essences between follow-ups and bring a list of suggested remedies.

A special attention should be paid to **explanation of the method** (see 12.1. Explanation of Bach essences). **Explicit definition of conditions of therapeutic contract** helps to enhance patient's feeling of safety (see 12.2. Confidentiality) and to protect Boundaries (see 12.3.) A specific situation when the risk of crossing of boundaries grows is when there is a **dual relationship** (see 12.3.5.)

12. Therapeutic contract

Apart from above mentioned technical conditions of the therapy, there are also conditions that should be fulfilled for the essences to be well selected and to be able to work (see 12.5. Other conditions of successful therapy).

12.1. Explanation of Bach essences

When explaining BFT, we should respect the principles of OARS + I. In providing information, we should ask whether the patient wants to hear anything about the method and to explore what he already knows. Next step is to correct what is inaccurate and add further information if necessary. Every explanation should be concluded by asking about the opinion of the patient or whether he has further questions.

It is also useful to prepare a general explanation of BFT with possible adjustments according to patient's problem (or to what you already know about his problem). The information should be sufficient but not overwhelming; we should select what is significant for the patient. For example, for people who come mainly for physical problems, it is better to speak about BFT balancing the reaction of the whole organism instead of stressing the work with emotions. The reason is that even when we know that mental and physical sphere is interconnected, the patient might not be aware of that. So, when we pay attention to the emotions, his probable reaction will be, *“But I have no psychic problems”*. For those people, it is much more attractive to hear that BFT supports the usage of the resources of patient's own to fight with the disease. If the patient comes because of a wound healing with difficulty it is useful to speak about the mobilizing effect towards the reparation process in tissues, when he initially mentions interpersonal problem we can explain him that the essences can influence the way how people react to other people's communication.

Here is my general description of BFT I use:

BFT is a method of alternative medicine, a little bit similar to Homeopathy. It uses essences made from flowers of specific wild plants. These plants are absolutely harmless and can be combined with any other treatment if necessary. They have no side effects. (They can also be used by pregnant women or by small children).

The following part has more versions, depending on the principal problem of the patient. a version for people in a difficult life situation:

It is a treatment method for mentally healthy people who get into a difficult life situation. It helps them to deal better with the problem and to mobilize their inner strengths. It can also protect the patients against possible diseases that may develop during a long stress.

A version for somatic problems for patients who do not like to use chemical remedies:

It is a method that helps the body to mobilize its inner resources to fight with the disease. It does not work chemically like allopathic medicines. It gives information to the body how to adjust its reaction. The treatment is always only temporary; it is like a school lesson, the body needs to learn something, and then it can fight with the disease by itself.

A version for people who want to use BFT for personal development; they feel dissatisfied with their present life and feel a need to make a change:

This method can help people to find their way in the life. According to its founder, Edward Bach, everybody has his life mission, something important that he should fulfil in his life, and the task of the therapist is to help him on this way. The essences can be useful in that; they can give a protection against outside influences, they can help to decide which way to go or to overcome fear or any other obstacle on this way.

When the patient expresses his interest in this method, I continue to explain the effect of essences in a way that is for most people understandable:

Every essence corresponds to one way how we can react to a stressful situation. We all naturally have a lot of possibilities how to react to outside factors but we all have a tendency to use only two or three ways. It is simply easier for us. These methods are often really effective in dealing with our daily problems. However, sometimes these “old good ways” do not help. The situation is the same or even gets worse. Similar situations repeat and bring the same painful result. As if we were stuck and could not move further. It can also disturb interpersonal relationships, our daily communication with our dear persons or colleagues may look like the thousandth reprise of the same drama, with the repetition of a similar dialogue. This leads to growing stress and tension, and finally can cause a physical problem.

For example, one of the reactions is hurry. When I have a lot of work, it is normal to hurry up. What is important, after I do my work I need to relax and to refill the resources. However, there are many people (maybe you know somebody) who are in a hurry all the time. They are nervous, tense, burst out easily. Being all the time in a hurry does not help them to do all the work. In fact, they usually have some work unfinished yet. Besides, being nervous and tense all the time can disturb their interpersonal relationships. They are irritable, they have bursts of anger and are impatient. And finally, they can get high blood pressure and myocardial infarction or brain stroke. The corresponding essence has a quite appropriate name – IMPATIENS (In Czech, the name “Netykavka” means „Do-not-touch-me person“.)

In these people, IMPATIENS can restore calmness and patience. They are still able to hurry up if necessary but they can also relax and if there is another better way how to react to outside circumstances they can use it. For example, during the communication with family members, empathy may be more suitable than tension and irritability.

Do you have any questions about the method?

Then I continue with the explanation of the course of the consultation:

So, during the consultation, we will speak not only about the problems that brought you here but also about you as a person and about your life. It will take about one hour, and if I find any theme corresponding to some Bach essence, I will tell you. Of course, you are the expert about the life of your own, so, I will read the description of the essences and you will decide whether it really fits or whether I am wrong in my guess. If we find any suitable essences, at the end of the consultation I will mix them in the bottle and you will be able to try them.

The usage is quite simple, just put four drops at least four times a day to any drink. It is important that this combination need not be perfect today. During follow-ups we always discuss the effect of individual essences and consider whether they have any positive effect or not. We can exclude some or include other, more suitable.

After this introduction, I ask again whether the patient has some questions.

12. Therapeutic contract

Possible questions can include for example:

- **How long will the therapy last?** *It will depend on specific problem and your reaction, of course. In most patients that come because some chronic problem, the therapy lasts a few months.*
- **When will we be able to tell whether the therapy is the right one for me?** *For a definite decision, I recommend waiting until the third follow-up; however, even at the first follow-up we can already notice some changes. These initial changes can be only distinct, so a careful evaluation is needed.*
- **Can I use my usual remedies?** *Yes, use them as normally. As for painkillers, tranquillizers and sleeping pills, if possible do not increase the dose but do not reduce them forcefully. Just wait and use them as usually. If you use tranquillizers when you are in stress only there is also a possibility to take extra dose of essences first and if it does not work, use tranquillizer.*
- **Can the essences make my complaint worse?** *The aggravation is not a regular reaction to essences. In my experience, in rare cases there may be slight intensification of emotions associated with the complaint but not a real worsening of the problem. Anyway, if you are in a doubt, do not hesitate to call me.* When the patient is worried about side effects of the therapy or about aggravation after the essences, it is often an indication for MIMULUS. This question is especially challenging because it frequently appears at the very end of the consultation. The mixture is already prepared, you have already arranged the time of the follow-up, you are beginning to switch your mind to the work with next patient, and this question emerges. Anyway, it is the time to stop for a while, to spend five minutes extra with the patient, otherwise there is a risk that he may unexpectedly interrupt the therapy. It is useful to explore his worries, offer him for example the possibility to adjust the dose according to the reaction (see 11.6. Enhancing patient's autonomy), to add MIMULUS to his treatment bottle, to offer him the possibility to contact you in-between consultations etc.
- **To be healthy as soon as possible, I have arranged a consultation of (a homeopath, kinesiologist, healer etc.) too. Can I combine these therapies together?** *Generally, you can combine BFT with any other therapy. The problem might be that when you feel better after some time, it will not be clear whether it will be because of BFT or because of other therapy. It is like answering two mobile phones in one time; both persons speaking with you have important information for you, and it is better for you to speak with them successively, rather than simultaneously to have the greatest benefit. Usually it is better to try one method and when it fails or the effect is only partial to try another. Of course, the final decision is up to you.*

Other questions are described in chapter 19 (Difficult questions).

You can also have some prepared hand-outs concerning the therapeutic contract and the method for further reading at home. Similar information should be also available on your web page or on Youtube.

12.2. Confidentiality

If the patient agrees with the used method, we can move further to discuss the confidentiality. Safety is a crucial prerequisite of any therapy. People sometimes speak about things that they have told to nobody else. It may be embarrassing for them but it may also have legal as well as financial consequences for them if this information leaks to the public. And of course, it may have a serious impact to you and to your practice. Sometimes even the fact that the patient has visited the therapist itself is confidential, as it is in the case of psychologists or psychiatrists.

☉ *I remember a conflict one of my colleagues had with her patient. My colleague is a psychologist and she treated for some time a middle-aged woman. At the beginning, the treatment was quite smooth. However, after a few consultations, the patient unexpectedly accused my colleague of revealing the details of therapy to patient's co-workers and terminated the therapy.*

I had known my colleague for many years as an honest and responsible therapist and that is why I believed that the accusation wasn't true. However, for my colleague this experience was very disagreeable and embarrassing. She had fear of legal consequences although she knew she was innocent. Finally it became apparent that she did not divulge her patient's secrets. The reason was that somebody who knew the patient saw her by accident sitting in the waiting room of the psychologist. Although this information itself might seem innocent, people's fantasy can do "miracles". "She visits a psychologist" – "she has a depression" – "she certainly has serious family problems" – "she is crazy" etc.

Under average conditions when dealing with a person who has been unknown to you previously, maintaining medical confidentiality is usually not a problem. The problem may emerge when your patient is a known person of somebody close to you, for example of your partner. Another challenging situation might be when you treat more members of one family or when the person is well-known generally, a celebrity. In such cases, the importance of keeping strictly medical confidentiality still grows.

Another challenging situation is when some of patient's relatives or friends wants to reveal an important secret to you about the patient but at the same time he asks you not to tell about it to the patient. For example, patient's wife comes to tell you that her husband drinks heavily, that he is aggressive at home or that he considers suicide. In such situations, I tell to such a "good friend": *"This person is very important for you and you would like him to be healthy and happy in his life. Your information is certainly useful for me and I will try to open this theme during the consultation. However, if the patient denies it, I have only two choices. I can tell him I have this information from you. If you do not agree, my only choice is to accept his answer, no matter how serious this information might be."*

To tell the patient something like *"I have such information from a reliable source"* evokes a feeling there are some spies around. In an atmosphere of suspicion, therapy inevitably fails. Furthermore, you never know what the real motivation of the "good friend" is and whether the information is true.

One part of confidentiality is **not to tell anything**. Another part is to **keep case records confidential**. It is reasonable (and in case of medical records it is ordered by a law) to keep records in paper form or CDs and flash disks locked even when you are the only person who works in the room. I keep my records only in an electronic form with regular backups. To protect this highly sensitive information, I use encrypting freeware program VeraCrypt, however, other reliable programs are also available. Windows password is only a weak protection against an experienced hacker. To prevent such attacks,

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you should always have an actual antivirus program and firewall. The best way is to keep the computer with your records offline.

These safety measures aren't important only in the situations when somebody tries to intrude into your computer intentionally. Your computer may crash down and you will need to take it to repair shop. For a curious serviceman not bound by any form of confidentiality, browsing through your patients' personal records may be a good pastime.

Confidentiality concerns also your workplace. When the patient waits for the consultation and he can hear through closed but insufficiently insulated door fragments of conversation between you and another patient this experience will probably block him in revealing his secrets.

12.3. Boundaries

Imagine such a situation. You are sitting in a coach during a long trip. You will have to sit there still for a few hours. The weather is hot and air-conditioning does not work. Suddenly a fat man comes and without permission sits next to you. Because of his overweight, the seat is too small for him and that is why part of him is sitting on your seat too. He perspires a lot and his hygienic standard is not too high.

If you are like most people, you will feel some degree of discomfort. It may manifest in bodily sensations, like tension in muscles, headache, tense jaw and shoulder muscles, pain in neck and backache or difficult breathing. You may also react verbally in a wide range of ways, from a polite request to move away from your seat to yelling and screaming. You may also react physically, like pushing him away from your territory or by digging him with your elbow.

Even if you decide to keep your feelings inside and do not visibly react, your thoughts change too. Maybe you planned to read a book, to write some notes or to send some SMS but you suddenly feel that your thoughts are as if frozen, you lose your spontaneity and your mind keeps brooding upon how disagreeably you feel, when this terrible person will finally get off the coach, how impolite some people are, whether he has any infectious disease etc. Anyway, your planned work is significantly influenced.

This impolite person **crossed your boundaries**. Similarly like any country in the world, we like to have a space we consider as ours and have a tendency to protect it when we feel somebody crossed our boundaries without permission. It may be a physical or a psychic space. The purpose of above mentioned principles of therapeutic relationship and of confidentiality are all meant to maintain and protect boundaries. Crossing boundaries is a frequent problem of therapists and it is often a theme for supervisions. We will pay attention to following types of boundaries:

- Physical boundaries;
- Personal space;
- Emotional boundaries;
- Sexual boundaries;
- Professional boundaries.

All these boundaries, if respected, protect both your patient and you as a therapist. However, the responsibility to keep eye on it is solely yours.

12.3.1. Physical boundaries and personal space

In the above mentioned example, the fat man crossed your physical boundaries and invaded your personal space. As for a personal space, we should bear in mind that although we have a feeling what our personal space is, the way how the patient perceives his space may be different. It may depend on his personality, on actual mood and relationship with you, on preconceptions he has or on his cultural background. It is well-known that Japanese or Chinese have a smaller personal space than Europeans or North Americans. These people may try to approach you more closely and you may feel that they invade your space. That is why you try to pull back a little bit. This, on the other hand, may evoke a feeling of you as an emotionally cold person. You should pay attention and empathetically perceive where your patient's personal space is and respect it. If you are not sure you can ask the patient directly whether the way you both sit is comfortable for him. You can offer him to move his chair as he likes. *"Make yourself comfortable."* Some therapists even offer more types of chairs and let the patient to choose.

Of course, you should protect your personal space too. If you because of politeness accept for example when your client sits too close it may have a negative impact to your work. Imagine a patient with poor oral hygiene sitting close to you. His offensive smell will probably distract your attention. In such situations, CENTAURY or MIMULUS is often helpful (for the therapist, of course ☺). Remember also that for some people, violating boundaries (on any level) is the way how they communicate.

☸ *I remember a case of a man who, seated in a comfortable armchair and having abundant space, during a consultation intentionally stretched his leg so that he almost touched my leg. My irritable reaction did not help much to the therapeutic process. Probably more suitable reaction would be "Oh, I can see you need to stretch your leg. I have also sometimes cramps in the calf. Don't worry, I will make you space." For such people, when their clandestine invasion is uncovered and verbalized, they usually pull back.*

Another theme close to personal space is **room temperature and ventilation**. Everybody has a different sensation what a comfortable temperature and air is and we should respect it when it is acceptable for us. It is also polite and helps to create a positive atmosphere to offer a non-alcoholic drink or some biscuits. Sometimes especially in people who are in a hurry all the day, having a time to drink a cup of tea or coffee may symbolize a time for rest and relaxation.

We should also pay attention to the **smell** in the consulting room or in the waiting room. A strong perfume or odour of incense may be pleasant for one person but may be disturbing or annoying for somebody else.

☸ *Once I shared the consulting room with another therapist. She worked as a masseur and kinesiologist and used essential oils in her work. The smell of these essential oils was so intense that it was quite difficult for me to concentrate to my work. I lost one of my senses. As a therapist I use my nose as an important tool. The type and intensity of perfume or Cologne can tell me a lot about its user. The smell of a tobacco smoke or of alcohol is clearly distinguishable. A professional nose can also recognize less known smells, like that of a liver or kidney disease or of a chronic skin infection.*

☸ *One patient terminated his therapy when he had to wait for some time in the waiting room where the walls had been recently painted and the smell of the paint was still intense. His irritation from the fact that he had to wait longer than usually was still intensified by disagreeable odour.*

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Another thing that may play a significant role is **eye contact**. Eye contact is something that may both positively and negatively influence the communication with the patient. Avoiding eye contact may evoke the feeling of insincerity or lack of interest; too much eye contact may be perceived as intrusive. There is no simple rule how to use eye contact but you should pay attention to body language. If the patient gets nervous, fidgety or crosses hands and legs when looking at him, it is a clear sign that eye contact is too intense. Especially when speaking about an embarrassing or otherwise sensitive theme, I usually divert my eye-sight as if I have something urgent to seek in the documentation or in the computer and put my questions only “by the way”. It helps the patient to speak about the problem more technically and reduces his bad feelings. On the other hand, when asking a question I consider important for the therapy, I add a long look at the eyes. The question is followed by a moment of silence and full attention. For example, the patient described a pain of the belly that evoked in her a fear of a serious disease but routine medical investigations were normal. She reacted with laugh and said *“So, I wonder what they (doctors) will do with me, ha ha!”* She clearly needed a combination of AGRIMONY and MIMULUS. At this moment, I reacted by looking at her eyes and saying seriously *“It is not easy to live with a constant worry what it might mean, what its cause is.”* Then I paused for a while. Her smile, a little bit artificial, began to wane and she nodded after a while. *“Yes, I think about it a lot.”* (See also 11.8. Dealing with a secret).

A special theme is a **physical contact**. While invading personal space or too much eye contact produces discomfort and may lead to the failure of the therapy, physical contact may lead to a lawsuit. Especially when a male practitioner touches a female patient, the therapist should be extremely cautious. Psychologists and psychiatrists have clearly defined the types of touch allowed during sessions in their ethical codices. Allopathic psychoanalysts allow only hand-shaking, body-therapists touch more. Physiotherapists, kinesiologists, osteopaths or masseurs touch a lot, however, even they have professional regulations limiting body contact. For those BFT practitioners who apply essences locally to skin by themselves, they should be very explicit when explaining his method to the patient and later repeat again when they already know individual places where they intend to use the remedies. Remember that silence does not mean consent. Whenever there is slightest hesitation or other sign of incongruity (see 13.10. Incongruity), they should stop and discuss with the patient his opinion and feelings. They also should inform the patient that it is OK to tell *“STOP!”* whenever the procedure is disagreeable for them. I personally do not apply essences locally and apart from handshake I only rarely use other way of physical contact. The only exception is gentle caress on the shoulder. It is reserved for situations when the patient is overwhelmed by intense sorrow, sadness or feelings of being abandoned.

12.3.2. Emotional boundaries

We all have our personal way how we feel, think and behave. We also like to make our own decisions. Respect for emotional boundaries means that we do not try to push the patient to change their way of thinking, feeling and behaviour by emotional extortion, manipulation, provoking reproaches of conscience or fear. Such a therapy violates basic principles of partnership and autonomy.

We also should be able to recognize the manipulation from the patient and withstand it. Emotional manipulation is more and more frequent and there are even some courses for businessmen, bosses or sales representatives that teach the “best” techniques how to do that. Somebody needn’t learn it at any course; he is good at it naturally. He can clearly recognize your weak point and attack it. If you are a compassionate person, such people may show you how much they are suffering and how the life is

unjust to them. At the same time they may ask for some favour from you, like reducing fees or extra time or place for the consultation. If you have a tendency to take over the responsibility of other people, they may try to place the responsibility for their health on you. They may expect that you will give them a “magic potion” that solves all their problems and they will have to do nothing for that. And if such a therapy fails, they may attempt to provoke reproaches in you to press you to work still harder. If you are insecure in your work, they may question your abilities or insinuate possible loyal consequences of your failure. If you have a problem to tell “no”, they may ask you for your private phone number and call you in most inappropriate time.

⊗ *People are sometimes really unbelievable. I made this mistake with the phone number. Once, on Saturday evening at 9.30 p.m. there was a phone call: “Doctor, I am near your consulting room now and need another dose of your remedy, please will you come?”*

There are many ways how people may try to manipulate with you during the therapy. Anyway, it is **your** responsibility to recognize it and to not to accede to it. Remember that protecting boundaries has a therapeutic effect to the patient too. For people who frequently use manipulation in the communication with other people, it is a part of their pathology and telling them clearly what is allowed and what not and rigorous maintaining of these conditions is a prerequisite of a successful treatment.

12.3.3. Sexual boundaries

Probably everybody understands that sex is something that does not belong to the practitioner’s consulting room and that the therapist shouldn’t take advantage of his powerful position to gain physical satisfaction. Prohibition of sexual contacts with patients or clients is also a part of all ethical codices. That is why it is surprising that every year some doctors or psychotherapists are accused of sexual abuse of their patients. When they try to defend themselves, they usually use arguments like “the patient agreed with it” or that he intended to help the patient with her inferiority complexes. Both arguments are false. The reason why some patients agree to be abused by the therapist is that they regress to their inner Child during the therapy. They feel like a small child again and they feel abandonment a refusal from big important persons. In such a desperate state, they are ready to do virtually anything to gain love and attention. When they return to their Adult ego-state, they become aware of the fact that they have been abused. Such a thing has definitely a detrimental effect to the patient and to the relationship with any therapist in the future. This situation is well illustrated in the book “*Lying on the Couch*” of a famous American psychologist and writer Irwin Yalom.

On the other hand, sometimes also the therapist needs a protection. Especially men as therapists can get into a situation when they are falsely accused by a patient of an abuse. This situation may be caused by different reasons, from misinterpretation of therapist’s words or behaviour, paranoid or histrionic nature of the patient to intentional attempt to gain money with a lawsuit. For me, the best prevention is to have a nurse as a witness in the next room. If the therapist works alone a good prevention is to avoid having risky patients at the end of the opening hours.

12.3.4. Professional boundaries

Professional boundaries are partly technical. I make consultations in my consulting room in well-defined time. I try to practice BFT according to Bach’s recommendations, so I do not use any appa-

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ratus to make a diagnosis; I just use my senses and my mind. I have my way how to charge the consultations. You may have your rules, for example you may decide to give discount to some social groups like children, students, mothers on maternal leave or elderly persons but it is up to you and it is not a subject of bargaining.

We as therapists have also some boundaries in the way how and with whom we work. For example, most therapists refuse to work with patients with certain diagnoses. For example, for me, I do not treat patients with a severe mental disorder, e.g. with schizophrenics, or with non-abstaining alcoholics and drug abusers. When I worked with such patients in the past, the therapy was not successful. Furthermore, their behaviour was unpredictable and I felt I was not able to take over the responsibility for these patients. Another limitation is when the patient has signs and symptoms that might indicate a serious disease that could need allopathic treatment but he refuses to undergo necessary investigations.

Whenever in doubt, remember that maintaining professional boundaries protects you as a therapist and protects your patient.

☉ 65 years old man. His daughter asks me for a consultation by e-mail. Her dad has been changing psychically during last a few months; his behaviour is “unpredictable”. Even when I have some doubts from the very beginning, she believes that her dad has some problems and he wants to solve them.

The has change started when he has received information about a deadly disease of his close friend. He has started a lot of new projects at work and has become more irritable. He has become also more aggressive; he has had one fist fight with his neighbour. According to his explanation, he has fought for the just cause; the other man has stolen some money and he has wanted to force him to confess his crime. He believes he hasn't done anything wrong; the other man has deserved it.

According to the documentation of the psychiatrist, the patient has been diagnosed mania. He is absolutely uncritical to his health state. He even considers suing the psychiatrist for labelling him as “a crank”.

Although the prescription probably wouldn't be too difficult (the main remedy would be probably VERVAIN) I have to protect my professional boundaries and refuse to treat such a patient. Such a patient is uncritical to his health state; he can become physically aggressive to other people and I do not want to take over the responsibility for his unpredictable behaviour. Apart from that, he believes he is healthy and he does not need any treatment and I have to respect his Autonomy.

For serious psychiatric diseases, it is typical that the patient is uncritical to his mental state.

The therapist also should be cautious whenever the patient offers him some sort of a benefit, like giving presents or offering a service in return. Especially more expensive presents should be politely refused.

☉ One my colleague treated a boss of a big computer company. Once he received a notebook as a Christmas present from him. He was pleased at the first moment but a few months later he became bitterly aware of his mistake – the patient required some extra service as a matter of course.

Sometimes the patient because of financial reasons offers to pay for the consultation with some service, e.g. a cleaner offers to clean regularly the consulting room, or an accountant offers the help with keeping the books. However, it is necessary to define very precisely how much work of the patient corresponds to how much work of the therapist prior to the beginning of the first consultation.

Psychotherapists also usually refuse to meet the patient elsewhere than in the consulting room. The reason is that therapist's behaviour may provoke patient's undesirable fantasies about their relationship.

☉ *Once I worked as a member of an ethical committee. Our task was to decide a case of a counsellor (woman) accused by her client (man), a drug and alcohol addict recently dismissed from the hospital. He complained that she had made repeated sexual proposals to him, except regular consultation she had charged him cleaning of his flat and she had sold some of his things. Strange complaint, isn't it? Her explanation was that she tried to help him to return to a normal life and to find activities that could replace his old bad habits. She repeatedly invited him to a café or to jogging. Because he had a terrible mess in his flat there was a considerable risk that his landlord could evict him, so she tidied up his flat and threw old things into the dustbin or helped him to sell them. She strictly refused that she had done any sexual proposals.*

Although some details remain unclear it is probable that her intention was good. However, the problem was that she crossed her professional boundaries.

12.3.5. Dual relationships

In our lives, we act in a lot of roles. We are children, siblings, partners, schoolmates, friends, parents, co-workers, superiors, subordinates; we can also be in a position of teachers, tutors, lecturers, social workers, policemen, judges, therapists or consultants. A special situation happens when somebody is in two different roles towards one person in one moment. For example, imagine a situation where your brother becomes your employee. Under condition that your relationship is harmonious and your brother is a diligent worker, he may become a real blessing for your company. However, there is a possibility that he is not too reliable. Furthermore, he may be aware of his powerful position as a brother of the chief and abuse it. In such a situation, your position is quite awkward. It is not easy to sack your own brother. You will probably have to make a difficult choice, either to tolerate the presence of your brother in your company or accept the fact that dismissing of your brother can provoke a serious discord in your family.

What is still acceptable in personal or professional life may be detrimental in therapeutic settings. Psychologists are aware of it and usually avoid treating family members or close friends. Doctors are less rigorous in that but the consequences may be serious. Some of them may become over-anxious in the treatment of their close persons, and this can lead to over-diagnosing and over-treatment. Others may belittle their complaints and there is still more serious danger of late diagnosis of a life-threatening condition.

Why is dual relationship so risky in therapy? There are three reasons. The first is that during any therapy, there may be a need to challenge the patient in some way, to open a difficult theme that may provoke a discord. If the relationship remains solely on the professional level, therapists are trained to deal with such situations. However, if a personal relationship is endangered, nobody is really prepared for that. Sometimes you may get forced to make a decision, which of the relationships to maintain and which to give up, like in above mentioned example of your employed brother.

☉ *I remember a case of my very good friend, psychiatrist who had annoying physical complaints and allopathic medicine was ineffective. At first, I hesitated to treat him with BFT but later I accepted it, partly because he couldn't find any relief, partly because there was no other BFT therapist available. The case was really difficult. In a moment when I needed to challenge a sensitive theme, I avoided it*

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because of fear that it could ruin our friendship. However, this led to a failure of the therapy and this disappointment had adverse effect to our relationship too.


The second reason is that especially in family relationships, we might play a role IN THE PROBLEM ITSELF. It is impossible to solve a problem if you are a part of it. It is as if you wanted to lift yourself to the air by pulling your shirt upwards.

☉ *One of my friends, a counsellor, tried to treat his ten years old son. The problem was that the son had a growing tendency to escape into computer games. However, the bigger was my friend's effort, the stronger was his son's tendency to escape. The problem was that my friend had divorced recently and for his son, playing computer games was the way how to deaden his painful feelings.*

I remember a few cases where mother psychologist tried to treat her child. The result wasn't a treatment but an attempt to manipulate the child according to mother's wishes. As psychologists they could use more sophisticated tools than laypersons and that is why their effect was still more detrimental.

☉ *35 year patient reported traumatic experience from her childhood. Her mother was a psychologist and she used to interpret her daughter's intense emotions instead of dealing with them as average mothers usually did. Psychological terminology became a baton used to correct her ill-mannered daughter. Even after many years, she still felt indignation because of that. What was interesting, my patient herself also became a psychologist.*

There is still one reason, described in New Testament.

 *Assuredly I say to you, no prophet is accepted in his hometown.*

Luke 4:24

When we undergo a therapy, certain distance should be maintained between the therapist and the patient. Our information about the therapist is limited, and because the therapeutic relationship is quite intense by nature, we have an intrinsic need to fill in the missing information. And we begin to unconsciously build an idealized image of the therapist. These fantasies can significantly intensify the therapeutic process. Even when we are absolutely rational by nature, we may unconsciously hope to get powerful, almost magical support to be able to overcome our difficulties. If we know too many details about the therapist and his private life, there is little space for creating positive fantasies about him. And the result is that we can react similarly as Jews reacted in the Nazareth synagogue when facing Jesus, *"Isn't it Joseph's son?"*

Imagine a situation when you have a problem with your partner and you should be treated by a therapist about whom you know that he has already divorced three times and even his present relationship isn't satisfactory. It does not automatically mean that when he is unable to solve his personal problem he is a bad therapist but your trust may be shaken. What often heals isn't a real person of the therapist but his idealized image of a healer.

Of course, most of us have made the first experiments with BFT on ourselves, on our relatives and friends. It is not a problem as long as both sides are aware of the fact that it is only an experiment or simple treatment of acute condition. If the patient has a more serious problem, it is wise to transfer his therapy to somebody else, unrelated with him by personal ties.

There are different levels of closeness in dual relationships. Some relationships are very close like that between a mother and his son. Other can be less significant, for example, if you are an author of a successful book and one of your keen readers comes and asks you for the therapy. For somebody it is a normal thing, for somebody else it is quite a challenge. Some therapists can feel slightly stressed even when a patient is sent for the therapy by their over-enthusiastic ex-patient. Such a situation can provoke a feeling of commitment and a fear of failure, of disappointing his unrealistic expectations. Where is the limit, whom can we freely treat and when it is better to send him to somebody else? It is individual, of course, and I can offer you a simple key how to recognize where your limit is. Imagine that a similar patient with similar complaint comes to you but you have no other relationship with him. You have never seen him before. Would you do anything differently? If dual relationship plays a significant role for you, you can for example agree to make a consultation in an unusual time or place or you may change payment conditions or you may offer a possibility to call you to your private phone during weekends etc. The more your approach differs from average cases in your consulting room the bigger is the risk that dual relationship can complicate the therapy.

☞ *Let's demonstrate above mentioned method on my unsuccessful case. Because he was my friend and I hoped to convince him about efficacy of BFT he became a VIP patient. He didn't pay anything. I always tried to choose the time that was most suitable for him, not for me. I made more frequent follow-ups than I did usually. All these were clear signs that I was too much under the influence of dual relationship.*

12.4. Case records

If we take our work seriously, we certainly need to know what has been the problem of our patient and what therapy we have used. However, what is the best way of keeping records?

Doctors write down all the necessary information. The reason is that the way how they do case records can have legal consequences in the case of a lawsuit. However, meticulous typing on the computer or writing notes can be disturbing. Besides, you can never write everything, at least you cannot record non-verbal communication of the patient. That is why I have found very useful to make audio or video records of cases. It has a few advantages. The experience when listening to the audio or watching the video record is very immediate; I can go through the case as if the patient were again in the consulting room. I can notice non-verbal clues that I have ignored during the real consultation. I can use records during supervisions. And finally, when I decide to make a research about the communication or about Bach essences, case records are the best material.

Of course, for some patients it is unusual to be recorded. Here is my explanation:

I do not like much when doctors type on the computer and do not pay much attention to what the patient says. However, I need to have some records of what has happened during the consultation. That is why I prefer to take audio record if it is OK for you. It has a few advantages. The first is that the process of case taking is undisturbed. Bach flower therapy is like a dialogue and the audio record allows me to concentrate fully on the patient and his needs. I also sometimes listen again to the records, especially when the therapy doesn't work. What do you think about that?

It is clear that we must respect the decision of the patient. However, in my experience most patients agree without any problems.

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At the end, after the patient leaves, I make still written notes. I write down only most important facts that led me to the actual prescription. Because I have a record, I do not have to write down all the details.

12.5. Other conditions of successful therapy

There are still other conditions that should be discussed before or during the therapy. For example, the patient should know that you have no other tool to make a diagnosis than his words. You have no crystal ball to recognize the cause of his problem if he does not tell you about that. I usually say:

During the case taking we will speak not only about your main problem but about the life generally, about situations that are stressful for you or which have influenced significantly your life. I have no other source of information than your words; so the more you tell me the better the prescription will be. Of course, it is not easy to speak about personal things with somebody whom you see for the first time. So, it is up to you what you decide to tell me. Today's prescription needn't be perfect; we will see during follow-ups and we will adjust the combination so that it will fit the best to your personality and your problems.

Some patients may manifest doubt about the efficacy of the therapy during this introductory phase. If their doubts are too big it is reasonable to offer them to end the therapy without any payment. They simply expected something different. If they still want to make a try you can use the method described in 11.7. (Work with “doubters”) and offer them an experiment.

A very important thing that should be negotiated and re-negotiated whenever necessary is patient's request, what to treat. This topic is dealt with in detail in chapter 16 (Focusing). Even when BFT is a powerful tool it can solve only certain themes:

- **The essences can only help to change the patient, not change the behaviour of other people.** Some patients come and describe a conflict with somebody else. During the case taking it becomes apparent that they unconsciously hope that you can change the other people but they remain unchanged. However, we cannot change the other person; we can modify only the way how the patient feels and reacts.
- **The essences support health and personal freedom and fulfilment.** If the patient requires something that may cause or worsen a disease or to restrict his freedom and personal development or the freedom or development of somebody else the essences will not work – see 12.6. (Do we really help our patient?)
- Some people spontaneously describe the theme that directly corresponds to an essence; however, more frequently the description is vaguer and **it needs to be translated into the language of remedies.** There is no remedy for “anger”, “depression”, “sleeplessness”, “tiredness”, “nervousness” or “inner tension”; you need to ask further questions to understand better what this feeling specifically means for the patient. Some patients come with a psychiatric diagnosis of depression or anxiety and they expect that you can give them a natural antidepressant or anxiolytic without need to know further details. They may be surprised when you ask them what a depression for them means. These people need to know that a psychiatric diagnosis isn't sufficient for the prescription of Bach essences and that there are many types of depressions and for every type a different essence is suitable.

- You also need to **get a reliable feedback to decide whether the combination is right or not**. Some patients are open to BFT and they will spontaneously report every detail they notice. However, if the patient has doubts, he will probably pay attention only to his main complaint. He may also ignore slight changes because he will attribute them to some factors other than the essences, like change of weather, everyday fluctuation of moods, better mood of his boss or partner etc. In such cases, it is good to ask the patient to pay attention to details because you need it for a right adjustment of the treatment combination. He may make records if he likes and notice intensity of negative emotions using a scale from 0 to 10.
- You can also **invite the patient to take part in selecting of remedies**. It enhances patient's autonomy (see 11.6.) and it is especially suitable when working with patients who need to keep control over the therapy although you can use it in any patient.

12.6. Do we really help our patient?

Our patients often ask for a support in making positive changes that will help them in their personal development. However, sometimes they may request things that are in a conflict with their best interest. Let's take for a while about following examples. A workaholic feels tired and asks for an essence to have more energy and to be able to work still harder. He spends a lot of time at work and neglects the needs of himself and of his family. If you give him OLIVE only and do not try to solve underlying problem the therapy will inevitably fail. Bach essences aren't a doping. If the patient continues to waste his energy there is no way how to replenish it.

A woman of a domineering and violent husband may ask you for a remedy to "be calm and good wife", to suppress her feelings of dissatisfaction. If you make a prescription on the base of this requirement only, such a therapy cannot work. And if you are convinced that "you know better what the patient needs" and give her CENTAURY or AGRIMONY, the treatment will fail too because these remedies will intensify her feelings of dissatisfaction. The essences will have a contrary effect to what she expected. Whenever you are in a doubt, go back to chapter 6 (Basic principles) and ask yourself:

- **Does the selected remedy and the way how I have selected it support the development of Partnership, feeling of Acceptance, Absolute worth, and Autonomy?** Sometimes the patient asks for a treatment for something that is considered by a problem by other people, e.g. parents or partner but patient's opinion is different. Such a treatment would be in a conflict with a principle of Autonomy. In some people, there is an inner conflict; they have adopted an opinion of some authority and they ask you to help them with your essences to obey these commands, for example, to reduce weight, to study harder, to be a perfect wife etc. Again, this request does not respect his Autonomy (his real desire is probably different) and sometimes also Acceptance and Absolute worth.
- **Was the combination selected Empathetically?** Does it help to develop Empathy in the patient?
- **Does it empower the patient and boost his self-confidence (Affirmation)?** Does the remedy support him to have a positive relationship to other people?
- **Does it support him in the usage of his own resources (Evocation)?** Will the therapy lead him to support the usage of inner resources in other people?
- **Does the remedy help the patient to proceed on his Life Mission?** Does it guide the patient to support other people in proceeding on their Life Mission?

12. Therapeutic contract

- **Is the remedy intended to bring a benefit solely for the patient or do you also expect any personal advantage for you? (Compassion)** This question is especially important when you consider treating a family member. As explained in 12.3.5 (Dual relationships), it is better to be avoided.
- **Does the remedy support the patient to be healthier?**

Let's look how Basic principles help us to decide in two above mentioned cases. The workaholic has quite a restricted way how he sees world; his life is only about duties and about performance. Attempt to remove his tiredness to help him to work still harder only confirms his frame of reference (see 11.4.) His Autonomy is limited; his feeling of self-worth is only conditional, depending on his work. He feels appreciated in a small area only; however there are many other resources that he should develop and use. Treating of fatigue only does not help him to proceed on his Life Mission. And we can expect that if he continues to overwork it can lead to serious health consequences.

The therapy is about going deeper, about looking for what is behind his workaholism. You may discover that his workaholism is driven by a tremendous fear of failure and of bankruptcy. Prescription of MIMULUS (maybe also in combination with ELM) can help him to reduce his worries. He will feel more freely in his decisions. He may decide to use some time for other activities than work, for example he will spend more time with his family or with his hobbies. It will help him to uncover and develop also other resources. After MIMULUS he may recognize that his self-worth does not depend only on his performance. According to these facts you can conclude that MIMULUS will help him to be healthier and to follow his Life Mission.

As for the woman who wishes to be "calm and good wife", it is evident that trying to fulfil her request would not help her. Her Autonomy is limited, her self-worth is based on being a good housewife and she appreciates herself because of her performance only. Besides, her marriage does not correspond to the principle of Partnership, a relationship of two equal persons. In this situation, CENTAURY seems suitable for her situation but it isn't the right time for this essence yet. Giving her CENTAURY without permission would intensify the tension and dissatisfaction of the patient and violate the principle of Partnership with you as a therapist. It is necessary to find another theme, acceptable for both of you. For example, you may discover that she feels tremendously guilty whenever she isn't good enough. PINE corresponds to this feeling and is in accord with Basic principles. It is also quite probable that after a few follow-ups, she will become aware of her suppressed feelings and she will accept CENTAURY as a suitable remedy.

13. Case taking

The technique of case taking is something we learn during our whole practice. It always begins with listening to patient's spontaneous speech. Anyway, sooner or later a moment comes when the patient stops and awaits your questions and comments.

13.1. Spontaneous speech

Although there are many questions worth asking, **spontaneous speech** of the patient is most valuable. When speaking spontaneously, the patient concentrates on most pressing problems, and in his description the way he usually feels and thinks reflects. If the patient suddenly changes a theme of conversation, it is not accidental; between these two topics there is some association.

☼ *This is a short transcript of a conversation with a 65 years old man with a backache:*

P: (the backache) it is annoying, and I cannot do anything ... my daughter stays all the day in the shop. It is not a good time for business now.	He speaks about a physical problem and after a short pause he continues to speak about his daughter. Sudden change of theme is surprising – it seems that there is no connection between them It is worth exploring.
T: You have spoken about your backache and now you are speaking about your daughter.	<i>Complex reflection</i> connecting seemingly disconnected sentences.
P: Yes, I used to help my daughter in her shop; I carried all these heavy boxes instead of her but now she must do it by herself, there is nobody who could help her.	The patient confirms there is a connection.
T: There is too much work and she has nobody who could help her.	<i>Simple reflection.</i>
P: She wants to have a baby; her husband is the whole week away, he is a truck driver. And I am afraid, even when she succeeds to get pregnant she will have a miscarriage. She cannot stay at home like other women, her shop would bankrupt.	We get further details. A clear theme of RED CHESTNUT emerges.

Whenever we ask a question there is always a risk that we miss some important information that the patient had wanted to tell but he was misled from the right way by our inadvertent question. That is why it is very important to pay attention not only to what the patient tells but also how his body language is. Patients usually send non-verbal signals when the conversation touches a sensitive theme. An important and painful theme often manifests in a general body tension and slight change of voice. The voice may be muffled, coarse, trembling, speech may become slower, hesitant or interrupted, as if inside the patient there were a struggle between the desire to reveal the secret and the urge to keep it

13. Case taking

inside. After the patient has revealed the secret or has avoided a painful topic, bodily tension gets released and the patient often reacts with a sigh of relief.

The best way how to support the patient to speak spontaneously is to use reflections and “Uhm”. When the patient feels he is attentively listened to and understood, he is much more liable to reveal old grievances and sorrows.

To be able to use fully the power of essences, we also need to move from a local problem to a general perspective of the patient and his personality. I usually begin a consultation with a simple question “*How can I help you?*” No matter how natural it might seem, for some patients it is quite surprising. They've often already mentioned the reason of consultation, like anxiety or asthma, so they expect that the theme is clear. However, this question has a deeper meaning. The patients are used to speaking with the doctor about their problems and weaknesses. This question offers the possibility to develop patient's strengths. Even when their original request has been to get rid of something, some patients begin to speak about their need to be able to deal better with conflicting situation or about the desire to have a higher self-confidence.

This question is in accord with basic principles of BFT, especially of Partnership and Evocation. It stimulates the patient to seek a solution. There is a part of the problem that can be solved by the therapist but some part always remains where the initiative and effort of the patient is necessary.

Most people react to this question constructively. On the other hand, some patients begin to enumerate many problems at work and at home. You may feel confused by the amount of seemingly unconnected complaints. The patient probably hopes that you will give him a magical potion that will solve them all. In this moment, it is useful to ask again “*And how can I help you?*” with the emphasis on the pronoun “I”.

13.2. Exploring details

In seeking for the specific homoeopathic remedy ... the more striking, particular, unusual and peculiar (characteristic) signs and symptoms of the case should especially and almost solely be kept in view; for there must especially be some symptoms in the list of the medicine sought for corresponding to this, if the remedy should be the one most suitable to effect the cure. The more general and indefinite symptoms, such as lack of appetite, headache, weariness, disturbed sleep, uncomfortableness, etc., in their generalness and undefinedness deserve but little attention, unless they are more especially pronounced, as something of such a general nature is seen in almost every disease and in almost every medicine.

Samuel Hahnemann, Organon of Medicine

Patients usually formulate their problem quite generally. Their main complaint may be for example lack of energy, stress, worries, irritability, a conflict, indecision or disturbed sleep. Sometimes they use medical terminology. They may speak about depression, anxiety, phobia procrastination etc. However, these descriptions are usually too vague to be sufficient for a reliable prescription. In BFT the selected

essences should correspond to patient's personality and his specific ways of reaction. There are 38 Bach essences, and there are 38 types of stress we should differentiate. There are also 38 types of worries, irritability or sleeplessness, 38 types of depression or anxiety. We need to explore patient's problem in more detail to be able to decide which essence corresponds best to patient's present state.

However, what details are important? Famous homeopath Clemens Maria Franz von Bönninghausen recommended a simple tool originally used by priests during confessions: *Quis? quid? ubi? quibus auxiliis? cur? quomodo? quando?* (Who? What? Where? With whose help? Why? How? When?). even now, almost two hundred years later, his recommendation is still valid.

Quis/Who? Who is the patient generally, how is his character and temperament.

This question is discussed in detail later.

Quid/What? What is the principal problem? What are other problems?

Tell me more about your problem.

What else would you like to treat?

Ubi/Where?

Where is the physical problem localized in the body? Where does the problem intensify (at work, at home, in the public, when alone etc.)

Quando? When? When does the problem get worse or better? How does it change during the day, week, year, with menstruation).

Where and when do your problems get better or worse?

Quibus auxiliis? With whose help? This question refers to the relationship with other people. How are our patient's relationships with important people, in family, at work, with friends and neighbours etc. How does the patient's problem influence them, how do they react? Does the patient look for the help of others or wants to deal with the problem without help from outside?

Tell me more about your family life.

Tell me more about the work.

How does your wife react to your problems?

You are quite often ill and do not work. How does your boss and your colleagues react to it?

Cur? Why? Is there any known cause of the problem? Does anything aggravate or alleviate the problem?

Your problems started two years ago. What happened at that time in your life?

Quomodo? How? What are more specific characteristics of the problem? How does the patient perceive his problem?

How is the headache?

How do you perceive your headache?

How do you recognize that the migraine is coming?

How do you feel when it is coming?

How do you feel when it is most intense?

How do you feel after the migraine?

How do you feel when your son and husband quarrel?

You needn't ask all these questions; you can use some of them if you feel your information is insufficient. Specific information can offer you keys that allow you understand better the problem. For example, you may discover that headache appears always when the patient expects the visit of her parents-in-law (*When*). Urinary and gynaecological problems (*Where*) in a young woman raise the question of her relationship with her partner (*With whose help*). Patient's nervousness and breathlessness gets worse after a conflict (*Why and When*) etc.

13.3. Exploring patient's personality

Of course, some people stick to a specific problem. If the patient does not speak spontaneously about himself we can use for example following questions to explore more personal themes:

Tell me something about yourself.

How would you describe yourself?

What would the other people tell about you?

Describe me your average day.

How are you as a person?

How are you as a parent?

How are you as an employee?

What is important for you in your life?

How was your childhood?

What things and persons had the biggest impact to your life?

How do you wish your life to change in next five years?

These questions can bring more material about the patient generally. Looking at the patient's history can uncover **repetitive patterns** in his life. For example, the patient may describe repeated unsuccessful relationships with partners, conflicts, problems at work etc. It also may reveal some **traumatic events** that influenced the whole life. Anyway, digging too much in the past doesn't bring further benefit. It is probably a distorted heritage of psychology that some therapists believe that we can find answers for present problems in the past. Essences cannot change the past; they can only change our present feelings and the way how we will react in the future. Present situation, if well understood, brings all the keys necessary for an effective prescription.

13.4. Significant theme

Significant theme means one or more similar situations charged with strong negative emotions and associated with a lot of stress. Sometimes the patient comes because of it to the consultation; sometimes it emerges during the conversation.

⊗ 50 years old man comes because of sleeplessness. His thoughts constantly whirl in the mind. The patient has pains in the belly and he has a fear that he has a cancer. Even at night he cannot stop thinking about it. During the consultation it becomes apparent that the fear of cancer is associated with the death of his colleague who died at 50 because of pancreatic cancer. There are two significant themes that are interconnected: abdominal pain causing sleeplessness and fear of cancer and unprocessed death of a friend.

The first step is to make an ultrasound to exclude a serious problem. The examination is normal. The patient calms down even when some pain is still present. The prescription of HONEYSUCKLE, STAR OF BETHLEHEM (for sorrow), and MIMULUS and WHITE CHESTNUT (for fear of cancer) brings fast relief.

When a significant theme emerges, at first we let the patient to speak spontaneously. When he describes only a situation but does not speak about his feelings, you can ask him "*How have you felt when ...?*", "*When you are speaking about this situation, how are you feeling NOW?*" (Sometimes the description of old feelings is too vague; however, if the situation has been very emotional, the feelings often remain vivid even now. Speaking about present emotions is generally easier than recollecting old feelings.)

Remember that even when the situation is the same, everybody has a different way how to perceive it emotionally, and this difference can tell a lot about the patient.

⊗ 55 year old woman came because of feelings of exhaustion during the time she took care of her seriously ill father. She described in detail how his health was deteriorating. I expected the theme of RED CHESTNUT, worries about dad's health, or HONEYSUCKLE, sadness because he would never be as he had used to be before. That is why I was surprised when I asked her about her feelings and she answered: "Well, frankly speaking, I feel it is unjust to me. I took care of our mum when she was ill and my brothers promised they would take care of dad. But at the moment when dad got ill, they refused to help and all the responsibility is lying on me again." She needed WILLOW!

13.5. Example 1 - backache

When the patient finishes his spontaneous speech we need to explore further details. In 13.2 we have already explained that we can get more information by asking *Where, When, How ...*

⊗ 50 years old woman comes because of intense backache that limits her seriously in her daily life:

When has it begun? How has been your life at that time?

⊗ The problem has been lasting for many years but especially during the last year her problems have been worsening. She has never paid much attention to her needs; her family and work has always been on the first place (CENTAURY). One year ago, her mother was diagnosed advanced breast cancer and her health state began to deteriorate. She needs more and more care. The patient feels terribly guilty (PINE) because she works as a training nurse at the hospital but she did not recognize a serious

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disease in her own mother. She has an intense fear for her mum and is sad because her mother will probably never be as she used to be in the past (RED CHESTNUT, HONEYSUCKLE).

How do you feel emotionally during the times of the worst pain?

- Some people feel fear that it might get worse (MIMULUS);
- some feel dispirited that the problem has returned (GENTIAN);
- some feel even hopeless (GORSE);
- some feel sadness that their health will never be as it used to be before (HONEYSUCKLE);
- some feel as a victim and feel anger towards the culprit (WILLOW);
- Some even flame with rage because of humiliation or supposed malice of somebody else (HOLLY).

When people have a somatic problem, they often

- think a lot about it (WHITE CHESTNUT);
- feel annoyed by their limitations in everyday life caused by the disease (OAK);
- are anxious about fast recovery (IMPATIENS);
- are over-critical towards healthcare staff (BEECH);
- or want to order them what to do (VINE).

⊗ Our patient feels sad and guilty (PINE) because she cannot fulfil her duties as usually but she has already realized that sometimes some rest is necessary. A few months ago she had used high doses of painkillers to be able to continue to work in spite of terrible backache but then she collapsed and for one month she wasn't able to do anything. There was a risk of serious complications and even now she has a fear of ending on the wheelchair (MIMULUS).

How is your inner dialogue in your head? Our thinking has a form of an inner dialogue. There are opinions for and against something, one often representing our inner Child and the other using words of our internal Parent. Understanding both sides can help to understand what is happening:

Inner Child: Oh, it's so painful ...

Inner Parent: You must be strong. You cannot cry because of trifles ...

Inner Child: But it is SO hurtful ...

Inner Parent: Do not whimper! You must overcome it etc.

⊗ Our patient's inner dialogue was:

Inner Parent: "You cannot collapse now, there are too many people dependent on you (ELM)..."

Inner Child: Yes, I must fulfil my duties even when I suffer so much, I cannot tell them "no", I cannot disappoint them (CENTAURY)... Oh, it hurts ..

Inner Parent: If you fail you are incapable (PINE). You have made a mistake, and you must work still harder now."

How do you react to the pain? For example, some patients:

- take some preventive measures, avoid hard work and lifting heavy burdens (MIMULUS);

Bach Flower Therapy is a Dialogue

- they may ask for work leave;
- or they may continue to work until the collapse (CENTAURY);
- They may overdose themselves with painkillers (AGRIMONY or CENTAURY) to be able to fulfil their duties
- or may refuse any medication at all in spite of excruciating pain (OAK, ROCK WATER).
- They may begin to exercise vigorously (OAK, ROCK WATER)
- or stay passively in the bed and suffer.
- They may visit different therapists
- or stay at one even when the therapy is ineffective.
- They may hide their suffering or even make jokes about it (AGRIMONY)
- or they may exaggerate (CHICORY), tell about it to everybody they meet (HEATHER).

⊕ *The patient has already experienced a collapse and that is why she knows she must take care of herself to be able to help other people. An important experience for her was that during the month when she was ill other family members became much more active and took over her responsibilities. Even her mother did not demand so much care.*

How do people around the patient react to your suffering? They may:

- feel worries about her health, try to help her with work (natural reaction),
- do nothing at all or even complain because of patient's laziness. For example, if MIMULUS, CHICORY or HEATHER patient is ill, other people may feel that he exaggerates his complaints.
- When CENTAURY is ill, her friends feel intense worry about her health. There is also usually somebody who completely ignores her suffering or gets angry towards her because of that, like patient's domineering partner, elderly parent requiring assistance twenty-four seven or a domineering boss.

⊕ *Our patient's best friend feels really worried because of her backache. She also feels anger towards patient's husband and daughter who do not help her at home; she must do all home duties (confirming CENTAURY).*

How was the communication with doctors and nurses? Especially when it was problematic it can bring important clues for the prescription. The patient may:

- perceive a fear (MIMULUS);
- feel that they neglect him and belittle his complaints (WILLOW);
- hesitate to annoy them because of trifles (both CENTAURY);
- be overly critical to the stuff (BEECH);
- repeatedly ask the doctor and be confused and indecisive (CERATO);
- feel aversion to be restricted (OAK);
- rebel against doctor's recommendation (VERVAIN);
- get angry because of slowness (IMPATIENS);
- try to tell the doctor what he should do (VINE) etc.

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⊗ *She does not come to our ambulance too frequently and if she comes she asks only for a fast treatment, an injection of a painkiller. The reason is that she is very busy (IMPATIENS). She has a lot of duties, and she also does not want to annoy us. (CENTAURY).*

You can also explore the feelings before the pain has begun. Sometimes feelings create **vicious circles**, like *"I feel tidying the house is my duty as a woman. I feel badly (guilty) when I see some work unfinished."* (before the pain) - *"I work until the pain is so serious that I cannot walk in spite of high dose of painkillers. Then I have to stop. And when I cannot work I feel badly."* (typical CENTAURY – PINE circle).

Similarly, there might be a circle including other person:

"I have a fear that it can get worse, so I avoid any strenuous movement or exercise. The doctor tells me that I should exercise; otherwise the backache may get worse because of weakening of muscles. However, when I begin to exercise, the backache gets worse."

⊗ *Our patient has a typical vicious circle PINE – CENTAURY. It has been still intensified by the disease of the mother (RED CHESTNUT, HONEYSUCKLE). There is also ELM (a huge responsibility) and MIMULUS theme (fear of serious complications of her backache). Prescription of CENTAURY, PINE, RED CHESTNUT, HONEYSUCKLE, ELM and MIMULUS brings relief. In spite of permanent stress with the illness of her mother, she feels calmer and the attacks of backache are less frequent and less intense.*

13.6. Example 2 - difficult relationship with mother-in-law

In relationship problems, case taking is slightly different. The reason is that there are at least two people participating in this situation.

⊗ *This is an example of 35 years old woman having problematic relationship with her mother-in-law.*

When have these conflicts begun? Conflicts can be long-lasting, or there might have been a provoking situation or a moment when the situation has begun to worsen.

⊗ *In this case, before marriage, their relationship has been relatively smooth. However, after the marriage they have begun to live with her parents-in-law under one roof and the situation has started to worsen.*

What situations provoke a discord? Sometimes, the conflict concerns a specific area, like household. Sometimes any trifle might become pretence to quarrel. This situation reflects more a general aversion of them to each other, rather than discords in technical details.

⊗ *There are many conflicts because of trifles. The patient perceives a fear of conflict whenever she has to meet her mother-in-law. (MIMULUS, AGRIMONY)*

How are the boundaries in the family? We have already stressed the importance of boundaries in therapeutic settings. However, in family relationships, the boundaries are also very important.

If the patient lives with his partner in one house with his or her parents, there is always a possibility that this situation can adversely influence his health state. This situation increases the risk of crossing boundaries. Next questions should explore the degree of how their life space is separated or merged. ***Do either families have a flat of their own or do they share the house as a whole?***

Can member of one family freely enter into the rooms of the other family?

Who takes care of common space, like staircase or garden?

What about the kitchen and cooking?

☉ *In our case, both families have one floor in the house. They meet only in the garden or on the staircase. "Luckily", says the patient because otherwise the mother-in-law would drive her crazy.*

How do you feel at the beginning, immediately before conflict? Sometimes there are some presages that signal that the conflict is near.

☉ *The mother-in-law becomes more irritable, and the patient's fear of confrontation (MIMULUS) is growing. The patient may even try to do her best to avoid conflict (AGRIMONY) because of this feeling but finally the conflict comes.*

How do you feel and behave during the conflict? Then a conflict comes and the emotions intensify. Somebody feels:

- Sad because the relationship isn't as they have hoped (HONEYSUCKLE) or guilty (PINE);
- exasperated because of evident injustice (VERVAIN or WILLOW);
- hate or desire to revenge (HOLLY);
- strong aversion to the other person, almost like allergy (BEECH);
- reproaches of conscience or feeling of failure (PINE);
- fear for other persons (RED CHESTNUT);
- worries that whirl in the mind and cannot be stopped (WHITE CHESTNUT);
- power struggle; the patient may have a fear of being dominated or desire to take over the control over the situation (VINE);
- absolute despair and hopelessness (SWEET CHESTNUT) etc.

The reaction may also differ widely, somebody retreats (MIMULUS, CENTAURY), somebody tries to belittle the conflict and make jokes (AGRIMONY), and somebody bursts with anger, even may have a fear that she loses self-control (CHERRY PLUM).

How do you feel at the end of the conflicting situation? At the end of the conflicting situation, the negative emotions culminate. The patient may shift from a present situation to the perspective of the family as a whole. He may feel helpless, hopeless, desperate, ask "why me", consider divorce.

☉ *When the conflict comes the patient feels desperate (GORSE). It lasts too long; she sees no way out. She used to defend herself but she is resigned now. She feels as if every mother-in-law's sharp word stabbed her in the centre of her chest (AGRIMONY).*

What is your fantasy why mother-in-law behaves exactly this way? This question may also bring very interesting results. The patient may believe that her mother-in-law

- is jealous (HOLLY);
- has not accepted the patient to the family because of some prejudices (BEECH)
- there is a power struggle (VINE, CHICORY) etc.

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Although sometimes patient's fantasy may reflect a real situation, in other cases, the feelings the patient attributes to her mother-in-law are in fact emotions of her own. In psychology, this phenomenon is called a **projection**.

☉ *She believes that the mother hates her. She has never been too happy that her son has married her. Later the aversion has still been growing. Possible motivation for her behaviour is jealousy; her relationship with her husband isn't good and the son is her closest person (HOLLY).*

How does your husband react to conflicts? If the husband stands on her side, there is still hope that the situation may stabilize, he is her ally. However, if he has inclined to the side of his parents, the problem is desperate; she is alone against all. If the patient gets isolated in the family, he needs a lot of protection and help from you; you are his main ally now (see also Case 2).

☉ *Luckily, the husband perceives the situation similarly and sometimes even tries to defend her. He believes that the only solution is to move away and he has already begun to build a house.*

Following diagrams describe a model well-known from family therapy, **relationship triangle**. This triangle plays a role whenever there are three persons who have close relationships, like mother, son and his wife, father, mother, and a child, siblings and parent etc. Diagram 43 describes an ideal situation – all the relationships are harmonious.

However, quite frequently a conflict may appear. This conflict changes the dynamic of the whole triangle and affects all the participants, including the third person. In fact, in many cases, the third person is affected most and a development of health problem is most probable in him or her (Diagram 44).

This situation is unstable. Both opponents try to draw the observer to their side. If the pressure of a conflict is unbearable for him, he usually inclines to one person while the relationship with the other person deteriorates (see Diagram 45). That is the reason why children side with one of divorcing parents although initially they love them both. It is the only way how to survive (at least psychologically) in this insupportable situation.

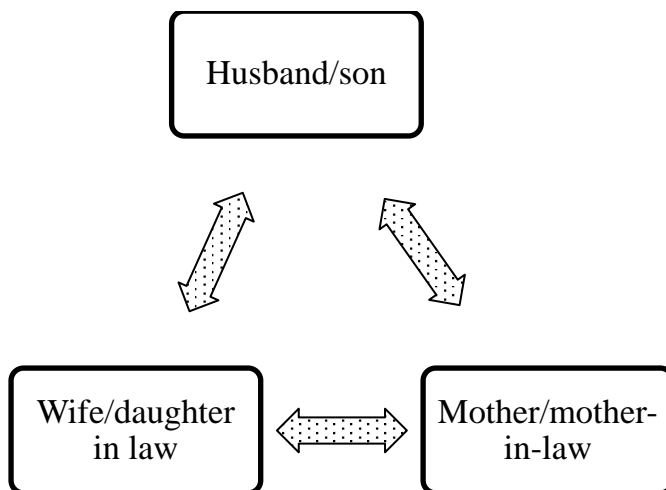


Diagram 43. : Relationship triangle, situation 1 – all the relationships are positive, and general situation is stable.

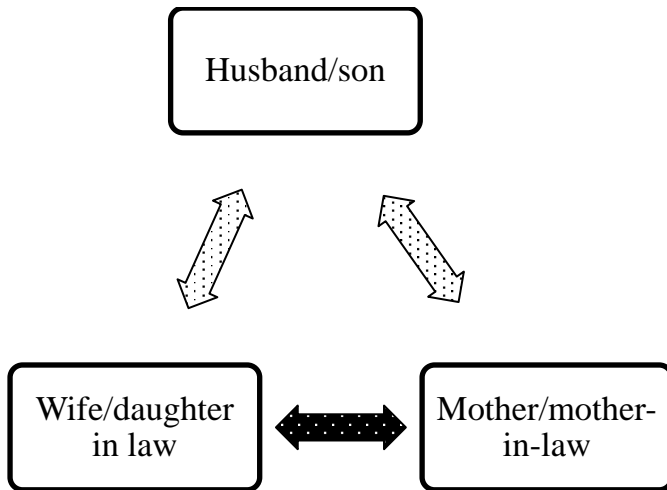


Diagram 44. Relationship triangle, situation 2 – between patient and mother-in-law there is a significant discord He has positive relationships with both his wife and his mother and both relationships are very important for him. However, because of conflict, his wife and mother try to draw him to their side.

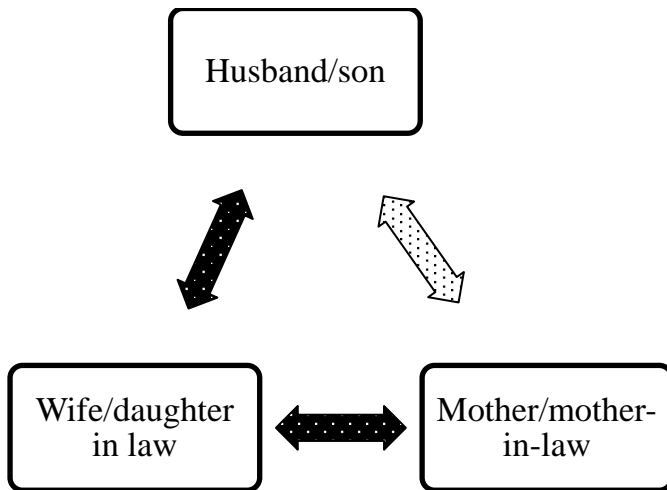


Diagram 45. Relationship triangle, situation 3 – because of unbearable tension, the son finally decided to shift to the side of his mother. His wife is isolated and powerless.

Sometimes the patient is convinced that the other person carries the whole responsibility for the conflict and the patient is blameless. Following question may be useful:

It is really challenging to communicate with such a (difficult) person. Anyway, my experience is that in most conflicts, some part of responsibility is on both sides. Say that 90% of responsibility is on the side of your mother-in-law. Is it possible that there is five or ten per cent on your side? [Yes] What might be your 10% intensifying the conflict?

This question has two parts. The first acknowledges the point of view of the patient. The second raises the possibility that the patient may also have his part of responsibility on this conflict. It is very important to explore patient's role in the conflict. You have no tool how to change the mother-in-law, you can only influence feelings and behaviour of your patient.

☞ *The patient agrees that there might be a part of her responsibility too. She believes that if she were able to resist her mother-in-law, to tell her that she does not like her behaviour the situation might be different. However, because of the pain she only smiles and tries to avoid the conflicting situations at any cost (AGRIMONY). It is difficult for her to set boundaries with her mother-in-law (CENTAURY). She is*

13. Case taking

sad because she has always hoped that her children will have a loving granny but the situation is very different. It is a disappointment. (HONEYSUCKLE). Even when her husband repeats that she is a good daughter-in-law, wife and mother she sometimes believes there must be something wrong in her. Otherwise, why does the mother-in-law yell at her constantly? (PINE)

What in your fantasy could be a solution for that situation? Many patients hope the other person will change. However, it is not possible. It is more useful to explore what should change on the side of the patient, like having a courage to tell her mother-in-law “no”, being less sensitive to her attacks, being more tolerant with an old and moody person etc.

⊗ *The solution in the patient’s fantasy is moving to a new house. After the combination of Agrimony, Mimulus, Gorse, Honeysuckle, Centaury, Pine and Holly, she feels much firmer and she is able to defend herself. One year later, they finally move and the problem is solved.*

13.7. Example 3 - "depression"

“Depression” is a very frequent diagnosis. However, at first we should look at the definition of depression (major depressive disorder, clinical depression):

Depression DSM-5 Diagnostic Criteria

The DSM-5 outlines the following criterion to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

- 1. Depressed mood most of the day, nearly every day.*
- 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.*
- 3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.*
- 4. a slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).*
- 5. Fatigue or loss of energy nearly every day.*
- 6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.*
- 7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.*
- 8. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.*

To receive a diagnosis of depression, these symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.

(Depression DSM-5 Diagnostic Criteria, 2018)

As you can see, the definition of clinical depression is quite complex and apart from low mood, it also includes physical complaints, sleep disorders, weight change, lack of energy. In fact, about 90% of patients regularly using antidepressants do not fulfil these criteria. For most people, the word “depression” has become a code word for various types of bad feelings. Both patients and doctors believe they know what depression is but they are not aware of the fact that depression has different meaning for different persons. For somebody, it is sadness, for somebody unhappiness, for somebody else guilt, anger, feeling hurt or embittered.

⊗ 50 years old woman. A psychiatrist has diagnosed depression in her and prescribed antidepressants but she does not like to take chemical medicines. Furthermore, the pills have annoying side-effects.

What does it mean for you, being depressed? How feels somebody who is depressed?

⊗ She feels sad, desperate and guilty. She struggles a lot to keep her family functioning but she feels her strengths are already exhausted. (SWEET CHESTNUT)

Other questions are:

When has it begun? Feelings labelled as depression have frequently begun after some painful event, e.g. after the death of some close person or at the time of family or work problems. You can ask then:

What has happened at that time in the family or at work?

⊗ There are more factors in the case. The strongest was a suicide of her sister two months ago. She had a serious depression and was once hospitalized because of an attempted suicide but it seemed that she would finally get better. And one day she jumped under a train. The patient feels guilty because she did not recognize her worsening mental state. (PINE). The death of her sister was a big shock for her (STAR OF BETHLEHEM) and she often returns to her in her thoughts (HONEYSUCKLE).

There are also long-lasting conflicts with the daughter. She is in puberty now and there are constant quarrels because of trifles. After the death of the sister she is unable to bear these fights anymore (AGRIMONY),

It is also useful to explore what the **role of depression** in the family is:

How does it influence your behaviour at home or at work?

⊗ She has no more strengths to deal with daily duties both at work and at home. She feels absolutely exhausted (OLIVE) and guilty because of her decreased performance (PINE).

In other patients, the situation may differ, for example, the patient cannot fulfil home duties and that is why the husband and children have to take over her responsibilities.

How is the reaction of people around you?

⊗ Her husband tries to do his best to help her. However, she has always been the pillar of the family, and she is afraid that he could collapse. He has already had some somatic problems, probably because of too much stress (RED CHESTNUT).

Other useful questions are:

What can help you to feel better?

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How does your mood change during a day or a year? Worsening of mood with bad weather and lack of sunshine in patients with depression without any other reason often points out to MUSTARD state.

In some patients, the mental state may worsen e.g. when the visit of parents-in-law has been announced. After a death of a dear person, sadness worsens at anniversaries or during Christmas.

⊗ *In the morning, she still has some energy but during the day the energy decreases (OLIVE) and her mood worsens.*

How is your relationship to allopathic remedies? This question may give a key to some remedies (OAK does not like to take remedies at all, CRAB APPLE does not like to pollute the body and to poison the liver, and MIMULUS has fear of side effects. On the other hand AGRIMONY can use allopathic remedies quite frequently to relieve inner tension.

This question is also important because of another reason. Nobody can guarantee that BFT will help him. Treating depression is sometimes quite lengthy process with ups and downs, and there is a possibility that you will need to send the patient to a psychiatrist for chemical remedies. If the patient categorically refuses any possibility of chemical treatment, it is up to you whether you really want to take over such a risky business.

⊗ *She does not like to take chemical remedies but she does not refuse them absolutely; she knows that a situation may come when the support of antidepressants will be necessary.*

Have you ever thought about death?

This question is necessary to assess the risk of suicide. When your therapeutic relationship is good the patient usually does not deny such thoughts when directly asked. If the patient admits there are some you should also ask?

And how have these thoughts been? Were they only vague phantasies of not being or have you already planned how to kill yourself?

Many people have vague phantasies about not being in times of extreme and prolonged stress but there is still something that blocks the realisation. **In case of a planning of suicide, this situation is an emergency requiring immediate psychiatric care.** Anyway, whenever the patient thinks about death he should be examined by a psychiatrist or a psychologist.

Final prescription includes SWEET CHESTNUT, OLIVE, PINE, HONEYSUCKLE, RED CHESTNUT and WHITE CHESTNUT (for sleeplessness).

Six weeks later she already feels better, although the memories are still painful she does not return to the past so frequently. She is annoyed mainly by backache and hip and knee joint pains now. The pains of joints or muscles often appear after an intense and prolonged stress has receded.

13.8. Paying attention to non-verbal signals

*In illness there is a change of mood from that in ordinary life, and those who are **observant** can **notice** this change often before, and sometimes long before, the disease appears, and by treatment can prevent the malady ever appearing.*

E. Bach, Twelve Healers and Other Remedies

During the whole process of case taking, we should have two channels open, one for words, one for perceiving emotions of the patient and of ourselves. Both channels bring useful information. In words we get the information about what is happening on a conscious level. Non-verbal signals reflect deeper, unconscious content. Bach himself certainly paid a lot of attention to gestures, mimic and posture of the body. In above mentioned quotation (highlights are mine), there are words “observant” and “notice”, both referring more to observation than to mere listening to what has been said. The problem is that there is no “Non-verbal to verbal dictionary”; although some gestures or tone of voice are suggestive of certain emotional states, there is never a 100% guarantee that your conclusion is right.

You needn't worry too much whether your interpretation is right or not. You do not need to take part in special courses of non-verbal communication either. What you need only is to use your own intuition and common sense. We all have this skill and we only need to develop it. Small babies are very skilful in recognizing non-verbal signals during early childhood before spoken language is learnt, and we can refresh our knowledge by regular practice.

Of course, learning needs feedback. You need to verify your conclusion. And the best way is to use complex reflections. For example, if you feel that the patient perceives fear, you can tell, *"You are worried (a little bit) about that."* When it is probable that the patient feels anger, you can react *"It makes you angry."* If the patient is overwhelming you with idle talk, his speech is unending and he evidently enjoys it, a possible reaction is *"It is important for you to have somebody with whom you can speak about your problems."* (This is the case of HEATHER, as you have probably already recognized).

If your guess is wrong, don't worry. The patient will correct it. That is the advantage of reflections, even when you aren't right, your guess usually does not provoke a discord and this feedback will help you to develop your "sixth sense" during your practice. Apt recognition of non-verbal signals and prompt reaction to them are skills of an experienced practitioner. They help to uncover unconscious material and to go directly to the heart of the problem.

13.9. Incongruity

Incongruity means that there is some discrepancy between what the patient has said and his non-verbal signals. For example, you ask the patient how he feels in the consulting room and he answers, *"Yes, I am fine"* but he avoids eye contact and tone of the voice remains flat or there may be a slight trace of irritation. Or, when asking about the relationship with the partner, the patient answers *"It is OK"*. However, you notice that she has answered a little bit too fast or after a slight hesitation. The answer also may be accompanied with a slight tension around mouth, or hoarse voice. You may also see that body posture has changed; hands and legs are suddenly crossed. The flow of speech may also have

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changed; talkative patient suddenly becomes silent, jesting patient becomes serious etc. You will need some practice but after some time, your sensors will be attuned to slightest signs of incongruity.

Incongruity is a very important signal. It is usually a sign that there is something underneath that might be important for the therapy but at the same time the patient is hesitant to reveal it. It may also mean that there is some discord in the therapeutic relationship. Anyway, it is worth further exploration.

There are a few ways how to react to incongruity. One way is to confront the discrepancy using reflections. *“You speak about your partner and you suddenly do not laugh”, “You speak about your partner and your tone of voice has changed”, “It is not easy to speak about it for you”* etc. This approach can go directly to the underlying problem but it requires a firm therapeutic relationship. Otherwise it can lead to a discord.

Another possibility is not to react immediately and remember the situation for future usage. Especially when the therapeutic relationship isn't firm enough yet, it is often wise to pass incongruity over with a silence. In the future, when the patient will feel more comfortable in your consulting room, you may reopen this theme and ask for details.

You can also choose a middle way. You can go along with the patient and with reflections follow his speech. You stay on rather superficial level and allow the patient to decide whether he is ready or not to go to a deeper level. For example, instead of direct confrontation *“You speak about your partner and you suddenly do not laugh”*, you can stay with your reflection on more superficial level and react to verbal content only: *“Your relationship is quite harmonious”*. Sometimes this type of reaction may become an impulse to reveal the reason of incongruity: *“Well, usually yes but ...”* This approach is demonstrated in 11.8. Dealing with a secret.

According to Carl Rogers, the opposite of incongruity, i.e. **congruity** is one of necessary and sufficient conditions of a successful practice (see Foreword). We should pay attention to how we communicate with the patient and avoid any discrepancy between our verbal and non-verbal signals.

Incongruity in our behaviour can appear quite easily. For example, we may tell the patient that we have enough time for him but from time to time look at the watches or at the mobile phone. Remember that when there is a difference between words and behaviour, people usually trust more the non-verbal signals than verbal. Such a patient, even when assured by you that you have enough time for him, may feel an urge to tell you everything as fast as possible, and it can have an adverse impact to the consultation as a whole.

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Now we have enough information to be able to select suitable combination of remedies. There are different ways how we can do it:

- On the base of patient's request and spontaneous narration;
- On the base of observation, experience and fantasy;
- Using Keynotes;
- Using Repertory;
- Intuitive prescription;
- Looking for what the patient lacks;
- Using frequent combinations of remedies.

14.1. Level of prescription

As it has already been described (3.5. Indications for BFT), we can use BFT in various indications. It is a huge advantage of BFT that even imperfect prescription can bring great relief to the patient. The accuracy of prescription will depend on many factors:

- on the acuteness of the problem;
- on the availability of full set of essences;
- on the time we have or we can spend with the case;
- on the willingness of the patient to speak about his problems in a wider context ;
- on our experience and knowledge.

Let's look at these examples now:

⊕ *When walking on the street, you meet a person who has a chest pain and is panicky that he has a heart stroke. You have nothing more than RESCUE REMEDY in your pocket. That is why, apart from calling emergency, giving him a few drops of RESCUE REMEDY is an excellent prescription in this specific situation and can bring him immediate relief and improve his prognosis.*

⊕ *Your friend complains he has a difficulty to decide which job to choose. He asks everybody for his opinion but because people's recommendations differ, his insecurity is more and more intense. Because you know him for a long time, you know that another important theme for him is a fear, and when you ask about it he answers that he is really worried that he will make a wrong choice. After a few minutes, you can make a reliable prescription of CERATO and MIMULUS. You do not need to hear anything about his personal life, his previous history or anything else. It is quite possible that this*

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combination, although selected for an acute problem only, can also positively influence other areas of his life. Sometimes similar situations repeat over and over in our life. The success of the therapy can motivate him to continue with the treatment even after making the difficult decision.

⊗ *A patient has come to you because of conflicts with children. He expects something like a natural tranquilizer. He is surprised by the fact that you ask him to speak about details from his personal life. He feels embarrassed and he often answers "Normal". You know you shouldn't press too much because it could definitely disrupt fragile therapeutic relationship you have. You are only confident about IMPATIENS and CHERRY PLUM as suitable remedies; however, you feel that there are also other themes that should also be treated. Anyway, the prescription of CHERRY PLUM and IMPATIENS is the best possible now.*

In above mentioned cases, your selection of essences has been limited to some extent. However, your prescription needn't be perfect. What decides is the quality of the therapeutic relationship. The less information and time you have the more attention you must pay to your communication. Even when the recommended therapy does not solve the problem, if the therapeutic relationship is firm the patient will probably notice some improvement. And this positive experience may encourage him to continue with the treatment.

14.2. Patient's spontaneous narration

Patients come because of some reason. And this reason can often be translated into the language of essences. For example, many patients come because of some fear, fear of exams, of driving a car, of making a presentation in the public etc. Others have difficulties to deal with a loss of a dear person. Some people cannot sleep because of thoughts rushing in the head.

It is often relatively easy to find a suitable remedy. The problem with the prescription according to patient's spontaneous demand is that it is sometimes too superficial, i.e., it does not touch the heart of the problem. For example, a patient comes because of feeling tired. It seems that OLIVE corresponds well to the problem. However, it is still necessary to deal with the reason WHY and WHERE he wastes too much energy. Otherwise it is probable that OLIVE will have only temporary or partial effect. The underlying cause may be for example that he tries to help other people even when his resources are exhausted (CENTAURY) because he feels guilty if he tells "no" to somebody (PINE).

Anyway, even when we uncover a deeper cause of the problem, it is often useful to include OLIVE into the prescription. The reason is that the patient believes that the remedy will treat his main problem. He has come because of fatigue; he expects that the remedy will be targeted to it.

It is quite frequent that the patient concentrates on one specific symptom but the therapist views the problem in a wider perspective. However, the selection of suitable essences should be a result of a negotiation, of a dialogue (principle of Partnership – see chapter 6, Basic principles). Ignoring the difference of points of view can lead do misunderstanding and doubts about the efficacy of the therapy. To understand better how to match patient's requests with themes important according to the therapist, see chapter 16. Focusing.

14.3. Observation, experience and fantasy

To make clear what lies under the surface, we will need to go deeper, to uncover further details (*Where, When, How ...*) We will probably use open questions and complex reflections to get closer to unconscious content. During this phase, further themes often emerge.

Another way how to get deeper is to use one's capacity of observation and your experience. You can **observe** patient's submissive behaviour: he comes to the consultation in advance; he is very polite, smiles frequently and agrees vividly when you describe the method. It seems as if he agreed with your remedy suggestion even before you tell it. He wants to please you. You will come to the same conclusion of CENTAURY.

You can also use your **experience**. Maybe you have already treated patients working in the same company or in similar conditions. According to your previous cases, you know that many persons working in home care are empathetic, want to help other people and often ignore the needs of their own for the sake of their patients.

You can use your **fantasy** and **imagination**. You can imagine the patient in some conflicting situation. How would his or her reaction be?

Sometimes it is useful to pose yourself a question, "*Is this patient's behaviour his true behaviour or is it a compensation of anything?*" Some people are aware of their weak points and they may react by **hyper-compensation**, by some excessive activity hiding their weakness. For example, MIMULUS may become a rough motorbike rider, CENTAURY may learn to be assertive in a course, AGRIMONY fights for the rights of discriminated minorities, BEECH is extremely tolerant, CERATO becomes a university professor, a person in a STAR OF BETHLEHEM state caused by a loss of a dear person may become distant and irritable whenever somebody else tries to approach him etc.

Anyway, no matter how you come to your conclusion, you will need the patient to **confirm** whether it is true or not. And again, the best way is to use a complex reflection: "*You are a sensitive person and it is important for you the other people to be content. It is not easy for you to tell 'no' to them.*" The patient will tell you whether your guess has been true or not.

14.4. Using Keynotes

Keynotes describe a specific and often unique feature of the remedy. You can find them at the end of the description of individual remedies. There are also books that briefly and aptly describe the essences using keynotes, for example:

Hugh MacPherson, Positive Qualities of Bach Flower Remedies, downloadable in PDF from

<https://www.bacheducationalresource.org/media/uploads/entries/books/positive-qualities-hugh-macpherson.pdf>

or

Tom Hyne-Jones, Dictionary of Bach Flower Remedies , see

https://www.bachcentre.com/centre/shop/books_uk.php

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⊗ *For example, the patient reports that he dislikes arguments between his wife and daughter and often has a role of a peacemaker. To reduce the stress he sometimes uses a few glasses of alcohol. He loves the company of friends and he is the heart of every party. When he is alone disagreeable thoughts come to his mind.*

In above mentioned case, we can find following keynotes in MacPherson's book:

- *Getting distressed by arguments and giving up much to avoid them;*
- *Using alcohol and drugs for stimulation and excitement;*
- *Avoiding our own company, company offers escape.*

All these keynotes confirm the diagnosis of AGRIMONY.

These keynotes serve as a red light that signals that you should pay attention to this remedy. Of course, the presence of one keynote does not automatically mean that you should add this remedy to the combination. You should always consider overall picture.

14.5. Using Repertory

We can also find a specific symptom in the Repertory (Wheeler, 1996). Here is an excerpt:

ABUSIVE

- due to uncontrolled rage CHERRY PLUM
- due to aggressive dominance VINE
- due to selfish possessiveness CHICORY
- due to vexation HOLLY
- due to critical intolerance BEECH
- due to slowness IMPATIENS
- due to frustration VERVAIN

ACCEPTANCE

- resigned to inevitable WILD ROSE
- meek CENTAURY

ACCIDENT PRONE

- due to lack of concentration CLEMATIS
- due to impatience/nervous tension IMPATIENS
- due to fearful nervousness ASPEN, MIMULUS
- due to over-enthusiasm VERVAIN

etc.

Again, the usage of repertory is similar to keynotes. The information about the remedies in the rubric can direct your attention to a certain remedy but it serves as a hint only.

14.6. Using intuition

During the consultation, we should always listen to the “back of our head”. This awkward expression describes the feelings that during normal conversation remain hidden because we have a natural tendency to suppress them. However, when we begin to pay attention to them they can reveal important aspects of patient’s personality. For example, imagine a person who is very polite and pleasant when speaking with him. However, during the consultation you may begin to feel a strange aversion towards him. Maybe he talks and talks and it is quite difficult to interrupt him. Or, he is excessively critical to some people. We can also feel that he is not sincere, he is hiding something.

It is quite typical that this “back” feeling seems socially inappropriate. For example, even when you experience a growing irritation towards the patient you may unconsciously tell to yourself *“I cannot get angry towards such a pleasant person”*. That is why the first step is to **allow yourself to have this feeling**, to acknowledge that this feeling exists and that it has some reason. These feelings, no matter how they seem strange and you have no other proof for them, may contain a real key for the case. They may reflect the deepest levels of patient’s character.

However, you cannot confront the patient directly with your feeling; obviously you cannot tell him *“I feel more and more annoyed by your endless talk”*. It is better to use following method:

“I need to ask you one thing. I have a strange idea in my head. I do not know why and it is probably absolute nonsense but to get rid of it, I need to ask you. I will read you a description of an essence (Heather, Beech, Chicory etc., from Twelve Healers) and you will tell me whether there might be a small trace of truth or not.”

Such a formulation solves the problem with social conventions. It is only a feeling and that is all. It needn’t have any real cause.

Although the idea might seem absurd at the beginning, many patients spontaneously answer, *“Well, you are right, there might be something like that ...”*

14.7. Looking for what the patient is lacking

Sometimes there is some problem but there are more remedies that seem suitable for the patient. For example, there is a conflict and the patient describes how badly he feels. You can continue to analyse his bad feelings or you can pay attention to something positive:

“You are in a difficult situation now. These essences can add you something positive to be able to deal better with this problem. What do you think could help you?”

The answers differ. People may answer:

“I need to have more courage to be able to face him.”

“I need to be able to tell him ‘no’.”

“I need to be less sensitive to criticism.”

“I need to have more patience with him.”

“I need to be less sensitive to what other people think about me.”

All these answers can be translated into the language of essences.

14.8. Using frequent combinations of remedies

Although in principle you can use any combination of essences, from a statistic point of view, there are some combinations that are more frequent than other. For example, CENTAURY is frequently used in combination with PINE, HONEYSUCKLE with RED CHESTNUT or with CHICORY, MIMULUS with LARCH, GENTIAN or WHITE CHESTNUT etc. The reason is that their themes are complementary to each other and the remedies can empower each other. For example, a person who has a fear of exams can frequently have a lack of self-confidence too. A person who has just lost somebody dear may feel a fear that he will lose somebody else. The reason why somebody cannot tell “no” is that he feels guilty.

There are many possible combinations. Some of those more frequently used are included in the sections describing individual essences.

Knowing such frequent combinations may be useful during case taking – whenever you discover one theme, you can explore the themes of complementary remedies. However, it does not mean that you should mix them always together. It is simply a hint but final combination should always correspond to general picture of the patient, not to statistics.

14.9. Putting it all together

No matter which method you use to find suitable essences, it is always necessary to ask the patient for his opinion. There are situations when the theme of the essence is clear for people who observe the patient from outside but for the patient himself, the description seems unfamiliar. The process of negotiation is further described in chapter 16 (Focusing).

The division of above mentioned ways of prescription is a little bit artificial. During your practice, all these methods will become automatic and finally they will merge into one. For example, your diagnosis will begin with an intuitive feeling that the patient has a fear of something. You verbalize it and the patient confirms it. You further explore this theme. You will see that the patient corresponds well to MIMULUS typology and finally you will verify the diagnosis with checking keynotes and/or rubrics in the repertory.

It is quite frequent that during the consultation, many themes emerge and they all seem important for the patient. It is reasonable to mix six or seven essences at maximum; that is why we often have to solve a dilemma which of them to use. You shouldn't use the essences randomly; they should create a logical whole, like a mosaic. Although individual pieces are different, when placed together they form one image. If some part does not fit into it you can make note about it and put it temporarily aside.

⊗ 35 year old man. He has worked for many years in the company of his father. Recently, he has noticed that his father's abilities are declining, he isn't able to manage the company anymore. He has decided to take over the position of a director. However, this situation isn't easy for him. Although he rationally knows that this is the only good solution for the company, internally he feels reproaches of conscience (PINE). Sudden promotion has also provoked fear of failure in him; he feels a huge burden of responsibility for the employees and their families (ELM, MIMULUS). He has also discovered that being a boss brings also problems that he hasn't had to solve yet, like telling disagreeable things to his subordinates. He does not like conflicts (AGRIMONY) and he holds the emotions inside; he has to control himself because of fear of doing something bad, like yelling at somebody (CHERRY PLUM). He is aware of the fact that it is not easy to find responsible and skilful employees, and his uncontrolled emotions could make them leave the company (CHERRY PLUM). All these things evoke a lot of thoughts that whirl in his head, especially in the evening, thus preventing him from sleep (WHITE CHESTNUT). Sleeplessness further increases his inner tension and the fear of bursting with anger grows. It is a big change, and he hasn't adapted to it yet (WALNUT).

During the consultation he begins to speak about the future development of the company. His company produces doors and windows and the equipment for the garden. His father has been quite conservative and the assortment has been stable for years. However, the patient feels an ambition to learn new technologies and to offer new products. The problem is that there are many trends in this rapidly developing branch and he does not know which direction to go (WILD OAT).

When speaking about his childhood, he also mentions that he loved a lot his granny and he was very sad after her death. Even now, after many years he sometimes thinks back to her and to happy times they had (HONEYSUCKLE).

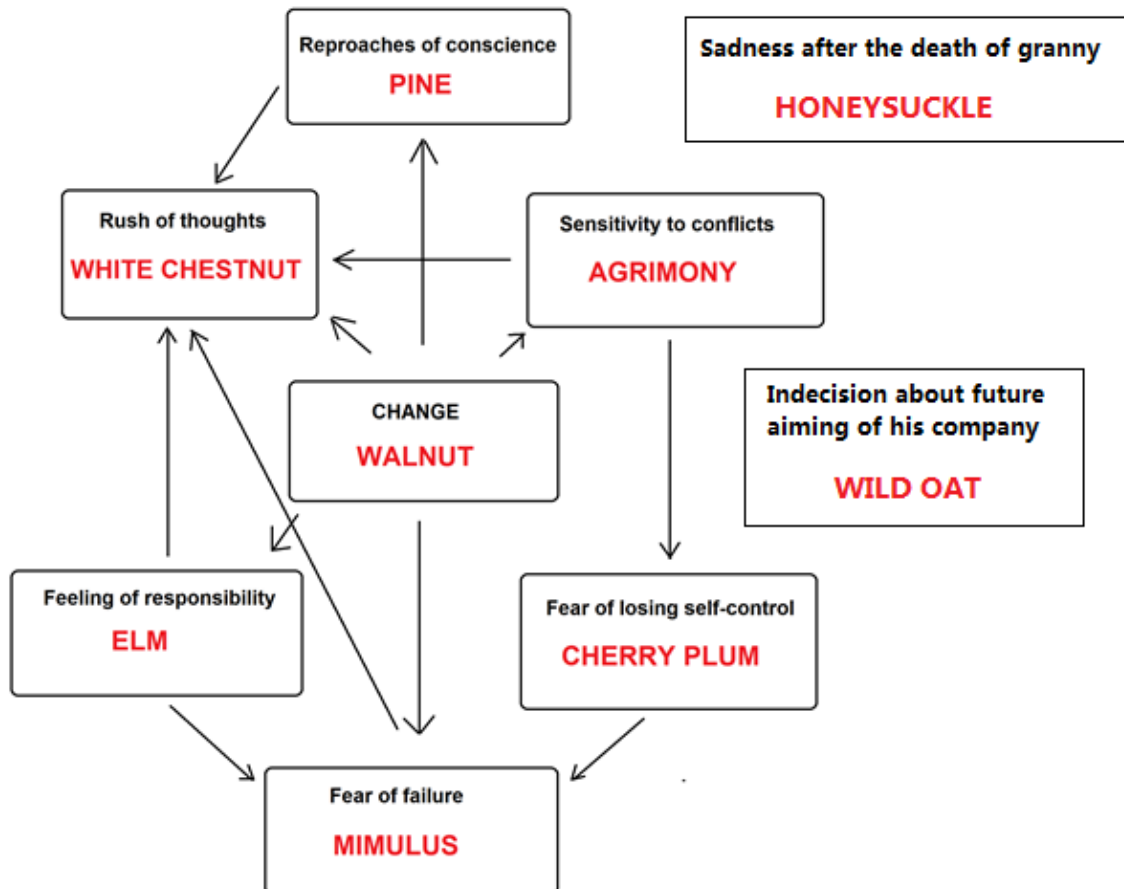


Figure 13. Remedy themes.

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There are nine themes. Some of them are interconnected, some of them are isolated. The final combination includes seven remedies that create one whole and influence each other. Two remedies that seem separated are temporarily put aside. By treating interconnected themes simultaneously you influence the process of disease in more places in one moment, and the result is that one essence will enhance the effect of other.

Sometimes the patient comes because of problems both at home and at work. It is possible that you discover similar themes in both, and the therapy can influence all the complaints in one step. However, sometimes the themes are different. Using military terminology, it may be risky to open the fight on two battlefronts in one moment. It is better to select one area and to begin to treat its problems first. For example, you will begin with the treatment of work problems because they are more pressing. When the situation at work settles down you can continue with home problems. It is quite possible that previous treatment of work problems influences positively home conflicts too. If not, you select a new combination targeted to family problems. Another option is to use two bottles.

14.10. Using two (or more) treatment bottles

A huge advantage of BFT is flexibility. You can mix all the necessary essences together or you can divide them into more bottles. The patient can use them simultaneously or alternately. Here are typical situations when the usage of more bottles is beneficent:

- **One bottle for chronic treatment and one for acute problems.** For example, a patient with chronic fears of MIMULUS type has sometimes panic attacks. Chronic bottle contains MIMULUS and acute bottle with ROCK ROSE or RESCUE REMEDY is prepared for acute usage during intense problems;
- There may be **two entirely different problems.** For example, the patient has a long-lasting problematic relationship with his partner and next week he will pass an important and difficult exam;
- **The patient cannot decide whether to stay with actual combination or make a change.** In one bottle, the old combination is mixed, in the other the new one;
- Actual combination works well. However, the patient mentions that he has to reduce the dose to two times four drops because when he takes the full dose her irritability grows. Apart from standard combination, he also gets a bottle of IMPATIENS **to make a test** whether it reduces her inner tension.

In all these situations, the usage of more bottles enhances patient's autonomy and improves Patient-Therapist relationship. Do not forget to mark at least one bottle with a sticker 😊.

Case 1

⊗ 55 year old woman, comes because of severe migraines that intensified during last year.

First impression: smiling, nodding, keen on BFT when first hearing about it.	Wants to please – CENTAURY
Therapist: So, how can I help you?	For some patients quite weird question. She has already mentioned migraine, so, she might expect we will speak about it. However, what is her real problem?
Patient: Well ... I do not know how to start. Am I to speak about my feelings or about migraine?	
T: Whatever. It is up to you.	<i>Supporting autonomy</i> of the patient and <i>partnership</i> – the consultation is a collaborative process.
P: The migraines, or headaches, started when I was about 17, it started at the puberty. a few years ago, it absolutely settled down for three years, it was quite fine. But last year ... Well, I think it is connected with (low) self-confidence.	
T: Uhm.	Simple “uhm” or repeating the last word helps to <i>facilitate</i> the spontaneous speech of the patient. Many other uhm’s have appeared during the consultation but are not included in the transcript.
P: Self-worth. At present, I have a feeling ... no, it is not only a feeling, it is true, that I am overloaded. I am alone with my children. I have always thought I can manage everything by myself. I can manage it, and I can manage a lot but last half a year, one year, I have been feeling it is too much for me. Both children are grown-up but they continue to study at the university ...	Feeling of overwhelmed, she always used to bear huge responsibility but now it seems it is too much for her – sounds like ELM.
T: So, you still take care of them.	<i>Complex reflection</i> - continuing the sentence – gives the patient the feeling that the therapist listens to what is told and understands him.
P: I still have to take care of them. You must take care of them, earn money for yourself and your family. And especially during last month, when the headache was absolutely unbearable, I have been finally realizing things that I already KNOW but I absolutely cannot work with them. Whenever I try to tell at work that it is too much for me, they just ignore it. The praise from others has always been very important for me but now it is not enough, I can praise myself, I know ...	She suddenly changes the person in her speech, before that she used “I” when she spoke about her work and feelings but now she uses “you”. Speaking in second person usually means suppressing of emotions. She must be strong and suppress her needs and feelings – sounds like OAK or ELM. <i>Change talk</i> (she knows what is the problem, she can praise herself) mixed with <i>sustain talk</i> (She does not know how to change the situation). It is important for her to have good relationships

	with other people and she wants them to appreciate her work but at present she feels as if she were a servant only – CENTAURY.
T: But earlier you were not able to praise yourself.	<i>Complex reflection</i> connecting past and present, further exploring the significance of this theme, evoking further <i>change talk</i> . She is aware that it is a great challenge for her.
P: No. It is three years, three years, I have been doing a lot of work on myself. I can see the difference now – I do a work I like to do but my salary is on the level of a beginner. And you look at your age, at your experience, what you know, you learn new things. They are satisfied but as soon as I ask for money, nobody hears it. Maybe I cannot tell it loudly enough, I cannot tell I insist on it, or I finish my work here and go elsewhere. In another company maybe they would more appreciate my work.	She feels frustrated but has not enough strength, her voice is too weak – weakness is also a theme of CENTAURY. <i>Change talk</i> – she has an experience of successful change in the past. She has already made attempts to change things (<i>action talk</i> , a higher level of <i>change talk</i>). She mentions the positives of a change; in other company they might appreciate more her abilities.
T: And is it really possible for you to change the work?	<i>Closed question</i> - how real is the change? How is she ready for change? Is it only a tool how to press more on the employer or real intent to make a radical change?
P: There is always such a possibility. I work for this company (on the base of a contract) but I am independent.	<i>Change talk</i> – she has at least a theoretical possibility to make a change.
T: And did you use this argument in the discussion with your superiors?	<i>Closed question</i> . Probably better would be to use <i>open question</i> – How did you use this argument ...
P: Well I tried to speak with them three times. Our relationships are on a friendly basis, more or less. Last time I told it quite clearly but they always answer something like “OK, so show us how much you work and we will consider it.” And nothing happens. Or they tell me “We do not have money now”, and they give me still more work “to earn more money”. So is the situation now but as I remember, I have worked in a few companies and it has always been the same.	She really considers the change but what limits her is that she wants to maintain friendly relationships – CENTAURY. <i>Change talk</i> – a real attempt to change the situation. A repeating pattern (different companies, the same problem) – CHESTNUT BUD.
T: You are doing more than is your work.	<i>Complex reflection</i> – exploring CENTAURY theme.
P: Well, I do not know how to describe it. I probably do it also to prove I am good enough. I do maximum, even what I need not to do. They do not tell me you will sit and work here 16 hours daily, but I set it by myself. I feel I have to prove I deserve even the minimum I get.	There is still another theme – she puts on herself too high demands to prove self-worth, and is never satisfied with results. It sounds like PINE: “ <i>Even when successful they think that they could have done better, and are never content with their efforts or the results.</i> ” The theme of pleasing others and low self-worth are interconnected and strengthen each other. There is also an aspect of self-punishment (PINE) – My work is not good enough, so I deserve only this minimal salary. PINE and CENTAURY often appear together.
T: What happens when you do not fulfil it?	<i>Open question</i> seeking for further confirmation of PINE theme.
P: Yes, then I feel badly. Nobody has such prob-	“Feeling badly” is too vague. Everybody feels

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lems as I have.	sometimes badly but for everybody it means something different.
T: Reproaches of conscience?	<i>Closed question</i> to confirm PINE theme. Technically better would be just repeating the end of the sentence (<i>simple reflection</i>) “Feeling badly.” or <i>open question</i> “Tell me more about feeling badly.” For verification of PINE theme, instead of closed question, a reflection is better (the same sentence without question mark).
P: Yes, I feel guilty. I reproach myself “you have failed again”. And then I try to catch it up during weekend.	Confirming PINE theme. Sort of self-punishment: You failed, so you have to pay for it – work during weekend.
T: It is too much for you.	<i>Complex reflection</i> – connecting the theme of guilt with being overwhelmed (ELM).
P: Yes. This year has been really extraordinary. I work quite a lot with men, and I learn how they do it. They just do their work and that is all, they simply close the door and do not burden themselves by work. I have a tendency to make things too complicated, nothing is simple for me. But I can relax sometimes. For example last year, I learnt to relax a lot. I made a beautiful holiday. I did work but I was able to terminate it and went to swim. This year it is not possible, I am closed at work all the time, overloaded by work. I feel sad, I used to like company of other people but now I prefer to be alone. Maybe it has a connection with my age, with menopause, or it may be caused by the fact that I have a home office for a long time and I am not in a collective. Probably it is the most important reason. Suddenly, you have not a reason to seek the company, but I have the need to seek other people. It is difficult to explain it.	She cannot “close the door” – she continues to think about her work – WHITE CHESTNUT. <i>Change talk</i> - she is going through a process of change; she is aware that she needs a change and is actively learning from other people. She feels sadness, last year, the life was beautiful but now, it is not good. HONEYSUCKLE? Possible connection with age – women around menopause may feel nostalgia towards “old good times” - HONEYSUCKLE. Look at the fine play of words – The former part of the sentence is “you”, the latter “I”. It reflects inner dialogue between a critical part (“you have no reason to seek the company” - <i>inner Parent</i>) and the submissive part of the personality (“but I have the need to seek other people” – <i>inner Child</i>).
T: So, how is the feeling of not going among people?	<i>Open question</i> .
P: Well, it is a terrible feeling. I miss the contact, I miss it a lot but I do not anything to change it.	She misses a contact – sounds like HONEYSUCKLE again, but at the same time “she does not do anything to change it”, she reproaches herself (PINE). <i>Change talk</i> (she misses a contact) mixed with <i>sustain talk</i> (but she does not do anything to change it).
P: I also used to ride a bike, not big distances but for example about 20 km, and now I am not even able to do that. Maybe it does not seem so but I am closed inside and I self-torture.	She returns to the past, it was better than it is now – HONEYSUCKLE. Self-torture – PINE.
T: By reproaches of conscience.	<i>Complex reflection</i> – continuing the paragraph. Connecting sadness with guilty feelings.
P: By everything. Because I have no money, one thing after another. And finally, I cannot kick	As if she punished herself because her work has not been finished yet – PINE.

<p>myself to go out because I am not allowed to go out because I must finish my work first.</p>	<p><i>Sustain talk</i> – she cannot kick herself for change. “I am not allowed to go out because I must finish my work first” – here you can hear her <i>inner Child</i> speaking; as if she returned to her childhood.</p>
<p>T: And if you violated this you would punish ...</p>	<p><i>Complex reflection</i> exploring again the theme of guilt and punishment.</p>
<p>P: myself. Anyway, nobody will do it instead of me. But as for the chief, he has never told me anything (never criticized me). Except of the last time, when I even wasn't able to sit in front of the computer because I used to wake in the morning with the migraine, but such a terrible migraine that I had even fear to sit and work. The chief told me to take a break for a while. I did not have holiday for three years, it is mutually connected (overwork with migraine). And he told me to take a break and took my work over. But it was only the beginning (of the problem). (According to him,) this (work) should be done differently, and that (work) too. But I (found the strength and) told him, everybody has a different approach, you praised me repeatedly during last three years, and as for clients, NOBODY complained, so what's the problem. Everybody has a style of work of his own. “OK”, he answered, “everybody has his style but it would help you to spare some time.” But instead of help me, he gave me another project!</p>	<p>The whole heavy burden is on her (ELM). Chief does not criticize her, she criticizes herself – her demands on herself are too high (PINE) – <i>inner Parent</i>. The migraine again and again warns her “This is a wrong way”. Fear of migraine – MIMULUS. She does not allow herself to have a rest (she would reproach herself), she needs an authority to allow it – it can be assessed as a <i>change talk</i> (reason for a change). Again, she is aware of the psychosomatic aspect of her migraine. Even when criticized, she was able to protect herself - three years of work on herself brought its results! She feels indignation. On one side, the chief is aware that she is overloaded by work, on the other hand, he still adds her more work. It is unjust! Sounds like CENTAURY (“<i>Their wish so grows upon them that they become more servants than willing helpers. Their good nature leads them to do more than their own share of work, and in so doing they may neglect their own particular mission in life.</i>”), maybe already with some part of WILLOW (“<i>They feel that they have not deserved so great a trial, that it was unjust.</i>”)</p>
<p>T: He gave you a new project and you did not say “no”. Or you couldn't say “no”.</p>	<p><i>Complex reflection</i> – adding inability to say “no” (CENTAURY).</p>
<p>P: I got aware of it in the moment when he gave me this project. That time I started to work still for another company and I felt a strong inner conflict. I did not like it all; I neither liked people I was to work with. I had a strange aversion against that work, otherwise I would work on it more easily. And it (the inner conflict) has been pushing on me all the time. And I protect myself now. Even at that moment when he gave me this project I was able to tell him, you want me to do anything else, so how will you pay it to me? He answered me, after two years, it would bring money back, so I would share with you then. And I answered him, I needed money now, not after two years. But even this did not work.</p>	<p>She does try to make a change. She feels it is the time to do something. She just needs more strength. <i>Change talk</i> – she tries to protect herself now.</p>

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<p>So, even when I am a rather experienced woman, and I already should know something (about life), I have these strange problems. (laughing)</p>	<p>Laugh hides inner feelings. She feels ashamed because of her problems. She feels it is her fault that she cannot solve them. (PINE). Hiding might signal AGRIMONY, if more frequent.</p>
<p>T: You do a work where you are under a pressure now, and you do not get sufficient compensation for that. Earlier, the praise from others was very important for you, you had at least some feeling of self-worth.</p>	<p><i>Summarizing</i> the present situation. At this place, it also was OK to “normalize” her situation to help her with guilt feelings, e. g. “You are a sensitive person and it is important for you others to feel well. In my practice, there are many people in a similar situation. And for all of them, it is difficult to find the way out by themselves.”)</p>
<p>P: I liked the work a lot, I was happy that it was successful, that the relationships with clients got better, everything worked well, and my company earned more money.</p>	
<p>T: And now, after some time, with more experiences, you would like to get also something more “material” (than verbal praise only).</p>	<p>Continuing the <i>summary</i>.</p>
<p>P: Yes. Probably yes.</p>	
<p>T: There might be even a sort of abuse a little bit too.</p>	<p><i>Complex reflection</i> – adding “feeling of being abused” (WILLOW) This reflection was also used to provoke more reaction, moving focus from “getting to much work” to “abuse a little bit”. Instilling more righteous indignation can bring more energy needed for change.</p>
<p>P: Uhm.</p>	
<p>T: And the body reacts to it, it does not like it. If there is a strong ambivalence, like you want to do a work but at the same time do not like it, the body frequently signals it. And in you, your body is very serious about that.</p>	<p>Ending the <i>summary</i> - connecting the ambivalence to work with body complaints.</p>
<p>P: I think it was quite dramatic. But otherwise, I would never stop. And the chief also felt it, so he told me, take a week off. And during that week, there were no migraines. </p>	<p>The patient is aware of this connection. Another evidence for the connection of mind and body, one week break = one week without migraines.</p>
<p>P: I have been used to sitting in front of the computer the whole life, and have never had such suffering. Now, it starts in front of the computer, it spreads to the neck, as if there were no place for spinal cord, or I wake in the morning with headache.</p>	
<p>T: Uhm. With pain. How is the feeling when the pain is coming?</p>	<p><i>Open question.</i></p>
<p>P: I have a fear.</p>	<p>MIMULUS!</p>
<p>T: Fear. Fear of that it happens again.</p>	<p><i>Simple reflection.</i></p>
<p>P: Yes. The fear was also the reason why I decided to do something with that ... I always start to</p>	<p>MIMULUS</p>

<p>cry when I speak about that (starting to cry but smiling at the same time) ... that you even have a fear to work. And besides, When having migraine, I am absolutely destroyed as for my normal personal life. And I cannot bear it anymore. Although I had many difficult situations in my life, I was always able to fight with it. However, it is too much for me because it is a physical pain. You can bear mental pain but physical pain is really horrible. And especially head. And it is not only about headache, at those moments I do not remember anything, the memory is disturbed, and there is also a blurred vision. The brain is dimmed and does not want to work anymore. But I also have a glaucoma and it got worse during last year. Doctor told me there was a connection between glaucoma and migraines. That is why I need to decide what to do.</p>	<p>AGRIMONY?</p> <p>Slight trace of SWEET CHESTNUT theme: “<i>For those moments which happen to some people when the anguish is so great as to seem to be unbearable.</i>” Here, it is not pathological but it signals the urgency of change.</p> <p>My experience – many people with serious eye problems generally have a fear of further progression. So, I expect that further questions would confirm again the theme of MIMULUS.</p>
<p>T: Decide?</p>	<p>Repeating one word to <i>facilitate</i> further spontaneous speech.</p>
<p>P: Yes. I can bear a lot, but when there is too much for me, (when I make a change) I can destroy everything. I can leave the work, leave the partner, anything. Start something new. But maybe it is too often, these new starts.</p>	<p>Fear to make change, change can have detrimental effects (MIMULUS)</p> <p>The same pattern that repeats frequently – CHESTNUT BUD.</p>
<p>T: So, it sounds like you prepare for a change and you have a certain fear of this change. If you decided for the change, you would have a fear of the consequences.</p>	<p><i>Complex reflection</i> – adding a fear of change. (MIMULUS).</p>
<p>P: I have a fear I will not be able to earn enough money for the family.</p>	<p>Fear (MIMULUS) of not being able to bear the responsibility (ELM). <i>Sustain talk</i> – fear of change</p>
<p>T: You must take care of children.</p>	<p><i>Simple reflection</i> – continuing the sentence.</p>
<p>P: Yes. </p>	
<p>P: When I was 10 I found out my dad had never wanted me. He wanted a boy, a sportsman. And he had one daughter at home. At present, my mum tries to belittle it but I put it in my head as a child. And because I work with head all the time, I live in my head, I translated it that I am the bad one. In addition, I was born with a congenital luxation of hip joints. I had to spend a lot of time with bandages, different fixations, I could not do sports, I could not do anything. And my dad wanted a sportsman, a boy, a volleyball player. So I decided to compensate it with school results to prove that I was not absolutely worthless. It was OK until puberty because I was quite good at school. But then, my self-confidence was</p>	<p>Compensation by overdoing and by being perfect (PINE – I can be accepted and loved when I am perfect only)</p>

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very low because of hip joints, I did not wear skirt or dress, only trousers. During puberty, I had a huge problem with it. I had also a problem with sex, a little bit, well, a big problem. With boys, I have always had friendly relationship, but as for a life partner, during some time I lowered the demands, a lot.	Lack of self-confidence - LARCH Feeling ugly (CRAB APPLE)
T: The feeling of self-worth was lower and lower.	<i>Complex reflection</i> – connecting “lowering demands” with “lowering self-confidence”, repeating the theme of LARCH.
P: Uhm. And as for university, I did not choose it by myself. Dad decided instead of me, he told me, it would be good for you. And I agreed. 	She wanted to please her father (CENTAURY)
P: And as for my husband, I had to do everything myself, to bear all the responsibility. So, after ten years, I decided to divorce. Even when we had children, and one would expect we should try to maintain it, I found the courage to leave. (crying)	Too much responsibility – ELM. Even when she rationally knows that divorce was a right thing, she still feels guilty (PINE).
T: How do you feel about that now?	<i>Open question</i> , shifting attention from the past to the present, instead of burying in old reproaches, it is better to shift to the present.
P: Well, I think that it was a good decision. He had also a lot of debts I had to pay, it lasted few years to pay them all. So it was a rational decision. But now, I look back and see the good things, I can see that I was quite fine during that time. (crying)	She returns to old good times (even when they were not good at all) – HONEYSUCKLE.

Comment:

Her main complaint is severe migraine, worsening during last year. However, she is aware that it has a connection with feeling overloaded at work and frustration. She feels a heavy responsibility – she must financially support her two children at the university (ELM). At work, although her results are very good, her income does not correspond to it. It is unjust (WILLOW). She does more work than is her duty and feels exhausted (CENTAURY). When she tries to ask for more money, her superiors ignore it and give her still more work. She cannot tell them “no” (CENTAURY).

At present, her migraine is really unbearable. She even has a fear to start to work because she expects the migraine (MIMULUS). Even when she is aware her life needs a change, she has a fear to make it (MIMULUS). When suffering so much, she sometimes feels sad and looks back at “old good times” (HONEYSUCKLE).

During childhood she felt not loved and worthless because she did not fulfil the expectations of her father. So, she decided to compensate it by studying and work results (PINE). She tried to make her father happy (CENTAURY). Because of her lack of self-worth (PINE), she repeatedly entered into unequal relationships where she carried the whole burden (finances, family) (ELM). She also tried the best at work and to please her superiors (CENTAURY). If she failed she felt guilty (PINE).

Prescription: CENTAURY + PINE + MIMULUS + ELM + HONEYSUCKLE + WILLOW (50 ml bottle, 4 drops of every essence, dosage 4 drops of the mixture 4 times daily).

Follow-up after 6 weeks

T: So, how are you?	<i>Open question.</i>
P: Well, I feel better.	General amelioration.
T: What kind of change is there?	<i>Open question</i> – more details about change.
P: I do not know (laughing). Maybe it (the remedy) really worked a little bit. I feel more relaxed. I have arranged my priorities. When I felt a pressure at work, I told to myself, NEVER-MORE. At work, I used to do a lot of extra work but they never spoke about raising the salary. When I asked about it, they just ignored it. It is their habit not to solve problems. I felt it was too much for me. (Her voice became hoarse)	<i>Change talk</i> – she has already made a step (<i>action talk</i>).
T: It sounds like your voice has changed a little bit.	<i>Complex reflection</i> – observation.
P: (Taking a glass of water) Yes, suddenly I cannot speak. Maybe I have my voice connected with some decisions in my life (laughing). So, I told to myself, I will give them the last chance. And the chief was ... very rude to me. Maybe he wanted to enhance his ego, and that is why he tried to put down a woman who was absolutely down at that moment. Later, I started to cry, but suddenly I felt my muscles getting tense, I know it from the past, and I told myself. It is ENOUGH! I was determined to terminate this job but then I got an e-mail inviting me for another meeting. So, I told to myself, it is the LAST TIME. If they dare to press again, or there is a sort of humiliation, I will tell them and leave. But it did not happen, the man with I had had a conflict was not there. There was a young lady and we found together a solution. Maybe the right conflict is still before me. But the good thing is, I already know that if they do something I do not like, I will not defend myself, I will just tell them I leave. I hope I will succeed because at me, the emotions are very important. So. It was the first thing. Next one. I had an ... experience with my daughter. Once, she drank a lot of alcohol. It was a terrible experience for me, usually she almost does not drink. Sooner, when she drank too much, she was nice, she liked socializing. Now, it was a terrible depression. She just split up with her boyfriend. And somehow, it reminded me of myself at that age, I suddenly	Laughing - hiding uncertainty because of a difficult theme. Why was the chief rude to her when previously their relationships were on a friendly base? Maybe she voiced her demands more clearly and loudly. Her self-pity is changing into anger! Great. The chief is not a friend anymore. Now it is the time to negotiate new conditions. CENTAURY is working! She decided to set clear and firm boundaries. <i>Change talk.</i> MIMULUS is still important for her – the main conflict is still before her and she is worried about it. Her self-confidence is growing. What happened in her relationship with her daughter? Why did her daughter react so violently? HONEYSUCKLE is still needed.

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<p>knew she did not trust herself. And now, she is tired a lot, she should prepare for exams but she is apathetic. That experience was really terrible. She was angry, ugly, and vulgar.</p>	
<p>T: How did you feel about that?</p>	<p><i>Open question.</i></p>
<p>P: Well, at the beginning, I was angry. Then, I just tried to solve the situation, to help her to the bed. The next day, I hesitated whether to tell her about it because she did not remember it. And I decided to tell her, in a softer form. (She speaks for a while about her worries about her daughter) ... Maybe she was (when drunken) solving a problem with me, she was ugly to me. I felt an anger towards me. And finally, before falling asleep, she told me, Mum, we both would never be happy.</p>	<p>RED CHESTNUT. There really might be a reaction to the essences in their relationship.</p>
<p>T: You feel fear for her.</p>	<p><i>Complex reflection</i> exploring RED CHESTNUT theme.</p>
<p>P: Yes, also.</p>	
<p>T: You have a fear for her not to repeat the fate of your own.</p>	<p>RED CHESTNUT.</p>
<p>P: I have thought one week about that. And the third thing, I have not told you about that yet, I decided to terminate one relationship. Some time ago, I felt lonely, and that is why I began a relationship with a man, unfortunately, a married man. After nine months, I knew it was not the right thing. I fought with it all the time and wanted to terminate it. I knew it was wrong. And it still pushed my self-worth down.</p>	<p>CENTAURY in action! <i>Change talk – action talk.</i></p>
<p>T: You sold yourself with discount.</p>	<p><i>Complex reflection – a metaphor</i>; adding emphasis on low value, trying to provoke a little bit of “righteous indignation” to empower the change process.</p>
<p>P: And, at present it even might seem funny but women in such situations usually get something, like attention or something. However, even when I tried to tell what I needed, I never got it. And then, on Wednesday, I told to myself, it is ENOUGH. I tell to myself, it was a good thing, the question still is whether I will be able to resist, but now I was surprised that he did not call me for four days. Maybe this inner feeling was the right one (that I had not the price for him).</p>	<p>Smiling about serious thing – AGRIMONY. <i>Change talk – action talk.</i></p>
<p>T: You invested a lot but got little back.</p>	<p><i>Complex reflection.</i> Theme of CENTAURY again: <i>Their good nature leads them to do more than their own share of work, and in so doing they may neglect their own particular mission in life.</i></p>

Case 1

P: Uhm.	
T: And in the depth of your soul, you felt doubts, maybe even because of moral side.	<i>Complex reflection</i> – bringing forth the theme of PINE.
P: Yes, DEFINITELY.	
T: This conflict was too much for you, so you decided to terminate it.	<i>Simple reflection.</i>
P: Yes. If there weren't at least a little hope, I would not enter it. Maybe I just wanted to experience this feeling (of being loved) still once in my life. (Voice trembling) But one would expect, these two people would like to spend time together, making trips etc. (However, it did not happen).	HONEYSUCKLE – she wanted to remind herself of the old happy times. Here ambitions weren't fulfilled.
T: The relationship should be balanced.	
P: But it wasn't. No, IT IS NOT FOR ME (such a relationship). Maybe, this combination of flowers really helped me.	<i>Change talk.</i>
T: You started to make a thorough change.	
P: YES, I will tell you something. It was a dramatic month but surprisingly, I felt well. I cried sometimes but ... even with the daughter, I was able to manage this (very difficult) situation. Next days, I was surprised, as if I wiped it out from my head. I had no trauma from that. What was most difficult, this humiliation at work.	Even when she went through quite a lot of conflicts, she was able to withstand.
T: Your big theme are boundaries. You used to invite other people to cross your boundaries (in exchange for love and acceptance). At work, with children, with your partner.	<i>Summarizing.</i>
P: Yes, for a long time.	
T: And now, in these three situations, you were able to say "no". Even with your daughter, there happened something, maybe you wanted to set some boundaries, and it provoked her reaction. a change in one person provokes the reaction from others. What is important, even when the things are changing and the pressure from other people is growing, you feel well.	<i>Summarizing continued.</i>
P: Yes. That is true.	
T: Since last consultation, you did a lot of work (on yourself). What about migraines?	<i>Affirmation. Open question.</i>
P: Well, it is good too. Sometimes I feel my head but it is not as strong as it used to be in last months. And my spine, it is better too.	Better on somatic level too.
T: It sounds good.	<i>Affirmation.</i>
P: Yes, I was shocked by that (the effect of the therapy) Probably after three days (since the beginning of the therapy) I felt relief. 	

<p>And one of my friends invited me to a walk. About ten kilometres. Sooner, I was afraid of walking half a kilometre because of my hip joint but now, I was able to do it.</p> <p>....</p> <p>And what is new, I am able to relax. I still can do quite a lot of work but then I take a break. (Even when I have a lot of work) I tell to myself, when I take a break, nothing wrong will happen. And I have free weekends. Before that, I almost had no free weekends. Last three years.</p>	<p>She begins to return to a normal life. Her fear is reduced. <i>Change talk – action talk.</i></p> <p><i>Change talk – action talk.</i></p>
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Comment:

There is a reaction on all levels, mental, physical, interpersonal and on the level of life values. She changed her priorities and is now able to relax. After three years it is the first time when she has free weekends. She was able to ask at work for more money. The way she told it was probably more assertive than it had been before because her chief was rude and she felt humiliated by his behaviour. Nevertheless, she succeeded in agreeing a new, better contract.

In her relationship with her daughter, she also experienced a change. She had a conflict with her when her daughter was drunk. She has never had such a violent conflict with her but she was surprised by her (patient's) calm reaction. Although the well-being of her daughter is of utmost importance for her, after a few days she barely recalled this situation.

She ended a relationship with a married man.

Her migraines and neck pains are better. She herself is aware of a positive effect of the remedy and is optimistic as for further progress, even when she still has some doubts of whether she will be able to persevere in her journey.

Prescription: CENTAURY + PINE + MIMULUS + ELM + HONEYSUCKLE + WILLOW + RED CHESTNUT (50 ml bottle, 4 drops of every essence, dosage 4 drops of the mixture 4 times daily). The only change is adding RED CHESTNUT because of her worries about her daughter. Next follow-up after 6 weeks.

Follow-up after 9 months

During the therapy she has undergone a tremendous change on all levels. She has become a self-confident woman aware of her value and ready to set boundaries whenever necessary. At work she feels very comfortable now and at home her relationship with her daughter has improved a lot. Migraines are still there from time to time but she knows how to deal with it and she is aware of its connection with stress or overwork. It serves her as a signal to take a rest for a while.

Case 2

This case illustrates a special technique using stones for the analysis of the family relationships and structure. For this technique you will need a set of various types of stones. You can also use any other natural material of a suitable size and compact enough to manipulate easily with it, e. g. nuts, pieces of wood or bark, cones, acorns, shells etc. Creating of such a set requires some time. It is useful when stones are attractive and have their specifics, like a porous and sharp piece of lava, smooth pebble from the beach, whitish piece of marble from the mountains, a granite stone with glittering particles inside. They should attract small children to play with them.

However, this method is not suitable for children only. Adults can appreciate it too. You will also need a table of suitable size. Stones represent people or other important objects, table symbolizes the world. Round table is the best but any table can be used.

During the consultation, you ask the patient to select a stone corresponding to him. It is the best to follow the first impulse, not to think too much about it or use rational arguments. Spontaneous impulse means that there is some deeper connection that is worth exploring. Then ask him to place it to the table. Stress that he can use the whole desk of table, it is up to him. After that, continue this process with other important persons, partner, children, parents, siblings, friends, schoolmates, colleagues. Let it up to the patient whom he selects next. As for placing the stones to the desk, it should "correspond to family constellation". It is up to the patient how he understands it. You can also ask him to select stones representing the disease, conflict, options for choice etc., depending on actual situation.

Now you can already recognize some specifics of your patient's family situation. For example, the patient may "forget" to place a stone representing her father. Or stones of most men in her family are dark and rough, while women's are smooth and light. Her sister's stone may end right at the edge of the table, most distant from that of her own. One patient with bulimia at first refused to place stones for her parents but then she agreed: she put them to the windowsill a few meters away from the table where we worked! She totally excluded her parents from her life but the price was high; she spent next twenty years by an incessant struggle with the eating disorder.

You can invite the patient to speak more about individual stones, about their colour, feeling in hand, position on the desk etc. Do not tell what YOU see but ask what the patient sees. Use reflections abundantly, repeating what has been said and wait for further elaboration.

At the end, you can offer the patient whether he wants to hear about your impression. Always stress that it is solely your feeling and describe it that *"it is possible that ..."* Tell only a few sentences and ask the patient for his opinion.

☉ 35 year old woman, one year ago, three months after the birth of her only child, she was diagnosed advanced metastatic breast cancer. When she came to me a few months ago, she was terrified by the diagnosis and by expression "palliative chemotherapy" mentioned in the report of the oncologist. In fact, her situation is unfavourable, at least from the point of view of allopathic medicine.

Bach Flower Therapy is a Dialogue

During all the therapy the patient continued with allopathic medicine, mainly chemotherapy, hormonal and biological therapy. The role of BFT was supportive.

At the beginning, we worked especially with her shock from the diagnosis (STAR OF BETHLEHEM), fear (MIMULUS) and panic (ROCK ROSE), sadness and her feelings that old good times will never come back again (HONEYSUCKLE) and fear for her little daughter (RED CHESTNUT). After the treatment, she got better; her fear reduced, however, other her problems began to emerge to the surface. There are permanent conflicts with her parents-in-law, and her relationship with her husband is more and more disturbed too.

She lives in the house of parents-in-law, both families have one floor. Since the beginning, she felt she was not accepted by her parents-in-law. Especially after the birth of their child, her mother-in-law criticised her because of the care for her daughter; her father-in-law even sometimes used vulgar words towards her. Then she got the cancer. At the beginning, the family got paralysed by shock and fear; however, now the relationship of her husband is changing too, he is over-critical, yells at her because of trifles, any minor thing can become pretence for a quarrel. She feels hurt by the reaction of her parents-in-law and especially of her husband. She would expect that they would respect the fact that she is seriously ill; however, they belittle the significance of the disease. It is also interesting that a few months ago her father-in-law was diagnosed cancer of large intestine, in an operable stage without metastases. In his case, even when his prognosis is better than hers, both mother-in-law and her husband recognize its seriousness.

In this moment, we are stuck. Her only feeling from the family relationship is "feeling hurt and sad". That is why I decided to visualize the family situation with the usage of stones.

.First of all, I offered the work with stones:

<p>T: I have a suggestion for you, and it is OK to say "no". Do not take it too seriously; it is something like a play or an experiment. We will play with these stones. What do you think about that?</p>	<p><i>Offering an experiment with stones; at the same acknowledging the autonomy of the patient and the right to tell "no". The patient also gets information that she shouldn't take it too seriously. It may help her to shift from rational thinking to emotions.</i></p>
<p>P: Uhm ... and how it would be?</p>	
<p>T: First of all, select one stone you feel a special attraction for. This stone will represent you. Do not think too much about that; trust your first impulse. It is a play only, so all answers are right.</p>	<p><i>Again, supporting spontaneity and inviting to use right hemisphere. The more the patient is able to give up his logical thinking, the better the results are.</i></p>
<p>P: OK ... probably this one.</p>	
<p>T: Put him somewhere into this space.</p>	
<p>P: Uhm.</p>	
<p>T: And now, continue with other significant persons in your life. They may be significant from the positive, as well as negative point of view. Put them into the distance you consider reflects their relationship to you.</p>	

Case 2



Figure 14. My two boxes with stones. There is a mixture of various objects of different size, weight, shape, colour, surface, origin. There are pieces of lava as well as marble from the top of Holy Mountain (Mt. Athos in Greece), pebbles from the seaside and crystals of salt from Dead Sea, bark of cork oak tree, nuts, acorns, cones, and shells.



Figure 15. First family constellation.

This is her first constellation. At first, she placed her husband, daughter, mother and father, in approximately equal distances from her stone. Then she asked whether she was to put also stones for people she didn't like too much. I repeated "All important persons, no matter whether from positive or negative point of view". After that, she posed stones for parents-in-law. At this moment, she became aware of the fact that they are close to her husband, they form something like "an inimical camp". Suddenly she felt unprotected. Next stones, of her "little brother and sister" (they aren't little anymore, of course) and the stone of her best friends, became something like a shield or barrier. Like two symbolical armies, white army of good and dark army of evil, standing against each other.

At this moment, I asked her to tell me something about individual stones.

P: Stones of my parents-in-law and my husband are dark.	
T: They are dark.	<i>Simple reflection.</i>
P: Dark and rough.	
T: On the surface, they are rough.	<i>Simple reflection.</i>
P: Dark and insensitive. That is right.	The patient moves spontaneously to "insensitive"
T: They do not respect your disease.	<i>Complex reflection</i> connecting insensitivity with disrespect to disease.
P: Uhm. Stones of my family are light and smooth.	Stones are divided into two groups, light and dark. Like in chess.
T: They are pleasant to touch. And what about your stone?	<i>Simple reflection</i> , followed by <i>open question</i> .
P: It has sharp edges because it must protect himself. However, it is white.	Because of living with rough people, she needs to accommodate. However, inside, she is sensitive,

Case 2

	vulnerable and pure. (It is a piece of alabaster, the purest and whitest limestone).
T: You live in a rough environment, and you need to protect yourself.	<i>Complex reflection</i> , adding “live in rough environment”.
P: Yes.	
T: And what about your dad?	<i>Open question</i> .
P: This stone has two colours. I have sometimes quarrels with him but he is good to me generally.	Her father has two aspects of personality.
T: Sometimes you have some discord and he loves you.	<i>Double-sided reflection</i> .
P: Yes. Since I have been ill, he has been looking all the time for something that would help me.	

She is more and more aware of the conflict between her original and present family.

Then she spontaneously decides to reorganize stones:



Figure 16. Family constellation after rearrangement.

Here the two “inimical camps” become still more evident. She builds a fortress from her dear persons that protects her from all sides. The problem is that in fact she lives in the middle of a camp of enemies. She has a constant fear of being attacked (MIMULUS) and feels vulnerable (HOLLY) and powerless (VINE).

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T: Here the white stones surround you and in your real life you are surrounded by dark stones.	<i>Double-sided reflection.</i>
P: Yes, that is the problem. I feel they can attack me any time and I cannot protect myself.	Again, the theme of fear of being attacked and powerlessness.
T: One idea has just come to my mind. Can I read you a description of one remedy?	Asking for permission.
P: Yes, of course.	
T: This description does not concern you but it may describe some people around you: (I read a description of VINE by MacPherson) “Feeling the need to be controlling and dominating Appearing autocratic and tyrannical Expecting unquestioning obedience Using power to control or limit others Tending to be rigid, strict and inflexible Believing that we are better than everybody else Getting lost in callous or ruthless behavior Unable to feel compassion Losing touch with his conscience. ” Do you know anybody like that?	Although I explain that this description does not concern the patient, in fact it is also her theme. She is oversensitive to this type of people. In this situation I do not use the positive description of Bach but I prefer some stressing negative aspects of the personality.
P: Uhm, yes. My husband is definitely like that. He is insensitive and demands absolute obedience. When I refused to obey he even repeatedly threatened to throw me out of their house.	She confirms the theme of VINE is present in the family.
T: Anybody else?	
P: And my parents-in-law, they are also the same, like him. They have never accepted me, and they always do not forget to tell me that I am only a guest in their house, that nothing belongs me there. My original family is nice, we are pleasant and helpful to each other. On the other hand, their family is insensitive, they are cruel to each other. My father-in-law also repeatedly threatened my mother-in-law that he would throw her out of his house. They have such a strange family culture.	She is surrounded by VINE people.
T: In your family, people are nice to each other and in their family, they hurt each other.	<i>Double-sided reflection.</i>
P: Yes, when I am in their house I always expect some attack from them. I am very sensitive to their negative emotions and I feel hurt then.	She feels attacked by them – confirming HOLLY theme. Being hurt corresponds to STAR OF BETHLEHEM.

Summary:

The theme of fear and feeling of vulnerability and powerlessness is evident. In cancer, the themes of MIMULUS, STAR OF BETHLEHEM and VINE are also quite typical. Many patients feel powerless against such a terrible disease and have a fear of progression. Many have a history of some trauma that does not heal. MIMULUS and STAR OF BETHLEHEM are already in her present prescription. VINE and HOLLY have been added.

Follow-up after 6 weeks

The situation in the family is better. She feels more powerful and less threatened by their criticism.

Follow-up after 3 months

Last six weeks were very stressful. Her mother and mother-in-law both have been diagnosed breast cancer too. In her, the examination confirmed progress of the disease and the doctors plan further cytostatic treatment. She feels downhearted and full of worries about her mum.

GENTIAN and RED CHESTNUT have been added.

Conclusion

As you can see, treating oncological patients isn't easy. It is full of ups and downs and your role is to accompany the patient during this trial. Some families are extremely destructive (there are four people with oncological disease recently diagnosed) and your possibilities as a practitioner are limited. The patient remains in this pathological environment and it increases the probability of further progression.

The diagnosis of cancer and the therapy always brings a lot of stress. BFT helps the patient to cope with this challenge emotionally and to mobilize his resources.

Case 3

This case illustrates an experiment with images that can be used during case taking. Psychologists work a lot with free associations. I use a simple modification of these tests. You will need a collection of some images, the more abstract or ambiguous the better. I personally use pictures of Thematic Apperception Test - see <https://www.psychestudy.com/general/personality/detailed-procedure-thematic-procedure-test>. However, you can use pictures of your own. One of my friends bought a book of modern paintings in the second-hand bookshop and cut out individual images. There are also many abstract images on the Internet that can be printed and used.

At the beginning of the experiment, I ask the patient to select at least three images that evoke positive emotions in him, and then to select at least three images that evoke negative feelings. I give him enough time. Then I ask him to describe what he sees in the picture. He can tell the whole story if he likes. We begin with positive images, and then we continue with negative. When discussing the fantasies of the patient, I use open questions and reflections. Feelings associated especially with negative pictures often correspond to patient's unconscious content.

☼ 25 year old woman; her main problem is serious epilepsy. It is significantly aggravated by mental stress; before BFT there were periods when her fits couldn't be controlled even by a combination of high doses of antiepileptic drugs. After BFT (HONEYSUCKLE, STAR OF BETHLEHEM, WHITE CHESTNUT, MIMULUS, WILLOW, GORSE) there is a reduction of frequency of attacks; she feels better generally.

Here is the transcript of the conversation about negative images:



P: This image is the most disagreeable for me.	This information is a surprise for me; she is the first person describing this image as especially disagreeable.
T: Tell me more about this image.	<i>Open question.</i>
P: At the first sight, it looks like house but is it really a house?	
T: It looks like a house and you do not know whether it really is a house.	<i>Simple reflection.</i>
P: Yes.	
T: Tell me more about your feelings about this image.	<i>Open question.</i>
P: It provokes a fear, I do not know why.	Seems like ASPEN.
T: You do not understand what this image means and it provokes fear in you.	
P: Yes.	

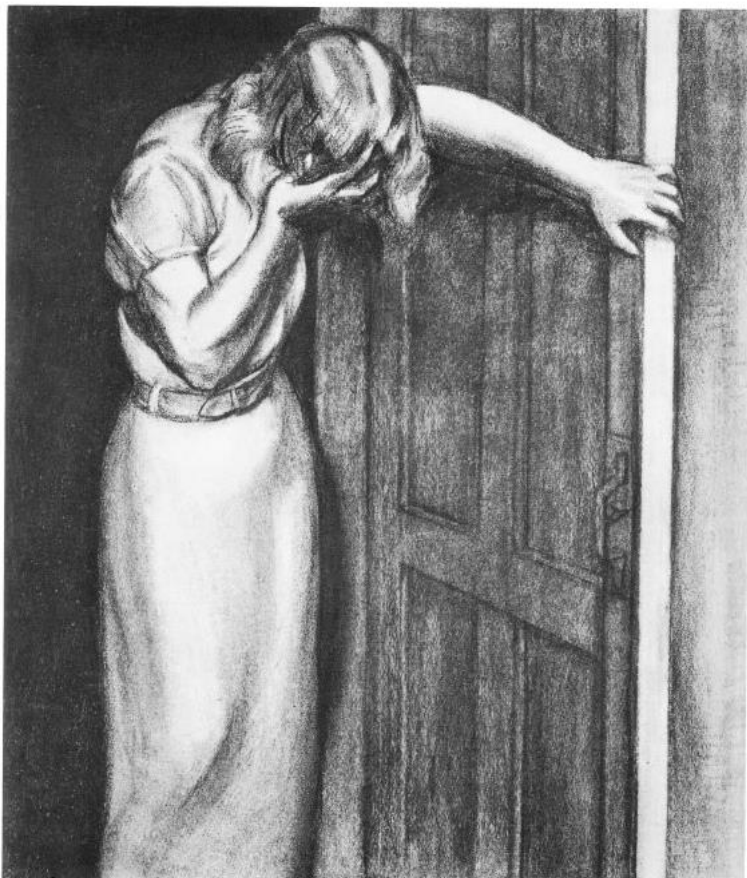
Next image is following:

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T: Tell me more about this image.	<i>Open question.</i>
P: There is a darkness, it's a little bit like in the Lord of the Rings.	Darkness might signal ASPEN.
T: There is a darkness.	<i>Simple reflection.</i>
P: Yes. I do not know what there is but it is probably something terrible.	
T: Something terrible.	<i>Simple reflection – facilitating spontaneous speech.</i>
P: Yes, something like some animal or dragon.	Again, this description confirms the theme of ASPEN.
T: Some monster.	<i>Complex reflection – monsters are associated with fear.</i>
P: Yes, a monster. I do not know what it will do but I have a fear of it.	Confirming ASPEN theme. Monsters symbolize a strong fear of death, and ROCK ROSE also comes into consideration.

And the last image:



T: Tell me more about this image.	<i>Open question.</i>
P: She is sad.	
T: Sad.	<i>Facilitating spontaneous speech.</i>
P: Yes. I do not know why but probably something terrible has happened.	
T: Something terrible has happened.	<i>Simple reflection.</i>
P: Or somebody has hurt her.	
T: She is sad because something terrible happened or somebody has hurt her.	<i>Summarizing.</i>
P: Yes. She feels pain.	Sounds like STAR OF BETHLEHEM.

In all of these images, there is anxiety and fear. However, the cause of this anxiety is unclear. Especially the fear associated with the first image is very unusual. When we have discussed ASPEN theme later, she has confirmed that her life is full of anxiety. She has a special type of attacks. She doesn't have typical convulsions; during attacks, she behaves automatically, she for example walks or stares aimlessly somewhere etc. Because of this untypical course of attacks, many people do not know that she is ill but they consider her strange. She lives in a constant fear of attacks; she never knows when the attack comes and how she will behave. The fits are absolutely unpredictable. And when she feels that the fit is beginning she feels panicky.

Her ASPEN and ROCK ROSE states are also observable – she startles easily.

Bach Flower Therapy is a Dialogue

As for STAR OF BETHLEHEM theme, the diagnosis of epilepsy was a shock for her. It came out of the blue when she was thirteen. The diagnosis absolutely changed her life. She had many plans she had to give up. This pain is still vivid.

Follow-up after three months

After adding these remedies to her combination, she is less tense and decides to solve her complicated situation at work – she has to travel eight hours every week to work in a distant town. It is too much for her and it aggravates her disease. She is ready to abandon her present work and even she expects that there will be stressful moments with looking for a new she will have to find another one, she is quite optimistic.

15. Treating physical problems

One hundred years ago, practitioners treated mainly somatic diseases. That is why BFT was originally developed to cure physical problems.

📖 This system of treatment is the most perfect which has been given to mankind within living memory. It has the power to cure disease; and in its simplicity, it may be used in the household.

It is its simplicity, combined with its all-healing effects, that is so wonderful.

Edward Bach, *Twelve Healers and Other Remedies*

The positive effect of BFT to patient's feelings was considered as something like a "side-effect" of essences:

📖 This system of healing, which has been Divinely revealed unto us, shows that it is our fears, our cares, our anxieties and such like that open the path to the invasion of illness. Thus by treating our fears, our cares, our worries and so on, we not only free ourselves from our illness, but the Herbs given unto us by the Grace of the Creator of all, in addition take away our fears and worries, and leave us happier and better in ourselves.

Edward Bach, *Twelve Healers and Other Remedies*

Cases of many physical problems treated by Edward Bach or Nora Weeks are well described in Chancellor's Illustrated Handbook (Chancellor, 2005).

During the time, treatment of psychic difficulties became the main domain of BFT and treatment of physical diseases receded to the background. However, it does not mean that at present days BFT is less effective in the treatment of physical problems than it was at the times of Bach or Weeks.

There are probably two reasons for that. One is the fast development of allopathic medicine. Many diseases, in Bach's times incurable, can be treated successfully by today's doctors. Another reason is that in many countries there are legal restrictions prohibiting the treatment of diseases by laypersons.

As for the first reason, it is important to understand that it is not an either-or question. It is not a question whether to use allopathic medicine only or BFT only. These methods can be combined together,

and this approach usually brings the greatest benefit for the patient. The question is, in which situations to use allopathic medicine as main treatment and BFT as supportive method and when to use BFT as a main method and allopathic medicine as supportive.

As for the second reason, we will suppose that you know the legal restrictions of alternative medicine in your country and will respect them.

15.1. Indications for the treatment with allopathic medicine and with BFT

First of all, we should define what it means, to treat a physical problem. Let's look at two situations:

☉ *The first patient comes and has a sore throat and fever. The practitioner asks a few questions having a direct connection with his physical problem, examines his throat. Bedside blood test verifies significant inflammation in the body and fast Strep test of throat swab confirms the presence of Streptococci, aggressive bacteria that can cause serious complications on inner organs, like heart, brain and kidney, or joints. The doctor makes a diagnosis of acute tonsillitis and prescribes antibiotics for the patient. The whole consultation takes about ten minutes.*

☉ *The patient comes to the doctor because of recurrent tonsillitis. He has already used a few types of antibiotics during last half a year; however, he does not feel better, and any draft or change of weather can provoke a new infection. It seems that the body cannot recover. There is some disturbance of inner regulation of the body. The patient is aware of possible association with mental stress. About eight months ago, new boss came. He is quite dictatorial in his decisions and does not respect opinions of his subordinates. On one hand, the patient feels exasperation because of incompetent management; on the other hand he is worried that if he expresses his opinion too loudly he may be fired. Because of feeling of disappointment by allopathic antibiotic treatment, the patient prefers to try a different therapeutic approach. He feels he needs to mobilize his inner strengths to be able to fight with the disease more effectively. He fears to be dependent on chemical substances and he is worried that the long-lasting usage of antibiotics can damage his liver and kidneys.*

Two above mentioned cases are somewhat similar. Both concern tonsillitis. The first is acute. The disease is caused by an external factor, aggressive bacteria. The second is chronic. It is caused by inner imbalance mainly; the immune system isn't able to deal with common infections effectively, although the nature of microbes can also play some role. The first case should be treated with allopathic medicine as a main therapy and BFT can play a supportive role. Allopathic medicine is a principal treatment; it is fast and effective, and it can prevent the development of late complications of Streptococcus infection. The second is evidently suitable for BFT as a main therapy and the role of allopathic medicine is supportive. Here allopathic medicine has little to offer; repeated treatment with antibiotics further deteriorates the function of immune system and has no preventive effect, tonsillectomy is rarely used now and should be performed only in serious cases like peritonsillar abscess, and immunological treatment has a limited efficacy. On the other hand, BFT can help to mobilize inner resources for the fight with the infection.

Some cases are suitable for a systematic treatment with BFT as a main treatment method while in other cases, BFT can play a supportive role only. How can we differentiate these two situations?

Let's look again at our two cases. In what aspect do they differ?

Aspect	Suitable for allopathic medi-	Suitable for BFT
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15. Treating physical problems

	cine	
Time	Acute	Chronic
Seriousness	Serious	Annoying
Cause	External (e. g. infection)	Internal (disturbed regulation)
Lab tests, ultrasound, X ray etc.	Significant changes	No or minor changes
Awareness of the connection with psychic stress	No	Yes
Legal consequences of mis-treatment	Possible	Improbable
Clear treatment guidelines	Yes	No
Therapy or prevention	Therapy	Prevention
Patient's preferences	Allopathic medicine	Alternative medicine

Table 6. Allopathic medicine or BFT?

15.1.1. Time: acute vs. chronic complaint

Time plays a significant role in our life generally; it also influences our medical practice. The more acute the state of the patient is the higher the risk is that a delay of suitable therapy can lead to irreversible consequences. Although myocardial infarction often has a clear psychological background, we do not have enough time to take a case for BFT; with every second, the damage of heart muscle is extending. Allopathic medicine can reopen the clogged artery within minutes. It is enough time to solve psychological and psychosomatic background later if the patient survives.

In the first case of sore throat, the aspect of time plays role too. The doctor's time is limited; in front of the door of his consulting room, there are other five or ten patients waiting for examination. He cannot spend one hour with one patient. Another problem is that even one day delay of antibiotic treatment can increase a risk of throat abscess.

Generally speaking, in acute cases allopathic medicine should always be the main method and BFT supportive. In chronic cases we can consider BFT as main treatment while allopathic medicine remains supportive.

This book is full of chronic cases suitable for BFT. However, in acute cases BFT can be also useful as a supportive treatment:

⊗ 30 year old woman. She has come to my ambulance because of an acute pain in the left side of her belly. She is panicky; she has a fear that she has an extra-uterine pregnancy. She is trembling and perspiring all over the body and her eyes are widely open and full of tears. She had a terrible experience of extra-uterine pregnancy half year ago. The approach of gynaecologists towards her was very insensitive, and she suffered a lot of pain. She is convinced now that the problem is the same. Her panic is so strong that she refuses to go to a specialist for further examination; she is like a small child terrified by a mere idea of a dentist.

A glass of water with a few drops of RESCUE REMEDY has a miraculous effect. a few minutes later, she is relaxed and smiling. Although the fear of examination is still present, she understands there is no other option. She agrees to go to the gynaecologist. The examination excludes extra-uterine pregnancy.

This case clearly demonstrates the important role of BFT in acute conditions. Without BFT, she would suffer a lot, without allopathic examination, she could die. When they are used in combination, patient's benefit is greatest.

15.1.2. Seriousness

Apart from the time pressure, the seriousness of the complaint or seriousness of possible complications is important. For example, in the case of malignancies, we have a lot of time to take a case. However, the more aggressive the disease is the more aggressive therapy it requires. Flower essences are gentle by nature; we cannot expect that they can fight with such a destructive disease. Surgeon's knife, radiotherapy and chemotherapy remain the best treatment options with the best statistic results. When treating cancer, we are at war; we cannot expect that flowers will stop inimical tanks, although we cannot exclude it.

However, the essences have an important **supportive** role in the treatment of people with malignant diseases. When the mass of the tumour is destroyed by methods of allopathic medicine the essences can help to recover from the aggressive therapy and they can also significantly reduce the risk of relapse of the disease. They can also diminish patient's fear and boost patient's hope, so necessary when fighting with such an insidious opponent.

In the first case of sore throat, the risk of abscess and late complications of Streptococcus infections are important indications for antibiotics. In the second case, in-between the sore throats the risk of complications is minimal. However, when there is an acute tonsillitis, standard procedures of allopathic medicine should be used. Here allopathic medicine plays a supportive role for BFT.

15.1.3. Cause of the disease

The supposed cause of the problem also plays a role. If there is a clear **outer cause**, like an injury, significant infection, food poisoning etc., such a condition should be treated with allopathic medicine. The role of BFT is supportive. However, as soon as an acute problem changes into chronic and there are also **inner causes**, the importance of BFT increases.

For example, if a patient breaks his leg, it is a clear outer cause of the problem. The best treatment is reposition of bone fragments and their fixation in the right position. In most cases, the bones heal spontaneously; they need only to have sufficient time. However, in a small percentage of patients, the fracture does not heal. There is some inner cause why the bones do not join again. And in this situation, surgeons have only limited options. They can give the patient vitamins to improve recalcification of bones. They can solve infection if there is such problem. They can re-operate the patient. BFT can mobilize inner resources to heal faster. Here, BFT becomes the main treatment method and allopathic medicine plays a supportive role. (see Case 7).

15.1.4. Patient's concept of the disease

In some health problems, the cause is clear, like in the case of an injury. However, there are also situations where the mechanism of the disease remains unclear; there are more theories but each explains

15. Treating physical problems

only a part of the problem. For example, eczema can be caused by an allergen from the environment. This is outer cause of the problem. In some people, no allergy has been identified. We have to look for other causes, for example we can speculate about genetic factors or possible disturbance of the immune system. And finally, we can go further and think about psychosomatic or spiritual reasons.

To decide whether BFT is suitable for treating eczema in an individual patient, your opinion about the cause of eczema plays a role. However, **patient's concept of the disease**, the way how he understands his health problem is very important too.

Although most of our patients aren't healthcare professionals, they usually have some idea why they have become ill and how they can get healthy again. Simple questions like *"Why do you think you are ill?"*, *"I know you aren't a doctor but you probably have some fantasy about your disease"* and *"How in your fantasy the therapy should work?"* can uncover his thinking about his disease. The possible reasons mentioned by our patient may be various but we can divide them again into two main groups:

Outer – can be treated only by outside tools Cause / Treatment	Inner – can be treated with patient's forces Cause / Treatment
Infection / Antibiotics	Weak immune system / invigorating of immune system
Something that needs to be cut out or repaired (tumour, ulcer, bone deformity, prolapsed inter-vertebral disc etc.) / operation	Sedentary life-style / exercise
Genetic disorder / replacement of wrong genes	Imbalance of the whole system / rebalancing of the system
Injury / operation	Injury / support of inner healing forces
Pollution of air, allergens, additives in food / allergen removal, air cleaners, bio-food	Toxins in the body / cleansing of the body, improving of elimination of toxins
Lack of some vitamin / supplementation of vitamins	Ineffective metabolism / fine-tuning of the metabolism
Depression = lack of some hormone in the brain / antidepressants	Stress / relaxation, reducing stress, changing one's attitude towards stressful situation

Table 7. Outer and inner concept of disease.

In this table, you can see two groups of supposed causes of diseases and their treatment: **outer** and **inner**. Some causes are on both sides; however, expected treatment differs. As for genetic disorders, they were included into outer group because they can be repaired from the outside only; nobody can repair his genes by himself.

When the patient believes that his health problem has been caused by an **outer cause**, he will expect the help from the outside. He hopes that his difficulty can be solved by an operation, antibiotics, gene replacement, removing allergens from the environment, supplying necessary vitamins, change of attitude of family members or co-workers. However, being dependent on the help from outside means being powerless. The patient himself cannot influence his health state. In these people, it is probable that BFT will be ineffective. The reason is that they DO NOT EXPECT any effect of BFT. It is evident that BFT cannot replace operation, antibiotics, repair wrong gene etc. As we have already explained (chapter 7. Process of change), patient's expectations and beliefs are crucial for the effect of the therapy. Because the whole philosophy of allopathic medicine is built on external factors causing the disease and their elimination, conventional ways of treatment will be probably more acceptable for these patients.

On the other hand, if the patient believes that the **cause of his problem is inner**, i.e. it is caused by some sort of imbalance he will be probably more open to alternative medicine generally. Methods like BFT do not replace inner strengths; they support the usage of inner resources and adjust inner regulating mechanisms.

Professor Karel Lewit, famous Czech neurologist and co-founder of manual medicine, used to tell that *“Magnetic resonance examination makes the disease incurable”*. It does not mean that MRI has a direct adverse effect to diseased organ or joint. The problem with MRI is that this investigation is simply too precise and it almost always finds something wrong, like bone excrescences, degenerative changes, a prolapse of intervertebral disc or a damage of cartilages of intervertebral joints. And when some patients get such information they give up any active effort to improve their health. The result of MRI investigation acts as a self-fulfilling prophecy to them; they expect pain and suffering and do not make any attempt to change their health state by regular exercise or any alternative treatment.

Similarly as we divided causes of diseases, we can also divide patients into three groups: **active, passive and resigned**.

Approach to disease	Active	Passive	Resigned
Cause of disease	Inner imbalance, weak immune system, weak muscles, wrong diet, lack of movement	Infection, bone excrescences, kidney or liver stones, tumour, morphological abnormality on CT, ultrasound, MRI etc.	Genetics, the same causes as for Passive approach but without any possibility of allopathic medicine to solve it or when allopathic medicine is ineffective
Basic belief	I will be healthy again as soon as I rebalance my body, strengthen my muscles, empower my immune system, change my diet	I will be healthy as soon as somebody removes the cause, eliminates infection by antibiotics, removes kidney stone or tumour, rectifies abnormality	I will never be healthy again because there is a permanent and unchangeable cause
Therapy	They do not like to rely upon allopathic medicine because they believe allopathic medicine does not solve the cause, they seek other, deeper cause of their problem; they want to actively participate in the therapy, change regime, diet	They are passive recipients of medical care. Take pills, undergo operations.	They use the simplest treatment method that only reduces their suffering, like painkillers
Prognosis	Usually good	Chronic problems cannot be cured by allopathic medicine; the goal of the therapy is compensation	Full recovery is improbable, patient has constant problems, nothing brings long-lasting relief

Table 8. Patient's approach to the disease.

The approach of patient towards his disease may change. For example, originally active patient may become passive when facing a serious condition, or move into the resigned group if the problem lasts

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too long and he can see no progress. For those originally active patients who have lost hope, GORSE is especially useful. On the other hand, some patients, passive at the beginning and relying upon allopathic medicine, can subsequently become disappointed by inefficacy of allopathic medicine. At this moment, they may shift into resigned position, giving up any attempt to improve their state (GORSE or WILD ROSE may be sometimes effective), or may begin to seek actively other ways how to fight with the disease. Here the combination or alternation of BFT with allopathic medicine is especially useful and right timing is necessary for offering BFT to the patient.

☉ 65 year old patient, until now quite healthy. A patient of my allopathic ambulance of G. P. He was unexpectedly hospitalized because of acute vertigo. All the routine investigations were normal but he was in almost panicky state, paralysed by his fear, paying a lot of attention to his complaints. I gave him Bach essences (ROCK ROSE, MIMULUS, WHITE CHESTNUT) as acute treatment. However, at this moment, he did not trust BFT (discord in Patient-Method relationship) and believed that only the allopathic medicine could offer him a real help (passive Patient-Disease relationship). As we would expect, the essences had no effect and he did not like to continue with them.

I offered him to perform more detailed examinations of allopathic medicine and the patient agreed. These additional procedures did not reveal any serious cause but his problems remained the same. At this moment, when possibilities of allopathic medicine had been exhausted, I offered him BFT again. And he accepted. He was aware that vertigo might have a connection with a lot of stress he had had last year. He had moved to a new house but he still couldn't get used to it. To suppress disagreeable thoughts, he took extra work. As a consequence of overwork, vertigo appeared. Final prescription was similar to the acute combination (MIMULUS, WHITE CHESTNUT, HONEYSUCKLE, WALNUT). Six weeks later, the patient reported a significant improvement, his fears almost disappeared and he began to return to a normal life. He believed that the essences were effective (improvement in Patient-Method relationship). He also began to exercise regularly to improve his fitness (clear sign that he moved from passive position to active). A minor relapse was solved by adding GENTIAN.

There are also people who do not think about the cause of the disease; they do not need any theoretical background for the treatment. They just tell you, ***“I just want to get rid of this annoying problem and that is all. Please help me if you can.”*** These persons do not try to understand the theory; they have no preconceptions. This is a good thing. They assess the effect mainly according to change of somatic symptoms; they do not pay much attention to the change on emotional level. This sometimes makes it more difficult to evaluate the result of the therapy. In such cases it is reasonable to recommend continuing with the therapy with actual combination for some time even when the results are not too convincing. These people need a clear signal that the therapy is working, and the effect may become apparent only after a longer time.

15.1.5. Lab tests and instrumental examinations

Usage of lab tests, ultrasound, X ray and other instrumental examinations is a domain of allopathic medicine. Diagnosis of any physical complaint is based on patient's history, physical examination (examination by the therapist's senses, by observing, palpation, percussion, auscultation), lab and instrumental examinations. In modern medicine, these technologies play more and more significant role. The reason is that they are more accurate in most conditions; they also serve as double-check of clinical diagnosis and their results can have legal consequences in lawsuits.

The treatment process is often based on the results of these investigations, for example on the level of blood glucose, on the blood pressure, presence of stone in the kidney or histology of a bioptic speci-

men. When there is a clear pathological finding it should always be treated by allopathic medicine and the role of BFT is only supportive.

Quite opposite is the situation when in spite of annoying complaints there is no “objective” finding explaining patient’s suffering. When treating such patients, healthcare professionals are often at their wits’ end. These people often suffer twice; they suffer because of the symptoms of the disease and because the doctors do not know how to help them. The only treatment is symptomatic, i.e. they get medication that reduces their symptoms only; it does not treat the real cause. Complaints of these patients are usually **psychosomatic**, and BFT can be a perfect solution for them.

15.1.6. Awareness of the connection with psychic stress

Some patients come with a clear idea about the connection of their somatic problem with some difficult situation in their life. These people spontaneously look for psychological and/or alternative treatment and have usually clear benefit from BFT. However, in most cases the patient isn’t aware of this association. For some of them even the idea that their physical complaint might be associated with some mental stress is unacceptable. *“But I am not crazy!”* is their frequent indignant reaction.

Although they are not aware of the association of their complaint with psychic state, many of them can be treated successfully with BFT. **The most important is again their concept of the disease**, how they understand their problem and whether they believe in outer or inner cause. If they consider inner factors important it is often acceptable for them when explaining BFT as a method of inner harmonisation, a way how to mobilise inner resources to fight with the disease. (see 12.1. Explanation of Bach essences).

15.1.7. Treatment guidelines and legal consequences of mistreatment

In serious conditions, doctors use official treatment guidelines. In some countries, healthcare practitioners are bound by a law to abide by them; in other countries, the guidelines serve as a recommendation. If there are official guidelines for patient’s diagnosis it is reasonable to respect them. BFT can serve as a supportive tool, of course. In the first case of sore throat caused by Streptococci antibiotics should always be prescribed. According to statistics, in some cases, untreated infection can provoke a self-destructive immunological reaction in the body and it can lead to the damage of heart valves, kidney inflammation or arthritis. These consequences are relatively rare. Anyway, who would dare to risk such complications?

15.1.8. Treatment or prevention

A proverb says that prevention is much better and easier than treatment. In fact, treatment of an acute disease usually requires more aggressive methods and medicines than prevention. It is also much more expensive.

Allopathic medicine has perfect tools how to fight with acute diseases but it has only limited options on how to prevent serious health problems. On the other hand, treatment with BFT has a strong pre-

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ventive effect. The more you want to prevent (re-)emerging of a problem or progression of the disease, the greater role BFT can play.

15.2. Remedies used frequently in treating somatic disorders

Case-taking in somatic disorders has some specifics and has been described in 13.5. Example 1 - backache. Although any of 38 essences can be useful some remedies are used more frequently than the other. I will mention here four essences that proved to be especially useful in somatic problems.

Number one is MIMULUS. People have often a fear or at least some worries about their health state and future development of the disease. Or, they may worry that the disease might come back. Their fear usually does not manifest verbally in the form *“I have a fear of the disease”* but it has a form of preventive measures the patient takes. They may avoid activities they used to like before but at present they are afraid they can worsen their complaint. If somebody has a fear of getting a cold, he may pay more attention to his dress when going outside; if he has digestive problems, he avoids some sorts of food.

MIMULUS symptoms are often relatively mild. The reason why the patients come is the fear provoked by appearance of an unusual symptom:

☉ 60 years old patient comes because of one week lasting headache he has never had before. I examine him and tell him that this headache is probably caused by overexertion of vertebral spine. I recommend him to have a rest for a few days. My explanation reduces his fear. I also suggest to prescribe him painkillers. However, he answers that it is not necessary because it is not so intense and the reason why he has come has been the fear of an unusual complaint.

In my experience of a general practitioner, MIMULUS physical problems form about one fourth of all physical difficulties.

Another important remedy is OAK. People who have an OAK problem have no fear of the disease and do not worry about future progression of the complaint. Even when the problem is quite serious they feel annoyed because it restricts them in their daily activities and fulfilling their duties. A patient who has a few months lasting backache is still hopeful as for its cure but he feels anger towards his own body because he cannot work in the garden as usually.

The third remedy is GENTIAN. GENTIAN is especially useful during convalescence after operations, serious infections or injuries. Recovering from such states is seldom straight-forward. There are ups and downs and when this fluctuating state lasts long enough, the patient may begin to doubt the chance for full recovery. GENTIAN can give him perseverance to continue to fight with obstacles of treatment. Sometimes a combination with GORSE may be needed.

The last remedy is HONEYSUCKLE. Physical complaints of HONEYSUCKLE type usually appear when there is some period of life ending, typically in women in menopause, after retirement or after a diagnosis of a serious disease. Although hormonal changes are more evident in women, in men after forty a similar process can be observed. These men can feel their physical strength is declining and they have various pains. They may be aware of the fact that their fitness they have had before will never come back. Some of them may react by a futile effort to reverse the process by excessive exercise, paying attention to outward appearance, finding a new partner, undergoing plastic surgeries etc.

15.3. Final warning

At the end of this chapter, I will add a warning. It is a nice work to treat physical complaints but **do not take on yourself more responsibility than you can carry**. It is a question of well-defined professional boundaries (see 12.3.4. Professional boundaries) to be able to decide where you will use BFT as a main therapy, where BFT will serve as a supportive treatment and whom you will refuse to treat at all. **You should always have a prepared variant for the situation when BFT fails**, what you and your patient will do next.

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*📖 God grant me the serenity to accept the things I cannot change,
courage to change the things I can,
and wisdom to know the difference.*

Serenity Prayer

The patient has come because of some reason to your consulting room and he has some expectations. During the case taking other important themes may emerge. Focusing is a special technique used for matching the goals of the therapy of the patient and of the therapist. What we also should take into consideration are technical limits of our therapeutic method. We use focusing mainly but not exclusively in two situations during the therapy:

- One moment is when we have already taken case, have selected important themes and/or have found some essences that might be useful for our patient and want to offer them;
- Another moment for focusing may come in a specific situation when we consider offering BFT to a patient whom we already treat with some other method, like massage or acupuncture or kinesiology. We already know a part of patient's story and we feel that the essences can bring him a benefit. The patient trusts you and he is willing to try another treatment but he needs to understand why, in which area the remedies might be useful for him. He needs to find a motivation for the therapy. This theme is further discussed in 16.4. and in chapter 23 (Combining BFT with other therapies).

There are various themes •(see diagram 46):

- some of them are **important for the patient**;
- some are **acceptable for the patient**;
- some of them are **important for the therapist**;
- some of them are **acceptable for the therapist**.

Some of these themes

- **can be influenced by essences**, like dissatisfaction at work, too much stress, need to mobilize immune system or to purify the body,
- some **cannot be changed by BFT** like wrong genes, domineering boss, quarrelsome partner or polluted environment.

Focusing may be sometimes quite tricky and the most important part of the consultation. The problem is that we have some idea what could be useful for the patient but his point of view can be quite different. The goal of focusing is to find a compromise that would be acceptable for your patient but it will also be helpful for him from your point of view. During focusing, we should always pay attention to basic principles of BFT (see chapter 6) Remember that according to Bach, the goal of BFT is to support the patient to follow his way in the life (6.5. Life mission). Principle of autonomy (6.2.2.) stresses the importance of patient's independent decision. Another principle, Partnership (6.1.), empathizes that the treatment should be based on equal relationship and that any decision should be made after a discussion and mutual agreement. See also 12.6. (Do we really help our patient?)

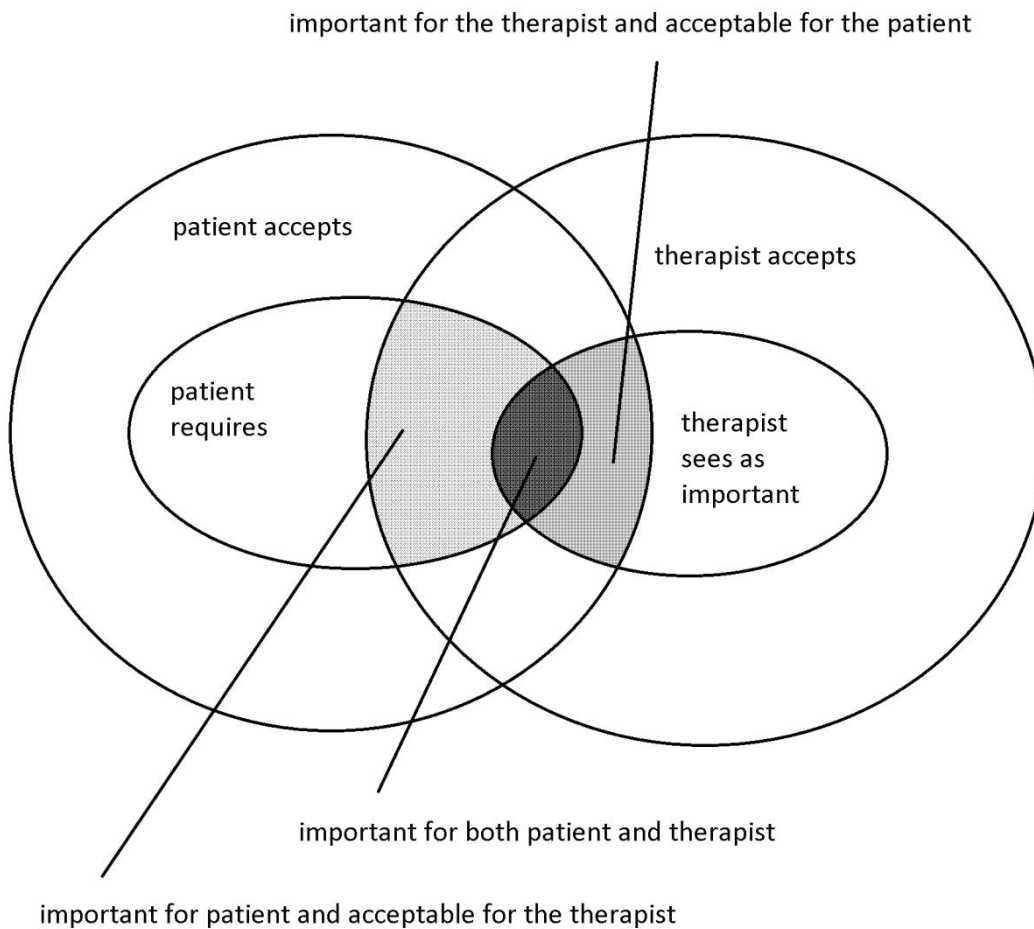


Diagram 46. Focusing.

16.1. Focusing as a compromise

Imagine a patient, a workaholic manager of a company whose main complaint is that he feels tired and sleeps badly because of whirling thoughts, and he wants to increase his performance at work because otherwise he has a fear of bankruptcy. The reason why he has to work so hard is that his employees are unreliable and he has to double-check their work. It costs him a lot of energy. His desire is to have reliable and diligent workers. That would help him a lot. Besides that you may observe that he is quite

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haughty in his demeanour and that is why other people do not like him and avoid him. He lives alone and he probably feels lonely but he does not speak about it.

You may speculate that his feeling of loneliness is his unconscious driving force that makes him work hard to gain the acceptance and love of others.

It is quite probable that the themes you would like to work with are different than his. Let's look at his requests first:

- He feels tired;
- He has difficulties with sleep;
- He wishes to work still harder;
- He has problems with unreliable employees.

Some of these themes are acceptable for the therapist, some are not. For example, you can work with the feeling of being tired. For the patient, it is the main problem. However, for you as a therapist, it is evident that the tiredness is only a manifestation of his chronic overwork. Treating the patient with the essence of OLIVE alone without influencing the underlying problem cannot bring long-lasting effect.

Sleeplessness is certainly a problem you can work with, and it is possible that it may serve as a bridge to the themes raised by the therapist – see below.

His wish to work still harder is something that goes directly AGAINST the treatment, so the therapist cannot accept it as a theme for work. The best way how to deal with it is just to say *“Uhm”* and to shift the attention to some other theme.

His need to change his employees is something that isn't within your strengths. You cannot change other people, neither BFT can do it. During the consultation, when you will discuss in detail his relationship with his subordinates, you can ask for example:

“You feel the situation with your workers is not easy. They have many mistakes and the best thing would be to replace them. However, at present there is generally a lack of responsible employees. Furthermore, you will have to pay still more attention to newcomers, as they do not know how to do their work well.”

I have one question. Bach essences cannot change your subordinates. They can help to change you only. The relationship with workers is a type of interpersonal relationships. My experience is that in interpersonal relationships there is often some part of the responsibility on both sides. According to your description, they are really unreliable. Say that their responsibility for that is 90%. Is it possible that there are 5 or 10% on your side that the working results of your employees do not meet your expectations?”

This question may uncover a communication problem on the side of the patient that can be treated with BFT. For example, the patient may acknowledge that his demands are sometimes a little bit too high or that he is overly critical.

There are themes you as therapist may consider important:

- His tendency to overwork;
- His fear of bankruptcy;

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- His haughtiness;
- His feelings of loneliness.

Patient's view of these themes would be probably different than yours. For example, the tendency to overwork is not seen as a problem by your patient. He is used to working hard and he considers it as something normal. Furthermore, if he works less there is a risk that his company may bankrupt. Furthermore, he has an explicit request to increase his performance. As mentioned above, it is better to avoid this theme temporarily. Because your points of view are right opposite, a discussion about this theme can lead to a discord. Of course, you can mention remedies like OAK or ELM among possible essences and wait for his reaction. If he accepts it, it is OK, if he refuses, it is OK too.

His fear of bankruptcy is associated with sleep problems. He cannot sleep because the worries whirl in his mind. Dealing with sleeplessness is one of his requirements; improvement of his sleep is useful from your point of view as a therapist too. Furthermore, you can expect that MIMULUS for his fear and WHITE CHESTNUT for his constant thoughts about his business will reduce his tension generally. It can improve his sleep and reduce his tendency to overwork.

At present, the themes of his haughtiness and his possible loneliness are probably too sensitive to be opened. Businessmen do not like to speak about their weaknesses; they prefer to look for the way how to enhance their strengths. His mind is too concentrated on his job, tiredness and sleeplessness, so loneliness may seem unimportant to him now. You should wait for a few follow-ups, and when he verifies that BFT is useful for him and your therapeutic relationship becomes firmer, you can open this theme.

We can summarize these themes into a table:

Theme	Patient's view	Therapist's view
Feeling tired	Important	Acceptable
Sleeplessness	Important	Important
Need to work harder	Important	Unacceptable
Need to change his subordinates	Important	Unsolvable
Overly critical towards subordinates	Acceptable	Important
Tendency to overwork	Unacceptable	Important
Fear of business getting ruined	Acceptable/important	Important
Haughtiness	Unacceptable/unimportant	Important
Loneliness	Unacceptable/unimportant	Important

Table 9. Importance of themes according to the patient and to the therapist.

When selecting themes, we need to find at least one theme that is important for both the patient and the therapist, or one theme that is important for the patient and acceptable for the therapist and one that is acceptable for the patient and important for the therapist. Without including any theme that is important for the patient, he will have no motivation for the therapy. Without including any theme that is important for you as a therapist, the essences may improve slightly some minor symptoms but the therapy as a whole will stagnate.

At this moment, the situation is quite favourable. We can take as a primary goal to help with sleeplessness important for both; and as secondary goals tiredness important for the patient and acceptable for the therapist and worries about the business acceptable for the patient and important for the therapist. During the therapy, when the work pressure will be less intense and the patient will trust you

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more, you can make another focusing discussing other themes that at this moment seem to be unacceptable or unimportant, like tendency to overwork and loneliness.

It is important to say that at this moment it is meaningless to try to convince the patient that the principal problem is his tendency to overwork. The work is too important for him; no matter how many arguments you use the patient will refuse them directly or use *“Yes but”* (see footnote in 10.3.4.) answers. However, it is not a problem for the therapy. We need to begin somewhere and then move deeper. We can compare this situation with the unfavourable wind and a sailboat. We cannot sail directly against the wind. However, we can float across and then turn back and so on. With every turn, we can get closer to our goal. It is also possible that the direction of the wind changes during the time.

How can we do focusing technically? I usually read the description of individual essences from *Twelve Healers*. I can add some explanation why I feel this remedy is suitable if necessary and then I discuss with the patient what his opinion is. Reading the description is useful because of a few reasons. The first is that the description of Bach is really apt. Every word has its purpose. Patients are sometimes astonished by the fact that Edward Bach, eighty years ago, could describe them with such accuracy. Another reason is that for the patient, official description is more reliable than mere explanation of the therapist. Bach’s description is also positive; for example, CHICORY patients are pleased to hear that they are *“very mindful of the needs of others”*, BEECH agrees with feeling *“the need to see more good and beauty in all that surrounds them”* and VINE easily identifies with *“very capable people, certain of their own ability, confident of success”*.

For most patients, it is enough to know that selected remedies correspond to their mental state. However, some of them may ask you what the effect the essences will have to them. For example, in above mentioned example you may suggest OAK among other essences. The patient, after listening to Bach’s description, may react, *“Well, you are right, I fight a lot to develop my business. So, what will be the effect of the essence to me? Will I fight less intensely?”* Although your original motivation was to reduce his work effort, it is not a thing the patient wants to hear. You have to tell something that is true but is still acceptable for your patient. Of course, you can use something like *“It will do what is the best for you.”* However, it is possible that this reaction will not satisfy the patient. Another possible answer can be *“You will be able to use your resources more effectively”*.

16.2. Good focusing as a prerequisite of a successful follow-up

Focusing defines clearly the goals of the therapy. It is useful to write down a list of important themes and to refer to it during follow-ups.

For example, in above mentioned example, this list will include:

- Tiredness
- Sleeplessness
- Fear of bankruptcy
- Excessive criticism

The patient comes to the follow-up. He comments his health state:

It is the same. I feel tired, my employees are irresponsible and I had a terrible conflict with my father.

At the first sight, the situation seems pessimistically. However, let's look at the above mentioned list and compare the information of the patient with the original list of the goals:

- He tells that he feels tired. According to previous analysis we know that tiredness is a primary goal for the patient but only a secondary for the therapist. Tiredness will diminish as a result of a change on a deeper level, and that is why it will probably need some time. It is useful to ask the patient to compare his tiredness now and before the beginning of the therapy. Other useful tools are described in the next chapter in detail.
- The problem with employees wasn't included in the list of goals. Logically, the essences are unable to influence the behaviour of anybody else than the patient. What is more important, how the patient perceives these stressful situations and how he reacts to them. *“And how do you feel during these conflicts?”* He may for example answer that he has already resigned; even when the workers are irresponsible he does not get as angry as he used to before the therapy. The word “resignation” is sometimes positive. When the problem is (at least at present) unsolvable it is better to resign than to invest huge amounts of energy into a desperate struggle.
- There is a conflict with his father. It wasn't included in the original list of goals. That is why the effect of the therapy cannot be assessed according to this problem. However, it is worth exploring. The reason why he speaks about it might be that he trusts you more than during the first consultation and is ready to reveal his hidden pains. The father has always belittled his abilities and criticised him. Maybe he hopes that his success in business will finally prove his dad that he is capable. It is also possible that the conflict had always been there but the patient had used to be submissive but now he decided to defend himself. After the essence of MIMULUS, he found a courage to face the anger of his father.
- Finally, there are two themes that haven't been mentioned yet – sleeplessness and fear of bankruptcy. The reason why the patient hasn't mentioned it might be that this problem isn't so pressing now. When directly asked he may for example answer that at work there is a calmer period. The business is going well and the stress is less intense. That is why he also sleeps better. However, he does not attribute this improvement to the remedy but to the external conditions.

In spite of the initial pessimism of the patient, we can conclude that there are reliable signs that the situation is improving.

16.3. Specifics of focusing in somatic problems

Although most patients aren't aware of the connection between his somatic and psychic problems they usually mention some stress when asked directly. You will include them into the list of themes and work with them as usually.

A special situation happens when the patient insists on having no mental problems. His only complaint is an annoying somatic symptom and otherwise he is absolutely fine.

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There are more reasons for that. Some patients simply ignore their emotions and pay attention to external world and to their body only. The prescription can be made on the base of the general impression they make on you and on the way how they react to their somatic problems. Because of their general insensitivity it is possible that the first person who will notice a change will not be them but some close person, e.g. their wife.

Another reason is that the patient has an **outer concept of the disease** (see 15.1.4.) He may have **broken car syndrome** (see 6.1.) and expect that you repair his body in the same way as a serviceman in a car-repair shop. He does not want to invest anything else than money into repairing of his body. Revealing one's psychic problems is also an investment, and the patient isn't ready to do it yet. You should discuss with the patient his concept of the disease and explain him why you need to know some details from his private life. However, it is quite possible that during follow-ups he will report only *"Physical problem without change"*.

Finally, the patient may worry that if he tells you about his mental problems you will label him as a crank. Here the explanation and reassurance is very important.

In patients sticking to one local problem, local application of the essences in combination with oral usage is sometimes more effective than oral usage only. The reason is that the healing ointment corresponds better to their outer concept of the disease.

16.4. Transcript of focusing

Focusing can be used in different phases of the therapy. In the following example, focusing was used in a patient coming primarily for the allopathic treatment of somatic problem. Because I have been knowing this patient for a long time I felt that the cause of this complaint is psychosomatic. BFT seemed useful for her but how to motivate her for the alternative therapy?

⊗ 41 year old woman came to my ambulance of G. P. because of a sensation of swelling on the side of neck. The complaint was not serious as for pain; she was just afraid what was happening to her and wanted to verify it by ultrasound examination. This situation was not an average sore throat; I felt there was something underneath. During the conversation, I raised my usual question "How's the life now?"

P: Well, I have a lot of work now, maybe even more than usually.	There is more pressure than usually. Unconsciously, she might feel that too much stress can ruin her health. It may have a connection with the lump.
T: There is too much work now, and you feel overwhelmed.	<i>Complex reflection</i> – adding "overwhelmed".
P: And clients are more and more annoying, I even had to begin to refuse their demands. I do not like to be ugly to them but sometimes I have to be.	
T: It is important for you the others to feel well. The work load is too big for you, and you have realized it is necessary to set boundaries to the others and you do not feel well because of that.	<i>Complex reflection</i> (double-sided) – stressing the positive aspect (she wants the others to feel well), at the same time appreciating her effort to set boundaries. Take notice of the conjunction "and" instead of "but". While "but" belittles the former part, "and" keeps both parts valid. At the same time, we can expect that the patient will pay more

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	attention to the latter part and will continue to speak about it. This patient is a workaholic, so setting and maintaining boundaries is something we should support.
P: I am used to doing my best, and now I have to tell “no” to clients. It is not easy to me.	Difficulty to set boundaries sounds like CENTAURY theme, bad feelings after that may belong to PINE.
T: It is not easy to say “no” to other people. You like them to feel well and you do not want disappoint them.	<i>Complex reflection – continuing the paragraph.</i> Exploring further the theme of CENTAURY. Adding the word “disappoint”.
P: It is not so much about disappointing them but it is strange that even when I am really successful and I have many clients, I always have a fear that if I refuse their request they will not come to me again in the future. I have a huge mortgage and I am afraid that any decrease of income can threaten it. But as for my clients, some of them are really persistent. They are used to calling me whenever they have a problem. They know I am capable; I am able to help them to sort it out. What is especially disagreeable, when somebody slanders me. For example, recently some client asked me to help him with some project. This project was prepared by one 70 year old architect. I have respect to old people but his knowledge is absolutely out-of-date. So, as for this project, I told them, do not ask me to do that because I would have to rework it all. But they agreed with that. So, I had to redo it from the very beginning. And this architect began to slander me because of that. Even when he didn’t know anything about me, he criticized me. And his criticism was groundless; he is incapable and he slanders me.	Her tendency to overwork isn’t caused by her difficulty to maintain boundaries (CENTAURY) but by her fear of financial problems (MIMULUS). There is a dilemma: on one hand she feels a fear of financial problems, on the other hand her aversion towards clients is growing. SCLERANTHUS? She feels attacked by a colleague: <i>“For those who sometimes are attacked by thoughts of such kind as jealousy, envy, revenge, suspicion. For the different forms of vexation. Within themselves they may suffer much, often when there is no real cause for their unhappiness.”</i> (HOLLY) There may also be a WILLOW theme – feeling as a victim. She is very capable while the others aren’t, she sounds quite haughty – WATER VIOLET? BEECH?
T: That is especially difficult to bear for you when somebody who is incapable criticizes you.	<i>Simple reflection.</i>
P: And, I helped one student to work out the dissertation work. It lasted one year. I helped him to ... (describes the technical aspects). And when he finished it his conclusion was absolutely banal, he did not find anything new. It was an absolute waste of time for me. When I (indignantly) called his professor and described it, he laughed and answered “Oh, he was able to make a conclusion! That is great. Most of his schoolmates are unable to do even that.” I ask myself how the future will be, towards where the world is heading. When I was young, I was responsible and wanted to learn as much as possible. Even English (language), I knew I had to learn it because it was necessary for further professional development. My schoolmates, even when their English was not perfect, they were able to study technical literature. But now, many	She feels as a victim – VERVAIN or WILLOW. It is a matter of principle for her – VERVAIN.

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years later, they (present-day students) do not speak English at all. How is it possible? It seems to me that they are negligent; they do not have the right zest for their work.	
T: You have always worked very hard, have wanted to do the best, and you are surprised that the present-day students are not like you.	<i>Complex reflection.</i>
P: Yes, and I think it is wrong. The whole world is such.	
T: And you would like to change the world.	<i>Amplified reflection, trying to guide her to the conclusion that she cannot change the world and that the only possibility is to work with the feelings of one's own.</i>
P: Yes. I know it is very difficult but if everybody resigns, accepts it as it is, it will get still worse. Like at school, I sue the school of my son, schoolmates bullied him. And imagine, when I talked with the school inspector, he answered me that it was the same at all the schools.	But the attempt failed – she really wants to change the world (VERVAIN). There is also a possible theme of RED CHESTNUT – fear for her son. Her fight is provoked by her worries that the school isn't able to protect him.
T: It is a matter of principle for you.	<i>Complex reflection, adding “matter of principle” – testing VERVAIN theme.</i>
P: YES.	

Here, we are in a situation when there are multiple themes, some of them are **important for the patient** and some of them are important for the therapy.

For her, there is:

- A somatic problem of swollen neck;
- Being overloaded and having annoying clients who have too many demands;
- Fear of bankruptcy;
- Being split between the fear of bankruptcy and the growing aversion towards some clients;
- Exasperation because of lack of responsibility in young people;
- Oversensitivity to slander;
- Bullying of her son, fear for him and her fight for justice.

On the other hand, there are themes that seem **important for the therapy**:

- It is a sort of pride that builds a wall between her and other people. Because of this being up feeling, she reacts harshly and haughtily towards other people. However, she feels quite comfortable with herself, and this theme could provoke a discord in this early phase.
- Her fight with the school will probably be futile and she will spend a lot of energy with that and her relationships with other people will get still worse. Besides, for her son, it will not be easy to study at the school that is sued by his mother. Her son has already changed school two years ago because of bullying but the situation is similar now. Because this theme repeats it is probably because the problem is more on the side of the son and his mum than on the side of the school. That is why a suitable theme would be for her how to accept the situation. Her fight with the school is probably caused by her exaggerated fear for her son.
- Her stress is still intensified by her overwork. Reducing her fear of bankruptcy will help her to take less work and to preserve enough energy for her family.

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- She has strong principles and she is ready to fight for them. This leads to overwork and to interpersonal conflicts. Reducing her zeal for work and justice would be helpful. However, she is proud of having them, they give her a feeling of self-worth.
- She has already taken the first step, she considers setting boundaries and telling “no” to some clients. The task of the therapist should be to support her in it.
- It is also possible to help her with hurt feelings caused by slanders.

There are also **limitations as for the method**:

- The therapy cannot change other people, the patient can change only himself. Especially when there are many people who should be changed according to patient’s opinion, it is quite obvious that for the patient it would be much easier to change his point of view, rather than to lead idealistic but losing battle.
- With essences, we can change only patient’s feelings. Whether change of feelings will lead to a change of behaviour is up to the patient. For example, even if we succeed to reduce her fear of bankruptcy she still can continue to overwork.
- BFT does not act directly to the body and there is no guarantee that it can solve a physical problem. A serious disease must be excluded first.

When we combine all three parts, i.e. the wish of the patient, the need from the point of view of the therapist and limitations of the method, we can conclude that there are some themes that fit:

- Fear of bankruptcy (MIMULUS);
- Indecision whether to set boundaries or not (SCLERANTHUS);
- Fear for her son (RED CHESTNUT);
- Sensitivity to slander (HOLLY).

Remember that your prescription needn’t be perfect; it is probable that such a simple prescription will bring at least some relief. If you succeed to establish a firm therapeutic relationship you will have plenty of time to adjust the combination and add further essences.

At this moment, it is time to discuss with the patient themes that might be interesting for her and finally offer BFT:

T: There is a physical problem, a feeling of a lump on the neck, and there is also quite a lot of stress.	<i>Summarizing</i> , connecting somatic problem with the stress. Preparing the terrain for offering of BFT.
P: Yes, I even think that the lump may be caused by too much stress.	The patient has already considered the possibility of psychosomatic cause of her problem. She seems to be suitable for offering BFT.
T: It sounds like it might be useful to reduce the stress and especially your fear of financial problems.	<i>Summarizing</i> selected parts - choosing themes suitable for BFT.
P: Yes, it would be certainly useful for me. As I have said, it is strange why I have such a fear. I am capable and I believe I will always have enough clients.	She accepts a theme of fear.
T: You have a fear of financial problems and at the same time you feel that you need to tell “no” to some clients. You are split between these two	<i>Summarizing</i> continued. Exploring the theme of indecision.

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feelings.	
P: Yes, exactly. There are moments when somebody makes me furious by calling me on Sunday evening and I am decided to switch off my phone during weekends but then a fear reappears and I begin to hesitate.	She confirms the theme of hesitation. SCLERANTHUS would be probably suitable for her. There is also a theme of change, and WALNUT can be useful too.
T: You feel worry about your son and about his problems at school.	<i>Summarizing</i> continued. Offering another theme.
P: Yes, I feel a terrible fear. The son means everything for me.	Accepting a theme of fear for her son.
T: And you feel hurt when somebody slanders you.	<i>Summarizing</i> ended.
P: Yes.	
T: I have an idea how I could help you with that. Of course, we will make an ultrasound to exclude any serious cause of your physical complaint. Anyway, I agree with you that the stress plays an important role in your problem. I have an offer for you. I use an alternative treatment method called Bach flower therapy, and I find this method quite useful in similar situations. Do you like to hear anything about that?	<i>Offering information.</i> A serious problems must always be to excluded first. This also gives the patient a feeling of safety.
P: Yes, it sounds interesting.	
T: (explains BFT).	
P: Uhm. Yes, I will definitely try it. These things annoy me a lot, and maybe it is a time for a change.	

Conclusion

As you can see, focusing is sometimes quite tricky. Failure of focusing can lead to a discord in Patient – Method/Remedy relationship (“*The remedy does not correspond to my feelings and needs*”) or even Patient – Therapist relationship (“*The therapist does not understand me*” or “*The therapist wants to push me into something I do not like*”)

There are some basic rules:

- **Focusing is a negotiation.** Accept “no” as an answer and respect it.
- Listen carefully to what the patient says and **how he says it**. Your task isn’t only to collect suitable themes but also to assess the attitude of the patient to them.
- **Make a list of themes** (in your mind or on the paper) acceptable and important according to you and according to the patient.
- **Include at least one essence corresponding to the theme important for both you and the patient OR one important for the patient and acceptable for you and one important for you and acceptable for the patient.**
- If you consider that the theme is important but you expect that the patient will refuse your suggestion **do not offer it** but make a note in your records only. Offering conflicting themes may provoke a discord. You will have another chance to suggest it sometimes in the future.

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- The final combination **needn't be perfect**. If you succeed to create a stable therapeutic relationship you will have many other opportunities to adjust it.

17. Follow-up

Health can be no more obtained by payment of gold than a child can purchase his education: no sum of money can teach the pupil to write, he must learn of himself, guided by an experienced teacher. And so it is with health.

E. Bach, *Ye Suffer from Yourself*

The patient comes. From the first view, we can see that he has undergone significant change. He smiles, stands upright. Evidently, his self-confidence is much better than previously. He has more energy and is optimistic as for future development.

This follow-up is a fairy-tale. In some cases, the therapy might resemble a fairy-tale with a magic potion bringing such a miraculous relief. However, in many cases, the course is much more prosaic. Some patients report some relief but their problem still remains. Some have noticed some positive change in one area but in another one the problem remains the same. Quite a lot of patients come and report that nothing happened, that the essence has had no observable effect. Some of them tell that there are minor changes but the main complaint remains disagreeable. Some even complain that their problem has got worse.

These reports, even when not pleasant to hear for the therapist, do not automatically mean that the therapy failed. In many cases, we can find a way how to continue with the therapy until successful end. The strategy of BFT can be compared with the tactics of Roman legions. Roman legions were the most effective military units of their age. They were not successful because of extraordinary weapons. An average legionnaire was equipped with a short sword, a spear and a shield and some armour. The reason of the fact that legionnaires were the most feared soldiers was that they had an excellent training that helped them to gain a small advantage, to concentrate on it and to enlarge it. They were used to proceeding with steady steps in spite of obstacles.

During the therapy we should use a similar approach. We need to preserve our hope and courage in spite of difficulties and to support the hope and courage in our patients. We need to actively look for small signs of improvement and present them as an evidence of progress to the patient. Many patients need some time to acknowledge that there the problems are less intense.

Remember the Cycle of change (see 7.3.), the more you succeed to evoke courage and confidence in the patient and the more you will guide him to use the resources of his own the smoother the therapy will be.

17.1. Basic techniques used during follow-up

During follow-ups, we continue to use Basic communication techniques (see chapter 10) and Other useful techniques (chapter 11). The goal of these methods is to enhance patient's trust towards the method, towards you as a therapist and his self-confidence.

17.1.1. Concentrate on positives

Follow-up has one basic principle. Concentrate on the positive findings. Explore them in detail. Of course, you cannot ignore negative information. You should acknowledge it and go further. On the other hand, when you find something positive, stay longer with it. Use a magnifying glass and explore every aspect of this sign of improvement. Collect positives like a keen stamp collector who is happy when finds a new beautiful stamp he does not have in his collection yet.

17.1.2. Rain of affirmations

People who try to make a significant change in their life are similar to pupils learning a new skill. And your role of the therapist is analogical to that of a teacher. They are worried, their confidence is low and they are exceedingly sensitive to a feedback, either positive or negative. Every big change is associated with a temporary WALNUT state.

In this situation, every affirmation helps a lot to build self-confidence, to overcome worries and to fix positive changes.

17.1.3. Simple reflections

Simple reflections repeat what the patient has said. We can use exactly the same words or we can slightly rephrase the information. Even when simple reflection seems banal, it can move the focus of the patient.

P: And the headaches are the same. Well, last week it was slightly better but this week it is the same.	
T: Last week the headache was milder.	<i>Simple reflection.</i>

Such a simple intervention can shift the focus of the conversation. We can explore in what aspects it was better, how was the reaction of the patient, how many pills he had to use if any, how is the difference when comparing the time before the therapy.

17.1.4. Shifting the meaning

You can also shift the interpretation of the facts reported by the patient:

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P: Son's behaviour is really unbearable! It is already too much for me. I feel I have already resigned to it. He is cheeky but I do not react.	
T: You are less sensitive to your son's behaviour.	<i>Complex reflection</i> – shifting from “resigned” (a word having negative connotations) to “less sensitive” (signalling improvement in the therapy)

Similarly you can shift the meaning in situations that might seem like a failure:

P: Even when I knew I did a mistake I couldn't help it. I agreed again with his request even when I felt angry at him.	
T: You succeeded in the first most important step: you felt there was something wrong. You know how it is when somebody tries to cross your boundaries.	<i>Affirmation with reframing reflection.</i>

P: I went to another job interview but they refused me again.	
T: You do not give up; you are a fighter. Even when facing adversities you continue to struggle. And every attempt is an opportunity to collect some experience.	<i>Affirmation with reframing failure into a collecting of experiences.</i>

17.1.5. Double-sided reflections

Double-sided reflections acknowledge both sides, positive and negative. Double-sided reflections reduce tendency of the patient to argue with the therapist. In above mentioned example of usage of simple reflection, the patient can react in the next sentence:

P: But most of the time, the headache was the same or even worse.	Reaction “ <i>Yes but</i> ”.(see footnote in 10.3.4.)
T: There were times when the headache was better and there were also times when the headache was the same or even worse.	<i>Double-sided reflection.</i>

Apart from avoiding discord with the patient, you can also use double-sided reflection to shift the focus of the conversation. Remember that it is more probable that the patient will explore the latter part of the statement:

P: And the headaches are the same. Well, last week it was slightly better but this week it is the same.	
T: Most of the time the headache was the same and last week the headache was slightly milder.	<i>Double-sided reflection</i> shifting focus to “slightly milder” part.

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In double-sided reflections, it is better to avoid the conjunction “*but*”. In common language, we use “*but*” to diminish the significance of the former part. You can use for example “*and*”, “*on one hand – on the other hand*” or “*..., and at the same time ...*”

17.1.6. Amplified reflections

Amplified reflections are especially useful when the patient reports “no change”.

P: And the backache is the same.	“no change”.
T: The backache is absolutely the same as it used to be before the therapy.	<i>Amplified reflection.</i>
P: Uhm. ... I did not notice any change.	Remains on the “no change” position.
T: For example last week, the backache was every day absolutely the same . Monday, Tuesday, Wednesday ...	Another <i>amplified reflection.</i>
P: Of course, there were slight differences ...	

If the patient acknowledges there were some changes, you can continue to explore them in detail.

17.1.7. Weakened reflections

When the patient speaks about some disagreeable event, he may become overwhelmed by negative emotions. In such situations, weakened reflections reduce emotional charge and shift the conversation back to the rational level.

P: And the conflict with the father was really terrible! We yelled at each other. I felt hopeless. It is all the time the same!	
T: You had another unpleasant conflict with your father.	<i>Weakened reflection</i> , shifting from “terrible” and “hopeless” to “unpleasant”.

17.1.8. Open questions

Open questions help to explore in detail the circumstances of some situation. Again, in accord with the basic principle of follow-up, it is useful to concentrate on positives.

P: And the self-confidence is slightly better.	
T: In what aspects is your self-confidence better? <i>or</i> Tell me more about your self-confidence.	<i>Open questions.</i>

17.1.9. Looking back

Even when the patient is feeling badly, it is often useful to compare the complaint with the previous state before the therapy.

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P: My fear of driving the car is still intense.	
T: Your fear is still disagreeable. When you compare it with the situation before the essences, what would you say?	<i>Weakened reflection</i> (shifting “intense” to “disagreeable”), followed by <i>open question</i> comparing the present state with the past.

17.1.10. Looking to the future

Sometimes the patient reports slight change but he isn't satisfied with the result yet. You can guide him to visualize the potential the therapy has:

P: The fatigue is slightly better but I am still very tired when I come home from work.	
T: During six weeks of therapy, you have noticed some improvement of your fatigue. I expect that this process will continue, the essences just need some time to develop their full effect. It's just a beginning. If this progress will continue for next three months, for example, how your energy will be?	<i>Simple reflection</i> followed by <i>giving information</i> (explaining the effect of essences) and <i>open question</i> oriented to the future.

17.1.11. Exploring extremes

Patients' complaints often naturally fluctuate, they are sometimes better, sometimes worse. That is why many patients may be hesitant to report some positive effect of essences at the beginning of the therapy. Here you can use the technique of exploring extremes, compare the worst situation before the therapy with the present situation and the best situation during the therapy with the state before the therapy.

P: And the breathlessness is still there.	
T: Your main complaint is still present. If it is OK for you, I will stop for a while at this problem. It is natural that the breathlessness changes during time. To be able to assess well the progress of the therapy, we should look at it in more detail. When you remember the time when your breathlessness was the worst BEFORE the essences and compare it with the worst time during the therapy, what would you tell? ... When you remember the best time DURING the therapy and compare it with the best time before the therapy, what would you tell?	<i>Reflection</i> followed by <i>acknowledging autonomy</i> of the patient (“if it is OK for you”), followed by explanation. Finally, the therapist <i>explores extremes</i> .

17.1.12. Using a scale

Sometimes it is useful to objectivize the intensity of the symptom. You can look at your records and if there is a positive change, you can explore it in more detail:

T: On the scale from zero to ten, zero no pain at all, ten the worst pain possible, where would you place your headache?	<i>Closed question</i> to assess intensity of pain.
P: It is ... probably five.	
T: During last consultation, the number was six. What do you think about that change?	Exploring the difference.

You can also use the scale to guide the patient to mobilize his resources and to adjust the therapeutic combination:

P: And my confidence is still quite low. I am still worried how they will react to my presentation. I am really not a speaker.	
T: When you use the scale from zero to ten, zero absolutely no confidence, ten maximal confidence, on which number are you now?	<i>Using scale.</i>
P: It is probably ... three.	
T: Uhm. And is there anything that could help you to shift from three to four, for example?	<i>Closed question</i> exploring the possibilities of change.

The closed question at the end lets the patient the possibility to tell that he cannot do anything but some patients will react for example with:

Maybe it would be helpful to show my presentation to an experienced colleague.

I can take part in a speaker's course.

Sometimes it helps me when at the presentation there is one my friend. When she reacts positively to what I tell I feel much surer.

The patient may also say:

Maybe if I were less sensitive to criticism it would be better. Whenever somebody makes a critical remark I am convinced that it is my mistake, that I did something wrong.

It would be helpful if I could relax a little bit. During the presentation I frequently get nervous that I will not manage the whole presentation in time and I hurry up. And the more I hurry up the more mistakes I make.

In both situation, the patient's reaction can help you to improve the treatment combination.

When discussing the shift on the scale it is reasonable to suggest only a minor shift. The shift from three to four is quite feasible, and this question will activate the patient. On the other hand, if you ask *"What could help you to shift from three to ten?"*, the patient will probably answer *"Nothing"*. This question will increase his hopelessness and passivity.

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Working with the scale can be also used to increase the **patient's awareness of his own resources**:

P: And my confidence is still quite low. I am still worried how they will react to my presentation. I am really not a speaker.	
T: When you use the scale from zero to ten, zero absolutely no confidence, ten maximal confidence, on which number are you now?	<i>Using scale.</i>
P: It is probably ... three.	
T: Uhm. And tell me, why it is three and not zero?	<i>Open question exploring the present resources of the patient.</i>

The question will invite the patient to speak about his skills:

My knowledge is quite good in this area.

I have already made a few successful presentations. Although my feelings haven't been too good some people have appreciated it.

When I am in stress I am able to mobilize my strengths.

17.1.13. Offering information

The patient is often too overwhelmed by his problems that he cannot see the situation in its full perspective. The task of the therapist is to offer a view from the outside:

Do you like to hear my opinion? [Yes]

You seem much more relaxed than during the first consultation.

You seem to have much more energy.

You are able to deal with conflicts more easily.

In spite of many adversities, you continue to fight. You do not give up.

I am convinced that you have made a significant/fast/huge progress in the therapy.

Even when you are going through a difficult period, there are already signs that confirm progress.

As you can see, some information is also an affirmation.

17.1.14. Summarizing

At the beginning of the therapy, the progress may seem small or slow. There are minor changes in different areas. To demonstrate the progress, you can also use a summary:

You feel you have slightly more energy. Your reproaches of conscience are still there but they are less intense. You aren't able to express your opinion clearly yet but your inner dissatisfaction is

growing and you feel you have less fear of consequences if you tell something your husband will not like.

17.1.15. Exploring moments when the therapy has been interrupted

Most patients have some moments when they forget to take the remedy or there is no remedy remaining in the bottle. If this interruption isn't too long, it usually does not mean a problem for the therapy. It may even become a source of important information. If there has been a moment when the patient has stopped the therapy for a few days it is good to explore whether there have been any changes or not. Sometimes the patient notices a significant change, usually an aggravation of complaints. It is a clear sign that the remedy is useful for him, and it also confirms and boosts a positive Patient – Remedy relationship. If the symptoms get worse when the remedy is stopped for a few days even after one year of the therapy, you should begin to think about the possibility of dependence of the patient. Frequently it is because the patient has a fear of interruption of the therapy; he feels he needs your support. In these cases, MIMULUS is often useful.

On the other hand, some patients do not notice any change during interruption of the therapy. If it happens in later stages of the therapy, when your combination has already healed the main problem, it signifies that the patient needs the remedy much less than at the beginning of the therapy. It is a good sign; you can begin to consider termination of the therapy. If it happens during the beginning of the therapy just leave it without comments and move to some other theme.

17.2. Assessing the progress in the therapy

We have discussed how to communicate with the patient to enhance his belief that the change is possible. We also need to assess FOR US whether we have really made any progress during the therapy or not. There are various ways how our patients react to the therapy and there are also various ways how they report the effect of the therapy. At first, we will describe what a **significant change** is, i.e. what the signals of undisputable progress are (17.2.1). When there is a significant change, it is a pleasant time for the therapist, time to “watch and accompany”, and to prepare a new bottle of the remedy whenever necessary. The avalanche of change has already been launched and the Inner Guidance of the patient will help him to find the right solution. Practitioner's task is to give affirmations for positive steps. The change is usually straightforward and satisfying.

However, there are also cases where we need to “fight for every meter”, using military terminology. The patient is hesitant and his self-confidence and hope is fluctuating. There are moments when we seem to make one step further, and those when we go back. Anyway, even in these cases the therapy is often successful. We need to invest more energy and to support the patient whenever there is a tendency to step back. And we need still more to know whether we are going in the right direction, whether our therapy and consultation is successful, and whether it has brought some positive effect. These **signs of progress** are often delicate, almost negligible, but if we succeed to reach some of them during every consultation, there is a chance of positive change in the future.

We should also discuss how to differentiate a real effect of the therapy from a **placebo effect**. Sometimes the whole picture changes and we have to change our combination. While old complaints recede,

new problems emerge. This process is called **peeling of the onion** (17.2.6.) Finally, there are a few words of caution in rare situations where too rapid and radical change can be harmful (17.2.7.)

17.2.1. A significant change

A **significant change** confirms that the remedy has a deep and long-lasting positive effect. However, simple patient's report that he feels well does not necessarily mean that he has undergone a significant change.

The remedy, if correctly selected, has an effect on all levels, mental, emotional, behavioural, physical, interpersonal and spiritual. Here, the spiritual level does not mean only religious conversion but it means any change in life values, ethical principles, attitudes, and purpose of life.

Mental and **emotional levels** are interconnected. Emotions influence the process of thinking and the result is the "logical" explanation corresponding to underlying feeling. A person who has a fear of driving a car may justify his cautiousness with the statistical data of traffic accidents. A patient who has a fear of digestive problems may explain how some diet is useful while another one harmful. Somebody who is impatient and hurried by nature will repeat his life motto "time is money". If the person feels incapable he may speak with admiration about the skills of other persons.

A change on the emotional and mental level goes simultaneously. A patient who is gaining courage is less fearful and speaks less about the risks of his undertaking. A man who has a bigger patience may begin to appreciate short moments of rest and relaxation. With growing self-confidence the patient begins to realize skills of his own.

Change on the **behavioural level** manifests in active steps leading to improvement of the present situation. For example, a person who has a fear of driving decides to take extra lessons in the driving school. A woman spending the whole day with the household and with the care for the children asks her husband for one free evening weekly to go to yoga or to a café with her friends. An overworked man refuses to take over extra work and spends more time with children. **The changes on the behavioural level are usually very reliable signs of the progress of the therapy.**

Change on the **physical level** may manifest in a reduced frequency and intensity of symptoms. Sometimes, before a symptom begins to retreat, the first sign is a reduction of accompanying disagreeable emotions and somatic feelings, like *"The migraine was the same but I didn't feel as hopeless as previously"* or *"The eczema is the same but it does not itch so much"*.

Change on the **interpersonal level** manifests in the change of communication patterns. When people communicate with other persons they have been knowing for a long time they have a tendency to use similar sentences and the conversation leads again and again to a similar unpleasant result. For example, they have everyday quarrels with their partner because of trifles. They repeatedly try to force their children to prepare for school. The children rebel and their effort is futile. These situations end with a feeling of exhaustion and frustration. Any change in such a pattern or at least awareness of the repeated mistake is a clear signal of progress.

If a change is on a very deep level, some patients paradoxically aren't aware of it. They consider their (changed) behaviour as something natural. In such a situation, the change of the patient is sometimes reported by his close persons or reflects in the change of behaviour of other persons, like *"I have not noticed anything but my wife tells that I am much calmer than I used to be"*, *"I have not felt any*

change but the situation was better generally last two weeks; the children were more obedient.”

These sentences are probably the best predictors of good prognosis.

Change on the **spiritual level** reflects in the shift on the moral and ethical level and in the purpose of life. *“I pay more attention to my children.”, “My work is not so important for me anymore, I would like to spend more time with my family.”, “I became aware of the fact that I do not like this work too much. I would like to do something else, more meaningful, but I do not know what to do.”, “I have found a new courage to face life challenges.”, “After many years I decided to visit the mass. It felt a beautiful peace there.”*

Thus by treating our fears, our cares, our worries and so on, we not only free ourselves from our illness, but the Herbs given unto us by the Grace of the Creator of all, in addition take away our fears and worries, and leave us happier and better in ourselves.

E. Bach, Twelve Healers and Other Remedies

The goal of the therapy isn't only to recover health but also to help the patient to become a happier and better person (highlights are mine). However, what does it mean, “a better person”?

No matter how the life philosophy of the patient is or what his cultural background is, there are some values that go through all religious platforms and ethical codices. They are:

- *One should treat others as one would like others to treat oneself or One should not treat others in ways that one would not like to be treated (negative or prohibitive form).* (so called Golden Rule (Golden Rule, 2018);
- Central role of the family;
- Respect towards parents or elderly persons generally.

Whenever a person, previously quite selfish, becomes aware of needs and feelings of other persons, it is a clear sign of progress. If the patient decides to spend more time with children and/or with the partner, it is a positive signal too. And if patient's grudge towards his parents diminishes and their relationship begins to improve, it also confirms that the therapy is going the right way.

Other ethical principles are explained in chapter 6:

- **Partnership** means that the patient respects the fact that any relationship is based on equality and on shared responsibility. For example, CENTAURY needs to learn to set boundaries while VINE needs to learn to respect the needs and feelings of other people.
- **Acceptance** means that the patient tolerates him and others with their mistakes and acknowledges their inherent inner worth. For example, PINE needs to learn to love himself and BEECH needs to learn to tolerate mistakes in other people.
- **Compassion** means paying attention to needs and feelings of other people.
- **Evocation** means supporting autonomy and usage of one's resources, instead of doing things instead of them. CHICORY, BEECH, VINE and VERVAIN people need to learn to respect other persons' unique way in their life and their right to decide on themselves. On the other hand,

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MIMULUS, CENTAURY and LARCH need to learn to use the resources of their own, instead of relying upon other people.

- **Life mission** means that the patient follows his inner voice and tries to fulfil his life in spite of adversities and disapproving or ridicule of other people. (A big theme for WALNUT)

Generally, if the patient is going through a significant change, there is simultaneous improvement on most levels. However, a change on two levels is usually sufficient to confirm the fact that the therapy is deeply acting.

17.2.2. Confirming the improvement

Our emotions are changeable and there are many outer and inner factors that influence it. During one follow-up, the patient reports some improvement, during another one his condition gets worse. Sometimes the fact that he is feeling better may be caused by a mere coincidence. For example, for some people the most intense stress is associated with some deadlines, like the end of the year or a termination of a project, and the rest of the time is calmer. Family life and the relationship with children is different during school year and during vacations.

These natural fluctuations make the assessment of the therapy difficult. We can reliably conclude that there is a positive effect of the therapy when there is **improving trend during two successive follow-ups**.

17.2.3. What is a successful consultation in BFT?

We have spoken about average treatment of average patients. Now we move to the most difficult cases. There is some serious disturbance in the therapeutic relationship, the patient doubts the efficacy of BFT or he has been sent to the therapy by somebody else. Next chapter deals with these cases in detail. In these situations we still more need to know that we are going the right way, that our intervention is useful for the patient. Here are some tips what can still be considered as a success of the consultation:

- The patient comes to a follow-up. Even that simple fact in some patients means a success.
- The patient takes the remedy regularly OR forgets sometimes but excuses because of that.
- The patient looks forward to the next consultation.
- The patient describes at least a minimal positive change of some of his complaints.
- The patient credits some change (even without any relationship to principal complaints) to BFT. Even negative reaction means that he BELIEVES the essences really do something.
- The patient feels slightly better but credits it to something else than BFT.
- The patient is more willing to speak about sensitive themes.
- During the consultation, a new theme emerges.
- A block in the therapeutic relationship has been resolved. For example, the patient has begun to speak openly about his doubts about BFT.
- The patient actively reads information about BFT and looks for suitable essences.
- The patient has recommended the therapy to somebody else or has brought a present for you.
- The patient asks for a next bottle.

With every small step, the chance for a success grows.

Even in cases where it seems that the remedy does not work at all, I ask routinely two questions:

Did the remedy bring you anything useful?

Do you like another bottle of the remedy?

Some patients spend the time of the follow-ups with complaining. Their life seems to be an unending series of suffering and wrongs, not a word about a minimal improvement. It seems that the therapy has failed. Surprisingly, when the patient is asked directly about the effect of the essences he often confirms that the remedy has been very useful and that he wants another bottle. In these cases, patient's complaining does not mean that the therapy is ineffective but the hidden message is that there are still many problems remaining and that the patient needs you and your help. Unconsciously the patient may have a fear that when he tells you that he feels OK you will terminate the therapy.

17.2.4. Placebo effect

A placebo effect is a frequent argument against alternative medicine. In fact, placebo effect is inseparable from the real effect of the remedies. Placebo effect means that there is a good Patient –Therapist and Patient – Method relationship. However, we need to distinguish pure placebo effect from a combination of placebo and real effect. Placebo effect only usually isn't capable to cure the patient; it can reduce temporarily the intensity of symptoms but after some time the complaints reappear. What are the signs of placebo effect without any real effect?

The improvement is only superficial, general and usually temporary. The situation does not fulfil conditions of a significant change (see 17.2.1). When you ask about specific themes, there is no real progress. After MIMULUS, fears are the same, after PINE, guilt feelings did not change etc. There is no shift in behaviour, physical complaints, in interpersonal relationships and on the spiritual level.

What to do in such cases? First of all, it is OK to have a placebo effect. Your role is to keep calm mind, not to let the patient to influence you by his over-enthusiasm. Just watch and wait, continue with BFT and be prepared what might happen. If it is a pure placebo effect, it will wane after some weeks or months, and then you will need to have enough energy and hope to find again the right direction in the therapy. If the placebo effect is only a part of a general reaction, the patient will get better and better and the placebo effect will still intensify his reaction.

17.2.5. Worsening of complaints as a reaction to the remedy

Although usually the reaction is mild and mostly positive some patients may notice aggravation of their problems. They may even call you in-between the consultations to ask you for help. There are more reasons for that:

- There may be some external factors that have affected the patient. A patient with a headache as a principal problem has had a lot of stress at work or at home. That is why it is always important to ask in detail about the circumstances of the aggravation;

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- It may be a direct reaction to the essences. In this situation, the reaction is only temporary and it signals that the body and mind is cleansing and preparing for change. It is generally a good signal that the patient is sensitive to the remedy. It usually lasts only a few hours or days and spontaneously recedes. The task of the therapist is to explain the situation to the patient and to assure him that the therapy is going the right way. If the aggravation is too intense the dose may be reduced and/or RESCUE REMEDY may be temporarily used. If it is possible do not interrupt the therapy fully; every drop of the essences helps the patient to move towards the health.
- Finally, there may be a problem in the therapeutic relationship. This situation is most difficult and is discussed in detail in next chapter.

17.2.6. Peeling the onion

Sometimes the patient comes to the follow-up with problems he has not had previously or at least they haven't been so prominent. On the other hand, some other problems, formerly significant, have reduced in intensity or have even disappeared. This process is called **peeling of the onion**. It means that the problems of the patient are organized in a way similar to skins of onions, one covering another. The therapy has influenced the most superficial while deeper levels have been uncovered.

This situation is positive; however, some patients may perceive it as disagreeable, disappointing or even dangerous. Their feelings, suppressed for many years in the depth of their psyche, have unexpectedly emerged.

Here again, calm and assuring explanation is crucial. It is evident that the therapy is going the right way, the patient is sensitive to BFT and it is only necessary to adjust the combination of essences to be better able to deal with uncovered themes.

⊗ 45 years old woman comes because of annoying problems with falling of hair and sleeplessness. Till now, no dermatological treatment has helped her. When young she suffered bulimia. Even now, she is very strict to herself; she works as a professional singer and she is very busy. After a few months of BFT, with CRAB APPLE and ROCK WATER as main essences, she begins to feel calmer and she pays less attention to her appearance. She is more able to relax in spite of her full timetable. The falling of hair has reduced significantly. The main problem is her sleeplessness that has remained virtually the same. Furthermore, her various fears, especially of failure and financial loss, have become prominent. These fears sometimes grow into a sheer panic when the situation is especially distressing.

After the addition of MIMULUS and ROCK ROSE, her fears are much less intense. However, she feels overworked. Previously, the cause of too big workload has been fear of financial problems but at present, it is the difficulty to refuse demands of other people. She feels badly when she is to tell "no" to somebody. She feels guilty. Overwork leads to physical problems, like annoying backache that limits her in her work. The sleeplessness is better. CENTAURY and PINE help her to set and maintain boundaries. At this moment, her sleeplessness also begins to improve.

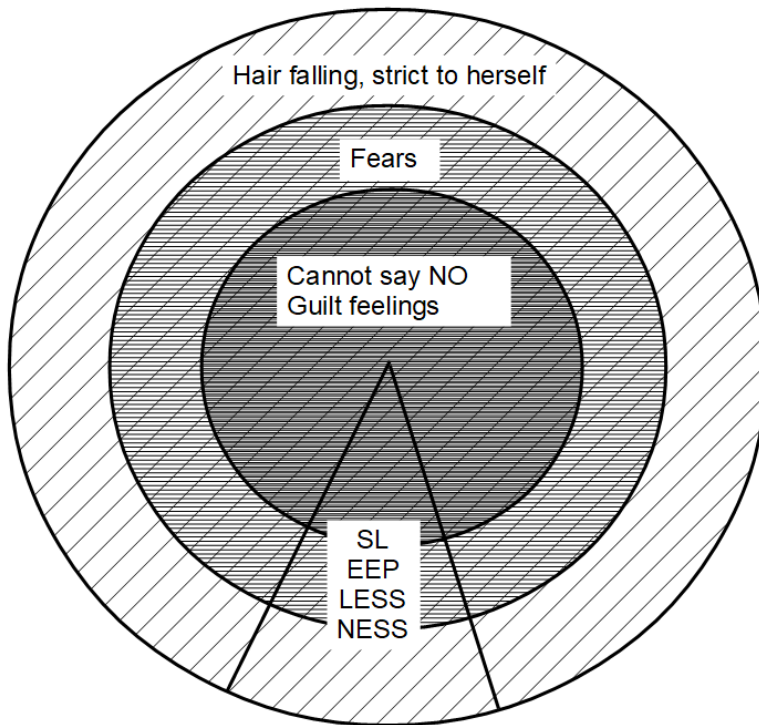


Table 10. Peeling of the onion. Some problems are organized in a form of overlaying skins, one covering another, while some problems go through all levels.

17.2.7. A caution against irreversible changes

In rare cases, the patient becomes suddenly overwhelmed by negative emotions and wants to make a violent and irreversible change. For example, he wants to divorce or leave his present job. The reason for that is often a feeling of having to make an “either - or” decision: *“I will either divorce or suffer in the relationship with this dictatorial husband until my death”, “I have to leave this boring job and to find as fast as possible something more satisfying”*. Their behaviour is impulsive; they have no plan. They just want to do something “big” as soon as possible.

While in most situations, your role as a therapist is to promote a change, in this specific situation you should calm the patient down. It is useful to guide him to more rational way of thinking, for example to consider pros and cons, to prepare a plan how he will live in the future, where he will live, where he will work etc. In most situations, there is also some third option; it is not only an either-or choice. In relationship problems, apart from staying and leaving you can support the patient to express more his needs and feelings (see 11.5.2. Broken record technique, and 11.5.3. Expressing anger). When the patient is dissatisfied with his work, you can lead him to find another job before he leaves the present one to make the change safe etc.

If the urge to make a change is only temporary, during a few weeks the patient will calm down and take a more rational stance. If patient’s decision is firm and persistent, he will proceed in spite of your effort.

17.3. Transcript of follow-up 1

⊗ 45 year old female. Her main problem is a lack of self-confidence and difficult relationships with her partner and son. She is very submissive and she has a tendency to feel guilty in various situations. She has a fear of rejection and is very dependent in her relationships. At first, she comes for one consultation but then she unexpectedly interrupts the therapy for half a year. The reason is that she feels she is a burden to me as a therapist. She feels guilty because of wasting my time and she believes that she is not worth the therapy.

She comes again with the same problems. She gets plenty of assurance and support and she continues with BFT for half a year (Pine, Larch, Centaury, as well as Chicory and Red Chestnut for her worries about her son and the need to correct his imperfections). She feels much stronger and less dependent. Reproaches of conscience are less intense and her self-confidence is growing.

She begins to feel dissatisfaction with the relationship with her partner. He prefers his hobbies and spends the time with her only when he “has a free time” (only sometimes during weekends). Besides, he feels especially annoyed by her son, a difficult teenager. Even when this relationship is so unequal she continues in it because of a fear of being alone and of not being able to find another partner anymore. At that moment, the therapeutic relationship is already reliable and I dare to use a metaphor “it seems like you sell yourself with discount.”

At first, this information is shocking for her but it makes her think more about the present situation. By coincidence, her psychiatrist tells her spontaneously something similar, “For your partner, you are like a weekend house.” Another shock and another impulse to make a change. She asks her partner to be with her more time. However, her partner does not accept it and decides to split. Apart from the pain from loss, it brings to her still another problem. They have the same friends, and these friends are on his side (at least in her fantasy), so she lost contact with them and feels abandoned.

It is a sad thing for her but she is convinced that it will finally bring something positive. I give her a bottle with an acute remedy (STAR OF BETHLEHEM and HONEYSUCKLE) for sad moments; she uses her chronic remedy and when she is overwhelmed by emotions, she uses acute remedy. This therapy is effective and brings her relief. However, now she has come unexpectedly because she has used all the acute remedy her fast and asks for another bottle. Because of growing acute essence usage, it seems that things are not optimal.

T: So, how are you?	<i>Open question.</i>
P: Well, it is like on a seesaw a little bit. I am sometimes up and sometimes down. Sometimes sunny, sometimes cloudy, I cry all the time. I miss my partner. He does not call me, of course. These friends, they do not call either. I try to accept that ... maybe they will not communicate with me anymore. It is difficult for me (a tension in her voice, as if trying to control tears), sometimes I even have depressions, but I try to continue. IT IS DIFFICULT, really difficult.	She feels badly but she does not want to be a burden for the therapist. Maybe the request to get new bottle also means “I needs your attention but I do not dare to ask directly”.
T: They are important for you.	<i>Simple reflection.</i>
P: They are very important for me.	
T: It is not only a split with the boyfriend but also with your friends. It is a double shock.	<i>Complex reflection – linking one painful thing with another.</i>
P: Right. What I do not understand, he did not call me. Before that, he promised me we would remain to be friends but now he does not call me. And the friends do not call me either. But it opened my eyes – I have always felt they	She still cherishes some hopes of the return of past things (HONEYSUCKLE). Even her friends do not like her – it makes the

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do not like me and the present situation confirms it, I am sure about that. They do not miss me (voice is trembling).	situation still more desperate.
T: On one side, the present situation brings you evidence that for those old friends, you are not so important. On the other hand, this situation confirms that you are much stronger than you were before.	<i>Complex reflection – double-sided</i> : first part is about disappointment and pain, the second part tries to bring into her attention something positive – it is an <i>affirmation</i> . The second part is usually more important. It is an attempt to switch to something positive.
P: Do you really think? (with a short laugh in the voice) ... I do not have this feeling. Well, there are many people around me who tell it but ... I do not see it yet. (laughing)	Laugh means here a relief. She still refuses to accept inside positive feelings and thoughts (because of fear of disappointment) but at the same time she confirms that there might be something true about that. <i>Sustain talk</i> mixed with <i>change talk</i> .
T: You are able to withstand in spite of painful feelings you have. I guess you couldn't bear it before.	<i>Affirmation</i> – you are a strong person. Comparing the present condition with the past.
P: Yes, it is probably true. And, above all, I would send him SMS or call all the time. I used to do it for many years. But now, I told to myself “no”, I did not call him one week or ten days. Then, I sent SMS, I could not bear it anymore but for twelve days, I did not contact him. Ten days ago, he called me, twice, but I did not answer. I was afraid what he would tell me.	The patient acknowledges the change – <i>change talk</i> .
T: He tried to contact you.	<i>Simple reflection</i> .
P: Yes, he tried, but I did not answer (laugh). I was afraid what he would tell me. Maybe he already has another woman, I do not know. The worst is that she (this new hypothetical woman) will be one of our old friends. He disliked my son, she has a daughter ... he (the ex-partner) is still important for me. It is interesting that even when I do not know what is true I already suffer because of that. When I saw their photo on Facebook I started to imagine their marriage etc., such terrible thoughts. And they (these thoughts) are quite painful for me. (Crying)	She slipped again into painful thoughts. <i>Sustain talk</i> . She is suspicious and jealous – HOLLY.
T: You have a feeling that what you failed to reach during years, she (this new hypothetical woman) can succeed much faster.	<i>Complex reflection</i> .
P: Yes. Maybe it is not true but I cannot stop these thoughts.	WHITE CHESTNUT. Even when tormenting herself with painful fantasies, she is aware of the fact that her suspicion need not be necessarily true.
T: This return to the past is painful, maybe a sort of self-torture. How are your other choices, what else can you do? (instead of returning to the past)	<i>Complex reflection</i> – adding “self-torture”. <i>Open question</i> - another attempt to switch to something positive and active.
P: I still do not feel any pleasure in my life. My son is all the holidays at his father or grandparents, I am alone all the time. Now, he finally came back. We played some games, bought some things, we played cards. I pay more attention to my relationship with my son. We spend more	Finally something positive! <i>Change talk</i> .

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<p>time together, and he starts to communicate more with me. Before that, he spent all the time on the computer.</p> <p>Before that, we did not play games mainly because he did not accept when he was defeated. But now, I won three times and it seemed that he accepted it.</p> <p>And I start to pay more attention to myself. It is not easy but I am learning it. Even I think about taking part in belly dance course. It would strengthen my female side.</p>	<p>Another positive thing – <i>change talk</i>.</p>
T: Great!	<i>Affirmation</i> .
P: Well, I will see, it is just an idea.	
T: Great idea.	<i>Affirmation</i> .
<p>P: Great idea but I am not sure I will be able to put it into practice. I really plan to dance again; I used to dance a lot when I was young. I loved it. So, I decided to go to belly dances.</p> <p>And besides, during break at work I used to sit and cry but now, I like to go to the nature, to sit at the riverside, to look at the water and relax. I would never do it before.</p>	<p><i>Sustain talk</i> mixed with <i>change talk</i>. She returns to things that used to make her happy when she was young.</p> <p>The third positive thing. <i>Change talk</i>.</p>
T: You mentioned a few ways how you can fight with these disagreeable feelings. It is very important to be active.	<i>Summarizing. Affirmation</i> .
P: Yes I know, but it is not easy to do it. After work, when I come home, I cry, I smoke, and I go to sleep.	<p>She has an inner urge to react to anything positive with “yes but” answer (see footnote in 10.3.4.). Do not pay too much attention to the part after “but” and concentrate on the positives.</p>
T: It is not easy yet. On the other hand you did some things, you succeeded in something.	<i>Double-sided reflection, affirmation</i> and the beginning of a <i>summary</i> .
P: Yes, I can also see things have changed.	<i>Change talk</i> .
T: One of things that help is to spend more time with your son. It also helps the relationship with him.	Continuing <i>summary</i> .
P: Yes, that is true. Certainly.	
T: Another thing is, you started to pay more attention to yourself, to your needs. Belly dances are marvellous.	Continuing <i>summary. Affirmation</i> .
P: I hope I will do it. I have a fear of feeling awkward, of being observed.	Fear – MIMULUS.
T: What else, what else can you do (to fight with these feelings)?	<i>Open question</i> to seek more options. <i>Brainstorming</i> .
P: I do not know, maybe go to the nature, it’s true. But I cannot “kick” myself.	“Yes but” pattern again - do not worry about it. She still seeks the solution.
T: Maybe spend more time with other people?	Here I made a mistake. The right thing would be “What else?”, to lead her to find more options by herself. Any solution given from outside will probably lead to “Yes but” answer.
P: Yes but I work with people, I am with people all the time. I would like to be with “my” people but they have no time.	As we would expect, “Yes but” answer came.
T: And what about finding new friends?	Another mistake. Who is working now more? Who seeks the solution? It should be the patient,

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	not the therapist ...
P: I do not know how. It should be possible but I do not know how. It would be useful to find new friends but ...	“Yes but” answer again.
T: You have lost two sources of energy at one moment – a partner and friends. Maybe there is somebody near you who would be happy to spend some time with you.	Again, it is the therapist who works.
P: It would be great but my problem is I do not trust anybody. That is why I do not even dare to go closer, I expect refusal. Well, there is one man who writes me all the time. He has been repeatedly inviting me to the cinema, go outside ...	Finally, it is the patient who finds the way out of “Yes but” game. Some patients can lead this dialogue to a stalemate, therapist offering solutions and patient refusing them.
T: And you?	<i>Open question.</i>
P: I have a fear.	MIMULUS.
....	
P: When my partner did not come, I used to cry and feel self-pity. I would never do it again, in any future relationship.	<i>Change talk.</i>
T: You have changed.	<i>Complex reflection together with affirmation.</i>
P: Yes, I have changed. I even advised to one of my friends what to do in a relationship with a partner.	The patient acknowledges the change. <i>Change talk.</i>
T: You have still another friend, besides these old ones. That is great!	<i>Simple reflection. Affirmation.</i>
P: Yes, that is true. In fact, I must tell that one of my old friends tried to contact me too but I did not answer till now. I am afraid what she would tell me.	Another positive thing.
T: (laughing) So, when you came you were full of painful feelings but now we can see that you have a lot of possibilities. You are powerful. You can develop your relationship with your son. You can pay more attention to yourself- these belly dances. You have other friends than these old ones. Besides, there is one man on the horizon. Old friends have also contacted you. What restricts you is fear. You are also suspicious as for their intents.	<i>Affirmations, summarizing.</i> It is a part of her PINE theme that she has difficulty to accept praise; especially she is unable to praise herself. At present, these things must be given from outside in the form of affirmations. In fact, supportive words are like a fuel for a car, she comes again and again to “refuel”. This process will repeat until she will be able to recognize the resources in herself.
P: Yes, exactly.	
T: So, it seems it would be good if the fears were less and you trusted them more.	Offering suitable remedies.
P: Yes, of course.	
T: What I can offer you today is to add two remedies, one for fear and one for distrust.	MIMULUS and HOLLY.
P: It would be great.	

As you can see, nobody is perfect. There are mistakes; the therapist became trapped in “Yes but” game. Nevertheless, even such an imperfect intervention brings relief and support to the patient. During the consultation, her mood has transformed significantly and at the end she is much more positive in her expectations.

The patient did not come for the next follow-up. This interruption of the therapy provoked worries about possible failure of the therapy. Nevertheless, one year later, she sent her new partner to my consulting room as a patient. And he reported that the therapy had helped her greatly.

17.4. Transcript of follow-up 2

⊗ 30 years old woman. Her problem is infertility. She is sent to me by a colleague general practitioner for “psychosomatic treatment”. During the first consultation, I offer her BFT and she expresses doubts about its efficacy:

“I am a pharmaceutical laboratory technician. I trust only what I can touch.”

I use a technique of therapy as an experiment (see 11.7. Work with “doubters”). She finally agrees but she is still sceptical.

She describes a rather harmonious family environment. What makes her nervous, everybody tries to tell her what she is to do, and she cannot let it go. She also believes that her infertility might be a punishment for some her sin or a protection against some danger. She has a low self-confidence and reproaches herself because of not being a good wife and mother. When lying in the bed, she thinks a lot about her future and cannot sleep. She also has sometimes nightmares. They have already been trying to have a baby for two years and her nervousness and the pressure from people around is growing. She begins to feel hopeless because it lasts too long.

She is prescribed a combination of WALNUT, MIMULUS, PINE, WHITE CHESTNUT, LARCH and GORSE.

Here is a transcript of the follow-up after seven weeks:

T: So, how are you?	<i>Open question.</i>
P: I am fine, I think it is the same. I have noticed no change.	She is a “doubter”, so she does not pay much attention to minor changes and she does not attribute them to the remedy. <i>Failure talk.</i>
T: It is EXACTLY the same as it was seven weeks ago.	<i>Amplified reflection.</i>
P: Uhm ... no, I am calmer. I have already begun the preparation for IVF (in vitro fertilisation); I am quite decided to go this way. I do not think about things I cannot solve and I take it as it is.	She accepts that there is some change but she attributes it to planned IVF.
T: You have decided for IVF.	<i>Simple reflection.</i>
P: Yes, I am taking hormones now. I am waiting only for the moment when the gynaecologist takes my egg cells. And as for your drops, I have finished them and I cannot tell that I have noticed any change.	She concentrates on the present procedure. She confirms her pharmacological belief that BFT does not work. <i>Failure talk.</i>
T: During the last consultation, you told me you believed that the infertility was either a punishment for something wrong or as a protection against some disaster. How are the feelings now?	<i>Open question</i> comparing the past and the present.
P: At present I do not think about it, I let it go. I know I have done everything what has been possible and I take it as a chance. If it is successful, it is OK, if not, so it is a signal for me that it should be this way. I feel a real mental relief; I do not feel that pres-	Confirming change. She is much more relaxed and ready for a change. <i>Change talk.</i> She acknowledges that she perceives the pressure

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sure from people around as previously.	of people around as less intense.
T: You feel psychically relieved.	<i>Simple reflection.</i>
P: I feel better. Of course, there are some worries but there is no pressure.	She acknowledges that there is some change. <i>Change talk.</i>
T: You have told me that the opinion of other people influences you a lot.	Returning to the past and comparing with the present.
P: Yes, in everything, not only in the case of pregnancy. I feel all the time I must fulfil expectations of other people.	She confirms the theme of WALNUT.
T: And as for the sensitivity to opinions of other people, how is it now?	<i>Open question</i> to explore the effect of WALNUT.
P: Uhm, I think it still is there but the pressure isn't so intense. At work, it is better, I have adjusted to a new work where I am now, and the boss appreciates my work. I feel some pressure from my colleague, she asks me to help her with her work all the time, and I feel annoyed because of that. I have told her how I feel but I still take over some duties of my colleague. I try to be fair to all but it is difficult.	She confirms the effect of WALNUT. <i>Change talk.</i> There is still another theme – of setting and maintaining boundaries – CENTAURY: ... <i>they become more servants than willing helpers. Their good nature leads them to do more than their own share of work, and in so doing they may neglect their own particular mission in life.</i>
T: You feel you do more than your duty is.	<i>Complex reflection</i> - exploring the theme of CENTAURY.
P: Yes.	
T: It is not easy for you to tell her “no”	<i>Complex reflection</i> - exploring the theme of CENTAURY.
P: Yes, it is my nature to help other people.	Confirming the theme of CENTAURY.
T: What about your sleep?	<i>Open question.</i>
P: I sleep well and I do not have those horrible dreams I used to have previously, about graves and so on. I DO NOT HAVE THEM ANY-MORE. I have no nightmares now.	Another improvement – probably combination of WHITE CHESTNUT and MIMULUS. <i>Change talk.</i>
T: What about the thoughts rushing in the mind?	<i>Open question</i> - exploring WHITE CHESTNUT theme.
P: They are still there, sometimes they are more intense, sometimes less but now it is a period when these thoughts are less frequent.	She reports varying intensity of the complaint with some improvement at present. If her answer would be only the first part “ <i>They are still there, sometimes they are more intense, sometimes less</i> ”, we can use for example comparison of extremes: “ <i>When you remember the worst time before the beginning of the therapy and now, how is the difference?</i> ” <i>Change talk.</i>
T: There are moments when the thoughts are worse and moments when the thoughts are less intense and now it is the better time.	<i>Complex reflection – double-sided.</i>
P: Uhm. The sleep is better certainly. But it is maybe also because ... previously I used to subdue to demands of other people but now I do not pay attention to their expectations. For example, earlier, even when I was tired, I waited with my husband until he decided to go to sleep. At present, I listen to my body and I go to sleep whenever I feel the need.	She confirms the improvement of sleep. The improvement is also a result of WALNUT essence – she is less sensitive to opinions of other people. <i>Change talk.</i>

17. Follow-up

T: How have you decided to go to IVF?	<i>Open question</i> – it is interesting why she decided exactly now to start IVF – effect of WALNUT?
P: I have considered it for a long time but there have always been some things that hindered me in doing it. For example, somebody has told me, you should do some detoxification first. Or, the gynaecologist has told me, it is not right time, you should still wait. And now, I feel the time is running fast, I have invested a lot of time and energy into it and I feel it is the right time now. I want to do a real attempt now and then to return to a normal life.	It is the effect of WALNUT. She ignores opinions of other people and decides to listen to her inner voice. <i>Change talk – action talk.</i>
T: You have re-evaluated your priorities and now you feel clearly that it is the right time now.	<i>Complex reflection.</i>
P: Yes. The pregnancy is highest priority for me now, I have a support at work and at home ...	She confirms her decision for IVF.
T: Before that, there has been some hesitation ...	<i>Complex reflection</i> connecting the past ...
P: Uhm.	
T: And now, you know clearly that you want to follow your inner voice.	... with the present.
P: Yes. And there has also been the constant pressure from people around. For example, previously I have felt that they have assessed me according to my (over-) weight. When I have reduced my weight I have felt they accept me more. On the other hand, when I have gained some kilograms, they have commented it, gently but I have understood that they criticize me. And now, I know clearly that their opinion isn't important for me. I do not pay attention to opinions of people who assess me only superficially, according to my appearance and do not understand my life as a whole.	Comparing the past with the present. Confirming WALNUT theme. <i>Change talk.</i>
T: You have also had a little bit fear of being pregnant.	Exploring MIMULUS theme.
P: Uhm.	
T: How about your worries now?	<i>Open question</i> - comparing the past with the present.
P: At present, I have no worries. Even if it fails, I know that the life will go on, that it is the fate. Although the gynaecologists can do some part, they cannot do everything, I know I cannot influence it. I cannot do anything more, and I will accept whatever happens. It will either be successful or it is a signal of a Higher Will that tells that my destiny isn't to have a child of my own. And because there is something happening, and that there is the help of the gynaecologist, I feel much better, much calmer. The last two years, they were really terrible, very limiting. I adjusted whole my life to getting pregnant, we had to plan everything, there was a constant pressure. And now I feel calm, I feel free.	MIMULUS is effective. <i>Change talk.</i> That is a comment of a positive PINE – she has done everything possible and now she will wait. There is general improvement, partly because something is happening in her life but partly also because she has overcome her doubts and has decided to do something. <i>Change talk.</i>

Bach Flower Therapy is a Dialogue

T: So now, when you have described many changes in your life that have happened during last six or seven weeks, what do you think about it?	<i>Open question</i> – re-exploring her opinion about the change and about the efficacy of essences.
P: Changes ... but I do not feel it so (laughing).	Although she has reported a few significant changes, she does not pay attention to them.
T: So, I will read you the remedies we have added to the mixture. WALNUT to reduce sensitivity to opinions of other people ...	To demonstrate her that the combination probably has some connection with the events that are happening in her life, we go through the list of used remedies.
P: Uhm. (nodding approvingly)	
T: MIMULUS for fear ...	
P: Uhm. (nodding approvingly)	
T: PINE for reproaches of conscience ...	
P: Uhm. At present, I do not have any reproaches of conscience.	She acknowledges another change. <i>Change talk.</i>
T: WHITE CHESTNUT for whirling thoughts and for sleeplessness ...	
P: There are still some thoughts but they are much more positive (laughing). And the sleep is better now.	Negative thoughts have changed into positive. <i>Change talk.</i>
T: LARCH for lack of self-confidence ...	
P: Well, the self-confidence is different in different areas but as for the present problem, it is better, I ignore the opinions of other people (laughing).	Probably combined effect of LARCH and WALNUT. <i>Change talk.</i>
T: And GORSE for hope.	
P: The hope is great now. Even if the first attempt isn't successful, there will still be other options. Yes, the hope is there. The hope is bigger a lot. Everything has opened.	She acknowledges growing hope. <i>Change talk.</i>

There is an improvement on the level of thinking, feeling and behaviour and on the level of interpersonal relationships. Improvement of sleep can be considered as a change on the physical level. All these facts confirm a **significant change**. Even when the changes are evident, she remains sceptical as for the efficacy of the essences. Anyway, she appreciates the therapy and she agrees to continue BFT.

When working with doubters, you will need to confirm over and over the efficacy of the treatment and to look meticulously for any slightest sign of change. After a few follow-ups, some of them accept that *“I did not believe that the essence could have any effect but I must confirm that there is some change now.”* Some of them may conclude that *“No matter what has helped, the most important is that I feel better”* and some may tell *“Luckily, IVF was successful.”*

Our task is to help our patients, not to convince them about the efficacy of the therapy. Of course, if the patient doubts the effect of BFT there is a higher risk that he will interrupt prematurely the therapy. On the other hand, if he finally accepts that the therapy is helpful for him, the change will proceed faster.

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Every therapist has unsuccessful cases. With growing experience and knowledge our success rate will increase but it will never reach one hundred per cent. When the effect of the therapy is unsatisfactory most therapists have a tendency to change the combination repeatedly in the hope of better results. However, wrong combination of essences as a cause of therapeutic failure is less frequent than one might expect. There are other reasons, more important, why the therapy does not move forward. And every reason has various causes and requires different approach.

18.1. Some patients are hesitant to admit they feel better

We would expect that the patient will happily report that he feels better when there is a positive change. However, it is not always true. Some people are reluctant in giving positive feedback. Why? In some cases, it is simply because the patient is not aware of the fact that his complaints have changed. His problem is fluctuating in its intensity; there are better and worse times. He may think that at present it is a better time, still within limits of usual variations.

Other patients have noticed some change but they do not attribute it to BFT. They just think it has been caused by some other thing, like less conflicts at home or at work, by the fact that they have more energy and can manage problems more easily. They may also attribute the improvement to a change of the diet, to usage of some food supplement or change of weather. Some patients in the hope that they will fasten the recovery start more therapies at the same time and then they do not know which therapy has been effective.

Some people have doubts about BFT. *“How can it work when the essences are so diluted?”* their rational mind argues. When the change is evident, they ask me during follow-up: *“Doctor, tell me truth. Was it a placebo?”* They have observed a dramatic improvement but their main worry is that the change is in their minds only, that it wasn't caused by a “real” therapy.

⊗ 35 year old woman, she suffers palpitations and thyroid dysfunction. After six weeks of using of the essences, her improvement is striking. She comments the effect of the remedy:

P: People tell that it is a placebo. I know it is a placebo but it helps me. It is a placebo that helps me, so I continue with it.	
T: You use a placebo and this placebo helps you.	<i>Double-sided reflection.</i>
P: Yes. My friends tell me that there is nothing in it but I feel better, so I do not think much about it and use it.	
T: Everybody doubts its efficacy and you know it works. You are able to stand for your opinion even when everybody doubts it.	<i>Complex reflection. Affirmation.</i>

P: Yes. (With nodding of head)	
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Others are aware of some positive effect of essences but their expectations were different. Maybe the effect of the therapy seems too mild to them to be able to remove fully their problem. Maybe they have expected the therapy will proceed faster. They hope that when they tell you that it does not work you will give them something stronger.

Finally there are people who have noticed significant improvement and they know it is associated with the essences. However, they are afraid that when they tell you good news you may consider termination of the therapy.

Above mentioned situations are usually solved by a systematic usage of suitable communication techniques (see 17.1). However, there are also situations where the therapy really does not work. Let's look at them in detail. To understand them, the model of the therapeutic relationship (see chapter 8) is especially useful. In such cases, any of the relationships (Patient – Therapist, Patient – Remedy, Patient – Disease, Remedy – Disease, Therapist – Disease or Therapist - Remedy) can be impaired. These causes can also combine together. We begin with the most important relationship:

18.2. Patient – Therapist discord

Signs of discord:

- The patient does not come to the follow-up (Of course, there are also other possible reasons, like forgetfulness, overload at work or at home, irresponsible attitude generally etc.);
- The patient comes late without excuse;
- The patient reports “no change at all” (most typically) or aggravation of complaints. Even when you pose further questions and look for the slightest trace of a positive shift (see 17.1. Basic techniques used during follow-up), he insists there is no effect at all. It seems that the patient has already decided that the therapy does not work and will not work. He hopes that after this answer you will terminate the therapy soon;
- The answers are superficial, socially acceptable but telling nothing, short, even monosyllabic, like “*The same*”, “*OK*”, “*Normal*”, “*Yes*”, “*No*”. The patient wants the consultation to be as short as possible, he tells that he has little time or looks frequently at his watches or mobile phone (it may also be IMPATIENS case ☺, of course). You speak more than your patient. You ask one question after another, work hard, but the patient remains withdrawn. Obtained material is too general for a reliable prescription;
- Discord in the communication. The patient may react with “yes but” (see footnote in 10.3.4.) answers, he may refuse your suggestions and ideas one by one, feels indignant or reacts abruptly because of your indiscreet questions;
- Non-verbal signs: crossed arms and legs.

☺ 50 year old woman. During one consultation in my ambulance of G. P., she reported some somatic problems that probably had some psychological background. So I offered her BFT and she agreed. However, during BFT consultation she was surprised by personal questions I posed. She began to defend herself; her arms and legs were crossed. Whenever I tried to get a little bit closer to the under-

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lying problem, she reacted irritably and refused my guesses. Even usage of reflections led to a confrontation. When asking a question, her answer was "Yes", "No", "Normal". The information obtained during the consultation was scarce; the prescription was based mainly on my guess. I felt that the Patient–Therapist relationship wasn't good. It was confirmed by the fact that she did not come to follow-up without any excuse. Later I also met one of her colleagues, and this colleague told me about patient's indignant comment about the consultation: "Why did he ask me such (indiscreet) questions? No other doctor does that!"

As we have already stated, this relationship is crucial for any therapy, not only for BFT. Its disruption leads to the failure of the therapy very frequently. Because of some reason, you don't understand each other as humans. Your patient does not like you personally, or he does not trust you as a therapist. He does not like to come to you, and if he comes, he wants to leave as soon as possible. He does not appreciate your work. He hopes to terminate this meaningless therapy as soon as possible but because of some reason he still continues. For example, there has been some financial investment associated with the therapy and it is not easy for him to acknowledge that it has been a pure waste of money. Or, his wife presses him to go to BFT and he does not want to have quarrels at home. He may also feel that telling you directly that the therapy does not work would not be polite.

What are the causes of disrupted Patient-Therapist relationship? Here are some questions that may bring you a key to understand better the reasons:

- ***How did the patient come to you?***
 - ***Was BFT his choice or anybody pushed him into the therapy?*** Maybe it was his wife who sent him to the therapy. It is also possible that you offered him BFT and he was too polite to refuse it even when he had some doubts from the very beginning.
 - ***How did he hear about you?*** Was it a recommendation of a friend, your successful patient, or was it a result of any sort of advertisement? Generally, people who come because of their friends' recommendation are more positive and invest more energy into the therapy than those who have not heard about you personally before the treatment and they have just come because of the method you use. The latter patients often make a single try and if the result does not correspond to their expectations they leave.
- ***What expectations did he have when he came to you?*** Maybe he did not expect so many personal questions and the way you take history was disagreeable for him. Maybe he had a different notion about BFT.
 - ***Did you discuss with him details of BFT and of the way you practice it?*** (see 12.1. Explanation of Bach essences).
- ***How was the previous experience of the patient with other therapeutic methods and/or other therapists?*** There are patients who visit a lot of therapists and try different methods. However, subconsciously they do not seek cure. They seek confirmation that their situation is unsolvable, that they have done everything possible and nothing has helped. It is useful to ask the patient about his previous therapeutic experiences. If the patient describes bad experience with many therapists lacking empathy and competence, it is quite probable that when he will speak with his next therapist about you, he will use similar words, no matter how hard you will try. This situation is sometimes caused by a pessimistic and hopeless attitude to therapy generally. Some patients have a tendency to interrupt the therapy at the first sign that the therapy does not work according to their expectations. Some of these patients may profit from GENTIAN, GORSE or CHESTNUT BUD but some of them will leave you anyway and will continue in their endless testing of different treatments and therapists.

- ***How is your communication with the patient?*** It is also quite probable that there is also some discord caused by the way how you communicate. It seems really weird for many people to meet somebody for the first time and to tell him about their very personal problems. They may react by activating their defensive mechanisms, and it can lead to a discord. However, even when in the beginning of the consultation the patient keeps distance and you feel that there is some discord; your way how you speak with him can change the situation. According to many studies of MI, a non-conflicting approach of the therapist and namely usage of OARS + I can improve the relationship significantly (see chapter 10. Basic communication techniques) in spite of initial disharmony. Furthermore, some patients are natural grouches, never satisfied with the results and disagreeable in contact. Remember that these patients have a similar relationship with other people, not only with you. Their communication style is the cause of their interpersonal problems, and the prescription should be targeted to it.
- ***What impression did you make to the patient?*** There are also many other factors that can disrupt Therapist – Patient relationship. The appearance of the therapist may play an important role. For example, I make BFT consultations in a white coat. For some people, it has a comforting effect and it increases their trust, for other persons it may be quite disturbing. Some therapists, on the other hand, may look too esoteric for some patients. Sterile environment and smell of disinfection in the consulting room may evoke a sensation of coldness and distance; on the other hand, impersonal environment can help some people to speak about intimate problems without feeling of embarrassment. At the ambulance, patients are used to undressing physically and mentally. Of course, you will not change your appearance according to patient's expectations. Your style will attract somebody while in somebody it may provoke doubts and the consulting room can provoke positive or negative feelings too. What is important, non-conflicting communication can help in these cases too.
- ***What impression did the patient make to you?*** If the patient's behaviour provokes aversion in you that is difficult to overcome, it creates a serious obstacle in the therapeutic relationship too. If this situation is intense or if it repeats with different patients it is reasonable to deal with it in a supervision.
- ***How do you respect basic principles of the therapy?*** Unequal relationship, disrespect to patient's absolute worth, lack of empathy, righting reflex (see 7.1.), power struggle or giving advices instead of supporting the patient in exploring and using his resources are frequent causes of the failure of the therapy.
- ***How do you respect and maintain boundaries*** (see 12.3.) Disrespect to boundaries leads to a discord quite easily. If you violate your patient's boundaries, the patient will feel stressed in your consulting room. On the other hand, if you allow the patient to violate yours the inner tension will grow and you will have a difficulty to attune to him as a human. Furthermore, violating boundaries leads to an unequal relationship.
- ***How was the focusing phase?*** (see chapter 16). When your patient is leaving your consulting room he needs to believe that the remedy he is carrying home corresponds to his feelings and needs. If you for example add only remedies that correspond to a deep psychological cause of his problem but you completely ignore his requests there is a risk that he will feel disappointed and your relationship will be shaken.

So, what to do if there is a discord in Patient – Therapist relationship? The answer is not easy. You can try to pull to the surface things that hinder in the communication. You can use reflections like *“You have probably expected something different than what is happening here”*, *“It is unusual to speak*

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about such personal things”, or combine the reflection with closed question: *“My feeling is that you do not feel quite comfortably here. Is there anything how could I help you to feel better?”* Of course, in some cases, the patient answers *“No, I feel well”* and puts on a “poker face”. Some patients may start to speak for example about their distrust towards the method or about their feeling of being pushed to do something against their will. When they begin to verbalize the cause of their discomfort, it is a good sign; you have something to work with.

However, the prevention is of utmost importance; it is much easier to avoid discord than to try to solve it after it emerges. Eric Berne, the founder of transactional analysis, believed that the way how we see the other person is based on the experience of **the first three minutes of communication**. Pay attention to the very beginning of the consultation:

- *How do you spend the first three minutes with your patient?*
- *Do you concentrate on what the patient tells or do you pay more attention to administrative procedures?*
- *Do you use OARS + I from the very beginning of the consultation?*

At the beginning, we should use 90% of our energy to establish an effective communication. Forget the essences, payment mode, cancellation conditions etc. for that moment and do all you can to help the patient to feel comfortable in your company. The rest can be discussed any time later.

Remember also that your communication with the patient begins at the moment he calls you to arrange the consultation or even when he visits your web pages for the first time. It is worth time and money to make an attractive and professional web presentation. You can also train the first phone contact with the patient, the way how to explain him how he comes to your consulting room, how to describe in short what BFT is and how it works etc. You can also ask your good friends about their opinion, whether your web pages are attractive for them, what impression your communication makes to them and how they feel in your consulting room.

Another preventive tool is to avoid situations when the patient feels obliged to come and to use BFT. You can get into this situation typically when somebody arranges a consultation for somebody else, for example a wife has heard very good references about you and because she is worried about her husband’s health, she arranges the consultation with you for him. To avoid this problem, the easiest way is to tell:

“Well-being of your dear person is very important for you and you want to help him. I believe I can do something useful for him. I have only one request. For Bach therapy, the active approach of the patient is very important. It is important the therapy to be HIS decision. Please give him my phone number and tell him to call me for an appointment. I will expect his call.”

This communication works like a filter. Many people will not call; for the rest, BFT will be an attractive method with a healing potential. Of course, when parents arrange a consultation for their underage children, the situation is different. However, even when the child is 15 or 16 and he or she is mature enough according to the parent’s opinion for that and the parent agrees, I use the same method.

When you offer BFT to a patient whom you already treat with another method (like massage), it is useful to pay attention to the signs that the patient is not prepared for BFT yet. Patients must sometimes “ripen” for BFT. There is a huge difference of efficacy of BFT in patients who were persuaded

to try BFT but it wasn't their choice and in patients who freely and spontaneously entered into the therapy.

If the patient keeps a distance during the consultation and he does not like to share personal things, it is useless to try to push him to tell more. Too much pressure will only lead to further activation of defence mechanisms. It is better to base the prescription on the available information and wait whether any reaction will be there or not. It is possible that when the patient verifies that the essences have some effect, he may be more open during next consultation.

There is still one sign of discord in Patient – Therapist relationship: **you would like to give to your patient some essence because of some his negative feature but you do not know how to explain him what its indication is.** You may even consider adding the essence into the treatment bottle without patient's permission. For example, you may feel that the patient is arrogant and critical towards people around and he should use BEECH. However, you do not know how to tell him that this essence is suitable for him. It is possible that this patient is really a difficult person. Another possible reason might be that the aversion towards the patient is inside of you; on the unconscious level you want to correct him instead of helping him. Rather than adding clandestinely BEECH into the combination, it is better to open the theme of the essence using the way described in 14.6. (Using intuition):

“I need to ask you one thing. I have a strange idea in my head. I do not know why and it is probably absolute nonsense but to get rid of it, I have to ask you. I will read you a description of an essence and you will tell me whether there might be a small trace of truth or not:

‘For those who feel the need to see more good and beauty in all that surrounds them ...’ ”

18.3. Patient – Method/Remedy discord

Signs of discord:

- The patient does not pay much attention to regular usage and storage of the remedy;
- He frequently forgets to take the remedy but does not consider his omissions important;
- He reports “no change” reaction or aggravation of symptoms;
- He may attribute side-effects to the remedy and they may become the reason why he has stopped the therapy;
- He is indifferent to the description of essences used in the mixture;
- He does not pay attention to the right storage of the remedy;
- He may report unpleasant smell or taste of essences or of the drink containing drops of the remedy.

You also have an objective feedback about the usage of the remedy. 30 ml bottle contains amount of treatment solution sufficient for three or four weeks. 50 ml bottle is sufficient for about six or seven weeks. If the patient reports empty bottle before planned follow-up or only minimal amount remaining, it is a proof that he takes it regularly, even more than expected. On the other hand, if remaining amount of mixture is unexpectedly high, more than one half of the bottle, it may be a hint that the patient forgets frequently to take doses, either because he does not need it anymore or because the remedy is not important for him.

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The discord in Patient – Method/Remedy relationship is often associated with the discord in Patient – Therapist relationship. The patient does not trust you as a therapist and does not trust your method. There are also other reasons for Patient – Method/Remedy discord. Following questions can help you to find the cause of the problem in this relationship:

- ***What does the patient know and think about BFT?*** This question should always be explored **before the beginning of the therapy**. In case of Patient-Method/Remedy discord, the patient often does not trust BFT. It may be because there is no scientific explanation of its effect. Some patients feel that BFT contradicts common sense, that the essences are too diluted to be able to be effective. There are also doctors who warn their patients against alternative medicine.
- ***How is patient's previous experience with Bach essences, Homeopathy or alternative medicine generally? Do some other people the patient knows have any personal experience with above mentioned methods?*** For example, one patient refused BFT because one of his friends had undergone alternative therapy and finally he had died because of cancer. Although there was no direct link between alternative therapy and his friend's premature death the patient did not trust all unconventional therapies generally.
- ***How is patient's relationship to using allopathic medicines?*** The problem may also be that he does not like to use any medication, no matter whether alternative or allopathic.
- ***Does the patient understand how BFT could be useful for him?*** Some people accept that BFT can be effective in some problems but they do not understand why they should use it. For example, the patient has a problem with a protracted healing of an injury and he does not understand why he should use essences influencing his mood.
- ***Were patient's needs and wishes taken into consideration during the selection of essences?*** Again, focusing phase is very important.
- ***Are there any religious reasons against the therapy?*** Some religious authorities prohibit usage of alternative medicine to their believers.

A possible solution is to verbalize the problem; you can ask about patient's opinion about BFT and his previous experiences. However, it is much better to prevent this situation and when you feel that the patient has doubts about the method during initial session you can offer the therapy as an experiment (see 11.7. Work with "doubters") or suggest cancelling of the therapy.

Sometimes a firm Therapist-Patient relationship in combination with a failure to establish Patient-Remedy relationship may lead to a long-lasting therapy where it seems that nothing happens, there is no progress. The patient comes again and again and complains because of his problem and it seems that no matter what combination you choose his problem remains unchanged. It may seem strange **why** the patient continues with the therapy in spite of its obvious lack of efficacy. This paradox may still be highlighted by the fact that he may even bring presents to you or recommend your therapy to his friends.

The reason is very simple. For the patient, **the contact with you is important**. Maybe you are the only person with whom he has such an intimate relationship and can share his feelings. Only in your consulting room he feels accepted and respected. Some patients, especially those needing HEATHER, may also believe that talking about the problem will help them. They talk and talk and enjoy being with you and you do not know how to stop them.

Even when such a therapy may be quite frustrating for the therapist and may require a lot of energy it is important for the patient. He comes to the practitioner to “refuel”, to get temporary relief from his unending suffering and to enhance his hope.

⊕ 50 year old patient, her main problem are repeated collapses, she is treated for about twenty years for epilepsy. She can fall any time at any place and injure herself. After every fit, her fear to go out intensifies for a few weeks and limits her in her daily activities. Here fainting attacks come irregularly, sometimes twice in a month, sometimes twice in one week. One year of BFT is ineffective. She spontaneously tells that she does not trust the therapy and that she does not believe it will have any effect in the future. In contrast with her statement, she comes regularly and uses drops responsibly.

After one year, she is examined at a specialized ambulance for epilepsy. The result is that she has no epilepsy, that fainting is psychosomatic. This information is a shock for the patient and it changes the whole dynamics in her family. Previously she has been respected as an ill patient; now, her husband and mother view her lazy or crazy. Her family status decreases significantly. After a few months, she cannot bear the pressure anymore and gets a severe, psychotic-depth depression. She attempts a suicide. Just before she takes the lethal dose of antiepileptic pills, I call her, worried about her state. When I discover her intent, I call emergency. They break through the entrance door and find her still conscious. She spends one month in the hospital.

At this moment, our relationship changes. She calls me regularly and asks for a consultation and essences. During every consultation she repeats that she does not believe that the essences have any effect to her. She tells that using them regularly has only one benefit: she has a regular drinking regime. The course of the consultations is unusual. She just comes, sits down, smiles and remains silent. Her answers are short, not sufficient for reliable prescription.

When using a reflection “It is important for you to see me”, she agrees with vigorous nodding with the head.

My prescriptions are based on pure guess, and I am not sure whether the essences have any effect or not. On the other hand, the therapy has brought some benefit to her. During three years of the therapy the frequency of collapses has decreased to once every three months. Probably the only effective therapeutic tool has been my unconditional acceptance and acknowledgement of her absolute worth.

What to do with a similar patient? There is no simple way how to solve his problem. We can give the patient Bach essences, for example CHESTNUT BUD or WILD OAT for a longer time to find a new way in the therapy. Or, we may attempt to directly explore the reasons why he or she continues to come to you, what benefit the consultation brings to the patient. Anyway, it is a long journey.

In above mentioned case, it is interesting that the patient loves nature and trusts herbs like chamomile, menthe or sweet balm and she even grows them in her garden. Why she does not trust BFT is a real mystery.

18.4. Patient – Disease discord

Signs of discord:

- The patient believes that his disease is incurable or hereditary;
- He has tried many treatment methods and nothing has worked;
- When using Bach essences he increases the dose of painkillers or tranquilizers;
- Even when the practitioner explains him that BFT is able to cure his problem he starts also another therapy.

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Some patients trust you as a therapist. They also believe that BFT can help them in some area but they are pessimistic as for the efficacy in their main problem. In these cases, the result may be so called “partial improvement”. Something is better, something the same. For example on mental level, the patient may feel much better but on the physical level, in spite of various combinations of essences the problem remains unchanged.

There may be more reasons for that. Sometimes the patient can imagine effect of immaterial essences to immaterial mind but it is difficult for him to accept the effect of the remedy on the physical level. In some cases, the patient acknowledges that the remedy might have some effect towards physical problems of other people but he does not believe that it can help him with his disease specifically. This situation is often caused by some sort of a “curse”. This curse might have a form of a comment “*On the CT you have a prolapse of intervertebral disc. It can be repaired by an operation only.*” or “*The migraine is hereditary. It can be kept under control by the therapy only, it cannot be cured*”, “*Your depression is caused by a lack of a hormone serotonin in your brain. It can be replaced by chemical medicines only, neither psychotherapy nor herbal remedy can do it.*” Such sentences are often used by health care professionals as an excuse and explanation that THEY cannot help the patient. They can smother all patient's activities towards a real health. The patient accepts the ill fate as it is and becomes a mere passive consumer of medical care.

Web pages of some our colleagues can have a similar effect – they stress that BFT treats mental problems. They largely omit the possibility that it can also treat physical problems. At present, people are used to verifying things on Internet. Even when their practitioner tells them that the essences can help them with their psychic as well as somatic complaints their trust may be undermined by contradictory information on the web.

⊗ 45 year old woman; she suffers a lot of stress on the mental level and she has also various physical problems, especially joint pains. The combination seems to be quite clear and I expect its efficacy on both levels. Surprisingly, six weeks later she cancels scheduled follow-up because she has a lot of work and she promises to call me during next week for a new appointment. However, during the next month, she does not contact me. Because I am interested in the result of the therapy, I call her. Her description is following: the positive effect of essences on the mental level was dramatic. She feels much more relaxed and her worries are better. However, her physical problems are still present, maybe slightly better. “I am waiting for the examination of a rheumatologist now ... I have tried some tea of Chinese medicine”. When I explain that her reaction on the mental level confirms that she is sensitive to BFT and that during some months there will also be improvement on the physical level, she answers “But Bach essences help only with mental problems, don't they?” Although our Patient – Therapist relationship is very good and she has even sent her partner to my consulting room, she does not believe that BFT can help her with her physical problems.

Here you can see again how **the concept of disease and the therapy** (see 15.1.4) significantly influences the course of the therapy. Although essences like WILD ROSE, GORSE, GENTIAN or CHESTNUT BUD can sometimes help to overcome doubts, therapy of most these people is ineffective. Even when the problem of the patient becomes better they will only rarely attribute the success to BFT. “*It was the change of bed that helped my back*”, “*It was thanks to golden hands of my physiotherapist*”, and “*That Chinese herbal tea has been very helpful*”.

Here you can also see how the presentation of BFT to the public is important and how it influences the efficacy of the therapy. It is OK that YOU because of some reason do not treat physical problems and that YOU work on the emotional level only; however, THE METHOD itself has a much wider usage and people should know it.

18.4.1. Importance of patient's own resources

Remember that BFT does not give to the patient any extra energy from the outside; it brings only information enabling the optimal usage of one's own resources. If the patient does not have any, like in a serious disease (e.g. in advanced malignancy or in critically ill patients at the intensive care unit) or in old people, or he does not want to use them, the remedy fails. If the patient has the resources of his own but he does not want to use them, this situation leads to **broken car syndrome** (see 6.1. Partnership).

There are also two situations when the patient does not use his resources because of his **personality trait**, because of some **life-long strategy how he deals with problems**. **Avoidant** patients are used to choosing the most comfortable way in their life. If they have a fear of an exam they postpone it. If there is a conflict they try to avoid it at any cost. In these patients in spite of well selected essences the therapy does not progress. They continue in their avoiding behaviour and the problems remain the same. **Dependent** patients need something or somebody upon whom they can rely. They do not trust their abilities and they feel that they can deal with life challenges only with some help from the outside. These patients often report a great benefit from the essences but the therapy is long, almost endless and the patients have no tendency to terminate it. In both types, avoidant and dependent, the usage of well-selected essences (often MIMULUS, LARCH, or CENTAURY) **in combination with guiding style of communication** (see 5.2.) is often effective. However, a longer time is needed and there are ups and downs that may undermine the hope of both the patient and the therapist.

The best prevention is to invite the patient to actively participate in the therapy. Some types of education are especially useful for that:

- In interpersonal problems, the patients can learn 11.5.2. Broken record technique, and 11.5.3. Expressing anger;
- In backache or other problems with joint and muscle pains, 11.5.4. Regular exercise can be useful;
- In signs of avoidance, you can use the education 11.5.5. Avoidance cycle.

You can also use a technique of **planning** (see 11.11.) of active steps leading to a change.

You can also invite the patient to study the essences and participate in their selection.

18.5. Remedy – Disease discord

Now we get to the relationship we are used to considering at first. Have we chosen the right combination? How should we adjust it? As we have already explained, Remedy – Disease discord often plays a minor role; disturbance in Patient – Therapist, Patient – Method/Remedy or Patient – Disease relationship can block the effect of essences and no change of the essences can help the patient.

The question is how to recognize the situation when the adjustment of the combination is meaningful. Here are some signals that the other relationships (Patient – Therapist, Patient – Method/Remedy, Patient – Disease) are harmonious:

- The patient feels well in your consulting room.

18. When therapy does not work

- The patient takes the remedy regularly; pays attention to its dosage and storage.
- The patient has experienced at least a minimal change in some area, positive or negative. In principal, almost every complaint has its natural fluctuations, so even when the remedy really does not have any effect at all, the patient might say *“Well, three days ago, it was slightly better but the next day it was still worse.”* Furthermore, the themes of essences are universal. Everybody sometimes perceives fear, everybody feels sometimes guilty or impatient. Everybody can have some benefit from every essence.
- The patient may actively participate in the selection of remedies; he can bring a list of essences that should be considered.
- He makes other active steps to improve his health, like changing a diet or exercising.

In these patients, you have a reliable feedback that allows you to modify the combination step-by-step. With every follow-up, the combination will get closer and closer to the optimal one. You need only enough time and the prognosis is usually favourable.

18.6. Discords in other relationships

The discords in Therapist – Disease and Therapist – Method/Remedy relationships have been described in 8.5. and 8.6. Their cause is deep and solution requires some time. Here the work of the therapist on himself and his personal and professional development is of utmost importance (see chapter 24). Supervisions, interventions and Balint groups can give him a hint where the problem is and the therapist can further work on this theme in his personal therapy. Most unpredictable is the influence of Other persons (see 8.7.) to the therapy.

18.7. When the disease brings some benefit

Finally, we should also bear in mind that some patients may have a direct benefit from the disease. In such situations, successful treatment is virtually impossible. The benefit may have a material form, like disability pension or compensation for occupational disease or work injury. It may also have a less obvious form, like attention and compassion of close persons, possibility to avoid some disagreeable activity etc.

In this age, in saying these herbs can cure all disease, it is necessary to add in those who really desire to get well, because under present conditions illness often brings advantages to a patient which sometimes they do not truly desire to lose. It may bring sympathy or attention, or save them from work, or be a means of escaping some duty they wish to avoid, or bring financial gain such as pensions, compensation and so on. In certain cases it is understandable that there are those who may be tempted to hold on to a disability or a malady rather than lose the advantage it brings.

E. Bach, The Twelve Healers & Seven Helpers

⊗ 40 year old woman. She came because of her annoying backache. Backache hinders her in her work. That is why she has already been unemployed for three years. Anyway, from financial point of view, it isn't a problem because her husband is a successful businessman. She spends her time mostly at the hairdresser, cosmetician, doing shopping. In fact, her motivation for treatment isn't to be healthy and to be able to work again but to demonstrate to her husband that she is SO ILL that nobody can help her.

⊗ It was one of my homeopathic cases many years ago. 40 year old male, very obese, 135 kg weight, with a severe psoriasis. He was sent to me by his dermatologist. At the beginning, the treatment was not easy. After the remedy, the psoriasis flared up all over the body. What was striking, he remained quite calm and accepted it with equanimity. After another three months, it started to recede and after half a year it almost disappeared. There was only one small spot on his calf. Furthermore, he spontaneously reduced his weight without any intentional change of diet from 135 kg to 115 kg. At the beginning, he was a frowned grouch. After half a year of treatment, he became a smiling pleasant man. I was very happy because of this result. However, the patient unexpectedly interrupted the therapy. Sometime later I met the dermatologist and asked her about this patient. And she described me the background of the case:

"Patients like him have quite a lot of advantages because of their health problems. This person has a partial disability pension. Apart from that, every year he stays one month in the hospital for the treatment of psoriasis. During this time, in the morning, the nurse applies the ointment and then he has a lot of free time. And once a year he goes to the spa for another month (free of charge).

Although at the beginning the patient had felt happy, when it seemed that psoriasis might fully disappear he realized that he could lose all his benefits. These benefits were more important for him than his health.

18.8. When the patient does not come to the follow-up

In spite of our maximal effort there are always patients that do not come to the follow-up without any explanation. Some of them call and tell you that the essences had no effect at all and that they end with the therapy.

Although these situations are disagreeable they are an important source of information. Successful cases bring satisfaction but they do little for your professional growth. On the other hand, unsuccessful cases signal that there is a space for a future improvement of your practice. Even writing of this book wasn't inspired primarily by successful cases but by those where the therapy failed.

In most cases when the patient does not come to the first follow-up or ends the therapy very early it is because of a problem in the therapeutic relationship, not in the selection of essences.

When you have no actual information about patient's health state it is worth calling him. Some patients have forgotten to come because they feel well. If the patient tells you that the therapy has no effect or even has worsened his problems you can still invite him to come to the last follow-up:

I am very sorry that the therapy had not effect in you. Anyway, I would like to ask you one last thing. These unsuccessful cases are a very important source of information for me. I can learn a lot from them. Please, come still to the last follow-up, free of charge, of course.

18. When therapy does not work

If the patient comes you can explore in detail the time since the previous consultation. Then you can also pay attention to the quality of the therapeutic relationship:

What have been your expectations from the therapy?

How would you recognize that the therapy really works?

How in your fantasy should the remedy influence your problems?

How did you find the information about my consulting room?

Going to my consulting room was your decision or anybody recommended you to do it?

What else apart from taking the drops have you done for the treatment of your problem?

How have you felt in my consulting room?

What have you thought about BFT before the beginning of the therapy?

Have you spoken with anybody about BFT? What has been his opinion about it?

Although the patient usually comes to your consulting room decided it is still possible that he may agree to have another try. What is also important, you can uncover the cause of the failure. For example, initially the patient had been quite hopeful but then he asked his general practitioner and the doctor criticized him because of using of alternative medicine. This event undermined his trust towards BFT. In another case, the patient met a friend who had tried BFT without success. One of my patients was dissuaded from continuing with the essences by his priest because of religious reasons.

In another case the therapy may fail because the treatment was a wish of patient's wife, not of his own. Finally, it is possible that the patient was disappointed: he unconsciously hoped that you could change other people or that the essences would work like a tranquillizer or doping.

Quick questionnaire

- Does the patient trust you as a therapist?
- Do you respect basic principles of the therapy?
- How did the patient come to you?
- Was BFT his choice or somebody pushed him into the therapy?
- What expectations did he have when he came to you? Did you correct them when they did not correspond to reality?
- Did you discuss with him details of BFT and of the way you practice it?
- How do you respect and maintain boundaries?
- How was the focusing phase?
- What was patient's previous experience with Bach essences, Homeopathy or alternative medicine generally?
- Do some other people the patient knows personally have any personal experience with above mentioned methods?
- How is patient's relationship to using medicines generally?
- Does the patient understand how BFT could be useful for him?
- How is your communication with the patient?
- What impression did you make to the patient? What impression did the patient make to you?
- Do you use OARS + I from the very beginning of the consultation?
- Were there any signs of discord in communication?
- Does he trust the essences?
- Does he take the remedy regularly?
- Does he participate actively in the selection of the remedies and in focusing?
- How is the patient's concept of disease?
- What does the patient think about curability of his complaint?
- Does he undergo simultaneously any other treatment?
- How is he active in the treatment?
- What is YOUR fantasy about the curability of his disease, of this person or about the efficacy of BFT? (see 8.5. Therapist – Disease and 8.6. Therapist – Method)
- How do you take care of yourself as a therapist, how do you develop personally and professionally? Do you take part in any regular supervision group?
- Are there any religious reasons against BFT?

19. Difficult questions

Patients often ask questions. Some of them concern practical aspects of the therapy and are easily answerable. Examples of these questions are included in 12.1. (Explanation of Bach essences). However, some questions may carry a hidden message, represent patient's (negative) attitude towards you as a therapist or towards BFT or may signal some risk. In this chapter we will speak about these more difficult questions. It is true for the whole book but especially for this chapter that there are many other possible solutions. Below mentioned answers are those (with one exception) I use in my practice.

Whenever you discuss any problem with the patient or there is a discord, keep in mind Basic principles of the therapy, Partnership, Acceptance, Evocation. Compassion and Life mission (chapter 6) and Basic communication techniques (chapter 10). When the patient poses questions it signals that he isn't decided yet. No matter how provocative or suspicious his question might seem, you can still influence his decision. People who do not hesitate do not ask questions.

Questions doubting the efficacy of the method and/or your abilities as a therapist

Does it really work?

This question is often accompanied by a provocative smile.

Yes, I believe it works. That is why I have this consulting room/I offered this method to you. I perceive you have some doubts about this method.

When the patient agrees you can discuss them with the patient. You can use 11.7. Work with "doubters"; especially offering an experiment may be useful.

How does it work?

I am afraid that at present nobody knows it for sure. The essences probably carry some information and this information can help the body to better tune up. I can use a metaphor. Do you like music? [Yes] Does your favourite music influence your mood? [Yes] And can you measure how many milligrams of music you have received? [No]. With essences, it is similar. They give you some information but this information isn't measurable.

Medicine isn't engineering, our everyday logic often isn't usable here. Chemical substances that should theoretically work perfectly often aren't effective as we expected. On the other hand, there are many treatment methods that have no theoretical background but we know from our experience and tradition that they help. Say Aspirin. For many years nobody knew how it worked. Only recent research revealed its complex effect to the body.

If patient's doubts continue, you can use again tips mentioned in 11.7.

Are there any scientific proofs of its efficacy?

Some studies have already been done, for example RESCUE REMEDY has been used in students before exams with some reduction of their fear and nervousness. However, the problem with scientific studies is technical; their design isn't suitable for testing of efficacy of methods where individual selection of remedies is crucial, like BFT or Homeopathy.

For example, when a new drug against high blood pressure is tested, one thousand people use the same medicine. The blood pressure is measured and the results are statistically analysed. On the other hand, in BFT it is most important to select an INDIVIDUAL combination for every patient. It is quite possible that among one thousand patients you would find no two persons using exactly the same combination. Furthermore, the effect of essences is much more complex and it is difficult to measure it and to statistically analyse it.

You aren't a doctor, are you?

My patients do not pose me this question, of course. However, some practitioners may get nervous when somebody doubts their education.

No, I am not a doctor/healthcare practitioner. However, BFT is a method very different from allopathic medicine. It has a very different theoretical background and it works on a different level. No previous knowledge of allopathic medicine is necessary for its practice. Many BFT practitioners are laypersons.

BFT is very safe. It has no side-effects, there are no contraindications for its use and there are no interaction with allopathic remedies. Of course, in case of any doubts please do not hesitate to ask your general practitioner.

I have this problem from early childhood. I have tried various methods but nothing has worked. Do you really think that it can help me?

You suffer this problem very long. You have already tried many therapeutic methods without success and you do not believe BFT can help you. BFT works on an entirely different level than usual treatment methods. That is why I believe there is a chance that it can help you.

And again, you can offer the therapy as an experiment (11.7.)

Questions concerning the course of the therapy

In all the following questions if a fear plays a role you should also consider adding MIMULUS to the combination.

What will happen during the therapy?

Do the essences have any side effects?

These questions seem quite natural but surprisingly, most of my patients do not ask them. They probably trust me that I will do the best for them. If they ask them it may signal that they have a fear of adverse effects of the therapy or of aggravation of their complaints.

19. Difficult questions

The effect is gentle and gradual. Sometimes the change passes almost unnoticed. There is a progressive improvement of complaints. In rare cases, usual feelings of the patient may temporarily intensify. This intensification isn't a side-effect but it is a signal confirming that the patient begins to react to the remedy. The mind and body are cleansing. This reaction is usually mild and spontaneously recedes during a few days. What do you think about that?

If the patient speaks about his worries, it is usually helpful to offer him the possibility of adjusting of the dosage according to his actual feelings or of calling you in-between the consultations.

If patient's worries remain, it may be because during focusing you have pushed the patient too much into some change he does not wish. For example, there is some long-lasting conflict and you feel that the patient should face it instead of avoiding it or suppressing negative emotions. In this situation, you should return to the Focusing phase and adjust the combination.

I am an alcoholic - I am abstaining now but the essences contain alcohol.

I have a liver disease and I was forbidden to drink slightest amounts of alcohol. Can I use the essences?

I must drive a car every day. I am afraid of having a positive breath test (performed by police for the presence of alcohol).

Because of a high dilution, the amount of alcohol is minimal. To eliminate the rest, you can drop the essences into a cup of hot tea or coffee. The alcohol will evaporate and the remedy will preserve its effect. By the way, small amounts of alcohol are naturally produced every day in our body as by-products of our metabolism or of bowel bacteria.

If the fear persists you can offer the patient to buy online glycerine-based essences (www.bachcentre.org).

How EXACTLY am I to take the remedy?

The accentuated word “exactly” reflects patient's need to have a firm structure and order in his life. Any deviation or vagueness may be perceived as a potential threat. This person needs a precise prescription how to take the remedy:

Please take the first dose, four drops, at 7 a.m. in 250 ml of a sparkling mineral water. The same repeat at 12 a.m., at 5 p.m. and at 10 p.m.

When working with this patient, you should stay on a rational level most of the time. He isn't used to speaking about his emotions and feels easily embarrassed. You should also be very punctual.

Am I to tell about taking the essences to my doctor?

Some patients are quite worried of the negative reaction of their general practitioner or other doctor when hearing about the essences.

It is up to you. You can for example tell him that you use the essences as food supplements. You certainly do not need to tell him why you use them or which essences you use. And if you decide to tell nothing it is OK too. There are no interactions between Bach essences and allopathic medicine and he can treat you as usually. Of course, if your doctor wants to get more information about Bach essences he can call me.

I have heard that there is some problem with BFT from the point of view of Christianity.

This is a difficult question. In fact, Some Christian religious authorities warn their believers of alternative medicine, especially of Homeopathy and similar methods (Jesus Christ the Bearer of the Water of Life, 2003). They argue that their effect cannot be explained by present-day science, and the only explanation is that it is caused by a magic. According to them, any magic, no matter of which kind, is a gift of devil.

Three hundred years ago, many things of everyday life like thunderstorm or alcoholic fermentation couldn't be explained by the then science. If we extend this logic further we can come to the absurd conclusion that thunderstorm and fermentation were caused by a magic and they were a gift of devil. Even if the science of twenty-first century cannot explain the effect of BFT it does not mean that it has no logical explanation. However, when discussing matters of faith, logical arguments usually fail.

I am not a priest or pastor, that is why I can tell you only my opinion. Some people believe that because the science is unable to explain the effect of methods like Homeopathy or BFT, it is a proof that it is a sort of magic. And magic is forbidden by the Bible.

Look at the production of essences: beautiful flowers, gifts of God, are put to a bowl with pure spring water. Then it is exposed to sunshine. Finally some brandy is added. Where does the magic get into the essences?

I can tell you still one thing: seven popes had their personal homeopath. They appreciated highly their services and awarded them high distinctions.

Will the essences change me into a selfish person?

Will I yell at my husband?

No. The essences help you develop your positive aspects, like courage, patience or self-confidence. Selfishness or yelling at your husband certainly aren't positive aspects. However, it is important that the essences only offer you some information, final decision is always up to you. Imagine that you are in a big city you do not know. You can use your intuition and drive the direction you feel is right. Or, you can look at the map. And the essences are like a map of your life.

Will I make even more mistakes at work than I am doing now?

You are worried of making mistakes and need to feel more safely. (Complex reflection – adding “worried”). [Yes] The mistakes you make at the work are avoidable; if you use all your strengths you can work without mistakes. [Yes] The essences help you develop your skills and to use them fully. Then you will be able to prevent making mistakes.

Of course, do not forget to add MIMULUS.

What about my physical problems? Will they get worse during the therapy?

Bach essences do not have a direct effect to somatic problems. They act primarily on mental level. The disease itself cannot worsen after the essences. Rarely, especially at the beginning of the therapy, the patient may perceive a temporary intensification of somatic sensations associated with the disease, like itching or pain. It is a signal of the readjustment of the body and mind. It usually lasts only a few days and then the disease begins to recede.

We plan to have a baby. Can I use the essences?

You can use the essences during the pregnancy or breastfeeding without any problems. The essences may even help you and your baby to go through these important phases of life more smoothly.

Questions reflecting patient's need of autonomy

This dosage is too complicated for me. Is there any more simple way of usage?

With this patient, the recommended dosage should be a result of a careful negotiation. Remember that every drop helps the patient to proceed in his treatment, so any dosage is better than no dosage at all. Some patients take eight drops twice daily, some put sixteen drops into the bottle.

And what dosage would be acceptable for you?

My problem is that I do not like to take any medicines regularly. I am afraid I will forget to take the remedy.

At first, it is useful to summarize patient's motivation for the therapy. Next step is to ask the patient for an active cooperation:

Don't worry, the essences are effective even when you do not take them absolutely regularly. However, at the beginning we need to verify whether this combination is effective in you. I would like to ask you one thing: please even when it is not easy for you pay attention to a regular dosage of the remedy at least until our next follow-up.

Questions carrying a potential risk for the therapist

Sometimes the patient may ask you to take over a responsibility exceeding your qualification. Here, protection of professional boundaries is of utmost importance (see 12.3.4.)

I lost ten kilograms during last three months. I did not intend it. I am a little bit afraid what it might signal but I do not like to go to a doctor. Can the essences help me?

I am sorry but the efficacy of Bach essences has its limitations. They are effective alone in cases of so called functional problems, i.e. there are no serious findings in lab results, on ultrasound, X-ray etc. but the patient suffers. If there is any deeper problem the combination with allopathic medicine is necessary. To differentiate these two types of diseases I would like to ask you to undergo allopathic investigation by your general practitioner first. Then we can add the treatment with the essences.

I feel better now. I think I can stop these chemical pills now, can't I?

I am sorry but you will have to ask your doctor. He recommended you to use them, so he is the only person who can stop them.

The only exception are painkillers and sleeping pills.

In some countries there are courses where laypersons can learn the basics of allopathic medicine.

20. Terminating and re-starting of BFT

Therapy of chronic diseases in allopathic medicine is usually long-lasting, often life-long. On the other hand, in BFT the length of the therapy is always limited. Our goal is not only a compensation of the disease; our goal is to heal the deep cause of the disorder. The process of BFT can be compared with the process of learning; patient's mind and body learns how to fight with the disease. If it is successful, the patient is more and more confident and capable to deal with the problem alone, without any need of help from outside. Our goal is lasting health and well-being of the patient.

Of course, life-long effect of the therapy is only an ideal and can be compared with the end of a fairy tale: "... *and they lived happily ever after*". Even when the prince has killed the dragon and has married the beautiful princess, it does not mean that he will be happy forever. Another dragon may come; he may have a complicated relationship with his parents-in-law, there may be behavioural problems of their children, the prince may have difficulty to accept his ageing etc. In most cases, the problem of the patient re-emerges under stressful circumstances or another problem may appear. No matter what the actual problem is, a similar combination of essences can be often used. Because you have already found an effective therapy, it is logical that you will be able to treat further relapses of the disease.

However, in some cases, even when the patient is fully satisfied with the effect of BFT, he does not return to the BFT practitioner and looks for other treatment methods, either alternative or allopathic. Why? One reason is that he simply forgets that he has been helped by the essences. For a few years, he has had no problems, and he has forgotten that his complaint has been similar. Another reason might be that because of relapse of the disease he doubts the efficacy of BFT and does not have another try. And finally, it may be also because the problem has changed. For example, previous problem has been on the mental level while the present one is somatic.

To avoid these situations, you should pay also attention to the right termination of the therapy. Sometimes the therapy is interrupted abruptly, the patient simply does not come to the follow-up. In other cases, you consider ending of treatment yourself or the patient begins to speak about it.

First of all, we need to know when the therapy is ending and when we can consider its termination. Here are a few signals that the patient is already ready to deal with the disease without any need of external support:

- **His main complaint is now minimal or absent.**
- There has been a **significant change** (see 17.2.1.) during the therapy.
- The patient sometimes **forgets to take a few doses of the remedy.**
- He has intentionally or accidentally interrupted the therapy for some time and he has noticed **no change.**
- He has **spontaneously mentioned the possibility of termination of the therapy.**
- **The combination of essences has been remaining the same for some time.**

20. Terminating and re-starting of BFT

Among these conditions, the significant change is probably the most important.

When you feel that the time to end the therapy has come, you should pose a question *“So, what do you think about the continuation of the therapy, how will we continue?”* At this moment, some patients answer that they feel they are able to deal with the problem by themselves, other ask you about your opinion and some feel they still need some treatment. If the patient is hesitant as for termination of the therapy, it is reasonable to continue still for a few follow-ups and then ask again. As for those who ask for your opinion, I usually answer:

“The reason why I am asking you is that there are certain signals that the therapy is close to its end, for example you sometimes forget to take the remedy for a few days and there is no change. We have more options, of course. One is that we will make an appointment and will continue with the therapy as previously. It is absolutely OK if you decide this way. Another option is that I will mix you another treatment bottle and you will take a dose whenever you will feel a need. When the bottle will be empty you will call me and we will arrange a consultation. Another option is that we will schedule a follow-up and during the time you will experiment with the essences, like stopping them for a few days and re-starting the therapy. You will pay attention to whether there is any difference or not. So, what do you think about it?”

If the patient decides to terminate the therapy or he agrees to call you whenever necessary in the future, it is also good to tell him:

“In this phase of the therapy, I feel a need to tell you something. I believe that the essences have been really useful for you and you have made a significant progress during the therapy. That is why we can reliably predict that this kind of therapy will be effective in the future too. Your problem, although it might seem OK now, may reappear in the future. There may be some stressful situation that may restart it. Or another problem may happen. If anything like that happens, please do not forget that the essences have been useful for you and call me. In my experience, such a repeated therapy is usually much faster than previously; sometimes during one or two weeks the patient feels well. That is the difference when comparing with allopathic medicine: in allopathic medicine, the dose of remedies grows while in BFT the need of the therapy is lower and lower.”

In practice, most patients terminate the therapy in time. Situations when the therapy continues for a long time are quite rare. Sometimes when I suggest the possibility of gradual termination of the therapy the patient prefers to continue for some time but after two or three follow-ups he usually agrees with ending of the treatment.

The opposite situation is more serious. Some patients feel badly when they are to use some remedy regularly and want to be independent again as soon as possible (ELM, OAK, IMPATIENS). Some people may feel guilty because they “waste your time” (PINE, CENTAURY). The problem is that you feel that there is still some work that should be done and premature termination can lead to a relapse.

You cannot make the patient continue in the therapy. You can only offer him information:

“You have decided to terminate the therapy. Do you like to hear my opinion? [Yes] It may or may not be important for you but I feel that it would be good for you to continue in the therapy for some time. Otherwise there is a risk that if you stop using the essences, your complaints may come back.”

If the patient insists on terminating of the therapy, you can offer him the possibility of re-start of the treatment.

Bach Flower Therapy is a Dialogue

“You feel strong enough to be able to cope with the problem yourself. Anyway, if you feel that your problems come back, please do not hesitate to contact me. The essences have been useful for you and they can help you in the future too.”

21. Specific situations: treating pregnant and breast-feeding women, children, elderly people and animals

BFT has no contraindications; it works on an entirely different level than allopathic chemical remedies and that is why it does not have toxic side-effects and there is no danger of over-dosage. As far as I know, there has been reported no allergic reaction to the essences even when somebody has had for example an allergy to pollen of ASPEN or WALNUT. That is why it can be safely used by all persons including pregnant and breast-feeding women. Furthermore, the therapy in this important period of life is helpful for two persons at one time.

21.1. Treating children

Treatment of children has its specifics and it is worth to deal with them in detail. Children can suffer “normal” problems like fears, sadness, anger, indecision, guilt feelings or lack of self-confidence. In these cases, the treatment is similar to that of adults, apart from the fact that the prescription is often based mainly on observation and on information obtained from parents.

⊗ *7 years old girl. She is Czech but her father had a long-time job in Indonesia and that is why she spent six years of her life in this exotic country. When the time for school was approaching the parents decided to return to the Czech Republic. However, the change was quite difficult for the girl. She loved the sun and the sea and pleasant teachers in the multinational kindergarten and suddenly she was in a cold country with plenty of rain and snow, dark days without much sunshine and with cold and distant people. She felt homesick and returned often to her happy life in Indonesia in her thoughts. She also began to perceive a fear for her parents whenever they delayed even a minute. Even when her teacher at school was kind to her she had a fear of exams and of failure. She had a low confidence. Especially during cloudy days in autumn and winter she felt gloomy and sad without apparent cause.*

The prescription was quite simple: HONEYSUCKLE + RED CHESTNUT + MIMULUS + LARCH + WALNUT + MUSTARD. This therapy brought relief to all her complaints during a few months.

Apart from these “standard” conditions quite similar to the treatment of adults, there are also situations when the cause of the problem is **systemic**. The word systemic comes from systemic therapy, a sort of family therapy. This therapeutic school works with the whole family as a system. If there is a problem it is not only a problem of one person but all its members are involved. It is also possible and quite frequent that even when the main problem affects one member, the symptoms are most striking in another one.

⊗ *5 years old girl. She was brought by her parents because of annoying eczema that got worse during last half a year. The girl was nice and smiling, history did not reveal any significant problem. According*

to parents, their family life was normal, no changes, no painful situations. Everything was normal; the only problem was that their daughter had this ugly eczema and was restless and incessantly scratched it.

At this moment, I was quite confused. I felt there was something hidden but I couldn't grasp it. So, I decided to be sincere to them and told to the parents: "I am quite confused. I feel there is some important information missing but I do not know what. What happened half a year ago?"

There was a moment of silence. Then the mother suddenly burst towards her husband: "It is only because of you!" Then she turned to me and continued: "You know, our loved daddy has a new partner now. It started half a year ago and he wants to leave us." The father began to belittle the significance of the discord and he explained that "they know it could adversely influence their daughter and that is why they have never discussed it when she has been with them."

A serious problem in the relationship between parents has become a family taboo. Here you can see how AGRIMONY state of the whole family manifested in a somatic symptom of the most fragile member. I gave her AGRIMONY, IMPATIENS and CRAB APPLE, explained to the parents that it was probably better to be more open to their daughter, and offered them BFT both too. However, they did not come for the follow-up.

Above mentioned case demonstrates consequences of a so called **relationship triangle** (see 13.6.) Although the conflict seems to be between the parents, the child suffers most.

Why these systemic problems are much more frequent in children than in adults? The reason is that especially for small children their family is their whole world. They are bound very closely to other members and they also perceive intensely their emotional states. They have also less options on how to solve their problems; they cannot divorce with their parents even when the behaviour of some of them is clearly destructive.

When treating systemic problems, you also need the parents or other family members to take the essences. Especially behavioural problems are almost always systemic by nature and treating the child only usually has only partial and/or temporary effect. However, offering BFT to parents or other family members may be quite challenging; they want the therapy for their ill child but they do not understand why they should take the remedy themselves. They feel absolutely healthy.

In this situation, you can use for example following explanation:

"Your child is ill now. However, my experience is that in children there are often more factors that can influence his or her health. One part is for example weak immune system or weak resistance generally. Another part is that the external stress may also play some role. Say, 90 or 95% are caused by the weak resistance of the child. What do you think, is it possible that there might be any stress, either in the family or outside?"

If parents agree you can continue to explore this theme and offer them to use BFT "for the sake of the child".

Luckily, many parents already understand that the family members are mutually interconnected and they readily agree with the therapy. If you treat a systemic problem, everybody who is present in the consulting room (except you, of course ☺) should get his treatment bottle. Otherwise you would send a message that there are "problematic" members and "healthy" members.

When treating children, the direct dialogue between the therapist and the patient changes into a triangular communication: you communicate with parents and the patient and they communicate together. For the therapy to be effective, the cycle of change (see 7.3.) must be supported in all partici-

21. Specific situations: treating pregnant and breast-feeding women, children, elderly people and animals

pants. I begin the consultation with the parents and discuss with them the aspects of the therapy, and then I also explain the treatment to the children in a simplified form if they are already able to understand it. Here is my explanation I use for smaller children:

“I can offer you miraculous drops. They can fulfil some of your wishes, if you want. They can make you stronger, more courageous or can help you to learn better. What do you think about it?”

A usual question of the child is, what wishes it can fulfil.

“Well, tell me whatever you need and we can discuss about it. You know, these drops are miraculous but nobody can predict what they will really do; so you will have to wait.”

☉ *The discussion about the desired miracles may be sometimes quite humorous. One 8 years old boy had problems with schoolmates, learning difficulties and low self-confidence. He also wished to find again his favourite teddy bear he lost one year ago. The therapy had a fast effect and the improvement was evident. However, at the end of every follow-up, the boy reported: “And I have not found my teddy bear yet.”*

I communicate with the child as with a partner; I ask him for opinions and for decisions. If the child agrees with my suggestion, I also ask the parent, of course.

Because in systemic problems, more members of one family have their essences, it is necessary to mark the bottle. Children especially love to have their bottles marked with stickers of knights, princesses, cars, dragons, cartoon characters etc.

“Please select one sticker for your bottle. The sticker you choose is important, so pay attention to it.”

The selection of one personal sticker still strengthens child’s relationship with his remedy. I also tell them:

“Remember that it is your remedy. If you really want this magic to work please pay attention to the dosage of the essences.”

Of course, I also ask the parent to participate in regular taking of the remedy; however, my experience is that in many cases, the parents report that their child loves taking of the remedy and that he or she spontaneously demands the drops.

☉ *Sometimes the selection of the sticker itself may be diagnostic. An 8 years old boy came to my consulting room. Because I discussed something else with his mother I asked him to find a sticker before beginning of the case taking. He immediately chose a picture of a knight. When I explored this theme it became apparent that the sticker represented his central theme. He loved knights and spent time with building castles from Lego or from wood. He admired their courage and wished to be like them.*

His main problem was a fear of exams. Already a few days before the planned exam he felt a fear and it grew during the time. He had to think a lot about it and he doubted his abilities although he was a good student. The prescription was not surprisingly MIMULUS + WHITE CHESTNUT + LARCH.

In some situations, focusing is also very important. Due to underlying systemic problem you need to reframe the requirement:

☉ *30 years old woman comes with her 7 months old daughter. The mother is nice, pleasant, smiling, very responsible and feels reproaches of conscience easily. She wants to be with her daughter all the time and she has a terrible fear for her whenever somebody else takes care of her child. She wants to*

be a perfect mother; however, at the same time she feels growing irritability towards her little baby. The girl is quite needy; she begins to cry whenever the mum is away for a minute. The biggest problem is that she awakes every hour during night and wants to be breast-fed. She doesn't have hunger; she just wants to have her mother close to her.

The request of her mum is to give some drops to her daughter to calm her down and sleep better. During the consultation, the dilemma between the desire to be a perfect mother and her growing anger towards the daughter becomes apparent. I make an education – I explain her that it is already the time to begin the separation of the daughter from her and that her husband plays an important role in this process. I recommend her to let the daughter cry in the night if she wakes too early and to ask her husband to be with the baby in these difficult moments instead of her. I also explain her that the cry is in fact a manifestation of anger and that is why she also feels anger towards her daughter. I tell her that setting and maintaining boundaries is very important for the healthy development of children; even when she feels uncomfortable when the child cries it is beneficent for the baby.

In the mother there is a dilemma whether to set boundaries or to continue with the (over)nurturing behaviour. I offer her the essences to become firmer and to be able to tell “no” (CENTAURY, PINE, CHICORY, RED CHESTNUT). Because the sleeplessness of the child isn't a problem of the daughter only, it is probable that no essences can really calm her down. In fact it is the firm and decisive attitude that will have the therapeutic effect. To help her with her dilemma and to reduce her fear for the child, I offer her to give to her daughter the essences that would protect the girl against the consequences of the frustration:

“She wants to keep you close to her and that is why she cries whenever you do not come immediately. However, she is not sad. She is angry at you. In such situations, setting boundaries is a beneficial and necessary process. No drops can really reduce her anger. However, I can offer you the essences that will protect your child in this difficult period. What you would think is the most stressful thing for your daughter?”

The mother answers that she is especially afraid that the daughter will feel unprotected and have a fear and that she will be sad because of being alone. The remedy combination contains CHICORY, HONEYSUCKLE, MIMULUS and WALNUT.

The fact that the daughter has a protective remedy calms the mother down and it gives her the courage to make changes in their relationship.

Six weeks later, the mother happily reports that after a few difficult nights the baby calmed down. She wakes twice or three times during the night. This frequency is still acceptable for the mother. Their relationship improved generally.

On this case you can see that working with systemic problems is much more complex than treating “average” patients and for those practitioners who intend to treat children on a regular basis it will be beneficent to take part in a training in family therapy.

21.2. Treating elderly people

Treating elderly people is sometimes similar to the treatment of children. Because of physical, sensorial and mental limitations they begin to be more and more dependent on their family members and systemic causes begin to play a significant role again.

⊕ 85 years old woman. She is a patient of my allopathic ambulance. She has high blood pressure - she sometimes has even 220/120! This provokes a fear in her family; the children come to her immediately and take her to the emergency department. Her antihypertensive therapy is intensified and she is sent home. However, a few days later, she has a problem again; however, this time, the blood pres-

21. Specific situations: treating pregnant and breast-feeding women, children, elderly people and animals

sure is too low. What is interesting, she seems to enjoy visits of the doctors; she loves when healthcare practitioners pay attention to her and likes to tell how nice they were to her.

During the consultation the whole story becomes apparent: She likes the contact with other people because of her physical problems she is unable to go outside anymore. Her ninety years old husband prefers to read books or to watch TV. She feels lonely at home and wants to speak with him; however, he often only grumbles something and continues in his previous activity. She gets angry and takes her automatic blood pressure apparatus and measures her blood pressure. It is invariably very high. Then she takes the apparatus and victoriously comes to her husband and shows him the result. He begins to feel a worry for her health state, puts aside his book and calls their children.

At this moment, any essence given to her would have only limited effect if any. The treatment has to be systemic. The first task is to dispel worries of family members. They get my mobile phone number and I ask them to call me first instead of taking their mother to emergency. A possibility to call me helps to reduce their feelings of panic when facing high blood pressure of their mum. I also explain to her son the reason of the problem and ask him to visit his mother more frequently. We make an agreement that every day one of children or grandchildren will come and will spend half an hour with her. Apart from that, they will also ask homecare agency for help. Even when she does not have a real need of their assistance, one empathetic worker will come to her and will talk with her for some time every day. This approach brings positive effect during a few weeks. The frequency of visits at the emergency department decreases greatly. Her desire for a human contact is satisfied. She knows somebody will come and she can look forward to something positive every day.

21.3. Treatment of animals

Treatment of animals can be compared with the treatment of small children. We cannot directly take history; our prescription is mainly based on observation.

☉ 2 years old male guinea pig. He has a terrible eruption on the skin. He has already lost most of his fur. The skin is very sensitive and the animal is irritable. Because of the irritation, he sometimes gets fits that seem almost epileptic; He gets convulsions of the whole body. What is interesting, the animal otherwise behaves quite normally and in spite of a serious condition he eats as usually. The situation seems desperate; the vet feels confused about the state and does not know what to do.

The prescription of RESCUE REMEDY, AGRIMONY and CRAB APPLE has immediate effect. It is dropped to the skin of the animal. Within a few seconds, the guinea pig gets the worst fit of convulsions he has ever had. However, during fifteen seconds, the animal calms down and relaxes. Every other dose of the remedy brings a similar but less intense reaction. Finally, after a few days, he stops to react at all. One month later, the skin begins to heal and after two months there are only minor spots remaining.

The prescription was based on following consideration: The animal was tense and irritable – IMPATIENS, there were fits with a loss of self-control – CHERRY PLUM (both remedies included in RESCUE REMEDY), ugly skin eruption – CRAB APPLE, hiding his suffering – AGRIMONY. Wild animals often use AGRIMONY strategy to mask that they are ill, wounded or weak because otherwise they would attract the attention of predators.

In animals, both “normal” and systemic problems can appear. Establishing of reliable therapeutic relationship with the owner is of utmost importance. In systemic problems, the treatment of human members of the family is also important.

☉ 9 years old male dog, boxer. He was diagnosed an aggressive haematological malignancy with unfavourable prognostic factors (high-grade T cell lymphoma) of the muzzle. The ulcer was removed

Bach Flower Therapy is a Dialogue

surgically but the malignant cells have already spread to his blood. The owner was offered chemotherapy by the vet but she refused. At this moment I offered her BFT.

According to the owner, the dog is nice, sensitive, fearful, and never aggressive. When the owner feels tired or sad he takes care of her. During present physical problems, he began to be sad and lost interest in activities that had always pleased him.

The prescription was HONEYSUCKLE (for sadness), GORSE (for hopelessness), MIMULUS (for fear) and CENTAURY (for his mild and submissive nature).

The owner agreed to use BFT too. Here is her story:

She is fifty, works as a finance counsellor. Her work is quite exhausting and she feels constant fear of financial problems. Because of that fear and because of reproaches of conscience she has a difficulty to tell "no" to her clients even when she is exhausted. She has virtually no boundaries; no matter when the client calls she is ready to help him. When she comes home without energy her dog takes care of her. Because of a lot of stress, she has annoying long-lasting and sometimes almost disabling backache.

Her prescription was based on MIMULUS, CENTAURY, RED CHESTNUT and PINE.

The first week, she reports progressive aggravation of the disease of the dog. However, then a turning point comes and during following six weeks, the swelling on the neck (a metastasis) almost disappears. The dog is quite happy and the owner is more relaxed; she learns to tell "no" to her clients if necessary and feels comfortable with it.

Then the owner gets ill for one week (a grippe) and because of the fear that the dog could get ill she asks her daughter to take care of him. However, this separation has unfavourable effect – the tumour begins to grow again. RED CHESTNUT and GENTIAN are added. In spite of this remedy combination the tumour continues to grow slowly further. The owner makes significant changes in her life; her stress is minimized now. She spends much more time with her dog and they have quite happy months.

Then an ulcer appears again in the place of the metastasis. What is interesting, in spite of its evident painfulness the dog does not react to it; he seems happy and eats normally. AGRIMONY is added. During the follow-up, the owner reports a change of his behaviour to more masculine – he begins to bark at other dogs, and he also has begun to elevate his leg when urinating, a thing he has never done before.

Seven months after the diagnosis they accidentally visit the vet. He is surprised by the good condition of the dog. He has been convinced that he is already dead. According to literary reports, the life expectancy of untreated lymphoma of this type in dogs is 6-8 weeks, and even when treated with chemotherapy two years survival is 25% only.

Finally, the dog survived 10 months. Most of this time was happy for both, the dog and the owner. Furthermore, for his owner the whole treatment was a very important lesson; she learnt how important it was to take care of herself. The intensity of backache reduced significantly.

22. Helping dying people

I share the fear of death with every human being: it is our dark shadow from which we are never severed.

Irvin D. Yalom, *Staring at the Sun: Overcoming the Terror of Death*

Bach flower therapy can be useful in all periods of our life; the more difficult the greater the potential benefit of the essences is. No wonder that BFT can also be helpful during the process of dying. For modern medicine, the death is an implacable enemy. The fight cannot be won but must be waged until the very end. The result of this philosophy is that the life is sometimes prolonged at any cost. Terminally ill patients survive on artificial ventilation without any hope for recovery. People undergo aggressive therapy or operations that lead to prolonged suffering and stay in the hospital instead of spending the last moments at home with their loved.

Mahatma Gandhi has told, "*In England, life is good but the death is bad. In India, life is bad but death is good.*" The Europeans strive to live better, while the Indians prepare for death. What does it mean, to prepare for death?

The amount of death terror experienced is closely related to the amount of life unlived.

Irwin Yalom

According to research of existential psychologists (including above mentioned Irwin Yalom), the process of dying is much smoother when we feel that we have fulfilled our life's mission, that our life was meaningful. When we get old or have to face the situation of a grave diagnose we often look back to our previous life. If this look is mostly satisfying and pleasant we are ready to accept future events with equanimity. However, if we feel that there were many mistakes, that we wasted our time or caused harm to other people we can get into an **existential crisis**. Existential crisis is a situation that can be compared with a deep depression. The situation seems hopeless and there is no way out. Treating existential crisis is difficult. Time cannot be returned. Psychiatric remedies are able to deaden the pain only. Some people in this situation may contemplate a suicide or ask for euthanasia.

... we must realise that the short passage on this earth, which we know as life, is but a moment in the course of our evolution, as one day at school is to a life, and although we can for the present only see and comprehend that one day, our intuition tells us that birth was infinitely far from our beginning and death infinitely far from our ending. Our Souls, which are really we, are immortal, and the bodies of which we are conscious and

temporary, merely as horses we ride to go a journey, or instruments we use to do a piece of work.

E. Bach, Heal Thyself

The philosophy of BFT is much more optimistic. According to Bach, our life and death form one whole. The essences help us not only to overcome our actual problems but also to prepare for death. People often come to our consulting room during a **life crisis** (see 11.5.1.) Life crisis is a period of our life when we feel stuck in a difficult situation. Our strategy we have used for many years is failing and we do not know how to get out of it. The reason why we cannot move forward may be because we have a fear of something (MIMULUS), because we are too kind-hearted and cannot resist the demands of stronger personalities around us (CENTAURY) or because we smother our relatives by our selfish love (CHICORY). We may be too critical to others (BEECH) or to ourselves (PINE). We may hide some important truth against ourselves or others (AGRIMONY) or be obsessed by performance and haste (IMPATIENS).

The life crisis offers an important lesson. If we successfully overcome it we will learn a lot about ourselves. Our life will become more meaningful. We will know what really important is and what only a trifle is. We will be more able to follow and fulfil our **life mission** (see 6.5.)

Let us find the one thing in life that attracts us most and do it. Let that one thing be so part of us that it is as natural as breathing; as natural as it is for the bee to collect honey, and the tree to shed its old leaves in the autumn and bring forth new ones in the spring. If we study nature we find that every creature, bird, tree and flower has its definite part to play, its own definite and peculiar work through which it aids and enriches the entire Universe. The very worm, going about its daily job, helps to drain and purify the earth: the earth provides for the nutriment of all green things; and, in turn, vegetation sustains mankind and every living creature, returning in due course to enrich the soil. Their life is one of beauty and usefulness, their work is so natural to them that it is their life.

And our own work, when we find it, so belongs to us, so fits us, that it is effortless, it is easy, it is a joy: we never tire of it, it is our hobby. It brings out in us our true personality, all the talents and capabilities waiting within each one of us to be manifested: in it we are happy and at home; and it is only when we are happy (which is obeying the commands of our soul) that we can do our best work.

We may have already found our right work, then what fun life is!

E. Bach, Free Thyself

Thus BFT helps us to prepare for dying and to prevent deep existential crisis. However, even when we are already deadly ill and allopathic medicine can offer us only painkillers BFT can still be very useful. Dying is a process of transition and WALNUT can be especially beneficent. During dying, people often experience fear of death (MIMULUS, ROCK ROSE, ASPEN), feel despair and hopelessness

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(GORSE, SWEET CHESTNUT) or reproaches of conscience because of supposed mistakes they have made (PINE). Some patients may continue to struggle in spite of being in a hopeless situation (OAK) or perceive sadness because of unfulfilled ambitions (HONEYSUCKLE).

⊗ 60 year old man. Five years ago, he was diagnosed advanced large bowel cancer. His prognosis was fatal from the very beginning but he continued to fight. When he was young, he was a top rower; his strong will helped him a lot. Then he became a policeman. However, at present, his life game is almost over. Oncologists have nothing to offer apart from painkillers; although he still wants to fight, his strengths are exhausted. He feels desperate because of his deteriorating health state. He has especially fear of being dependent and helpless.

His strong will runs like a red line through his whole life. It has helped him a lot in his career of a sportsman. It has also helped him to fight with the disease. However, there is no hope anymore. Further fight means meaningless suffering.

The main remedy of his prescription is OAK. Six weeks later, he is more and more aware that there is no hope anymore. He begins to accept the inevitable fact that he will die.

Two weeks later, he is still independent and his pains are moderate. Head of police department visits him at home and awards him a medal for his whole-life work. Two hours later, he loses his conscience and peacefully dies.

Whenever we treat such patients, we can sometimes ask ourselves: are we still helping the patient to return to life or are we already helping him to die? Luckily, there is no difference when prescribing with the intention to cure the disease and when facilitating the dying process: you always select the remedies according to the actual mental state. The patient's body will decide whether it still has enough energy to fight or whether it will use the information of essences for a smooth passing.

Apart from essences, we can still support the patient by gentle guiding. For people in terminal stage of diseases, contact with dear persons is especially important. Ira Byock, founder of hospices in USA and a prominent personality in palliative care, has summarized dying patient's needs as follows:

Dying people need to tell to their dear (Byock, 1998):

- *Thank you*
- *Please forgive me*
- *I forgive you*
- *I love you*
- *Goodbye*

Bach essences can be also very useful for the relatives of the dying person. They can help them to go more smoothly through this difficult life phase and to prevent health consequences of a long-lasting and intense stress. They most frequently perceive a shock from the fatal diagnosis (STAR OF BETHLEHEM), fear for a dear person (RED CHESTNUT), sadness that he will never be as he used to be before (HONEYSUCKLE), disagreeable thoughts whirling in the head (WHITE CHESTNUT) or reproaches of conscience (Pine). They may also perceive a fear of future (MIMULUS) or feel exasperation towards irresponsible or uncaring healthcare professionals or embitterment because of ill fate (BEECH, VERVAIN, WILLOW).

23. Combining BFT with other therapies

BFT practitioners often combine BFT with other therapeutic modalities. One reason is that they have a “standard” practice and during the therapy, they decide to offer BFT as an addition to their basic method or as an alternative for that. Another reason is that BFT is especially suitable for a combination therapy. In comparison with most other treatment modalities, it works on a completely different level and that is why there is no conflict in their effect. In fact, BFT can help the patient to go more easily through any therapy, including severe cases like the treatment of oncological diseases or recovery after a serious injury, myocardial infarction or brain stroke.

23.1. Defining different goals for both methods

Of course, some therapies are especially suitable for the combination, mainly those that work directly with emotions or emotions can be released during the treatment. Psychotherapy can be fastened significantly by the usage of BFT. On the other hand, psychotherapeutic “background” of the therapist can help to choose right essences. It can also be effectively combined with massage. Massage works with muscle spasms, and these spasms often correspond to unconscious mental blocks that may emerge during the treatment. Nutritional therapists and counsellors can add BFT to regular dietary recommendations. Essences can purify the body, improve metabolism and help patients to overcome psychological problems when being on a diet. Furthermore, in cases of severe obesity for example, there is always a significant psychological background, and without solving it there is little hope that the effect of the diet will be lasting. Many people are obese because eating helps them to suppress their psychic problems (AGRIMONY) Sometimes the food is their only pleasant thing they do for themselves during the whole day. They help other people but ignore their own needs. Then, in the evening, they come home eat everything they can find. Then they feel guilty because of that (CENTAURY, PINE). This behaviour has often repetitive character and CHESTNUT BUD can help to find a way out of it.

When combining two methods, it is reasonable to define goals for both methods separately. For example, let’s take a situation when you decide to combine BFT and acupuncture. Both methods have an effect to the mind and the body; anyway, there are some differences. BFT has a primary effect on mind and the effect on the body is secondary. Acupuncture has a primary effect on the body and secondary effect on mind. In a patient who has for example headache or backache that is probably connected with mental stress, the combination of these two methods sounds quite logical. Primary goal of BFT is to calm down the mind; the effect on the body will be supportive. Primary goal of acupuncture will be to improve the somatic level and the effect on the mind will be supportive. This division has still another advantage: well-defined goals allow better assessment of the effect of both methods. When there is some problem remaining on the mental level, you should adjust combination of essences, if somatic problems are still intense, you can work with acupuncture.

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Clear definition of goals is important. Some therapists might feel tempted to merge these methods into one technique, for example, they may begin to apply essences on acupuncture points. However, both these methods were developed separately; both have a profound philosophical background that is entirely different. Both are very complex and nobody understands all their aspects. When trying to join them into one method, something like Bach-puncture, you are at risk that you create a tool that is superficially merged but in the depth there are significant discrepancies that limit its efficacy.

23.2. Communication with the patient when offering BFT in addition to other therapy

We should also pay attention to the way how we communicate about both methods with the patient. Some patients come to you because they have heard you use them together. Here, to explain the nature of both methods at the beginning is usually sufficient. However, quite frequently the patient has come to you because of one method but during the therapy you have discovered that the other method might be useful for him too. And this situation may be quite tricky.

When the patient comes to you with an explicit request to be treated with BFT, your first goal is to build positive Patient – Therapist relationship. The patient probably knows something about BFT but does not know you; you need to enhance his belief that you as therapist can help him. On the other hand, when the patient is treated by you with another method and he is satisfied with your work, Patient – Therapist relationship has already been successfully established. However, it is quite possible that he has never heard about BFT. He may also have doubts about alternative medicine generally. Your task is to build Patient – Method relationship. You need to explain your patient why BFT can be useful for him – you need to evoke a **motivation** for the therapy.

I will describe my experience. Because my main speciality is allopathic medicine, many patients come to me because of standard diagnostics and treatment. During the therapy, I often discover that there is some psychological background that should be treated too. Another situation is when allopathic medicine isn't able to cure the patient; it can reduce intensity of his symptoms. Question is, how is the best way to offer BFT to the patient?

Prior to offering BFT, it is useful to explore patient's concept of his disease (see 15.1.4.) If the patient believes that his disease is caused by inner causes, it is a good starting point for further discussion. Other factors can also be used to build patient's motivation for BFT:

- The patient **does not want to use chemical remedies** or use them for a long time;
- The patient has a **fear of dependence** on chemical medicines;
- The patient wants to **treat the cause**, not the symptoms;
- The patient has a **fear of progression** of the disease and wants to do something **to prevent further deterioration** of his condition;
- The patient **is aware of the association of his complaints with stress**;
- The patient is **disappointed with results of allopathic therapy**;
- Patient's problem **is not serious but it is annoying**; allopathic doctor has recommended him an operation but the patient isn't happy because of that;
- The patient has a **previous positive experience with alternative medicine**.

Anyway, even when the case seems suitable for BFT, it is reasonable to begin with simple seeding (see 11.10), offering simple information that you also practice another method that might be also useful for him. If he is interested in it and wants to hear more about it, he can ask now or later. Some patients may worry that you plan to switch completely to another therapy; that is why it is useful to stress in your explanation that your standard therapy remains the main treatment method.

Some people pass your information without any comments; other begin to ask about more details. If these patients finally decide to start BFT, the work with them is usually effective. Some patients express their doubt about efficacy of alternative medicine generally or of BFT; in these cases you can use technique explained in 11.7. (Work with “doubters”).

	Patients who come primarily because of BFT	Patients who come primarily because of some other treatment method
Patient – Therapist relationship	Needs to be established	Usually firm
Patient – Method relationship	Usually positive	Needs to be explored and developed
Patient – Disease relationship	Usually active	Needs to be explored
Motivation for the therapy with BFT	Usually strong	Needs to be evoked
Primary goal of work	Establishing firm Patient – Therapist relationship	Establishing Patient – Method relationship and mobilizing the patient to fight actively with the disease (Patient – Disease relationship) Evoking motivation for the therapy with Bach essences
Result of the therapy	Usually success or failure	Apart from full success and full failure, there are often intermediate results when the patient notices some improvement in some region but in another one there is no change

Table 11. Comparison of patients who come primarily because of BFT and those who have come to the therapist because of some other treatment method.

Here is a transcript of such a motivational communication:

⊗ 65 year old man, a policeman, ten years ago he tried homeopathic treatment with me and four years ago, he had some eruption in his face and tried BFT, both with some effect but in both situations he had to undergo allopathic therapy too.

P: Doctor, please prescribe me some Lexaurin (anxiolytic). I have quite a lot of stress now.	
T: Stress.	Repeating one word to <i>facilitate spontaneous speech</i> .
P: Well, I will go through a lot of changes in my life during next few months. I will end my work and retire. I have still other things I need to solve, and because of that, there are a lot of thoughts in	Sounds like WALNUT and WHITE CHESTNUT

23. Combining BFT with other therapies

my head that don't settle down even during night.	
T: You have quite a lot of stress and have to make difficult decisions. You will also need to go through a big change in your life. It may or may not be interesting for you but although people often look forward to the time of retirement, in fact, the transition is one of difficult times in life.	<i>Simple reflection.</i> <i>Offering information</i>
P: Yes, I am aware of that. I will certainly miss my colleagues, as I know that our contacts will be fewer. And there might be a problem with money, of course. But I have a big plan I am looking forward. I would like to go to Australia for many months. (He used to be there every year for last twenty years.) People in Australia are quite different. They are nice and pleasant. If somebody rushes into somebody in the bus, in Czech republic he usually starts to yell and quarrel. In Australia, they both begin to apologize to each other! And Australia is very safe. In Sydney, I have never had a fear to walk through the city during the night.	Sounds like HONEYSUCKLE. Worries about financial problems – MIMULUS, WHITE CHESTNUT. When speaking about Australia, the patient also uncovers part of his personality. Good relationships with other people and safety are important for him. Guess: CENTAURY and MIMULUS.
T: It is important for you to have good relationships with other people and to be safe.	<i>Complex reflection</i> exploring both themes.
P: Yes, you are right. Here, I get into difficult situations even in my own family. For example, my cousin, he comes and talks and talks. Absolute waste of time! For example, last time he came at 9 a.m., and at 10 p.m., he finally decided to leave.	Confirming CENTAURY.
T: Some people need to know there are some boundaries. And It is not easy for you to set them and to tell "no".	<i>Complex reflection</i> – adding borders and telling "no".
P: No, I feel ... I do not like to be impolite.	Confirming CENTAURY.
T: The present situation seems to be really challenging for you. Do you like a little support from me in this situation?	This is the way how I usually offer BFT.
P: I think I can do it by myself, at least at present. I have this special trait ... for example, thirty years ago, I smoked quite a lot. People say that it is difficult to stop smoking but I was able to do that. So, I hope I will be also able to manage the present situation.	It is important for the patient to maintain autonomy and independence. He has a strong will and can overcome difficult obstacles – OAK?
T: It is important for you to be independent and do things by yourself. You have a strong will and really can do things if you decide to do them.	<i>Simple reflection, affirmation</i> acknowledging patient's resources.
P: Yes, you are right. That is me.	
T: The only thing you need now to be able to do it is to have a little bit of a chemical support, like a crutch. It makes you more independent.	<i>Complex reflection</i> , gently provoking the reaction of the patient – it is evident that his need for autonomy and independence is in conflict with the usage of anxiolytics. Non-verbal signals are very important here – any trace of irony could provoke a discord.
P: No, it would be better to manage it without any	He reacts as we have expected

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chemical tools, of course.	
T: Do you like to get some information about Lexaurin?	<i>Offering information.</i>
P: It may cause dependence, is it true?	The patient already has some knowledge.
T: Yes, that is true. That is why I believe it is better to avoid it if there is any other option. What I considered to offer you is Bach flower therapy. (The patient already has a basic knowledge about this method.) Quite a lot of people in a similar situation profit from this therapy. Do you like to hear what the difference between Lexaurin and Bach flower therapy is?	<i>Offering information.</i>
P: Oh yes, it would be interesting.	The question provoked a real interest in this theme in him. If I gave him the information without permission, he could just switch off his attention or even feel annoyed by loss of time.
T: Lexaurin is little bit like an alcoholic drink. It can calm you down for a while but when it stops working the situation is the same. It does not help to solve the problem. It just replaces some chemical things in your head for a while but later you can feel still worse than before. Bach essences are more like a map. Imagine you are in the USA, have a car and enough money and want to see a lot of things. You can decide which direction to go by intuition only. Or, you can take a map and look what is the shortest journey. Similarly, the essences work as a map in your life. You use the resources of your own but the essences give you information how the best to use them. You may or may not use the map, it is up to you. While Lexaurin makes you dependent, BFT gives you freedom to decide. How was this information useful for you?	<i>Metaphors</i> can help the patient both to understand the problem and to perceive the emotional aspect. Travelling freely through USA might be quite attractive for some people. In the description, the emphasis is on the freedom and independent decision, thus stressing the autonomy of the patient.
P: Uhm ... it is really worth consideration.	The information incited a real interest in BFT.
T: So, what do you need from me now?	It is time to finish the consultation.
P: Well, please prescribe me Lexaurin now and I will probably call you during next two months and will try BFT.	There still ambivalence but the discussion seeded some ideas. It is a very common situation in patients who are not a priori decided for alternative medicine or BFT. Anyway, it is not the time to press more to the patient now, as the main principle (and patient's need) is a respect to patient's autonomy. If we challenge his autonomy, we can endanger the therapeutic relationship as a whole. If we give him enough time there is quite a good chance that after some time he will agree with BFT, and when he decides for it by himself, it is very probable that the therapeutic relationship will be firm and the therapy will proceed fast.

Another transcript:

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⊗ 64 year old patient, female, comes because of an eruption on legs.

P: I went to a dermatologist but his ointments did not help much. And then, she examined me as for borreliosis, with borderline results. She prescribed me antibiotics but the eruption remains the same. So I came to ask you what else I can do with that.	The patient feels disappointed by allopathic medicine.
T: You tried a standard dermatological treatment, ointments, antibiotics, but without any effect.	<i>Simple reflection.</i>
P: Well, the ointments had some effects. I tried Triamcinolone (an ointment with strong corticosteroids). After that, the eruption disappeared but when I stopped to apply the ointment it came back, maybe even worse.	The patient give more detailed information.
T: The ointment had some effect but it was only temporary.	<i>Simple reflection.</i>
P: Yes.	
T: How is your fantasy about why you have this problem?	<i>Open question, exploring patient's concept of the disease – the answer to this way can show how the best to motivate the patient for BFT:</i>
P: My fantasy is, I am not sure that it is true but it might be so, it started one year ago. I had quite a lot of stress, my daughter was pregnant, it was not easy, quite a lot of worries.	
T: There might be a connection with stress.	<i>Simple reflection.</i>
P: Yes, it might be so.	
T: How do you imagine would be the best treatment for it?	<i>Open question, continuing to explore patient's concept of the disease - another probe before offering BFT</i>
P: My problem is I am a very bad patient, whenever I have to take something regularly it is a problem for me to do it. And I have an aversion to these chemical remedies that also might play a role.	This patient seems to be suitable for BFT.
T: You do not like to be restricted by the therapy. You like freedom. And you do not like chemical medicines.	<i>Complex reflection, continuing the paragraph – adding “restriction” and “freedom”. This is one of biggest advantages of BFT – it supports patient's autonomy and independence.</i>
P: Yes, exactly.	
T: You prefer more natural treatment, maybe the best would be if the body were able to use its own strengths to fight with the disease.	<i>Complex reflection, continuing the paragraph – adding the possibility of “more natural treatment”.</i>
P: Yes, that would be perfect.	
T: What I can offer you now is Bach flower therapy. I have quite a good experience with this method in cases of skin problems. It is only a temporary treatment; it helps to adjust the best to stressful situations; it also gives your body information how the best mobilize its strengths. And then, the body can solve the problem itself. What do you think about that?	The terrain is well prepared for a final step – offering BFT. Even when it is giving information, further permission of the patient is not necessary; it is an answer to the demand of the patient at the beginning of the transcript.
P: Oh yes, that would be great.	

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Another example is also included in 10.3.4. Reflections, part *continuing the paragraph*, and in 11.5.6. Explaining psychosomatic character of a physical disease.

24. Further education of BFT practitioners

 *You are the salt of the earth. But if the salt loses its saltiness, how can it be made salty again? It is no longer good for anything, except to be thrown out and trampled by men.*

Matthew 5, 13

Being a therapist differs from most other professions. Our treatment can significantly influence life of our patients. It is a great privilege; however, it also means that our responsibility towards the quality of our practice is bigger than in other professionals. Paraphrasing words of St. Matthew, it is too easy to lose saltiness, to resort to routine, to give up any further professional and personal development.

How can we develop our skills and improve our practice? Luckily, there are many effective techniques that can help us to advance in our work. Here are basic ways we can use:

- Reading specialized books about BFT, taking part in courses, study groups etc.;
- Reading books about communication generally (e.g. about MI);
- Taking part in psychotherapeutic training or in family therapy;
- Consulting difficult cases with colleagues – supervision, intervision, Balint groups;
- Enhancing our personal development by therapy – self-therapy or treatment by an experienced practitioner;
- Developing empathy and understand own emotions by different sorts of art;
- Making a research in BFT.

Some of above mentioned methods are widely used, like reading books or taking part in short-term courses. Other, like supervision, Balint groups or psychotherapeutic or communication training, are used much less frequently. Study group would be probably the best way how to learn BFT. It merges a psychotherapeutic work with the studying of essences. However, as far as I know, at present there is no similar long-term training available.

24.1. Reading specialized books about BFT, courses

There are many courses where practitioners can obtain basic information about BFT or to enlarge their knowledge. Internationally respected Bach Centre (www.bachcentre.com) in England guarantees quality of education.

At present, there are many good books about BFT. Lists of recommended reading for practitioners of different levels can be found on the pages of the Bach Centre:

<https://www.bachcentre.com/reading/index.php>

Among these books, Bach's *Twelve Healers and Other Remedies* remains the principal resource about BFT. It is worth reading again and again during the practice as delicate facets of remedies sometimes uncover only with growing professional and personal experience. Bach meticulously selected every word he used in the description of remedies. That is why, for those who want to explore more deeply themes of individual essences, it may be useful to pay attention to exact wording. I use online version of *Merriam-Webster's dictionary* of Bach times (<https://www.websters1913.com>) to better understand slight nuances of different words.

For example, let's look at the group of Fear. While ROCK ROSE is **frightened** or **terrified**, MIMULUS has a fear and bears the **dread**, CHERRY PLUM has a fear of **doing things** that are **feared** and **dread-ed**, ASPEN is **haunted** by unexplainable fears and RED CHESTNUT feels **anxious** and **suffers**.

Webster about "fright"

- A state of terror excited by the sudden appearance of danger; sudden and violent fear, usually of short duration; a sudden alarm.
- Anything strange, ugly or shocking, producing a feeling of alarm or aversion. [Colloq.]

It is sudden, violent and of short duration. It may be provoked by something strange, ugly or shocking, producing alarm or aversion.

Webster about "terror"

- Extreme fear; fear that agitates body and mind; violent dread; fright.
- That which excites dread; a cause of extreme fear.

It is extreme and causes agitation of mind and body.

Webster about "dread"

- Great fear in view of impending evil; fearful apprehension of danger; anticipatory terror.
- Reverential or respectful fear; awe.
- An object of terrified apprehension.
- A person highly revered.
- Fury; dreadfulness.
- Doubt; as, out of dread.

Dread is more an anticipatory fear, can carry a sort of doubt (about himself and his abilities?), there may be a one-down feeling (reverential or respectful fear); it associates again the idea of a person with low self-confidence.

Webster about “haunt”

- To frequent; to resort to frequently; to visit pertinaciously or intrusively; to intrude upon.
- To inhabit or frequent as a spectre; to visit as a ghost or apparition.
- To practice; to devote one's self to.
- To accustom; to habituate.

It seems that the fear of ASPEN might have an intrusive, almost super-natural character. It is much less rational than in MIMULUS; it is more like feeling of being a victim of a curse, spell or ill fate.

Webster about “anxiety”

- Concern or solicitude respecting some thing or event, future or uncertain, which disturbs the mind, and keeps it in a state of painful uneasiness.
- Eager desire.
- (Med.) a state of restlessness and agitation, often with general indisposition and a distressing sense of oppression at the epigastrium.

Here, the fear is connected with restlessness and even physical pain. (The word “anxiety” has the same root as “angina”, i. e. constricting pain in chest or throat)

This example only tries to illustrate how we can work with Bach’s descriptions and how we can get to deeper understanding of remedies.

There are also other ways how to work with *Twelve Healers*. This book has one specific: the remedies are described from the perspective of the patient. For example, CHICORY feels the need to take care of family members. He wants to do the best for them and he feels that he knows what right for them is. The motivation of CHICORY is positive – he loves them and wants to help them. However, from the outside his behaviour may be perceived as negative, like giving unsolicited advices, meddling into personal affairs or even attempting to control his relatives. That is why a good exercise helping to better understand the themes of remedies is to imagine how the person behaves if he feels exactly this way.

You can also train diagnostics whenever you meet somebody. Even when the other person does not speak about his problems you can guess his feelings because the themes of essences reflect in sentences, gestures or face expressions. For example, you are sitting in a train, you have nothing to do and you begin to observe people around. Following ideas may come to your mind: *Look at this family: this stubborn and dictatorial boy, he yells and demands things from his mother. He seems like Vine. And his mum, she has a problem to set boundaries for him, maybe Centaury? And now, she seems to feel guilty because her son’s misbehaviour – Pine? And this small girl, she seems dreamy, she ignores what is happening here. She just looks outside and smiles slightly. Like small Clematis? And this old man, sitting next to them, frowning disapprovingly his eyebrows when looking at the boy – he must be Beech.*

24.2. Reading special books about psychology and communication, taking part in trainings

BFT is quite close to psychology. Although BFT itself brings insight into problems of our patients, practitioners can certainly benefit from further studying of psychotherapy. There are different schools that offer various ways how to understand human mentality and origins of our patients' problems. According to numerous studies of efficacy of different psychotherapeutic approaches, they are quite comparable; no school is superior to others. That is why it is only up to the therapist's preferences which of schools corresponds the best to his working style and which trainer or lecturer is personally most acceptable for him.

For rationally oriented therapists analytical methods like transactional analysis, psychoanalysis or analytical psychology are suitable. On the other hand, emotional practitioners will find analytical approach too mechanistic or artificial. For them, Gestalt, person-centred therapy may be more acceptable. There are also schools working with the body (body-therapy or bioenergetics) or with the purpose of life (various schools of existential therapy).

For me, the training of transactional analysis has been very useful. Transactional analysis offers various models analysing human thinking, feelings and behaviour from different aspects. Well-known are models of ego-states, OK positions, strokes, transactions, psychological games and life scripts. As a highly structured and logical approach, it combines well with highly emotional BFT. We can compare the therapeutic process with human body. Transactional analysis is like bones while the essences are muscles. Bones give structure while muscles bring dynamics. Bones and muscles, both are necessary for smooth movement. Transactional analysis shows the direction, BFT helps to mobilize the energy for change. If you like to read more about transactional analysis, a very good introduction into transactional analysis is a book of Ian Stewart and Vann Joines: *TA Today* (Stewart & Joines, 2012).

Psychology can also help us to **improve the communication with our patients**. If you consider recommendations about communication mentioned in this book useful, you can deepen your knowledge by reading basic books about MI: Miller and Rollnick's *Motivational Interviewing* (Miller & Rollnick, 2013) or Rosengren's *Building Motivational Interviewing Skills* (Rosengren, 2018), or by taking part in an official training in MI.

24.3. Consulting difficult cases with colleagues

Most therapists feel sometimes certain loneliness. BFT is lonely type of work by nature and medical confidentiality further limits the possibilities of discussing difficult cases. At the same time, for the therapist the feedback is very important. In successful cases, positive response of patients is usually sufficient. However, even when the case seems unsuccessful it does not automatically mean that it is a mistake of the therapist. As it has been already explained in chapter 18 (When therapy does not work), there are various causes why the therapy does not progress and the practitioner may be too absorbed by the case to be able to distinguish them. In such situations, a view from outside can play very important role.

There are a few options on how to discuss cases with other practitioners:

- Supervision;

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- Intervention;
- Baling groups.

Whenever you present your case to your colleagues your description should be anonymous. Avoid any personal details that could lead to revealing of your patient's identity. The exception is when you want to analyse audio or video records of the case during the supervision. Then you should always have an explicit agreement of your patient.

24.3.1. Supervision

In supervision, one practitioner is in the position of an authority (teacher, tutor, mentor) while the other is student, supervisee. The supervision can have various forms and deal with various themes. The basic principles are the same as for BFT (see chapter 6). It is based on Partnership and Acceptance, the goal of the supervision isn't only to help the supervisee to treat individual patient but to improve the whole his practice. We all have our working styles; they are effective in some situations but with some types of patients, they fail. These difficult cases have a repetitive pattern. For example, at the moment when you meet similar patient you already feel that the case will be difficult even when you haven't taken patient's history yet. For some therapists, domineering or opinionated patients are especially challenging; somebody else finds difficult to work with passive or dependent persons.

The themes of supervision often correspond to chapters in this book:

- How the supervisee respects basic principles and how he promotes them when working with the patient (see 6. Basic principles);
- What change the supervisee considers as important for the patient and how he supports it (see 7. Process of change);
- How the therapeutic relationship as a whole is and how individual components are (see 8. Therapeutic relationship);
- How the supervisee uses OARS+I (10. Basic communication techniques) and other tools (11. Other useful techniques) and how he deals with change talk and sustain talk (9. Change talk and sustain talk). Here, records or verbatim transcripts of the consultations are very important. Special attention is also paid to follow-ups (17. Follow-up);
- How the patient understands the way the supervisee works and how the boundaries are respected (see 12. Therapeutic contract);
- How the supervisee has taken history and how he understands the case (see 13. Case taking);
- How the goals of the therapist match the goals of the patient (see 16. Focusing);
- Which remedies correspond best to patient's complaints;
- What possible causes of failure are (see 18. When therapy does not work);
- How to combine BFT with other therapeutic modalities (see chapter 23);
- How the supervisee should further develop his skills.

It is not easy to be a good supervisor; it is especially difficult to suppress the urge to tell the student how he should do his work and instead to support him to find suitable solutions by his own (principle

of Autonomy and Evocation). If you tell him what he should do, you increase his dependence; if you help him to find his own way you support him to become an independent and self-confident therapist.

In comparison with psychology, BFT has one important advantage – besides words the supervisor can also use essences to help the supervisee to deal better with the cases. Here are some suggestions of suitable essences for common situations:

The supervisee:

- Has a feeling that there is some important theme but because he fears a conflict with the patient he does not speak about it – AGRIMONY;
- Has a difficulty to set boundaries with the patient – CENTAURY;
- Feels the urge to tell the patient what to do, instead of supporting him in seeking solution of his own – CHICORY;
- Feels an aversion towards the patient because of some prejudice – BEECH;
- Feels the urge to push the patient into some change – OAK;
- Is impatient, feels time pressure – IMPATIENS;
- Feels threatened or attacked by the patient – HOLLY, MIMULUS;
- Has low self-confidence – LARCH;
- Has a fear that the therapy fails – MIMULUS;
- Doubts the efficacy of prescribed therapy, expects failure – GENTIAN;
- Has already resigned – WILD ROSE;
- Is too empathetic; he perceives the suffering of the patient on himself even long after the consultation – WALNUT, RED CHESTNUT, STAR OF BETHLEHEM;
- Is indecisive – CERATO, SCLERANTHUS;
- Feels stuck in the case; cannot move forward, does not know what direction to choose – WILD OAT;
- Feels guilty because failure of the therapy – PINE;
- Repeats the same mistake - CHESTNUT BUD.

The supervisee can take the essences before next consultation with the patient or he may take the remedy for some time regularly if he feels that the theme of this essence repeats in his professional or personal life. In fact, many themes of supervision often reflect our personal life; CENTAURY has problem to set boundaries in the therapeutic relationship as well as in his own family, IMPATIENS is hurried during the therapy in the same way as in his normal life etc.

Group supervision is a specific form of supervision where there are more supervisees with one supervisor. This variant is useful because the whole responsibility of supervision does not lie on the supervisor; he can also use the experience and empathy of other supervisees. The role of the supervisor shifts more to the position of a moderator. The group supervision is somewhat similar to Baling groups.

24.3.2. Intervision

Intervision differs from supervision because it is based on peer-to-peer relationship. There is no teacher and no student; they all are experts and they just ask colleagues for their opinion. The scope of the

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interview of the interview is limited. During the interview, the participants should stay at the actual case only; they shouldn't comment the working style of their colleague. If they want to express their opinion, they should do it in following form:

“I have a fantasy that the patient ...”

“If I were on your place, I would do ...”

This form of participant's reactions is very important; otherwise there is a risk that it may slip into a competition *“I know more”*.

24.3.3. Balint groups

Balint²⁰ groups are a structured form standing in-between group supervision and interview. There are a few participants (usually 5-10) and one or two moderators, psychologists or experienced therapists. The participants sit in a circle. The Balint group session has well-defined parts. The aim of this fixed frame is to protect the participants; it minimizes the risk that the practitioners will take the criticism personally. Balint group usually lasts about 1.5 hour and one session deals with one case only.

Balint group has following parts:

- **Introduction.** The moderator shortly explains the course of the session. If all participants already have previous experience with Balint groups, this phase can be skipped.
- **Offering cases for supervision.** If the participants have any difficult case they want to consult, they briefly describe its theme. If there are more suggestions, the participants decide by voting which one they want to discuss.
- **Description of the case.** The therapist that has brought the case describes in detail the case taking and the treatment of the patient. He especially pays attention to the way of communication during sessions, his feelings as a therapist and the reaction of the patient. Nobody is allowed to interrupt him except the moderator who can guide him slightly when his description is too long or he gets off the subject.
- **Questions.** The participants can pose questions to the therapist now; these questions can concern the problem of the patient as well as the feelings of the therapist and the reaction of the patient during the consultation. It is not the time to express opinions or offer recommendations yet.
- **Fantasies.** Till now, the expressions of ideas and fantasies of participants have been intentionally restricted. At this moment, it is the time to make some speculations about what the cause of patient's problem is or what factors might influence the course of consultations and the communication. Again, the participants should use the way described above: *“In my opinion ...”*, *“I feel ...”*, *“It might be because ...”* The participants should remember that they express their opinion only; the therapist who has brought the case is the only who knows all the details. The role of the moderator in this phase is to keep the participants' comments in

²⁰ Michael Balint (or Bálint Mihály) (1896 – 1970) was a Hungarian psychoanalyst living most of his adult life in England. After World War II he observed growing number of patients with complaints that couldn't be explained by conventional medicine. There was a strong psychological background in these cases. Working with these patients was especially challenging. Somatic doctors did not understand the psychological aspects and psychiatrists and psychologists did not understand physical problems. That is why he created groups where clinicians could consult difficult cases with psychiatrists and psychologists.

these limits. He can also offer his opinion; however, he should wait first for the opinion of the others. Otherwise, his “expert” comment can influence their views.

- **Recommendations.** At this moment, the participants can offer their recommendations of further steps. Their reaction also has a well-defined form: *“If I were on your place, I would ...”* They can recommend to give specific essences for the patient, to pose further questions, to change the way of communication or the therapist himself to take certain essence before next consultation.
- **Opinions of observers.** Although there are usually about 5-10 participants in the Balint group, even with more people Balint group may be used. If there are for example 20 people, ten of them form the inner circle and ten the outer. In the outer circle there are so called **observers** who cannot actively participate through the whole session and this is the only time when they can express their opinions.
- **Summary.** The therapist presenting the case has time now to react to the fantasies, comments and suggestions of colleagues and he can also tell whether there is something that seems useful for his further work with the patient or in his practice generally.

Balint groups primarily pay attention to individual cases; however, there is also some potential to work with working style of the therapist. It may have a character of comments like *“I feel this case might have similar features as your case you presented during our last meeting.”* However, participants should restrict their comments to such form; it is up to the presenting therapist whether this information is important for him or not and whether he will work on this theme further in personal therapy or individual supervision.

24.4. Personal therapy

When somebody wants to become a psychotherapist, one of the conditions is to go through a personal therapy by an experienced therapist. One reason is that he should have a first-hand experience with the treatment from the perspective of the patient. Successful personal treatment also strengthens Therapist – Method relationship. Another reason is that everybody has some personal themes that might hinder the treatment of patients. In terminology of BFT, a therapist who has an unsolved fear should first take MIMULUS for some time because otherwise he may have a problem to deal with patients who also have a significant fear theme. Fear is transmittable emotion; a patient who has a fear can spread this feeling to the therapist and fear of the therapist can infect the patient. MIMULUS essence in hands of such a practitioner will work less than in hands of other therapists because when giving it he may feel fear that it fails. When the therapist has unsolved GENTIAN theme, he will doubt the efficacy of the therapy after a small setback. AGRIMONY therapist will avoid painful themes; the consultation will be superficially pleasant and funny but the therapy will not progress.

Therapy of the therapist is very important. Remember that whenever you treat yourself you also work on improvement of your own practice.

24.5. Self-therapy

Bach paid a lot of attention to the self-therapy. Even the name of his books reflects this approach: *Heal Thyself* and *Free Thyself*. He has also given us keys how to recognize significant patterns in oneself without a help of a therapist:

Should any difficulty be found in selecting your own remedy, it will help to ask yourself which of the virtues you most admire in other people; or which of the failings is, in others, your pet aversion, for any fault of which we may still have left a trace and are especially attempting to eradicate, that is the one we most hate to see in other people. It is the way we are encouraged to wipe it out in ourselves.

E. Bach, *Free Thyself*

However, in most people, the effect of the self-therapy is only temporary, superficial and partial but on deeper level, the problem remains the same. How to understand the discrepancy between the recommendation of Bach and general experience?

The problem is that it is really hard to recognize the centre of the problem in oneself. It is covered by various defensive mechanisms that modify our point of view. We cannot see our blind spot; we can only make it smaller during self-therapy.

So, is self-therapy useful or not? Definitely is. However, we shouldn't understand it as a therapy for ill patients. It is more a process of self-exploring or spiritual growth, a way how we can learn a lot about ourselves. It is a long-term process that always allows us to see only a minute part of our real self but most remains hidden.

Self-therapy also brings a perfect experience of the effect of essences. Even when we do not have any problem to treat the essences can help us in daily matters. If you perceive positive effect of essences used before exams or public presentation, you will be certainly much more convinced about its efficacy when the patient comes with a similar problem. The conviction of the patient about the effectiveness of BFT is important; however, the therapist's conviction is very important too. The Cycle of change (see 7.3.) is for the therapist valid in a similar way as it is true for the patient.

Self-therapy has its limitations. If the problem is too serious and there is a danger that it can get out of control it is the time to ask another therapist for a professional help. Remember that self-therapy is a slow process, often lasting many years, and if your suffering is too intense, you probably do not like to wait so long.

Treatment of our patients has also a therapeutic effect to us as therapists. No matter whether we want or not, physical law of action and reaction is valid in psychology too. If the patient leaves the consultation changed, we have undergone some change too.

There is a great difference between learning the essence picture from books or during courses and perceiving its effect on oneself. It may be a short moment. For example, when I experimentally used IMPATIENS, I suddenly felt as if the time stopped for a while. It was an amazing feeling like *“You have as much time as you need because the clock of the Universe has been stopped. You can do*

everything at your pace and when it will be done, the clock will be switched on again.” Although this feeling lasted only a second, it brought an immediate relief in a busy day.

24.6. Study groups

A way how to combine studying of the treatment system and dealing with personal themes is to take part in a study group. It can be compared with study groups of psychologists during their trainings. The teacher explains the principles of the treatment method and students can verify their knowledge during various exercises on themselves and on others. There is also a space for supervisions and for therapy of participants. Group setting is useful because there are more opinions and more suggestions how to solve the problem. Furthermore, the interactions between group members can also be analysed and described with the language of essences. The students have a direct experience with the work of BFT practitioner.

Training of psychologists is quite long. In summary, the basic training in transactional analysis includes 360 hours; it is divided into eighteen weekend and three week trainings and lasts three years. A similar curriculum can be used in BFT too.

24.7. Developing empathy and understanding own emotions by different sorts of art

We are all healers, and with love and sympathy in our natures we are also able to help anyone who really desires health. Seek for the outstanding mental conflict in the patient, give him the remedy that will assist him to overcome that particular fault, and all the encouragement and hope you can, then the healing virtue within him will of itself do all the rest.

E. Bach, Free Thyself

Art has always played a very important role in human history. It has a power to express our deepest emotions. And when emotions are expressed, we can work with them and understand them. Our feelings become clay or stone for the sculptor, paints for the painter, tones for a musician or words for a poet.

Art has also entered the field of therapy. For somebody, expressing and working with his emotions is quite natural. On the other hand, for somebody else, rationally oriented, emotions stay hidden most of the time. However, it does not mean that his feelings are not as important as in a person who is aware of his emotions. He is influenced by his feelings as strongly as an emotional person, if not more, but he is not aware of it. And especially for these people it is useful to pull their emotions to the surface, for example with the usage of art. It may have a form of a standard art therapy. Some people prefer less formal ways. Any technique of art is suitable.

Some people feel too restricted by their rational thinking. Their artworks were criticized or even ridiculed too frequently during their childhood. Their self-confidence in this area is shattered and they feel

24. Further education of BFT practitioners

awkward whenever painting, sculpting or singing. However, they can have the greatest benefit from art. If they overcome initial doubts they will be more and more aware of their emotions.

For the therapists, uncovering their emotions is also very useful. How can therapists use art in their practice? One option is to make a drawing or painting or other piece of art as a representation of the feeling from the consultation or from the patient. There are some supervisors who use art in supervisions. Another option is to select for example an image or music composition that reflects best your feelings. The more abstract the painting is the better. You select the image by intuition or impulse, without much logic, and then try to find out why you have selected it, why the image has attracted you.

24.8. Listen to your Inner Guidance

📖 All true knowledge comes only from WITHIN OURSELVES, in silent communication with our own Soul.

We have been led to believe that we must be taught by others, and our own Spiritual Selves have become SUBMERGED.

The acorn, carried hundreds of miles from its mother-tree, knows without instruction how to become a perfect Oak. The fish of the sea and rivers lay their spawn and swim away. The same with the frog. The serpent lays its eggs in the sand, and goes on its journey; and yet within the acorn, and the spawn, and the eggs is all the knowledge necessary for the young to become as perfect as their parents.

Young swallows can find their way to their winter quarters hundreds of miles away, whilst parent birds are still busy with the second brood.

We need so much to come to the knowledge that WITHIN OURSELVES LIES ALL TRUTH. To remember that we need seek no advice, no teaching but from within.

The Christ taught us that the lilies the lilies of the field, though they neither toiled nor spun, were more perfectly arrayed than Solomon in all his glory.

And the Lord Buddha taught us that we were all on the path to our SELF REALISATION once rid of the priests and the books.

E. Bach, Miscellaneous writings

I would like to mention one important thing: reading, courses and supervision can only show you how OTHER people practice BFT. However, you should find YOUR OWN way, your own working style. If you feel deep inside that you are doing a good thing and that you are going the right way, even when your supervisor or teacher tells you that it is wrong, it is worth to explore it. If Bach had suppressed the weak voice of his Inner Guidance and listened to opinions of others, he would have been an aver-

age practitioner and after his death, his work would have been forgotten soon. BFT is about extraordinariness, not about mediocrity. Extraordinariness opens new ways, brings excitement of a pioneer. Do not fear to become a pioneer, there are thousands of average practitioners.

24.9. Research

Till now, we have described various ways how individual therapists can enlarge their knowledge and improve their skills but the method itself also needs to be developed and improved. In present-day society, everything changes very fast and it is logical that the method must be able to deal with new challenges.

However, in BFT there is some part that is worth preserving. Basic knowledge, summarized in *Twelve Healers*, is still valid and reliable and will be valid and reliable in the future too. For example, the list of the essences is sufficient; we do not need to look for further remedies. It does not mean that these flowers are the only having extraordinary medical property. In fact, there are probably other plants that can be used for preparation of essences too. The problem is that it is difficult to reliably assess whether the healing effect of the essence is really deep and long-lasting or whether it stays on a superficial level only. Besides, the power of BFT lies in the possibility of combinations. We do not need hundreds or thousands of essences; we have millions of combinations.

We also do not need any diagnostic tool other than our sensitive mind. Modern scientific research has already confirmed that Bach's conclusion is true. In our brain there are cells called mirror neurons. The role of these cells is to recognize emotions of other people. For example, when we see somebody that is angry our mirror cells perceive anger. If we see somebody sad they perceive sadness. All mammals have this ability. It has always been important for our survival. For example, when our ancestors met a stranger they needed to recognize his emotional setting – was it a friend or an enemy? A mother needed to understand her baby without words to be able to satisfy his needs. Our mirror cells are a perfect tool and no technical instrument can replace them. We need only to cultivate our innate skills to improve our practice.

So, if we accept the fact that there is some basis of BFT that shouldn't be changed, what can be researched and improved in BFT?

We can make a research:

- To better understand themes of individual remedies; to find verbal and non-verbal keys pointing to specific essences;
- To explore usefulness of BFT when working with patients in specific conditions;
- To improve the communication with the patient; to find reliable tools how to assess the readiness of the patient for change, how to facilitate the change and how to enhance patients' autonomy;
- To improve the system of education of BFT;
- To enhance a general knowledge about BFT of the public.

BFT researchers can certainly explore the role of BFT in specific areas of medicine or human life. Although the principles are the same, the way how to use BFT can differ. For example, a book about the treatment of dying people or oncological patients can be very useful. Similar research can be per-

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formed in intensive care, dermatology, cardiology, rheumatology, gastroenterology, neurology etc. A very specific area would be the supportive treatment with BFT in patients with psychoses, alcoholics or drug abusers.

As for the combination with alternative medicine, experience of practitioners using for example physiotherapy, massage or kinesiology together with BFT will be very interesting too and can help other colleagues to combine these techniques in their practice. Body-therapists know that there is an association of disturbance of certain muscle groups and emotions. The strength of BFT is that it can be freely combined with any other therapeutic modality; so do not hesitate to experiment with the usage of BFT in your practice together with other treatment methods.

BFT can be also used in social facilities, by teachers and school psychologists, or even by enlightened priests. BFT can improve our life as a whole, its effect isn't restricted to treating diseases only.

Apart from helping individual patients and clients, we should also pay attention to family as a whole. Family works as a system, and intervention in one member will influence other members too. Especially when treating children or elderly persons, the disease of the child is often caused by a disturbance of the whole system. Combining family therapy with BFT is a huge challenge that can move BFT to a qualitatively higher level.

We can also explore the communication with patients. This book presents results of one type of such a research; however, there are still many themes that need to be clarified.

To be able to make any research, we also need to have a vast database of in depth described cases. The best would be audio and video records; however, there might be a problem with medical confidentiality. That is why verbatim transcripts of significant parts of the cases can be used instead.

And finally, a lot of work needs to be done for the propagation of BFT among patients and potential clients. It is a pity that many patients cannot have benefit from this method simply because they do not know about this possibility.

Above mentioned research projects will improve the quality of our practice. However, the research can also be made to obtain a scientific evidence of efficacy of BFT. Of course, practitioners who use BFT in their daily practice do not need any further proof that BFT works. However, research results are useful when communicating with people outside of BFT community. If BFT had a sufficient background of scientific studies confirming its effect, many people would be more open to try it. In these projects, its design is important. Allopathic medicine likes to have a one clear and simple procedure and unified prescription. It is in a stark contrast with individualisation as a basic principle of BFT. However, there are some situations when even standardized remedy combination can be effective:

- RESCUE REMEDY as a supportive treatment in patients with myocardial infarction or brain stroke;
- RESCUE REMEDY for posttraumatic stress disorder;
- HONEYSUCKLE and STAR OF BETHLEHEM (eventually with addition of PINE, WHITE CHESTNUT or WILLOW) to ease mourning after a death of a dear person;
- RED CHESTNUT, WHITE CHESTNUT and OLIVE (and eventually HONEYSUCKLE) to help people taking care of seriously ill relatives.
- ROCK ROSE, MIMULUS, LARCH, WHITE CHESTNUT, ELM and GENTIAN to help in acute situations associated with fear of failure (like exams, car driving tests etc.).

There are also many other conditions, especially acute, that can be positively influenced by a simple prescription of BFT. As for those who consider to do a research, please do not hesitate to contact me if you are interested in my humble opinion or you need any advice.

24.10. And does it really work?

I have intentionally let this question to the end of the book. Can a therapist have doubts about the method he uses? How his doubts influence the effect of the therapy?

It is interesting that there are many people who do not need any proof about the efficacy of BFT. They simply know that it works or that it does not work. Those who are convinced that BFT does not work do not need any evidence because it contravenes logical principles. Those who know that BFT is effective believe that personal experience with the therapy is sufficient and they do not need any further proofs or explanations.

I belong to the third group of people. I am a very rational person in principle; personal experience has convinced me that BFT is worth further exploration but I still have some doubts. During my practice they have reduced a lot but whenever seemingly well selected essences fail the hesitation re-emerges.

I believe that having doubts is absolutely normal. BFT isn't a religious sect; it isn't based on blind belief. My personal message is, do not believe anything you haven't verified personally. This recommendation concerns the efficacy of BFT but also information included in this book. Do not fear to be Doubting Thomas; the only thing that may happen to you is that you find out the truth. Efficacy of your treatment isn't based on whether you believe it or not. The only condition is, to be open to whatever you discover.

What I already know, BFT is a complex process with many factors influencing the course of the treatment. I have tried to describe some of them in this book but there are still many other that remain hidden. The advantage of being Doubting Thomas is that you feel an incessant urge to learn more, to uncover a little bit of the hidden secrets. In the history, Doubting Thomases have always been the torch-bearers, pioneers that have looked for new ways. It is pleasant and comforting to know something for sure but it is exciting to doubt.

25. The Role of Bach Flower Therapy in the Society

📖 An old village woman once met a punk. She was at first surprised by his weird visage, Sioux-like hair-style, piercings and rugged dress. So she asked him:

„Young man, who are you? “

„Well, I don't know. But I am something like court jesters used to be. They joked about serious things and thus they helped the society to become aware of its problems. I laugh at judges who speak about truth and justice but they actually lie and are unjust, I laugh at the policemen who speak about law but in fact they are corrupt, I laugh at the politicians who promise they will serve the voters but in fact they serve only themselves.”

“Yes, you are right.” The old woman nodded. “We need people like you a lot.”

Juraj Jordán Dovala, The Punk in the Church

Therapists have a special role in our society. By treating their patients, they can influence the whole mankind. A healthy person influences positively his or her partner, family or friends. It is especially valid for BFT. BFT is a powerful method and its goals are higher than a mere removal of a disease:

📖 Thus by treating our fears, our cares, our worries and so on, we not only free ourselves from our illness, but the Herbs given unto us by the Grace of the Creator of all, in addition take away our fears and worries, and leave us happier and better in ourselves.

E. Bach, Twelve Healers and Other Remedies

Who has ever treated patients with Bach essences will probably confirm that when the therapy is successful the effect of the treatment isn't limited to the patient only. Family behaves like a system; if one member changes, the other members will be influenced too. Thus the essences can heal somebody who does not directly participate in the therapy.

⊕ *50 years old woman. She has a problem with thyroid gland. She also suffers recurrent respiratory infections and annoying sleeplessness. She works in a small company of her husband. The work is very demanding; she didn't have holiday longer than two or three days for last twenty years. The prob-*

lem is that for a few years, she has regularly had respiratory infections during the winter. One cold comes after another, she works for a few days and then she is ill again. The pressure of work has an unfavourable effect to her husband too – he has diabetes and recently he has had to start treatment with insulin. He has a tendency to take over more work than he is able to do. In such a situation, his wife worries about his health and automatically takes over part of his responsibility even when she feels she is exhausted.

During the whole consultation, she smiles and laughs forcefully. Although her life isn't easy, she seems "happy". She agrees that the description of AGRIMONY corresponds well to her whole life. Other important essences are RED CHESTNUT and CRAB APPLE.

The treatment has a dramatic effect. Her sleeplessness gets better; she is less liable to take over responsibilities of her husband. She has more energy and her immune system is much stronger. Half a year later, she "by the way" reports that her treatment has also an effect to her husband:

"When I came to you for the first time, I felt so overwhelmed by emotions that during the journey home, I began to speak with my husband about things that had troubled me a lot for a long time. It was like a dam that broke through. Later I also refused to support my husband in overworking anymore. Although he wasn't happy because of that at the beginning, he finally reduced his extra work. The result is that he is much calmer now. And apart from that, his diabetes is better too; he could stop insulin, pills are sufficient now."

By helping people to be more courageous, honest, and empathetic, to stand for their opinion in spite of the pressure of tradition, authorities, politicians etc., we heal the society. People who do not have a fear to call a spade a spade can expose burning social, political, economic and environmental problems and can initiate necessary changes. That is why being a practitioner isn't an average profession, it is a real life mission, and our work can have a much wider impact than we would expect.

☯ 35 years old woman working as a social worker. She is chronically overloaded by work, feels exhausted but has a problem to tell "no" when her superior gives her extra work. CENTAURY has a great effect. However, her boss isn't happy because of that; she is much more courageous and demands reduction of workload. Furthermore, she feels the need to change the whole system at work because of its inefficacy. She is aware of the fact that for her employer it is difficult to find a new social worker and she does not fear being sacked. Her strength and courage inspires her colleagues – they are more and more courageous in expressing their needs or disagreement.

An old Jewish saying says "Whoever saves one life saves the World". We can paraphrase it: "Whoever helps one person to change, changes the World".

Bach essences help us to shift the attention from the individual perspective to that of the whole family, nation, mankind or the whole Earth. We become less selfish and self-centred. The more we perceive the needs and feelings of other people, the more we can understand them. And understanding each other is the best way how to overcome barriers between people.

📖 First they came for the socialists, and I did not speak out – because I was not a socialist.

Then they came for the trade unionists, and I did not speak out – because I was not a trade unionist.

Then they came for the Jews, and I did not speak out – because I was not a Jew.

Then they came for me – and there was no one left to speak for me.

Martin Niemöller

25. The Role of Bach Flower Therapy in the Society

Because of limitations of allopathic medicine, the significance of BFT can grow in the future. Some of problems of present medicine have already been mentioned in the Introduction – increasing numbers of cancer or mental problems. Allergies and autoimmune diseases are more and more widespread. We also have to face growing resistance of bacteria against antibiotics. More and more patients suffer infections resistant to most types of antibacterial drugs.

We do not allow our patients to die but we do not teach them how to live.

Paul E. Wischmeyer, a prominent expert in intensive care and nutrition

And last but not least, the health care expenditures are growing every year. New remedies cost ten times more than old ones but their efficacy is only slightly higher. People will probably resort to alternative medicine more frequently. They will pay more attention to prevention and to the therapy of early stages of diseases instead of spending large sums to treat late complications.

To have an alternative, a possibility to choose among more options is always useful. It brings more flexibility, and being flexible enables to cope better with future challenges. Too much specialisation, too much one-sidedness limits chances of survival if conditions unexpectedly change. Seventy millions years ago, when dinosaurs were real rulers of the world, nobody expected that they would die out but small rodent-like animals would survive and their descendants would conquer all areas of the Earth. The difference was that dinosaurs were too specialized, too one-sided. Mammals were adaptable. If we stick to allopathic medicine only, we are like dinosaurs. Alternative medicine increases our adaptability and our chance to survive.

We can see how BFT is useful both for individuals and the society. In spite of that, to be a BFT practitioner isn't sometimes easy, especially when the BFT practitioner is at the same time a practitioner of allopathic medicine. During about twenty five years of my practice of alternative and allopathic medicine I have often been confronted with doubts, mistrust or even ridicule from laypersons but still more from my colleagues. In the age of logic and science, it is difficult to accept a therapy that seems so illogical. Because of fear that practice of BFT can damage my professional prestige I hesitated a lot whether to claim publicly my inclination to alternative practice.

Once, when I explained my feelings to my friend, a psychiatrist, he used following metaphor: *“You are a punk of medicine. You will never become a respected and honoured doctor; you will always be a punk, a rebel. But it depends on you whether you will be a real punk who is proud of it or a false punk who wears the punk dress and hairstyle only at home but when going outside he combs his hair and puts on a suit.”*

This remark surprised me because I had never felt a special attraction to the punk movement or music. I understood it only a few years later when I read a story quoted at the beginning of this chapter. Its author, Juraj Jordán Dovala, is an interesting personality. When he was a young, he was a rocker. Later, he became a monk and spent some time in Negev desert as a hermit. Somewhat later, he returned home. Now he is a bishop of evangelic church. The combination of being a rock musician and a bishop is quite extraordinary (something like being a doctor and practicing BFT ☺). However, his untraditional approach has brought many new people to the church.


I will never become a respected surgeon or cardiologist who rescues lives from life-threatening situations. I will never do a real scientific research with chemical medicines. I just like to support

Bach Flower Therapy is a Dialogue

suffering people and to help them to find the way of their own, to become a healthy, independent and self-confident personality.

And that is our mission as BFT practitioners. The mission of a punk is to tell the truth that would otherwise remain hidden by official authorities. Our mission in a consumerist society is to tell that the sense of life is not an endless consumption, in a society without values to stress that there are still values that are worth living for, in a society that believes that science is omnipotent to repeat that powerful chemical pills are not a panacea. Our mission is to explain again and again that people are responsible for their lives and for their happiness.

We must be prepared that we will always meet “wise men” who will regard us as fools, as jesters, but our society needs such jesters a lot.

 *Whenever a theory appears to you as the only possible one, take this as a sign that you have neither understood the theory nor the problem which it was intended to solve.*

Karl Raimund Popper

26. “Lite version” of BFT for those who do not have enough time to learn it but wish to use it

This chapter is dedicated to those practitioners who use another therapeutic approach and are good at it but they also would like to use Bach flowers. They do not have enough time to learn the whole theory of BFT because their original specialization is too time-consuming. Even these therapists can help their patients a lot with a minimal knowledge about BFT. They can use this chapter as a reference book whenever they want to have a brief look at the recommended essences. It can also be useful for those who consider learning BFT but they would like to have some experience with it and verify its efficacy prior to studying it in more depth.

I have hesitated a little bit whether to include this chapter into the book or not. This short differential diagnosis for selected states may seem over-simplified to advanced therapists. While in the whole book I stress the importance of selection of essences for individual cases according to actual feelings, here the prescription is based on limited information. However, the experience of my wife has confirmed that even with such a limited amount of knowledge you practice can be effective.

My wife works as a doctor too and she treats patients with diabetes. She is really devoted to her work and she is aware of the fact that treating diabetes isn't only a problem of diet and pills or insulin; levels of blood glucose reflect stressful events in patients' life. Sudden deterioration of lab results usually signals that something important (and usually disagreeable) is happening.

To be able to help her patients in these stressful moments too, she has also begun to use BFT. However, because she is overloaded by her standard work she does not have enough time to study BFT in its full depth. At the beginning, she has used “phone method” of prescription:

Phone call: Please, which essence to use when the patient cannot decide between two things?

Phone call: Which remedy can help with low self-confidence?

Etc.

⊗ 70 years old woman, diabetes type 2 on insulin treatment. Her lab tests recently worsened dramatically. During the consultation in a my wife's ambulance she begins to speak about the pain she perceives after the sudden death of her husband. He died a few months ago and she returns in thoughts to him every day. Painful memories whirl in her mind and she has no rest.

No further case taking is necessary. My wife offers her BFT and the patient happily agrees. A prescription of HONEYSUCKLE, WHITE CHESTNUT and STAR OF BETHLEHEM brings fast relief. During next consultation, the patient begins to speak spontaneously about the essences: “Doctor, please, give me again these ‘drops of joy’, please. They have brought me a great relief!”

Because these questions have repeated quite frequently, I have made a list that answers her frequently asked questions.

One thing is important: her therapeutic relationship with patients is generally very good and they trust her because they have verified that her recommendations are useful for them. That is why some of them are also open to experiment with BFT. As it has already been explained, in the situation when Patient – Therapist relationship is firm and the patient accepts the method or at least agrees to experiment with the essences, even imperfect combination can be useful and effective.

No matter whether you work as a professional BFT practitioner or you use BFT only occasionally, the therapeutic relationship remains the most important condition of success. It is the relationship that heals, and the essences are only “the icing on the cake”.

26.1. Usage of essences

The essences are seldom used alone. Up to six or seven essences can be freely combined and used together. They are used in following ways:

- You can put two drops of every selected essence to a glass of any drink. This way of application is used to treat **acute conditions**. The patient sips from the glass whenever needed. We can repeat this procedure as frequently as needed (with a new glass of drink), there is no risk of over-dosage. Generally, the more intense the state is the more frequently you repeat the dose. For example, in dramatic situations the dose can be repeated every five minutes or so.
- For treatment of **chronic complaints**, using treatment bottle is more economical. Two drops of every selected essence are added to a 30 ml bottle made from dark glass and finally the bottle is filled up with mineral water. If you decide to use RESCUE REMEDY, give four drops of the essence instead of two into the treatment bottle. The patient gives four drops from the mixing bottle at least four times daily to any drink. If the patient feels the need to take the remedy more frequently, he can do it. If there are some acute situations when patient’s chronic condition gets worse, like exams, making presentations, quarrels, sleeplessness, the patient can take extra dose whenever necessary.

These treatment bottle should be stored in a fridge. If the patient uses the remedy regularly, this way of preparation is usually sufficient. If he uses the essences only occasionally or if he cannot put the treatment bottle into the fridge, the addition of one tablespoon of alcohol (brandy, whisky, vodka, cognac) is sufficient to preserve the remedy for a few months.

26. “Lite version” of BFT for those who do not have enough time to learn it but wish to use it

26.2. Overview of remedies

Agrimony – hiding suffering behind a smiling mask.	Mimulus – fear of known things.
Aspen – vague fear, does not know of what.	Mustard – depression without clear cause.
Beech – intolerance, criticism.	Oak – over-exerting himself.
Centauray – unable to tell “no”.	Olive – exhaustion after some event or disease.
Cerato – indecision, asks other people for their recommendation.	Pine – reproaches of conscience.
Cherry Plum – fear of losing self-control.	Red Chestnut – fear for a dear person.
Chestnut Bud – repeating the same mistakes over and over.	Rock Rose – panic.
Chicory – smother love.	Rock Water – strict to himself.
Clematis – escapes into dreams, fantasies.	Scleranthus – hesitating between two options. Does not ask.
Crab Apple – feeling of contamination, dirt.	Star of Bethlehem – shock, trauma.
Elm – excessive feeling of responsibility.	Sweet Chestnut – utter despair.
Gentian – pessimistic, disheartened after a failure.	Vervain – over-excitement, over-enthusiasm.
Gorse – hopelessness.	Vine – dictatorial.
Heather – talkative, self-centred.	Walnut – change.
Holly – hateful, revengeful, jealous, suspicious.	Water Violet – keeping distance, isolation, haughtiness.
Honeysuckle – loss of a dear person, disappointment.	White Chestnut – whirling thoughts.
Hornbeam – tired by routine work, lack of motivation	Wild Oat – frustration, lack of fulfilment in life.
Impatiens – nervous, hurried, bursts easily.	Wild Rose – resignation.
Larch – lack of self-confidence.	Willow – feeling of injustice, being a victim.

Table 12. Keywords of essences.

26.3. Alphabetic list of remedies

AGRIMONY	Oversensitive to conflicts. To avoid them, he keeps his feelings inside and puts on a smiling mask “everything is OK”. To reduce inner tension and body pain, he may use some substance (alcohol, tranquillisers, painkillers, drugs, cigarettes) or some excessive activity (sports, work, eating, shopping). Compare: CENTAURY, WALNUT, CHERRY PLUM, SWEET CHESTNUT.
ASPEN	Vague anxiety without clear cause. He does not know why but he feels a fear that something terrible might happen. Premonitions. Superstitious. He may resort to horoscopes, protective rituals, pray excessively, use amulets. Trembling from fear. Fear of death, darkness, ghosts. Nightmares. Compare: MIMULUS, ROCK ROSE, RED CHESTNUT.
BEECH	Intolerant, critical, pedantic, always finding some mistake on other people but ignoring his own faults. He becomes literally allergic to some people. Critical attitude may be sometimes covered by false façade of tolerance. Black or white views, even extremist. Compare: VERVAIN, VINE, WILLOW, IMPATIENS, WATER VIOLET.
CENTAURY	Pleasant, mild, nice person trying to please others. He sacrifices himself for sake of others and neglects the needs of his own. He cannot tell “no”, has difficulty to set boundaries (to children, colleagues, partner, parents etc.) Sometimes victim of bullying. He underestimates his abilities, dependent, submissive. Compare: AGRIMONY, WALNUT, PINE, MIMULUS.
CERATO	Indecision. He does not trust opinions of his own, asks all the time other people but is confused by the fact that their opinions differ. When he makes a decision according to somebody’s recommendation, he is often disappointed; he may discover that his opinion at the very beginning was right. Compare: SCLERANTHUS, WILD OAT, LARCH, MIMULUS.
CHERRY PLUM	Proper, polite, self-controlled. Keeps negative emotions inside. However, in some moment, the inner tension is so strong that he is afraid that he can lose self-control and burst. Fear of himself; fear of impulses of his own, fear that he will do something he does not want and is afraid of it. Fear of getting mad. Like a pressure cooker with blocked vent, destructive explosion is imminent. Obsessive thoughts and compulsive behaviour. In acute states when the patient is overwhelmed by strong emotions that he is hardly able to control. Compare: AGRIMONY, MIMULUS, ROCK ROSE, IMPATIENS, SWEET CHESTNUT.
CHESTNUT BUD	He repeats the same mistakes. Repeated marriages with a similar partner, repeated exams ending with failure because of similar reasons, repeated conflicting situations with a similar course, repeated somatic problems. Makes a mistake but does not learn from it and hurries only to get into another similar situation. Learning problems. Compare: GENTIAN.
CHICORY	Family is very important, wants to have a big family, to have dear persons near. Takes a lot of care of them and pays attention to mistakes they make and wants to correct them. His care may be even suffocating and restricting for them and he may provoke contrary reaction by constantly telling other people what they are to do. He may become manipulative to get their love and care. Compare: RED CHESTNUT, HONEYSUCKLE, HEATHER, BEECH, VERVAIN, VINE.
CLEMATIS	He lives more in fantasy than in a real world. Escapes from disagreeable reality into daydreaming, reading books (fantasy, science-fiction, romantic), movies, computer games, religion, using drugs. Idealistic views of life, of the partner or of work; he lacks contact with reality. Compare: HONEYSUCKLE, WILD ROSE, OLIVE.
CRAB APPLE	Cleansing remedy. Feeling of impurity or ugliness, outer or inner, feeling of body being poisoned, need to cleanse the body. Fear of infections, pollutants, toxins, radiation. a small spot on the skin is a huge problem for him and wants to get rid of it. On the other hand also ugly, stinking or otherwise repugnant eruptions. Pays a lot of attention to external appearance. Plastic operations. Anorexia, bulimia. Compare:

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	ROCK WATER, PINE.
ELM	He carries huge responsibility, often in high positions. a minor mistake may cause serious consequences. Tendency to overwork. Difficulty to delegate responsibility to other people. Temporary crisis when he is afraid that the responsibility is too big for him and that he might collapse under its weight. Compare: PINE, OAK.
GENTIAN	Start – Stop pattern. History of repeated attempts, failures, recurrent infections, relapses of the disease. Every failure or relapse beats him down. After some time, he begins to be optimistic again and then another failure comes. Depression provoked by failure. Eternal pessimist, he always expects the worst. Compare: GORSE, CHESTNUT BUD, MUSTARD.
GORSE	Hopeless. His problems last too long; he has already given up any hope that it might get better. Passive, enters into the therapy under the persuasion of somebody else or because of the feeling that he “should do something”, not because he hopes that the therapy can really help him. Compare: GENTIAN, SWEET CHESTNUT, WILD ROSE.
HEATHER	He talks and talks, no matter with whom and about what. He feels the urge to speak and does not listen to what the other person says. Speaking about his problems helps him both physically and mentally. Other people may tendency to avoid him because of his incessant chatter. Like a small child trying to attract attention of other people. Compare: CHICORY, AGRIMONY.
HOLLY	Feeling of being attacked and having no protection. Jealousy, suspiciousness, envy, hatred. Aggressive, attacking other persons, vindictive. Sometimes negative emotions restricted only to the relationship with one specific person. Feeling of humiliation. Compare: WILLOW, VINE, BEECH.
HONEYSUCKLE	Sadness or disappointment after an irreversible loss: loss of a dear person, when taking care of a dear person with incurable disease, after being expelled from the school, after loss of work, divorce, retirement, during menopause, after moving, in women who cannot have a child anymore. Returns in thoughts back to the past, recollects “old good times”. Feels that he will never be happy again as he used to be. Unfulfilled ambitions and dreams. Homesick. Past events seem as if happened yesterday. Any tendency to brood over past events (positive or negative) signals the need of HONEYSUCKLE, alone or in combination with other essences, like WILLOW (old injustice), PINE (old guilt feeling) etc. Compare: RED CHESTNUT, CHICORY, PINE, WILLOW, STAR OF BETHLEHEM.
HORNBEAM	Tiredness, Lack of energy, feels tired already in the morning (OLIVE – tiredness grows during the work). Feeling (especially in the morning or on Monday) that he does not have sufficient strength to carry the burden of tasks, although he usually finally succeeds to do it all. Routine work, feeling of boredom. Lacks motivation. Feeling that some part of mind or body needs to be strengthened. Compare: OLIVE, WILD ROSE, WHITE CHESTNUT.
IMPATIENS	Hurried, nervous, irritable, bursts easily. Feels under time pressure all the time, has no patience with slow people. It is difficult to approach him on emotional level. Down-to-earth. Compare: BEECH, VINE, VERVAIN, OAK.
LARCH	Lack of self-confidence; he knows he cannot succeed and that is why he does not even try or does not invest enough energy into attempts. Compares himself with others; believes that the other people are much more capable than he is. Compare: MIMULUS, CERATO.
MIMULUS	Everyday fears of known things, like fear of disease, pain, death, darkness, being alone, financial problems, exams, presentations, future. They keep their feelings inside; do not speak freely about their worries. Frequent remedy in physical problems. Fears are often more recognisable in behaviour than in words - they try to avoid stressful moments or prepare for them as well as possible. Nightmares. Compare: ASPEN, ROCK ROSE, CHERRY PLUM, RED CHESTNUT, LARCH, HEATHER.
MUSTARD	Depression without known cause. Like a dark cloud that comes without any reason and covers the sun. As it comes, it also leaves, and the patient cannot influence it.

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	Nothing can make him happy, pessimistic, life is full of suffering. His close persons notice his state and their worries make the state still worse. Compare: GENTIAN (depression from known cause, like failure), Compare: HONEYSUCKLE, PINE, SWEET CHESTNUT, GORSE.
OAK	Strong will, fights with big obstacles in his life. Headstrong, tendency to overwork. Discontented with himself if body hinders him in fulfilling his duties. During rehabilitation after injury or surgery, he has a tendency to overexert. He does not like to be dependent (ELM, VINE), does not like much to use remedies, wants to solve the problem with his strengths (ELM). Compare: ELM, PINE.
OLIVE	Exhaustion after some prolonged stressful situation, like taking care of close person or after a long disease. Everyday duties are hard work and do not bring satisfaction. He can have energy in the morning but during the day the energy declines. Compare: HORNBEAM, CENTAURY, CLEMATIS, WILD ROSE, OAK.
PINE	Reproaches of conscience. He sets himself too high goals and feels guilty when he does not accomplish them. Perfectionism. He wants to be perfect parent, worker, child, and when there is minor lapse he torments himself in mind, punishes himself by refusing enjoyment, by overwork etc. Self-destructive behaviour and diseases. Compare: CRAB APPLE, OAK, ELM.
RED CHESTNUT	Fear for other people. Fear for children, husband, parents when they are away for a longer time, he imagines what bad might happen to them. He wants them to call him as soon as they return from a journey. Important when taking care of seriously ill person. Compare: CHICORY, HONEYSUCKLE, ASPEN, MIMULUS, ROCK ROSE, WHITE CHESTNUT.
ROCK ROSE	Panic. Overwhelming terror, uncontrollable, accompanied with physical symptoms like palpitations, breathlessness, vertigo. The panic may spread to people around. Acute dramatic situations, like car accident, assault, war. Flashbacks. Posttraumatic stress syndrome. Terrifying nightmares. Also less dramatic situations when the patient becomes panicky and loses his rational thinking. Compare: MIMULUS, ASPEN, CHERRY PLUM, RED CHESTNUT, STAR OF BETHLEHEM.
ROCK WATER	Ascetic, strict to himself, refuses enjoyment because of belief that he will be strong, healthy, will grow spiritually. Strict diets, exercise, rigid view of what is healthy. Compare: VERVAIN, BEECH, VINE, OAK, CRAB APPLE.
SCLERANTHUS	He hesitates between two options, at first feels inclined to one option, then his decision moves to the other side. Instability and changeability mental or physical. He does not usually speak about his indecision with other people. Compare: CERATO, WILD OAT, MIMULUS.
STAR OF BETHLEHEM	Shock. Emotions get frozen. He feels hurt, pain, suffers after unexpected bad news, after loss of a dear person, after injury, accident, after the diagnosis of a serious disease etc. He does not like to be consoled. Flashbacks, old pains as if happened yesterday. Compare: HONEYSUCKLE, ROCK ROSE, SWEET CHESTNUT.
SWEET CHESTNUT	Extreme suffering, anguish, he desperately fights in a hopeless situation and feels that his strengths are exhausted. In situation when the patient is confronted with a painful inevitable change, like divorce when there is no hope to save the marriage, in advanced deadly disease, after the death of a dear person etc. Compare: STAR OF BETHLEHEM, GORSE, MUSTARD, OAK.
VERVAIN	He has firm convictions and principles that should be respected by all people. Anger because the principles are violated, fights against injustice. Missionary tendencies, he wants to spread the ideas that he finds right. He wants to convince others about his truth. Rigid thinking. Rebellious. Compare: BEECH, VINE, ROCK WATER, CHICORY, WILLOW, OAK.
VINE	Dictatorial, he wants to control other people. He is very self-confident and believes that the other people should do things as he does or as he thinks is right. Insensitive, even cruel. Feeling of superiority. Amoral. Macho. When ill, he wants to control the doctor too, demands specific examinations and VIP treatment. Compare: BEECH,

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	VERVAIN, CHICORY.
WALNUT	Essence of change. He considers a change or he is just going through an important change. Life crisis. Change of job, beginning of school, moving house, marriage, divorce, retirement. Inner changes – change of one’s attitude towards partner, work, religion, society. Also biological changes: birth, dentition, menarche, menopause, diagnosis of a serious disease, dying. To help to adapt to new circumstances. The remedy protects against influences and convictions of other people, he can do things as he feels is right and not as the other wish or recommend. Compare: WILD OAT, AGRIMONY, CENTAURY.
WATER VIO- LET	Distant, aloof, goes his own way, does not communicate much with other people. He may evoke an impression of a haughty person. Often capable and talented. Person that differs in some aspect from other people: tall, handicapped, other colour of skin, other nationality, belong to a special family, a celebrity. He may suffer because of loneliness. Compare: BEECH, ROCK WATER.
WHITE CHESTNUT	Unpleasant thoughts incessantly whirling in mind. Especially when he does not have so much work, during rest, in the bed. He cannot stop them and cannot solve them. Compare: MIMULUS, RED CHESTNUT, AGRIMONY, VERVAIN.
WILD OAT	He feels he should do something important, make an important change, to have an extraordinary life. The problem is that he absolutely does not know what to do, which direction to choose. Often people of many talents. Frustration that the time passes and he is stuck in one place. Compare: CERATO, SCLERANTHUS, WALNUT.
WILD ROSE	Resignation. He has given up any serious effort to improve his situation or to regain health even when there are ways how to solve the problem. He has accommodated to present situation. Compare: CLEMATIS, HONEYSUCKLE, GORSE, GENTIAN.
WILLOW	Feeling of being a victim of injustice, mistreatment of other people, society, fate. Embittered, has a grudge against somebody. Compare: VERVAIN, HOLLY, BEECH.
RESCUE REM- EDY	Any acute condition associated with fear, panic, shock, loss of a dear person, bad news, uncontrollable emotions, restlessness, tension, lethargy, disconnection from external world. Serious situations but also less serious: fear of a dentist or of an exam. Acute physical problems, pains, injuries, heart attack, brain stroke, suffocation, epileptic fits, collapse, somnolence, unconsciousness, paralysis. Does not replace allopathic treatment!

Table 13. Alphabetic list of remedies with brief descriptions.

26.4. Some acute indications

26.4.1. Loss, disappointment

Loss of a dear person, pet, work, sadness after being expelled from school, during and after divorce, infidelity of partner, disappointment. Shock from bad news, returns to the past, feeling that he will never be happy again.

Basic combination: HONEYSUCKLE + STAR OF BETHLEHEM.

- Guilt feelings – PINE
- Feeling of being a victim, embittered against healthcare practitioners, partner, fate etc. WILLOW
- Absolute despair, the pain is unbearable – SWEET CHESTNUT
- Disagreeable thoughts incessantly whirling in the head – WHITE CHESTNUT
- Jealousy (in infidelity) – HOLLY
- Emotions are so strong that they seem uncontrollable, fear of collapse, of getting mad, hysterical behaviour – CHERRY PLUM
- Exhaustion after long care – OLIVE
- Wants to die to be again with his dear person – CLEMATIS
- Fear of future, how he will be able to manage everything – MIMULUS

26.4.2. Taking care of a close person

Basic remedy: RED CHESTNUT

- Sadness, feeling that his loved person will never be as he used to be – HONEYSUCKLE;
- Shock from bad news – STAR OF BETHLEHEM;
- Guilt feeling – PINE;
- Asking why? – WILLOW;
- Anger towards healthcare professionals – WILLOW;
- Absolute despair, the pain is unbearable – SWEET CHESTNUT;
- Depression from relapse of the disease – GENTIAN;
- Hopelessness – GORSE;
- Whirling thoughts in the head – WHITE CHESTNUT;
- Exhaustion from prolonged care, lack of sleep – OLIVE;
- Emotions are too strong, seem uncontrollable, fear of getting mad, of collapse, hysterical behaviour – CHERRY PLUM;
- Fear whether he will be able to manage the care for dear person, household, finances etc. MIMULUS;
- General apprehension that something bad happens but does know what – ASPEN;
- Panic from acute attacks of the disease – ROCK ROSE;
- Over-exerting his strengths when taking care of a dear person – CENTAURY.

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26.4.3. Exams, making a presentation, speaking in public, stage fright

Basic combination: MIMULUS + LARCH

- Feeling of panic – ROCK ROSE;
- Feeling of huge responsibility – ELM;
- Indecision, asks for opinion of other people – CERATO;
- Dreamy, paralysed, or escapes into fantasies – CLEMATIS;
- Hurried, tense, nervous, makes mistakes because of haste – IMPATIENS;
- Unpleasant thoughts whirl in the head, he cannot push them away, disturb sleep – WHITE CHESTNUT;
- Tired, exhausted already in the morning before he begins to study, feels bored, lack of motivation – HORNBEAM;
- Depression from failure, repeated failures – GENTIAN;
- Has already lost hope that he can succeed – GORSE;
- Resignation, fatalistic – WILD ROSE;
- Presses too much, problems from over-work or over-study OAK;
- Learning difficulty – CHESTNUT BUD;
- Repeats the same mistake – CHESTNUT BUD;
- Reproaches of conscience because of failure – PINE.

26.4.4. Indecision, hesitation, frustration from present situation

- Indecision, asks for the opinion of other people - CERATO;
- Hesitation between two options, one seems good, then the other one, does not ask other people – SCLERANTHUS;
- Frustration, stuck in disagreeable situation, feels he should move but does not know where – WILD OAT;
- Lack of self-confidence – LARCH;
- Fear to make a decision – MIMULUS;
- Thoughts incessantly whirl in the head – WHITE CHESTNUT;
- Indecisive because of feeling of too big responsibility – ELM;
- Repeats the same mistake – CHESTNUT BUD.

26.4.5. Fear

- Everyday fears, fear of disease, pain, death, being alone, financial problems, darkness etc. MIMULUS;
- Panic, emotions are overwhelming, uncontrollable and may spread to other people around – ROCK ROSE;
- Apprehension, something bad will happen, does know what, premonition – ASPEN;
- Trembling from fear – ASPEN, ROCK ROSE;
- Nightmares – ROCK ROSE, ASPEN, MIMULUS;
- Fear for dear persons – RED CHESTNUT;
- Thoughts whirling in the head – WHITE CHESTNUT;

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- Fear of himself, fear of losing self-control – CHERRY PLUM;
- Fear with lack of self-confidence – MIMULUS + LARCH;
- Fear of failure because of previous negative experiences – MIMULUS + GENTIAN.

26.4.6. Dying people

Basic combination: MIMULUS (fear of dying and death) + ROCK ROSE (fear during dying) + WALNUT (to facilitate transition)

- Sadness, it will never be as it used to be – HONEYSUCKLE;
- Shock from bad news, pain, therapist feels the urge to console him – STAR OF BETHLEHEM;
- Thoughts whirling in the mind – WHITE CHESTNUT;
- Unbearable anguish, absolute despair – SWEET CHESTNUT;
- Reproaches of conscience – PINE;
- Hides his suffering behind smiling face, “it is OK” – AGRIMONY;
- Fear for dear persons – RED CHESTNUT;
- Fights in spite of hopeless situation, despair from deteriorating health state – OAK;
- Hopelessness – GORSE;
- General anxiety of unknown origin – ASPEN;
- Fear of what will be after death – ASPEN;
- Fear of losing self-control – CHERRY PLUM;
- Disgusted by physical manifestations of the disease – CRAB APPLE;
- Asking “Why me?” – WILLOW;
- Feeling of being a victim – WILLOW;
- Hatred, revengefulness – HOLLY.

26.4.7. Acute physical problems

As a supportive therapy for any acute physical problem associated with intense pain, tension, shock and/or possibility of a serious diagnosis.

- **Universal treatment in first aid**, especially if you do not have the whole set of essences: RESCUE REMEDY;
- Fear of serious consequences, of an unfavourable diagnosis – MIMULUS;
- Panic – ROCK ROSE (component of RESCUE REMEDY);
- Shock (from pain, from bad news) – STAR OF BETHLEHEM (component of RESCUE REMEDY);
- Sleepy, collapsing, loss of conscience – CLEMATIS (component of RESCUE REMEDY);
- Complaints are overwhelming, fear that he can get mad because of their intensity – CHERRY PLUM (component of RESCUE REMEDY);
- Hurries to be healthy again as soon as possible, irritable, restless IMPATIENS (component of RESCUE REMEDY);
- Annoyed by the fact that the physical problem hinders him in his work – OAK;
- Despair from relapse of the disease – GENTIAN;
- Hopeless, it lasts too long and there is no improvement – GORSE;
- Resigned, apathetic – WILD ROSE;

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- Weepy, crying, previously he was healthy and now he is ill, it will be never as it used to be before – HONEYSUCKLE;
- Hides his suffering behind smiling face, “don’t worry, I am OK” – AGRIMONY;
- Extreme anguish, unbearable pain, despair – SWEET CHESTNUT;
- Ignores his own suffering, pays attention to feelings of his dear persons – RED CHESTNUT;
- Restlessness, trembling, something bad will happen but does not know what – ASPEN;
- Angry or even hate towards supposed culprit of the problem – HOLLY, WILLOW;
- Overwhelmed by thoughts about his health state – WHITE CHESTNUT;
- Complaints quickly changing its localisation, character, difficult to grasp, often in association with hormonal changes – SCLERANTHUS.

26.4.8. Change

During our lives, we go through many changes; some of them are positive and pleasant but some of them are rather difficult. We need to adapt to new condition, to learn how to communicate with new people and how to be successful.

Basic remedy: WALNUT;

- fear of future, how he will be able to deal with new challenges – MIMULUS;
- lack of self-confidence – LARCH;
- returns often to the past, to “old good times” – HONEYSUCKLE;
- thoughts and worries whirl in the mind all the time – WHITE CHESTNUT;
- shock from sudden painful change – STAR OF BETHLEHEM;
- resists a change even when it is inevitable – OAK, SWEET CHESTNUT;
- feeling of being a victim, of injustice – WILLOW;
- hiding his true feelings – AGRIMONY;
- submissive, he has problems to set boundaries, easily manipulated by other people – CENTAURY.

27. Final appeal

This last episode of Doctor Max Wolf (a doctor who as the first distorted BFT by trying to mix all the essences together into one remedy) may be welcomed. It is a proof of the value of our Work when material agencies arise to distort it, because the distortion is a far greater weapon than attempted destruction.

Mankind asked for free-will, which God granted him, hence mankind must always have a choice.

As soon as a teacher has given his work to the world, a contorted version of the same must arise.

Such has happened even from the humblest like ourselves, who have dedicated our services to the good of our fellow-men, even to the Highest of all, the Divinity of Christ.

The contortion must be raised for people to be able to choose between the gold and the dross.

Our work is steadfastly to adhere to the simplicity and purity of this method of healing; and when the next edition of the Twelve Healers becomes necessary, we must have a longer introduction, firmly upholding the harmlessness, the simplicity and the miraculous healing powers of the Remedies, which have been shown to us through a greater Source than our own intellects.

E. Bach, Letter to Victor Bullen

Sometimes I meet patients that at the first sight seem quite suitable for BFT but when I offer them the treatment they refuse. They tell me that they have already tried it without any effect. It has disappointed them and they do not wish to have another try. When I ask further how the remedies have been selected, they frequently describe that the therapist has used dowsing, random selection by hand (the hand will be attracted by the right remedy, the therapist believes) a machine used in electro-acupuncture or kinesiological techniques. The therapist spent only a short time with taking of the history, did not pay much attention to establishing of the therapeutic relationship and his understanding of patient's problem was only superficial.

Take Flowers only when you feel a definite need for support in a current crisis. The Flowers' energies are nature's gift – do not misuse them for frivolous experimentation or "Soul cosmetics."

...

Determine the Flowers you need according to acutely present and consciously recognizable negative states. For this, you do not need deep psychological analysis or esoteric rituals.

...

People who do not focus on the present condition, and instead experiment with any number of Flowers at the same time, will touch upon different kinds of problematic issues without getting a proper hold on any of them. Experience has shown that a mixture of this kind does not provide a lasting effect and will not support further developmental steps.

Mechthild Scheffer, *The Encyclopaedia of Bach Flower Therapy* (Scheffer, 2001)

Such situations provoke HONEYSUCKLE sadness in me. How great benefit could the patient have from the right selection of essences, if only ... Bach has created the system as simple as possible but there are always people who try to modify it. However, their effort leads to a distortion, rather than a real improvement. A real progress in the quality of one's practice isn't reached by a REvolution, by abandoning old techniques and introducing new ones, but by Evolution, by cultivating skills we already have.

We should remember that the way how we work and our results influence the image of BFT in the society as a whole. In successful cases, patients will tell to their friends about the benefit that BFT has brought to them. In unsuccessful cases, they can spread further their negative experience. The better the image of BFT is, the more patients will come and the more positive expectations they will have (see 7.3. Cycle of change). With people with positive expectations, the work is much easier and satisfying than with those who have doubts. Our practice isn't our private thing only; by careless usage of essences we can cause more harm than only spoil one single case. Our attitude to BFT should be responsible because otherwise there is a significant danger that Edward Bach's heritage, a precious gem given us free of charge, can become corrupted.

Of course, we all make mistakes, especially during the time of learning. That is natural and we cannot avoid them fully. However, some of them can be prevented by our responsible approach. We should always respect Basic principles of BFT (see chapter 6) and struggle to establish a therapeutic dialogue (see 6.1.1.). In the therapeutic dialogue, we should respect following rules:

If you feel that the patient may be suitable for BFT,

- Offer him BFT. Do not give unrealistic promises you cannot fulfil. Accept "no" as answer, do not press.
- If he accepts or expresses interest explain him BFT in detail. He should know that BFT differs from standard herbal therapy, that it has an exciting history and profound theory. He should know that it is not like painkiller pills, that it has a deeper action and that a detailed analysis is needed when assessing its effect. Adjust your explanation to his actual problem if suitable (see 12.1. Explanation of Bach essences).

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- Suggest a special meeting at a special place and time for the consultation. Recommendations “by-the-way”, when meeting somebody in a street, during a visit of friends, in the pub, usually work less than when you and your patient take the therapy seriously. It is good from the very beginning to select a place where you take patients’ history, no matter whether it is your official consulting room, at home, at a calm café etc. Moving from civil mind-set into professional needs some energy and time, and this shift can be easier with certain rituals and can even have a form of a conditional reflex. When you enter the place, touch the box with essences, feel the soft smell of remedies, take familiar notebook and pen for making notes, your mind will automatically switch. You can also wash your hands and face before beginning of the case or take some essences if you feel that your mind is restless.
- Explain your limitations (like you are a beginner, it is not meant as a regular therapy but more as an experiment for you to verify whether it has any effect or not, you do not have enough time to take the case thoroughly). For most people, honest approach of the therapist is welcomed and they can give a reliable feedback to you. If somebody refuses because of that, don’t worry. Such people would probably be difficult to treat for an experienced practitioner too.
- Ask again whether BFT is under such conditions acceptable. Let him an open door to refuse the therapy if it is not his choice but he has not expressed it yet because of some reason.
- Take carefully the history. Even when solving an acute state, you should explore present feelings in detail. It does not mean that you have to spend a few hours with the patient; in some cases even five minute consultation can be effective if you let the patient speak and listen and perceive attentively. OARS + I are a reliable tool for that.
- Believe me that you do not need anything else than techniques described in this book. You do not need pendulum or other similar tool. Trust yourself.
- Do not hesitate to look at the books whenever necessary. Even advanced therapists sometimes do it; most patients perceive it as a signal that you take your work seriously. If you feel under pressure in the presence of the patient you can invite him for another consultation and in-between make an analysis of the case.
- If you find suitable essences, discuss them with the patient. A good way is to read their description from *Twelve Healers*; however, any other description stressing positive aspects of the remedy can be used. Accept “no” if he refuses any essence. If you cannot decide between two essences, invite the patient to the decision process. Read both descriptions and ask him which of them is more suitable.
- Discuss with him when and how he will give a feedback to you. If you ask him for a feedback, it means that you **expect** some reaction. And in fact, you need the feedback, no matter whether positive or negative, to learn BFT and to enlarge your experience. The more you are convinced that BFT works and that it is right choice for you, the better your results will be.

When respecting above mentioned recommendations, your experience will grow and your patients will appreciate you as a human and as a therapist for whom the well-being of other people is important and who is ready to offer his help whenever needed.

Appendix – transcripts of cases

Note about transcripts

All transcripts in this book are based on real cases and the results of therapy or communication are real too. However, minor changes were sometimes made:

- Because of translation – not all words have exact match in another language;
- Because of fluency – verbatim translation might be sometimes awkward;
- Because of simplicity – important parts only were included in the transcripts;
- Because of its educational character – some minor changes were made in the therapist’s speech to show better the technique of communication and case taking.

The cases represent an average practice; they are neither the best cases nor the most difficult. I often decided to make a transcript of them in the moment when the patient came for the first consultation, so I couldn’t predict the result of the therapy.

How to use the transcripts

You can use the transcripts in different ways. Of course, the most natural thing is to simply read them. However, my experience is that in such lengthy conversations, one might easily lose his concentration because “nothing is happening”. Even when it might seem so, every sentence has its reason and importance. So, to have a maximum benefit from these transcripts, I offer you also other options:

- It is possible to hide the right column and think about how the comment might be. Of course, there might be hundreds of possible comments, and the comment in the right column is by no means the best or most accurate. It is just the way to concentrate more on what has been said and on the technique used.
- Another way is to hide the therapist’s lines and guess the next reaction of the therapist. Again, here are certainly many other possibilities how to react and many of them are better than I have used. It is just a form of training, not an exam or test. It is something like shadowboxing; you prepare yourself for a real match.

What has already been said about comments and therapist’s reactions is absolutely true about suggested or used remedies too. Nobody is perfect and it is quite possible that your combination would work better and faster than mine.

Case 4

☼ 70 year old woman, suffering from diabetes mellitus, arterial hypertension and high cholesterol. Two of my colleagues have had a lot of quarrels with this patient; she is quite opinionated about the right therapy, refuses recommended remedies etc. When she once comes to me when my colleague has a holiday, we discuss her problems and I offer her BFT.

First impression: sulky, frowning, seems irritated.	Ready to burst, on guard, ready to defend herself. IMPATIENS?
T: As we have just spoken about high blood pressure, it seems that it is very important for you to maintain control over the situation, over the therapy. You like to make decisions about your health.	<i>Reflecting and summarizing</i> the previous dialogue. Acknowledging the patient's need to <i>maintain his autonomy</i> .
P: It may be true. I live alone. I live alone with two dogs. The daughter has a house very close but because I am quite old now I must try to keep myself healthy. I have five grandchildren, and now I will have a great-granddaughter too, so I must be healthy because of them, to be able to take care of them if necessary. And also because of dogs. And daily walks are very good for me. If I cannot go because of some reason, I feel absolutely terribly, I love to go (with the dogs) to the wood, I talk with them, or we meet somebody, so we talk with him, and I am OK. These (bad) feelings, they disappear.	She has her responsibilities and wants to be healthy and independent. The daughter lives close but she is not used to asking for help, to let the daughter to come "too close". IMPATIENS especially does not like closeness. She feels restless when she cannot walk nor do anything – IMPATIENS. Aversion to be dependent sounds like OAK. She has a clear idea what is good for her – VERVAIN. She prefers to talk with dogs rather than with people – again, a problem with closeness.
T: How are these feelings?	<i>Open question.</i>
P: Trifles only.	
T: Trifles.	<i>Simple reflection</i> - Repeating the word to facilitate spontaneous speech of the patient.
P: Nothing important. I just recollect something (minor problem that can happen), trifle, whether it really happens or not is not important, and (at these moments) I feel a flush of heat, and after a while it stops.	<i>"For those who cannot prevent thoughts, ideas, arguments which they do not desire from entering their minds."</i> – WHITE CHESTNUT. There is also a physical activation associated with the thoughts – VERVAIN?
T: You are afraid that something might happen.	<i>Complex reflection</i> – adding "afraid". Exploring possible MIMULUS theme. WHITE CHESTNUT often combines with MIMULUS.
P: I do not know how to describe it. TRIFLE. I work on a computer, or I call somebody, and suddenly a thought comes that I cook something on the stove. I do not understand why. Nothing	

serious, I do not understand it. If it were something serious (I would understand it), but I have no real worries, well, some are but they are normal, like work, but I can manage these things well. I tell to myself, you have always done it well in time, so you will do it now too.	
T: And there might be a slight worry (of not being able to do it in time).	<i>Complex reflection</i> – adding “worry”.
P: Yes, it is possible.	
T: Where do you work?	<i>Open question.</i>
P: My son has a driving school, and I also work as a distributor of magazines. I help my son a little bit with accountancy. I also visit his business partners. But now, daughter said, you will be at home; I will do it instead of you. Last week, I felt it would drive me crazy. (It would be terrible for me) to stay at home, not to be able to work.	She has a desire to work again as fast as possible and is nervous when she cannot work – IMPATIENTS. Another remedy that feels badly when he cannot work is AGRIMONY but this is not that case.
T: Not to be able to work, what does it mean for you?	<i>Open question.</i>
P: I do not know. Maybe I need some activity all the time. To be useful, at this age. I do not know. I do not know what I would do at home. Cleaning the house, it is not for me. You can do it one week (not more). And what then? I remember my father, he died at the age of 92, he had a few heart strokes, and he had high blood pressure and all these things. And he, while he lived alone at home, we did shopping for him but he was at home alone, he was OK. He worked on the computer, at this age, everything. Then, my sister insisted on it that she would take him to her house. They closed him in one room, she had another room, she lived alone too, and after three months he died. He asked her to return home for a while, she did not let him, and when I tried to convince her she yelled at me, terribly. I offered I would take him to a car and bring him there and back. And it (the restriction) had such an effect on him that he died in three months.	Her present state reminds her of her father – HONEYSUCKLE? There is also a fear (MIMULUS) that her fate may be similar to her dad’s. Dependence means early death for her. She might become dependent and helpless and then the other people would be able to do with her anything against her will. VERVAIN and VINE have aversion towards restrictions. She has a strong conviction how things should be – VERVAIN. Theme of loss of power can be also connected with VINE.
T: You are very active and want to be independent and behind this activity and effort to be independent there might be a fear of being dependent on other people.	<i>Complex reflection</i> – adding “fear of being dependent”
P: Yes, it is possible, it might be subconscious.	
T: You want to be independent and the (chemical) remedies mean dependence.	<i>Complex reflection</i> – adding “remedies mean dependence”.
P: I do not know but it has always been my problem – I have never liked to use remedies. I have had quite a lot of health problems, gynaecological, cysts, operations, until the age of 25 years, then it somehow ...	The memories of medical procedures and the stay in the hospital are still lively. After 45 years! Such a long jump into the history evokes the idea of HONEYSUCKLE or WILLOW. OAK often has a history of obstacles he had to overcome.
T: How are the memories of that?	<i>Open question.</i>
P: I survived it. I was young, 15 years old when it	Again, the theme of restriction. It was a too long

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began. I did not want to be in the hospital, so long.	time – IMPATIENS?
T: You felt it as a restriction.	<i>Complex reflection</i> – adding “restriction”.
P: Yes, probably yes. That time, they held the patient (against his will) in the hospital (much longer than today).	And still once, theme of restriction and long time.
T: Let’s return to the stress you feel. You described the stress at work, these trifles, what else?	Changing the focus.
P: Sometimes it is quite difficult to communicate with our clients, but I take it as it is, with humour.	
T: You do not take it too seriously.	<i>Complex reflection</i> – adding “not too seriously”.
P: No.	
T: What about your family?	<i>Open question.</i>
P: It is ... OK. Maybe with one grandson, the oldest one, there are no quarrels, but ... I feel pity when he comes to my daughter and does not come to see me at least for a minute. It makes me angry.	“Pity” sounds like HONEYSUCKLE or WILLOW. Anger masks real feelings underneath – sadness? Anger and irritation masking underlying hurt or sad feelings – IMPATIENS?
T: Angry.	Repeating one word to facilitate spontaneous speech.
P: Yes, angry. When he was just a baby, we used to take care of him all the time, when he was bigger and his father abandoned him, we bought him all the things he needed, like computer, games etc. (She becomes nostalgic, there are almost tears in her eyes) ... So, there is only a problem with him. He makes me ANGRY. It is the only thing that makes me ANGRY.	She goes back to the past, cherishes the memories of grandson’s childhood: <i>Those who live much in the past, perhaps a time of great happiness, or memories of a lost friend, or ambitions which have not come true. They do not expect further happiness such as they have had</i> - HONEYSUCKLE. However, after a while of sweet memories, she switches on rough shell – IMPATIENS. Righteous indignation seems to fit into VERVAIN picture.
T: You feel pity.	<i>Complex reflection</i> – moving from superficial layer of anger back to pity, offering the possibility to further explore deeper level of feelings.
P: Well, it hurts a lot.	
T: You had different fantasies about the future, how the family would be.	<i>Complex reflection</i> – exploring more the theme of HONEYSUCKLE.
P: I hoped he (grandson) would be normal, like the others, that he would come and tell, Hi granny, but he tells nothing.	
T: How did it happen that he did not communicate?	<i>Open question.</i>
P: His parents divorced, and at the beginning, he was with his mum, her house was next to mine. But when he was about fifteen he decided to move to his father’s. And his father, he simply did not like me. So, that is my problem, my (little) grandson (she uses diminutive. Her voice softens.) It does not mean that I think about that every day, he is 27. On the other hand, I think when he is old enough; he could have (his own) reason. But I cannot do	The usage of diminutive evokes an association with an infant, not adequate to an adult that he is now. She returns to the past and imagines him as a little boy, again. The underlying emotion is sadness; she misses her little boy – HONEYSUCK-

anything with it.	LE.
T: You have no power to change it.	<i>Complex reflection – adding “power”.</i>
P: (nodding)	
T: The family is important for you. Are you divorced?	<i>Complex reflection, shifting focus from grandson to husband(s).</i>
P: Yes. Twice. And it all might have connection with the fact that I try to be independent. My first husband was a communist, big communist. He did not pay much attention to us, he had many political activities, so I had to do everything, take care of children, work. And finally, he found another woman. And the second husband, with him it was the same. And if I were married for the third time, it would have been similar, so I prefer to be alone. I am used to deciding everything by myself, as for household, and so on.	She had to be independent and self-reliant. She had to overcome big difficulties: <i>“For those who are struggling and fighting strongly to get well, or in connection with the affairs of their daily life. They will go on trying one thing after another, though their case may seem hopeless. They will fight on. They are discontented with themselves if illness interferes with their duties or helping others. They are brave people, fighting against great difficulties, without loss of hope or effort.” – OAK.</i> OAK does not like to take remedies as it is a sign of dependence. VERVAIN can take remedies if he is convinced that it is the right thing for him. VERVAIN, similarly as ROCK WATER, can do strange things to keep the body healthy if they believe it is good for them, like drinking a small glass of olive oil every morning. The difference is that ROCK WATER is content with doing it himself, however VERVAIN tries to convince others to do it too.
T: How was your childhood?	<i>Open question.</i>
P: It was quite ... normal. What might have influenced it, my father was a communist, and after (political changes in) 1968 he was fired. I could not find work because of that, it was even difficult to get a job of a cleaner. My daughter had problems because of that too when she wanted to go to the university. I was brought up by my grandmother because when I was 6 weeks old my mother began to work again. When I was born, my granny was 64 years old. We were used to dressing our best dress on Sunday and to go for a walk through the city just to show that we had a perfect family. And as for my father, our relationship was ... strange. He had doubts whether I was his daughter or not. Even when it was nonsense, he believed until his death that I was not his daughter. That is why he had a different relationship with me than with my sister. She was small, she was ill, she couldn't do anything. (On the other hand), when I was 4 or 5, I used to walk alone to exercise, nobody accompanied me. And it led me to be independent, self-sufficient.	She used the word “normal” even when it was not too normal. Here, it means that she does not like to complain, she is used to suppressing her needs and feelings; complaining has never helped. She does not like to reveal her feelings and wants to keep people in a distance (IMPATIENS). She was brought up by her grand-mother and maybe also because of that her relationship with her grandson is so important. She does not like hypocrisy – sounds like VERVAIN. She had a disappointing relationship with her father. The man who should serve as her first safe harbour in her life and accept her without conditions refused her. She had to harden her heart. Her unsatisfactory relationship with her father reflected further in the type of men she found and in her marriages. There also might be a trace of HOLLY – she felt jealousy towards her sister, or WILLOW or VERVAIN because of injustice.
T: Being independent and self-sufficient is a theme of your whole life.	<i>Complex reflection – extending the theme of independence to her whole life.</i>

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<p>P: Yes ... and with my father, it was quite difficult, especially during last years of his life, he had some problem all the time, it used to fray one's nerves. I had to CONTROL myself (laughing). Later, I attributed it to his state.</p> <p>....</p> <p>And I will tell you still one thing. The second divorce, it was not a big problem, we had no children together. But the first divorce was difficult for me. We knew each other for many years, we were schoolmates at the grammar school. So, the separation was very painful for me. Even now, after many years, when I remind of it, I feel anger.</p>	<p>In her relationship there was a tension that provoked irritability and anger in her (IMPATIENS) and she had to control herself (CHERRY PLUM).</p> <p>She still feels pity because of the failure of the first marriage (HONEYSUCKLE). Again, she speaks about a sad event (HONEY-SUCKLE) but feels anger (IMPATIENS).</p>
<p>T: You still feel hurt when remembering it.</p>	<p><i>Complex reflection – adding “hurt”.</i></p>
<p>P: For example, when we have already been divorced, he has met his daughter on the street and he has not even said “Hello”. It is difficult to forget it.</p>	<p>He violated her main principle of being good to children. It was not only problem of her own, he injured her daughter too – VERVAIN.</p>

Therapy: IMPATIENS + VERVAIN + OAK + MIMULUS + WHITE CHESTNUT + HONEYSUCKLE.

Follow-up after 6 weeks

<p>T: How do you feel?</p>	<p><i>Open question.</i></p>
<p>P: Fine. It is better; these strange states are not so frequent. I still have one problem – it is a problem with sleep. I do not know how to solve it. I sleep four, four and half hours.</p>	<p>She feels generally better.</p>
<p>T: How do you feel after that?</p>	<p><i>Open question.</i></p>
<p>P: I am fresh; I even have to force myself to continue to sleep.</p>	<p>She feels fresh after sleep. The quality of sleep is good; the problem might be with biorhythms.</p>
<p>T: And what about during the day?</p>	<p><i>Open question to clarify sleeping habits.</i></p>
<p>P: Well, sometimes I go to sleep even during the day, and I think it might be a problem.</p>	<p>Daytime sleep as a disturbing factor for night sleep is a frequent problem, especially in retired people.</p>
<p>T: Do you like to hear anything about sleep hygiene?</p>	<p><i>Providing information – asking for permission.</i></p>
<p>P: Oh yes, that might be useful.</p>	
<p>T: (explains the principles of healthy sleep, including avoiding daytime sleep, the individual need of sleep etc.) So, how was this information useful for you?</p>	<p>Education can help the patient to understand the patient better his problem and to invite him to be more active in its solving. Further frequently used types of education are described in 11.5. Of course, the patient must be open or it. That is why the permission is essential.</p>

Case 4

	At the end, it is useful to verify whether the information had any impact on the patient.
P: I think you are right. After daytime sleep, the need to sleep in the evening is less. I will probably avoid sleep during the day.	We can clearly see that it had some effect.
T: That is a good idea. You have told me that the stress is less.	<i>Simple reflection</i> leading back to main problem.
P: Yes, I think better, I think that the remedy helped me.	<i>Effect talk.</i>
T: What about your grandson?	<i>Open question</i> touching the most important interpersonal problem.
P: He has returned now from Australia, and it seems as if he grew up. We have communicated, so it seems better.	Has the grandson really changed or has the patient changed her way of communication? If the latter is true, it is a confirmation that the change is deep and positive. Generally, improvement of interpersonal relationships is an important sign of progress.
T: Let me summarize the present situation. The only problem now is the sleep. However, there might be a problem with daytime sleep, and it is a good idea to better avoid it. Your stress is less, the communication with your grandson is better too.	<i>Summarization</i> overviewing the results of the therapy. Positive signs of progress are stressed to boost patient's hope and confidence.
P: Yes, I feel fine now. And as for the sleep, I wake up for a while, and then I turn to the other side and sleep again.	So, even the sleep isn't a big problem.

Conclusion

There is an improvement on mental level and there is a signal that interpersonal level might be also influenced. Effect on two levels confirms a significant change (see 17.2.1.) Another confirmation comes during next follow-up: the above mentioned trend of improvement continues and the patient feels still better.

Case 5

⊗ 60 years old, married, two children. He was at his work accused of stealing a thing of a very little value. He as an ex-policeman has very firm moral values and would never steal anything. He perceives it as a personal attack against him. He cannot sleep and cannot eat.

This patient is the patient of my ambulance as a G.P. for more than 12 years. Before BFT, our communication was very limited and concentrated only on common medical situations minor like respiratory infections or high blood pressure. He is generally a closed person who does not like to share private information with other people including his doctor. His previous work of a high-rank police officer having to deal with secret information probably still intensified this personality feature. However, the present problem forced him to come and to begin to speak about himself. He described the situation and he explained that he was at his wits' end and was not able to work anymore because of a lot of stress. He asked me for sick note and told me "I probably need some pills to calm down". At this moment, I offered him two possibilities, antidepressants or BFT (I did not consider him as a closed person to be suitable for standard psychotherapy, at least at this moment). He decided to try BFT.

First impression: he has always been a closed person. a big man with a poker face, tense, nobody knows what he feels and thinks. Voice calm without any emotions. I was surprised when he started to describe how intensely he had been injured inside. There was a clear discrepancy between his calm appearance and painful feelings.	Inner tension and maintaining distance evokes IMPATIENS and WATER VIOLET in my mind. Need for self-control: CHERRY PLUM.
T: So, how can I help you?	<i>Open question.</i>
P: Well ... I need to calm down, generally. During the last time ... I think it might be because of my character. I am tense all the time.	Calm down – he does not feel so much problem outside, he has a problem with emotions inside – the emotions might be too much for him – CHERRY PLUM, or thoughts are rushing – WHITE CHESTNUT.
T: You are tense and it might be because of your character.	<i>Simple reflection.</i>
P: I take things too seriously. Earlier, it was quite a big problem, it has been better now. But if something happens, I want to have everything done, completed, even when it is too much for me. I like things to be in order. I dislike things to be disordered. Somebody can ignore it but I ...	It sounds like ELM: "Those who are doing good work, are following the calling of their life and who hope to do something of importance, and this often for the benefit of humanity. At times there may be periods of depression when they feel that the task they have undertaken is too difficult, and not within the power of a human being." There also may be a fear of making a mistake – MIMULUS.
T: You are a responsible person.	<i>Complex reflection</i> – adding "responsible"

P: Yes, exactly. Even too responsible. But it is probably inherited.	ELM again. When some people consider things to be “inherited”, it may signal that they do not believe they can be changed, that their Patient – Disease relationship can be disturbed (see 8.3., 18.4.) – GORSE or WILD ROSE.
T: And you like things to be completed fast and without much hesitation.	<i>Reflecting</i> his inner tension, exploring IMPATIENS theme.
P: Yes, sometimes, things might be done later, but, yes, I like to do them as soon as possible. Especially earlier, I worked as a policeman, and I had really a lot of work. Too much work.	He likes to do things without hesitation, he used to do a lot of work and he had to work fast – IMPATIENS: “ <i>Those who are quick in thought and action and who wish all things to be done without hesitation or delay.</i> ” IMPATIENS in combination with his feelings of huge responsibility and possible fear of making of a mistake causes an intense inner tension.
T: Heavy responsibility and being in a hurry all the time.	<i>Complex reflection</i> – connecting responsibility and time pressure.
P: We had so much work that it was not even possible to do it all during normal worktime. Besides, our superiors used to make the situation still more difficult. Every policeman had his area in the city, and when there was a crime, we had to go there even during free time; they wilfully forced us to go there. And I had an area with naturally higher criminality rate, so I had to go frequently.	<i>Those who are doing good work, are following the calling of their life and who hope to do something of importance, and thus often for the benefit of humanity.</i> <i>At times there may be periods of depression when they feel that the task they have undertaken is too difficult, and not within the power of a human being</i> – ELM. Fear of superiors? – MIMULUS. He feels there was an injustice (other colleagues had calmer districts, criminality was lower, and he was persecuted because of a fact he couldn’t influence) – WILLOW, or he is suspicious as for the malicious intent of his superiors – HOLLY.
T: They did it wilfully.	<i>Simple reflection</i> , exploring HOLLY.
P: Yes, they did it to everybody. They were convinced that when there was a crime it was the responsibility of the policeman in charge. But we couldn’t influence it.	He was in a difficult situation – a lot of responsibility but limited possibilities to influence the result.
T: They believed that if they pushed strongly enough to you, you would push more to the criminals, so that the criminality would drop down.	<i>Complex reflection</i> – adding “push”.
P: Yes. But it was nonsense; one person cannot influence the criminality in the whole area.	
T: You suffered because of that.	<i>Complex reflection</i> – adding “suffer”
P: Uhm.	
T: It was unjust; they blamed you for something that you could not influence. Your colleagues had a good area, less work, and all the burden was on you.	<i>Complex reflection</i> – adding “unjust”.
P: Yes, I had more work than other policemen. They finished their work in time but I had to stay at work until it was done all.	There is also a theme of injustice – WILLOW or VERVAIN.
T: You are a responsible person, and you like things to be in time and perfectly.	<i>Complex reflection</i> – adding “perfectly”.

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<p>P: I have it at home too. For example, if things are not in order, I ask my wife to tidy them up.</p>	<p>There is not only a pressure of responsibility, the responsibility must also be done perfectly, everything must be on its place, and otherwise he would be nervous because of that – CRAB APPLE?</p>
<p>T: You like things to be at their places.</p>	<p><i>Simple reflection.</i></p>
<p>P: Yes, I am a stickler a little bit.</p>	<p>He pays attention to every little detail – again, it evokes CRAB APPLE.</p>
<p>T: You like things to be in order and perfect and you are proud because of that but at present, there is this (disagreeable) thing that they blamed you ...</p>	<p><i>Complex reflection</i>, changing the theme to the present situation and connecting it with his personality features.</p>
<p>P: Yes, that is the problem. People should not take things without permission, but imagine, I come to work, and there is already 30 degrees, very hot. And the ventilator we have always used is locked in the cupboard. I call my superior and ask where the ventilator is, and he answers me that he has locked it and that I have “bad luck”, that I will have to bear hot weather without it. And then, I would never do it if I knew the consequences. I unlocked the cupboard (as an ex-policeman who used to install eavesdropping devices he knows well how to unlock things without keys) and took the ventilator. I called the superior back and told him I took it. After work, I gave it back and told him to lock the cupboard again.</p>	<p>He considers his behaviour quite natural and right, what is wrong is the reaction of the chief. It seems that he believes that the chief was mischievous. It is worth exploring supposed chief’s motivation.</p>
<p>T: Why did he do that? Why did he lock the ventilator in the cupboard?</p>	<p><i>Open question</i> – what he thinks was the motivation of the chief? Even when it might seem this question explores the motivation of his chief, in fact, it touches one part of the personality of the patient. People are especially “allergic” to things in other people which they have too but they have hidden them deep inside.</p>
<p>P: I do not know, maybe just wants to have things under control, he has a fear that somebody could steal it.</p>	<p>To have things under control – sounds like CHERRY PLUM or VINE.</p>
<p>T: He is suspicious.</p>	<p>Suspicion seems also to be a theme of our patient – HOLLY.</p>
<p>P: Yes, probably, he told me that somebody had taken something there. But I would never steel anything. I do not know. He is a strange man; he worked in many professions but nowhere stayed too long. Before he came, nothing was locked. After he came, he started to lock everything. If I were aware of this his feature, I would be more careful. As for other people who work there, they would have no problem with that. For example, fire extinguisher. We used to have it on one place where everybody could take and use it. And suddenly it disappeared. And we discovered that he had pushed it into a cupboard and locked!</p>	<p>A new chief brought the atmosphere of suspicion.</p>

T: How do you feel in the present situation?	
P: I ... I dislike it. And they (his superiors) try to criminalize me, to accuse me. To make me leave, I do not know.	He is suspicious it is a personal attack of his superiors (HOLLY): “ <i>For those who sometimes are attacked by thoughts of such kind as jealousy, envy, revenge, suspicion.</i> ” <i>For the different forms of vexation.</i> ” There is also evident fear – MIMULUS.
T: It is a direct attack against you.	<i>Complex reflection</i> – adding “attack”.
P: It is up to them, they could have used normal ways how to solve it. For example, they could tell to our chief, do not lock things. At least, it was my idea.	He is not aware of his mistake.
T: How did you react to it?	<i>Open question.</i>
P: At first, I could not believe it.	It was a shock – STAR OF BETHLEHEM.
T: Did you tell him anything?	<i>Open question.</i>
P: No, I did not communicate with him about that. It wasn't shock only for me, my colleagues were shocked too. I avoided the contact with him.	Shock – STAR OF BETHLEHEM. Feeling humiliated – HOLLY. He may have avoided the contact with the chief also because he has had a tremendous anger and a fear of the reaction of his own when meeting him, of his emotions – CHERRY PLUM.
T: It would not be easy for you to speak with such a person.	<i>Simple reflection.</i>
P: Such a situation, it was such an extreme ... (face expression tense, body muscles get tense, like controlling intense emotions)	He feels indignation. Intense control – CHERRY PLUM.
T: It was a dirty trick.	<i>Complex reflection</i> – adding “dirty trick”.
P: So, one couldn't communicate with him.	He switches from “I” to “one”. He tries to keep distance from his emotions. It is not his problem, his emotions, it is the problem of “one”.
T: When something like that happens, it is sometimes not easy to get these ideas out of the head.	Exploring the theme of WHITE CHESTNUT – he seems overwhelmed by painful memories and fear.
P: Yes, the thoughts rush all the time in my head. I cannot sleep because of that.	WHITE CHESTNUT confirmed.
T: Thoughts how they will solve it, whether they will punish you.	<i>Complex reflection</i> – adding the threat of punishment, exploring MIMULUS theme.
P: Yes, it is not easy. What will I do? They might sack even me.	Fear of future, of being sacked – MIMULUS.
T: You are afraid a little bit what might happen.	<i>Complex reflection</i> – adding “afraid”.
P: You know, I worked there for many years, at first as a policeman, now as a civil worker. It is not easy to find a new job now.	Worries how he will be able to find a new job - MIMULUS.
T: Any other problem?	<i>Open question.</i>
P: Well, I have a stage fright. For many years during my life, whenever I had to make a lecture somewhere, I couldn't do it.	Fear is here again.
T: You had a fear of appearing in public.	<i>Simple reflection.</i>
P: Yes. It is probably inherited too, I have it since childhood.	“Inherited” again.
T: You had stage fright for many years. And now, in the present situation, there also might be a fear of what might happen, how the result will be.	<i>Complex reflection</i> – linking past with the present.
P: Yes, but it is different. I am afraid of what will	“ <i>Panic attack</i> ” can mean ROCK ROSE but

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<p>happen, what they will do to me, but this fear is different. It has a medical name ... something like panic attack.</p> <p>And there were problems when I finished the work at police. It was also quite difficult, a lot of problems, and I needed to calm down.</p> <p>....</p> <p>My sister has a chronic psychiatric disease, I do not know the name. And I also have to take care of my aunt who is mentally ill. I have to decide things instead of her.</p>	<p>CHERRY PLUM may also feel panicky when emotions are too overwhelming.</p> <p>Calm down again. To calm down, he left the previous work. "Calm down" probably means to be able to better control emotions – CHERRY PLUM.</p> <p>To have two seriously ill psychiatric patients in the family is not easy – will I also get mad? (CHERRY PLUM). Again, the "inherited" aspect may play a role – patients who believe that their condition is inherited may doubt the possibility that anything can be done with it. Or, as in this situation, when his two relatives have to use chemical remedies for a long time, he may believe that his problem can be solved only by chemical remedies.</p>
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Therapy: MIMULUS + IMPATIENS + WHITE CHESTNUT + CRAB APPLE + HOLLY + CHERRY PLUM + GORSE, 50 ml bottle, at least 4 drops 4 times daily or acutely whenever needed.

Follow-up after 3 weeks

No audio record, the notes were written after the consultation.

Sometimes up, sometimes down.

Your essence is for sleep, isn't it? After starting it, I slept a few days, day and night.

At work, the problem with the ventilator is not closed yet but I do bother because of it anymore. I have decided to quit this job and find a new one. I want to close it. What happened, happened.

Why is it sometimes up and sometimes down? It is because of a new work. I have found one and they have promised to give me this job but then they have changed their decision. If I had a new work I would be fine. There is another offer now, so wait what it brings.

Besides, my father is in the hospital now, he is probably dying. I have to do a lot of things because of that. I must also take care of my sister who is mentally ill and she is under stress now because of dad's disease.

As for drops, yes, they were useful, it helped the sleep. And generally, I feel more calm. It all depends on the work, if I have a new work, everything is OK.

Thoughts do not whirl in head as much as before.

As for dad's disease, I take it as it is, some time ago I had similar experience with mum. Anyway, it is not easy.

Observation: Even when he has to do a lot of things and his father is dying, he seems calmer than during the first consultation.

The patient is more relaxed, instead of anger and feelings of injustice he concentrates on solving present problems, actively seeks a new work. He sleeps much better than before.

Therapy: The combination remains the same. Our initial contract was to deal with the present situation. We agreed that the patient would continue with the remedy at least until he would find a new work. During the first consultation, the patient spontaneously mentioned the stage fright. Of course, MIMULUS can influence it. So, maybe the patient himself will be interested in continuing the therapy because of this problem too.

Follow-up after 6 weeks

Last week there were quite difficult situations. Dad died. Next day, he was sacked from his work. The problem came back, he could not sleep again. The day after he had been sacked he accompanied his sister during her regular follow-up at the psychiatrist. There he mentioned that his sleep got worse and was prescribed trazodone (antidepressant). After starting to take it, the sleep got better.

Conclusion

After BFT there was a significant reaction and the patient felt generally better. After another stressful situation, his sleeplessness got worse again and he decided to use antidepressant in combination with BFT. It is a common situation in patients who have doubts whether alternative medicine can cure him or his disease. These people want to get rid of their problems as soon as possible and do not pay much attention to the method used. Anyway, the therapeutic relationship remains stable and I will continue to support the patient also in the future. It is possible that when he comes next time with some problem we will be able to restart BFT.

Quite interesting theme is the role of the psychiatrist. The psychiatrist is an authority as for mental problems. Accepting the pharmacological therapy means also a protection. It also reflects in the fact that the patient slept well again after one pill of trazodone. Antidepressants usually need at least one or two weeks to start to work. So, the effect of the pill was probably mainly psychological; he felt he was under a protection of a chemical remedy.

Case 6

☉ 28 years old man. He comes because of intense stress associated with taking over family business. He was sent to come to me by his wife: His wife is also a patient of mine; her therapy is proceeding very fast. However, he himself has doubts about BFT; he is a rational person and he believes that the evident improvement in his wife is caused by placebo effect.

Because of his doubts I offer him the therapy as an experiment (see 11.7. Work with “doubters”). He agrees.

First impression: Pleasant, polite, smiling, mild.	CENTAURY? AGRIMONY?
T: How can I help you?	<i>Open question.</i>
P: Well, I feel more and more (the pressure of) the (heavy) burden of leadership; last year I became the owner of a part of our (family) company but my father remained in charge, and this year, I have decided to take over the leadership, my father is quite old, 65, and the position of a director exceeds his abilities now, and now I am more and more aware that I have a responsibility for about twenty families, not only for people who work there but for their whole families.	First guess – ELM: “ <i>At times there may be periods of depression when they feel that the task they have undertaken is too difficult, and not within the power of a human being.</i> ” There also may be a fear – MIMULUS.
T: You feel a huge responsibility and are afraid that you will not manage it.	<i>Complex reflection</i> – adding “responsibility” and “afraid”. Exploring ELM and MIMULUS theme.
P: I am not sure whether I will be able to do it, a little bit. Well, I am not afraid of the responsibility so much but the worst is the stress of making decisions.	MIMULUS. a new theme of making decisions – CERATO? SCLERANTHUS? LARCH?
T: Decisions.	Repeating last word to <i>facilitate spontaneous speech.</i>
P: Not the fear whether I am able to manage a company, I have a four-five year experience with the managerial position; I have worked there (in this company) since childhood.	He is quite self-confident; LARCH is less probable. Carrying a responsibility for other people sounds natural for him – ELM.
T: You know the company and the work and you know what is to be done.	<i>Simple reflection.</i>
P: Exactly ... but I decided to take over all the responsibility (manage the company without the help of the father). My dad, even when he has verbally agreed (with the change in the company), he is reluctant to transfer his duties to me because he has been building the company for 23 years, he is a workaholic a little bit, and he does not want to pass it on, but this work exceeds his	His decision is driven by his feeling of responsibility (ELM), not by a power struggle (VINE). His stress is at least partly caused by the fact that he wants to do something that displeases his father. (CENTAURY). VINE would consider taking over the power as a logical thing and himself as a natural leader.

capacities now. I do not like to offend him but ...	
T: The company needs a new leadership.	<i>Complex reflection</i> – finishing the sentence.
P: It is the time for change. Our company used to have 14 employees but now this number has doubled and I am to take over the company of double size, when comparing with the company where I used to work for years. I begin to feel a fear, a little bit, whether it is not too much for me.	Until now, he was able to do it even when it was a responsible position. However, now, situation has changed and he is afraid whether it is not too much for him. It is a temporary state, thus confirming ELM. Another suitable remedy is WALNUT for change. And again, MIMULUS.
T: Huge responsibility.	<i>Simple reflection</i> .
P: Huge responsibility.	
T: Not only for you but mainly for others.	<i>Complex reflection</i> – joining responsibility with the relationship with other people.
P: Mainly for others. I know that if it only were a problem of mine, I would manage it, I would find another work. I worked as a constructor previously, and I was quite good at it, so I have no fear (of being unemployed). It is more a fear of disappointing my dad, fear of ruining HIS company. I would like to show him I know something.	ELM and MIMULUS again. There is also a need to prove his father he is good enough. The feeling of huge responsibility (ELM) and fear (MIMULUS) is associated with the desire to please his father (CENTAURY).
T: You tell to yourself whether it is not too much for you.	Exploring further ELM theme.
P: Sometimes yes but I do not fear that, really, I should be able to do it. When I was young I played sports a little bit, ice-hockey, so I know how to cooperate with other people and how to lead them. I know how it is to decide on other people. But to find the right solution is not always easy.	Again, he confirms he is under normal conditions capable of doing it – ELM. It is difficult to find a solution that will be accepted by all (CENTAURY). There may also be a fear of conflicts with subordinates or with his father – AGRIMONY.
T: And sometimes some people may dislike such a decision.	<i>Complex reflection</i> – adding “others dislike”.
P: Of course, it is not possible to please all the people. I have already learnt that I will not and I cannot please everybody.	He is aware of the fact that his life lesson is to learn how to tell unpleasant things to other people. CENTAURY?
T: How do you feel when you do not please somebody?	<i>Open question</i> exploring CENTAURY theme.
P: Sort of feeling of disappointment. I am a type of a person who wants to please others.	CENTAURY.
T: It is important for you to be liked by other people.	<i>Complex reflection</i> – adding “important”; exploring further CENTAURY theme.
P: Exactly. I want to build some respect towards me in them, and when I make a decision and then I can see that they do not fulfil their expectations I feel a disappointment because of myself (it is my mistake).	Confirming CENTAURY theme: “ <i>Kind, quiet, gentle people who are over-anxious to serve others.</i> ” Here, disappointment sounds like reproaches of conscience (PINE): “ <i>For those who blame themselves. Even when successful they think that they could have done better, and are never content with their efforts or the results. They are hard-working and suffer much from the faults they attach to themselves.</i> ”
T: It is not easy to set and maintain boundaries with people.	<i>Complex reflection</i> – moving from “making decisions” to “setting and maintaining boundaries”. Again, difficulty to maintain boundaries is CENTAURY theme.

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P: Certainly.	
T: It is important for you other people to be satisfied and to like you, and the managerial position is associated with the fact that you sometimes have to make unpopular decisions. Then it works inside you, you think about it.	<i>Summarizing + double-sided reflection:</i> there is an inner conflict between the urge to please others and to set them boundaries. Again, CENTAURY theme. He does not like conflicts with his subordinates – AGRIMONY? “Then it works inside you, you think about it” - exploring WHITE CHESTNUT theme. Similar situations are frequently associated with many unproductive thoughts troubling patients.
P: Sure.	
T: And maybe you also think about whether you could have done it else.	<i>Complex reflection</i> – adding “could have done it else”. Exploring PINE.
P: Yes, I always tell it to myself. On the other hand, I also tell to myself I have already done this decision, it cannot be changed. I have to go on, to work with what I have and not what I could have.	Confirming PINE. The patient has already dealt partly with the theme of PINE by himself – “ <i>I also tell to myself I have already done this decision, it cannot be changed</i> ”. It is a good sign; similarly as with CENTAURY theme, he has already made initial steps in the right direction (<i>change talk</i>).
T: On a rational level you understand you cannot be a charity.	<i>Complex reflection.</i> Separating rational and emotional level into <i>double-sided reflection</i> allows grasping more easily real feelings under the surface. One of strategies how to deal with problems is to rationalize them. Especially patients who have undergone psychotherapy are prone to that. However, the problem remains there and it is only mitigated. Such a <i>double-sided reflection</i> allows the patient to preserve the feeling that they can control their problem and at the same time to pull real feelings lying underneath.
P: it is 100% true, it is a hard business.	
T: On the other hand, on the emotional level you may feel not comfortable with that.	Second part of <i>double-sided reflection</i> .
P: Yes but as I tell, it is a hard business and If I want to survive in the environment of aggressive concurrence, I must learn it, in spite of my character ...	He is aware of the fact that his character is not too suitable for being a tough manager.
T: Today’s business world is very rough, and if you are not rough enough there is a danger that the whole company can bankrupt.	Theme of danger – MIMULUS again.
P: Exactly.	
T: And much more people will suffer because of that.	<i>Complex reflection</i> – <i>continuing the paragraph</i> .
P: Exactly. Exactly. That is what I tell to myself to relieve my conscience (when somebody makes a strict decision).	Confirming PINE theme.
T: You have told “In spite of your character”. What is your character?	<i>Open question.</i>
P: (Laughing) I would like to know it too. I am usually a calm person, sometimes even apathetic, in some situations. But it is because there is a strong competition, and I have learnt I cannot	It is important for him to maintain calmness – AGRIMONY? CHERRY PLUM? If he is not calm enough it can endanger the company in an unsafe world. It sounds like a minimal

do anything with a hot head, even when I know that I sometimes tell something what I do not wish. Sometimes I burst, I cannot control it but I usually try to burst when I am alone and I know I am alone ...	mistake can cause serious consequences – CHERRY PLUM? He uses a “pressure cooker strategy”: holds the pressure inside but when it is too much he uses a safe way how to vent the steam out – CHERRY PLUM.
T: You hold it inside.	<i>Complex reflection.</i>
P: ... and to let it go. I usually have a dialogue with myself. I speak to myself, closed alone in a room, I tell myself what is necessary, then I go out and I am calm, feeling more comfortable with the problem. And as for other people, when they can see I am calm, they are calm too. They work well. They work fast and they work calmly. And when I am nervous and in a hurry, they are nervous and in a hurry too, because of me. And they make mistakes.	He has to control a lot because his mood influences the work of the whole company – again, a lot of responsibility (ELM) and self-control (CHERRY PLUM). If he does not control his emotions perfectly, it has a negative influence to his subordinates – CHERRY PLUM.
T: Being calm is very important for you, and you would like to maintain this peace in relationships too.	<i>Complex reflection</i> , extending being calm inside to having peaceful relationships outside.
P: Yes.	
T: However, sometimes, it is not possible. You solve it (the pressure of emotions) by retreating, and when alone you vent it out. You do not vent it towards other people.	<i>Complex reflection</i> – adding “do not vent it towards other people”. Continuing to explore CHERRY PLUM theme.
P: Well, I can tell them what I think because I am their superior; I try to listen to their opinion and when making a final decision I try to include their opinion into it too. But I have a responsibility towards the company, so I must make decisions that are good for the company and not for individuals. But most of them do not want to understand it because they work because of money, which is why I understand that they sometimes do not like my decisions.	Even when communicating his opinions to others, he tries to avoid conflict. We are back at the responsibility theme (ELM). He repeats the same “song” about responsibility towards company over and over; it reduces his guilt feelings (PINE) because of displeasing of other people (CENTAURY). Conflict with subordinates is disagreeable for him (AGRIMONY), it provokes intense negative emotions that he has to control (CHERRY PLUM).
T: The benefit of the company is on the first place, and you hold emotions inside to avoid damaging company’s interest. Sometimes, it is not easy, the emotions even as if threatened to burst out in an uncontrolled manner.	<i>Complex reflection</i> , adding “avoid damaging company’s interest”. He is aware of the fact that if he loses control over his emotions it can have serious consequences – CHERRY PLUM: “ <i>Fear of the mind being over-strained, of reason giving way, of doing fearful and dreaded things, not wished and known wrong, yet there comes the thought and impulse to do them.</i> ”
P: Yes, it is true. Every worker is very important for us; it is not easy to find another one. I cannot afford the luxury to burst out, absolutely not. ... When there is too much pressure to me, I stop working, I leave, I read something, solve cross-words, one or two hours, then I can come back	Fear of losing workers – MIMULUS, and fear of losing self-control – CHERRY PLUM. However, his limits to suppress his true feelings are quite stretched; he needs quite a lot of time to calm down. This is not a strategy that he can use

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and work on.	for a long time. The inner tension is growing and there is a danger of a destructive burst (or an appearance of a mental disease, for example obsessive-compulsive disorder that drains the pressure into useless rituals).
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Therapy: CENTAURY + PINE + CHERRY PLUM + ELM + MIMULUS + AGRIMONY (50 ml) 4 times daily four drops.

Note frequent combination of CENTAURY with PINE and AGRIMONY with CHERRY PLUM.

At the end of the consultation, the patient expresses doubts about whether he will be able to take the remedy regularly because he does not like taking remedies generally and wants to deal with the problem by himself. I ask him to pay special attention to the dosage to be able to assess well the effect of the remedy. He accepts my request.

Follow-up after 8 weeks

T: How do you feel?	<i>Open question.</i>
P: It is already quite OK now. Last week it was difficult; I got the information that my ... brother wanted to sue me. There was a lot of stress but I survived it. Survived ... well, I had a conflict with my wife because of that. I did not tell her about it but she knows me, she recognizes it on me; she knows when there is something happening. She recognized there was something wrong with me. Then we spoke about it, and I felt better.	Sometimes unexpected event comes and it is more difficult to assess the progress of the therapy. What is worth exploring, the conflict with his wife – a possible effect of AGRIMONY?
T: Apart from the difficulties with your company, there is still another thing – a conflict with your brother.	<i>Complex reflection</i> associating the principal problem with present complaint.
P: This conflict lasts at least one year but until now I was able to deal with it, I was able to suppress it, not to think about it.	There is also a shift in the conflict with the brother – a theme of AGRIMONY again?
T: Until now, you were able to deal with it, to suppress it, and now, he sued you and it was too much for you.	<i>Complex reflection</i> , adding “too much for you” – exploring AGRIMONY theme and CHERRY PLUM theme.
P: Well, it is more that I needed to think about it, it was too much for me, not only this lawsuit; it was only the last drop. We went for a walk, and I did not speak, so, she asked me what had happened.	He finally began to speak about his problems with his wife – probably a positive effect of AGRIMONY – <i>change talk</i> .
T: You held it inside and when it was too much for you, you began to speak about it. And speaking about it helped you.	<i>Complex reflection</i> – adding “it helped you” (<i>continuing the paragraph</i>)
P: Exactly.	Confirming positive effect of the change. <i>Change talk</i> .
T: And now you feel better.	Exploring positive change.

P: Yes, I feel calm now.	
T: What about your company?	<i>Open question.</i>
P: Yes, I can manage it.	
T: And how you perceive it?	
P: I do not know whether it is an effect of drops or the result of our last conversation but I discovered that I became more resistant to stress, much more resistant, more decisive. And I have discovered that I feel a need to be perfect.	He acknowledges some improvement in his feelings. He still remains doubtful about the efficacy of the essences but he feels the therapy has a positive effect to him. <i>Change talk.</i> He also discovered a part of his personality he had not been aware of. It is usually also a good sign.
T: You do not know whether it is more thanks to our conversation thanks to drops, you have noticed that you can manage better these difficult situations, maybe much better. And you have discovered that you feel a need to be perfect.	<i>Summary.</i> There is a positive Patient – Therapist relationship (he acknowledges improvement after the conversation); Patient – Remedy remains unclear (however, there is already a positive trend – he accepts that the improvement can be caused by the remedy too).
P: Maybe it is not a need to be perfect but the fact that any mistake might damage the company.	Again, there is a fear that a mistake can destroy his company – MIMULUS; it is also possible that this “mistake” might be an unexpected burst of emotions – CHERRY PLUM.
T: You have a fear that any mistake can have detrimental effects to your company. You feel the responsibility for the company.	Exploring CHERRY PLUM theme and ELM theme.
P: Yes. It is a responsibility for about twenty families, and at the age of 28, it is a huge responsibility. There is still a worry whether I will manage it.	ELM theme is still there.
T: And when you compare the feeling now and before the beginning of the treatment?	<i>Comparing the present with the past.</i>
P: The feeling of responsibility is the same but I do not take it so much, I can deal with it better.	Although the feeling of responsibility is still there, it is not overwhelming. <i>Change talk.</i> Feeling of responsibility is important for ELM; it is a principal part of his feeling of self-worth. For ELM, the life is about responsibility and the only question is whether the responsibility is bearable or not.
T: And you are also able to speak about it more freely.	<i>Complex reflection – continuing the paragraph.</i>
P: Definitely yes.	Confirming positive change.

As for taking of the remedy, he takes it regularly; he has only a small amount of essence remaining in the bottle.

Therapy remains the same.

Follow-up after fourteen weeks

T: So, how do you feel?	<i>Open question.</i>
P: a lot of work.	

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T: You have a lot of work.	<i>Simple reflection.</i>
P: Yes, the work is the same. And if it is too much, I let it go. I do not think too much about it.	He is able to let things go. <i>Change talk.</i>
T: You do not take it so seriously.	<i>Simple reflection</i> confirming effect.
P: Yes.	<i>Change talk.</i>
T: How do you deal with conflicting situations?	<i>Open question.</i>
P: Uhm ... for example, last week there was a problem with employees, with their working hours (They did not come in time to work or left earlier). I solved it directly, resolutely, I did not yell at them, I explained the situation to them, and some of them took it amiss, some of them not.	He was able to deal with a situation directly and resolutely. He was able to keep his emotions under control. <i>Change talk.</i>
T: Somebody did not like it too much.	<i>Simple reflection</i> – shifting attention to associated emotions.
P: Yes, of course. Nobody likes criticism.	
T: How did you feel after that?	<i>Open question.</i>
P: I was nervous from myself.	
T: Nervous.	<i>Facilitating spontaneous speech.</i>
P: Uhm.	
T: You were worried how they would react to it.	<i>Complex reflection</i> – adding “worried”.
P: And the result was not too bad.	<i>Change talk.</i>
T: The result was positive.	<i>Simple reflection.</i>
P: It was better than I had expected.	<i>Change talk.</i>

Although the patient is still hesitant as for the efficacy of the remedy, he acknowledges there are positive changes. Therapy remains the same.

Conclusion

He continues with the therapy and one year later, he is much more relaxed and ready to bear the burden of leadership. He also feels much more comfortable during conflicts with subordinates; he does not have fear that he will not be able to find other employees anymore. His relationship with his parents changes too. It has become clear that his mother has a tendency to intervene without permission into his present family and he has decided to set clear boundaries to her. Similarly, he is ready to listen to advices of his father but the final decision is only up to him. He acknowledges the effect of the remedy and actively asks for the adjustment of remedy combination whenever he has to face an especially difficult situation.

Case 7

⊗ 65 year old woman; she came originally for a allopathic follow-up after the operation of a compound fracture of leg to my ambulance of G. P. Because of persistent pain in the leg, she has been re-examined by a surgeon who has recommended blood tests to exclude possible infection in the wound. When she came, she seemed quite terrified by slightly raised results (According to my experience, this finding is quite normal after operations. Besides that she had no other signs of infection like temperature or reddening or purulent discharge in the operated area). At the beginning, she was quite reluctant to speak but then she became overwhelmed by emotions that she could hardly control. At this moment I offered her BFT to improve healing process. She accepted.

<p>T: So, how do you perceive the whole situation now?</p>	<p><i>Open question.</i> Here, the problem is well defined and we can go directly to it.</p>
<p>P: I ... (tension in voice, as if controlling tears) worked all the time, for many years, I worked hard, and everybody told me to slow down (crying), I liked the work quite a lot. We with my husband told each other we would make some trips, at least once every two months (to relax more). Otherwise, I was at work from the early morning to late evening, Saturdays and Sundays, so we decided to make some breaks, for weekend. So, I felt it was OK. I have an arthrosis of the knee, and this knee was quite painful, I could ride uphill (by bike) only with difficulty, third degree arthrosis, so I bought an electro-bike. So I walked and told (crying) ... I cannot grasp it yet ... I told to myself, I was so happy, I wasn't so happy for a long time. Then, my husband bought it too, of course, so we began to make some short trips, in the city. And then I got a present from my children for my 65th birthday, a stay in a spa, I had terrible backache and so on, and in the spa, it had always got better. So, we came to the spa, beautiful spa, nice service etc. And I remember, I told to my husband (crying), tomorrow I would not ride by bike, I cannot ... (crying, almost unable to speak) ... glass of water, please ... I would relax. I planned I would enjoy bath in the bathtub, there was a terrace with deckchairs, I laughed. And my husband told me, "let's go to the pub to have a dinner. Will we go by bike or on foot?" I answered, "it is beautiful, we will ride a bike."</p>	<p>She is a workaholic, the first impression is OAK.</p> <p>Even when the event has been about three months ago, the theme is still very sensitive, emotions are very strong. (STAR OF BETHLEHEM). There isn't only a wound in the body but there is also a wound in the soul.</p>

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<p>And in front of the restaurant, I drove the bike, there was a car riding, so I turned to the side, I almost stopped, and the bike slipped to the side, and there was suddenly a crack, I told to myself, “what is it??” So, I stood up but the leg couldn’t hold me, and I fell down. And then, emergency has come ... I cannot still grasp it, many people tell me, you can see, you have it because of overwork, maybe you have had to stop, everybody tells me it all the time. And I am absolutely ruined because of that (crying). They are probably right.</p>	<p>She blames herself (PINE).</p>
<p>T: You have always been used to working, and it was important for you to see a result.</p>	<p><i>Complex reflection</i> – adding “important to see a result” (moving from self-torture to something more positive).</p>
<p>P: I was satisfied because everything worked well, and I continued to work hard. And I still cannot grasp WHY IT HAPPENED. If I only went on foot ...</p>	<p>Although she switches the theme for a while she goes back to blaming herself (PINE). She is “stuck” in vivid memories of the injury (STAR OF BETHLEHEM), she torments herself with reproaches of conscience (PINE) and thinks about it all the time (WHITE CHESTNUT)</p>
<p>T: You blame yourself.</p>	<p><i>Complex reflection</i> exploring PINE theme.</p>
<p>P: (Crying) yes, maybe yes.</p>	<p>Confirming PINE theme.</p>
<p>T: On one side, you feel you made a mistake. On the other hand, one can ask how you could have done it differently. It could have happened any time.</p>	<p><i>Complex reflection</i> – <i>continuing the paragraph + double-sided</i> offering her also the rational explanation that the accident wasn’t her fault.</p>
<p>P: Yes, yes. It is the way how I think about it. I am crank, really crank (because of feeling such emotions). And then, I was in the hospital, I had an operation, and the doctor, anaesthesiologist, nurses, rehabilitation workers - they all were perfect, very nice. The head doctor, absolutely fantastic, really perfect. One week later, I went home. And then, I still had to wear immobilizer, for six weeks, and it was quite hard for me because other parts of the body have begun to hurt. Then I went to the rehabilitation department, and it was perfect too. And then I returned home again. I got a special immobilizer that allows to exercise with it. And maybe I OVEREXERTED MYSELF. Instead of exercising once daily, I exercised three times daily.</p>	<p>She also reproaches herself because of having reproaches (PINE). OAK often overdoes something. His will is strong but flesh is weak.</p>
<p>T: You wanted to be healthy as soon as possible.</p>	<p><i>Complex reflection</i> – adding “as soon as possible”. Exploring IMPATIENS theme.</p>
<p>P: And that is why it hurts me now a little bit more. I tell to myself, I must accept it, my daughter tells me, you should calm down ... (crying) ...but sometimes, it is not possible to calm down. I am not a big OPTIMIST, I have never been.</p>	<p>She opens the theme of negative thoughts and hopelessness.</p>
<p>T: You hope it will be better and then a setback comes and it pushes you down. You feel it is bet-</p>	<p><i>Complex reflection</i> exploring GENTIAN theme.</p>

ter but then pain comes again.	
P: Uhm.	
T: You feel there is no way out. You are even losing hope that it might get ever better.	<i>Complex reflection</i> exploring GORSE theme.
P: Yes. Probably yes.	
T: You have a fear of future, how the further development will be.	<i>Complex reflection</i> coming back to the beginning (fear because of slightly raised tests for inflammation). Exploring MIMULUS theme.
P: Uhm. Exactly.	
T: The lab results terrified you.	<i>Complex reflection – continuing the paragraph.</i>
P: When I have seen the result I have told to myself, Oh, Jesus, what does it mean?	The fear has been overwhelming.
T: Another problem again.	<i>Simple reflection.</i> Another setback makes her desperate – GENTIAN.
P: I have been terribly nervous; thoughts have rushed through my mind, what does it mean? I have wanted to know it as soon as possible. So, what will you do with me? Maybe I need some anxiolytic ... And I have always been independent, I have always helped others. And now, you cannot do anything, with the leg. You cannot bring anything. You must always ask somebody. That is why I cried yesterday. I do not want to annoy other people (crying).	Confirming MIMULUS theme. WHITE CHESTNUT. IMPATIENS. Sounds like OAK: <i>They will fight on. They are discontented with themselves if illness interferes with their duties or helping others.</i> Changing the person during the speech – she distances herself from the fact she describes. It is too painful for her.
T: You have always been self-reliant.	<i>Simple reflection.</i>
P: My husband (crying) came home yesterday, I had to ask him for help ... it is SO EMBARASSING. He does not complain but I ...	She blames herself (PINE).
T: You blame yourself.	<i>Complex reflection – continuing the paragraph.</i>
P: Yes, he came, and he had nothing to eat at home. I did not want to annoy my daughters (with doing shopping) ... So, it is so. I cannot tidy the house ... DAMN, I must calm down. And now, this conversation has made these feelings still more intense.	She blames herself again (PINE). She also feels desperate because of limitations caused by the disease (OAK). She uses strong words to stimulate herself to be strong and to fight – OAK. When speaking about the injury, her feelings emerged again as if they happened yesterday – STAR OF BETHLEHEM.
T: The feelings are here again. It is still very painful for you. As if it was yesterday.	<i>Complex reflection</i> further exploring STAR OF BETHLEHEM theme.
P: Yes. Otherwise, I wouldn't cry so much.	She is a strong woman and she is used to control her emotions, not to manifest weakness (OAK).
T: The wound does not heal, either on the physical level or on the mental level.	<i>Complex reflection</i> exploring STAR OF BETHLEHEM theme.
P: Uhm.	
T: And one thing makes it still more alive. The feeling that you maybe could have done it else.	<i>Complex reflection</i> connecting painful memories of the injury with guilt feelings (PINE).
P: Yes, yes. (relaxing) I probably need some remedy, some pills or something.	
T: OK, we will do something with it.	

Therapy:

MIMULUS + PINE + OAK + STAR OF BETHLEHEM + GORSE + GENTIAN + WHITE CHESTNUT (50 ml bottle, four times daily four drops, when feeling worse even more frequently).

Note: I have hesitated as for including IMPATIENS but I have finally decided not to do it. Do not ask me why ☺. When making the transcript, IMPATIENS theme has come up quite clearly.

Short phone call after six weeks:

She feels better, the leg is healing, no complications. Mentally she feels calmer, and she continues with rehabilitation. She will come when she will need drops. She has begun to work again.

Comment

This is a typical prescription for an acute problem. This woman asked only to facilitate the healing process and to help her with associated negative emotions. The case taking was limited to the injury, to its circumstances and to its treatment only but in spite of that the history revealed many facts about the personality of the patient. We do not know anything about her private life, about her marriage, about her professional career or about her childhood; anyway, we can expect that the theme of OAK (and maybe also of other remedies used in the prescription) would come to the surface if we took full history. Important themes re-emerge in our lives again and again, especially during times of intense stress.

Case 8

⊗ 67 year old female, she is my patient as G.P., comes on the basis of the recommendation of her husband, my patient both as G. P. and as BFT therapist. About twenty years ago, she had a serious depression caused by side-effects of allopathic remedies treating fungal diseases. It was a hard time for her but then for many years she felt mentally healthy. However, last a few months, she feels not quite OK. She had a skin tumour; there was a suspicion for a melanoma but histology luckily excluded this diagnosis.

T: So, how can I help you?	<i>Open question.</i>
P: I feel disconcerted ... I felt especially badly when they took me this ... skin tumour. Finally, the histology was OK. But then, I went to do shopping, I probably should not have gone, and it suddenly started to bleed, the wound reopened. Maybe there was some infection, I do not know. Doctor told me to grease the scar, and my sister-in-law gave me some ointment, Excipial, and it was very greasy. Maybe it was too greasy, and the scar was too lax, and it opened. And after that, my back started to be painful. And I believed there was some connection, this skin tumour, the scar and my back. And I felt very badly because of that.	She reproaches herself because she caused the wound to reopen - PINE. Probably behind the whole story there is a fear of a serious diagnosis – MIMULUS. She had to think a lot about the problem – WHITE CHESTNUT.
T: You reproach yourself because of that.	<i>Complex reflection</i> – adding “reproach” to further explore PINE theme.
P: Yes. I am usually meticulous, sometimes even too much, but now I reproach myself, that the scar is ... it is not because of how it looks like, I am old, I do not pay much attention to how I look, but (I am afraid of) health consequences. But I told to myself, it was not possible to go back, to return the time (to do it differently), so I had to accept it as it was. And I think, the feelings are better now, a little bit.	She has a fear of health consequences – MIMULUS. She deals with guilt feeling by rationalising them – PINE.
T: It is a change in your life. You have never had such a (serious) disease.	<i>Complex reflection</i> – adding “change” and “never had”. The diagnosis has deeply changed her life – there is the life before the tumour and after. She has a problem to adapt to this new situation – WALNUT?
P: Uhm.	
T: You are afraid of the health consequences.	<i>Complex reflection</i> – adding “afraid” to further explore MIMULUS theme.
P: Yes, I do not know whether this (bad care)	She hesitates – her fear and reproaches of con-

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caused any problem or not.	science are associated with a sort of uncertainty. She does not ask directly but there is a hidden question – is it serious or not?
T: You are afraid that because of inappropriate local care, it might spread.	<i>Complex reflection</i> – adding “inappropriate local care”.
P: Even when they told me it was OK, everything, I still ... I feel guilty because of that.	There is still a sort of uncertainty. PINE theme again.
T: And you have to think about it all the time. You cannot get it out of your head.	<i>Complex reflection</i> – exploring WHITE CHESTNUT theme. Another interesting possibility would be “ <i>The doctors have told you it is OK and you still have some doubts about that.</i> ”
P: It is better a little bit now, it is milder. (I have realized that) it cannot be taken back anymore. And apart from that, another problem came – backache. So, I linked these things together.	When she has already thought it is better, a new problem has come, and it has knocked her down (GENTIAN). She believes that the backache is associated with the skin tumour although from the medical point of view it is impossible – the diagnosis was benign. Again, there is a fear of a serious diagnosis – MIMULUS.
T: Tell me something about your backache.	<i>Open question.</i>
P: The backache, it started five weeks ago. I started to do some rehabilitation, and it was better. But during this weekend, my husband has had birthday party, so, I cooked quite a lot, tidied the house, and it has got worse again. Maybe the back should have had more rest, I do not know, and the backache has come back again. And yesterday, I was on rehabilitation again, and they told me it might have been caused by electrotherapy, it sometimes happens that the complaints get worse after the therapy. And I wake during the night, twice, about 4-5 a.m., I do not know why. But there is no pain (during the night); I do not know why I cannot sleep. And maybe it is because I am disconcerted; I am in a tension all the time. I also cannot concentrate to do something.	It sounds again like GENTIAN pattern – at first better and then it got worse again. She feels reproaches because of her backache – PINE. She is confused by information that her backache might be caused (or better, aggravated) by electrotherapy. There is a sleeplessness; she believes that there is some connection with the backache but at the same time she acknowledges that there is no pain. There is a sort of confusion.
T: Why cannot you concentrate?	<i>Open question.</i>
P: I have no desire to do something, or I cannot force myself to do it. For example, I cannot tidy up cupboards. When there are grandchildren, I pay attention to them, but as for normal work at home ...	There is no clear cause – it is probably that she does not feel as previously, as before the disease.
T: it is something new for you; you have never experienced such a thing.	There is a change – WALNUT.
P: Yes, it is new. I have had similar problems, many years ago, I got some remedies (antimycot-	She returns to the problem twenty years ago. It was a difficult time for her; because she feels the

ics) that caused it. Doctor told me that it had been caused by wrong remedy combination.	situation is similar, it is probable that she has a fear that the problem could repeat – MIMULUS.
T: You feel similarly as you felt in this situation with wrong remedies.	<i>Simple reflection.</i>
P: It is not so serious but it is not me now.	
T: You have lost all the interest to do things.	
P: It is not absolute but it is so. I cannot tell I have lost all the interest, there is still some. And I hope it will be better.	WILD ROSE? MUSTARD?
T: The things you have enjoyed previously do not bring you the enjoyment and there is no clear reason for that.	<i>Complex reflection</i> testing MUSTARD.
P: I think that it is caused by my health problems. I think I need to calm down. I have nothing (no remedy) to calm down, yesterday I bought here in the pharmacy (showing a herbal remedy), I had seen it on TV, it should help with sleep. But my problem is, I can fall asleep but then I wake up.	She knows what is the cause of the problem – it is not MUSTARD. There still remains something unclear, unspoken; request “to calm down” usually means there is something suppressed but the patient does not know what or he does not want to speak about it. In such a situation, AGRIMONY can sometimes be helpful (AGRIMONY uses different substances to suppress his disagreeable emotions). However, twenty years ago, she was almost in a psychotic state; I was afraid that if there was really something so serious AGRIMONY could provoke further aggravation.
T: How do you perceive the present situation (health problem) now?	<i>Open question.</i>
P: I do not know. I do not know.	She is confused.
T: It sounds like there is quite a lot of fear.	<i>Complex reflection</i> returning back to the fear theme.
P: Yes, maybe. Maybe it is because of backache, it has never lasted so long, if it stopped earlier, I would probably feel better.	This situation is unusual for her and it provokes fear.
T: And now, when it got worse again, it knocked you down, back.	<i>Complex reflection</i> – testing the GENTIAN theme.
P: It is better now, last three or four nights, there was no pain.	However, even GENTIAN does not seem to fit too much.
T: You are better now and at the moment when it got worse, you felt badly because of that.	<i>Complex reflection</i> – still once more exploring the moment of getting worse.
P: It was worse a little bit but after rehabilitation, it was better again. I reproach myself that I overexerted my back. When I felt better I should have been more ... reasonable. On the other hand, to have fear all the time and to restrict myself is not good too. So, it has no sense to return back to it. Maybe ... I do not know ... to calm down, not to think so much about it.	Here it is better to concentrate more on the process, how the communication is, instead of content, what the patient tells. There is a confusion about the pain. It was better, then it got worse, and it is good now, it does not seem to be extra serious but at the same time the patient pays a lot of attention to it. Doctor told her it was OK but she is afraid that it might be serious. According to histology, it was not malignant, it was not a cancer but she is afraid of metastases. She feels guilty because she overexerted her back but at the same time she believes too much fear is not good too. As if the patient himself were confused by this situation. Confusion is also expressed by repeating “I do not know”. As if her

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	<p>feeling of being disconcerted means being confused and perplexed, split between two possibilities.</p> <p>A good reflection would be now “<i>You do not know what to think about your health problem.</i>”</p>
<p>T: Too many thoughts. The thoughts whirl in the mind, and they cause that you cannot concentrate. Things that you cannot solve at that moment; they just annoy you and disturb you.</p>	<p><i>Complex reflection</i> – testing WHITE CHESTNUT.</p>
<p>P: Yes, it is true.</p>	

At this moment, the case seems quite unclear. After that, I made still other attempts to clarify her feelings but she was not able to explain how she felt. On the base of this imperfect information, I made a prescription:

Therapy: MIMULUS + PINE + WHITE CHESTNUT + GENTIAN (50 ml), with a planned follow-up after six weeks.

However, she came after one week during the office hours for allopathic medicine and asked for “some sleeping pills”. Apart from that, she had a new symptom, itching of back, a problem she had never had. I explained the risk of sleeping pills (dependence), offered her the possibility of low-dose antidepressants (a safe alternative of allopathic sleeping pills) or adjusting her BFT mixture. She agreed with the latter variant. Two days later, we met again:

<p>P: My sister-in-law works as a nurse and she knows one psychiatrist. And she asked him for a consultation for me.</p>	<p>She seems to be decided to undergo psychiatric treatment. Sounds like <i>failure talk</i> for BFT.</p>
<p>T: You have decided to use allopathic antidepressants.</p>	<p><i>Complex reflection</i> – adding “decided”.</p>
<p>P: I think this (BFT) is too weak for me. I don’t know.</p>	<p>Her fear is too overwhelming; she is looking for a protection of an authority and she feels BFT is too weak. Certainly, a psychiatrist is a bigger authority in mental disorders than me. Even when she has MIMULUS in her combination it seems that it does not work.</p>
<p>T: You are afraid that it will not be enough.</p>	<p><i>Complex reflection</i> – adding “afraid” to explore MIMULUS theme.</p>
<p>P: Yes, maybe. And I tell you one thing, I have no anxiety now, I am ... somehow ...you know.</p>	<p>She is still very unclear in describing her complaints. Surprisingly, she admits that her fear is milder.</p>
<p>T: You feel disconcerted. You have physical signs and symptoms you do not understand, you have never had, like itching on your back, and you are afraid whether this therapeutic method is able to cure it.</p>	<p><i>Complex reflection</i> – adding “disconcerted”, linking mental state with physical problems.</p>
<p>P: I do not know, I really do not know. My husband told me I really was not OK. In his opinion, it is still not so serious but he advised me to tell you sincerely everything, how I felt, to be able to do something with it.</p>	<p>She is very hesitant as for her feelings and what she really wants. Opinion of his husband (and probably of her sister-in-law, a health care practitioner) is very important for her – CERATO?</p>
<p>T: And it reminds you of this old situation.</p>	<p>She is afraid that her old problem might repeat, even when the situation is very different now.</p>

	Twenty years ago, it was provoked by allopathic remedies, now, there is no similar medication.
P: I don't know, when I look at my eyes (in the mirror), they were not as usually, last three mornings, I don't know. Maybe I am imagining it, I don't know. I just have a fear.	Something is wrong but she does not know what and she is afraid of that – ASPEN. Maybe there is also a fear that she can lose self-control, that she can get mad? Maybe that is the reason why she considers to visit a psychiatrist – CHERRY PLUM. She doubts her feelings – CERATO?
T: You are afraid that something might happen.	<i>Complex reflection.</i>
P: I have a fear of worsening of my complaints.	She admits there is still some fear.
T: You have a fear of worsening of your complaints, even when there is no clear sign that something like that is happening.	<i>Complex reflection</i> – adding “even when there is no clear sign”. This reflection tries to calm the patient down, offering her arguments that nothing serious is happening.
P: No, there is nothing, I don't know why (I have this fear). I tried also herbal remedies for sleep I had bought in the pharmacy, but I felt badly after them too. I can sleep but I do not sleep as well as I would wish.	Again, sounds like ASPEN fear.
T: Uhm.	
P: So, I do not take anything, I do not like taking pills. I have even never taken Brufen before that (painkiller). And now, because of backache, it have taken it quite frequently, even twice daily. But it (Brufen) did not calm me down, and I have read the information leaflet and I have found there that it might even cause depressions, so I have stopped it. I am a person who does not like to take pills. I know it about myself. So, now, I think I should take something ... maybe I should drink more (water).	She expects that painkiller can calm her down. However, she has discovered that it can cause depressions; again, there is something against something, hesitation – CERATO. The information leaflet caused her still more confused. There are many authorities around her but she does not know who is right. She is looking for the psychiatrist because she hopes that he as the biggest authority will tell her what she is to do and what is right for her.
T: So, there is some discrepancy: on one side, you do not like pills and on the other hand, you want them (antidepressants).	<i>Complex reflection</i> – double-sided.
P: I don't know. I am afraid of worsening of the complaints. And I want to be able to do something (useful) for my family.	She has a fear of worsening of her complaints but she is confused how to prevent it.
T: For the family.	<i>Simple reflection.</i>
P: For the family, and for myself, mainly for myself. For example, my granddaughter, she had a performance at school, and I managed it well but I, maybe I pay too much attention to myself. And I have no more fears of the physical problems (skin tumour, reopened scar) but I have a fear of having mental problems. And this night, It was not good. I took one pill of pyridoxine (a vitamin without any hypnotic effect). I slept but such a sleep ... I would prefer to sleep only three hours than to sleep this way. I was absolutely deadened. I did not like it.	It is interesting that her physical complaints are good now. For me, it is signal that my combination had at least a partial effect.

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T: you took one pill of pyridoxine, of vitamin, not a sleeping pill, and felt sleepy.	<i>Complex reflection</i> , gently pointing out to the discrepancy.
P: I don't know. I felt deadened very much yesterday. Maybe it is only my imagination, I do not know.	She even doubts whether her feelings are real or not.
T: On one side, two days ago you came to me and asked for sleeping pills, now your main complaint is that you are too sleepy.	<i>Complex reflection – double-sided</i> . Exposing the contrast between two follow-ups, so close to each other.
P: I do not want to take sleeping pills but at the same time I am afraid of the further development of my problems. I have had this tumour, and then the backache, so I have deduced for myself it has some connection, I don't know. And now, when physical problems receded, I do not pay attention to them, but my husband has told me, you should do something with you (as for mental problems). And I would like to be able to do work at home. Because of backache, I did not do anything for some time, but now, I would like to have the energy to do it.	Hesitating between taking and not taking sleeping pills. Again, her husband has advised her to go to the doctor. Her husband knows better than she how she feels.
T: So, you are decided to take antidepressants now.	<i>Complex reflection - amplified</i> . I tried to verify whether her decision was final.
P: I don't know.	
T: How is your fantasy, how the psychiatric therapy will look like?	There are some signs that BFT works; that is why I try to gain at least some time for the essences to work. Her hope that after psychiatric pills, she will sleep exactly as much as she needs and will not feel deadened is not too realistic.
P: I don't know. I DON'T KNOW, whether they will help me, because that time, when I had these (serious) problems, they tried four or five, and there was only one that worked. Another doctor recommended me Lexaurin (anxiolytic), I felt calmer after that, but I did not like to be deadened. I will try to find some solution. The backache, I do not feel backache now, I don't know whether it is OK, after the rehabilitation, maybe (yes), I had these problems one week, and then it was better, and then this (strange) itching of my back. As for the sleep, I felt better this night, it seems better. I really do not know. But I have already decided (as for psychiatric therapy), I don't know, whether you will tell me (what is right for me). It is difficult to give advices in a similar situations.	The scale of her decision is still moving. Her experience is not too convincing too. She wants somebody to decide it instead of her – CERATO.
T: Did you bring the bottle? (With essences; when we spoke two days ago and she complained about sleeplessness, I offered her to add something to her bottle and asked her to bring the bottle)	
P: No, I have it at home.	
T: So, you are decided to go to the psychiatrist.	

P: No, I don't know. What would you recommend me? You understand people, a little bit, so, what would you recommend me?	Clear CERATO!
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At this moment, after this quite exhausting conversation, we agreed to make a compromise – she would take BFT but she would also make an appointment with the psychiatrist. She will probably have to wait some time for the consultation with psychiatrist, so it is possible that she will already feel better; if there is some improvement it is up to her whether she will go there or cancel it.

Because it seemed that the actual combination had some effect at least on the physical level, I decided to use it as a base for further prescription and added other essences, with CERATO playing the central role, to it.

Therapy: MIMULUS + PINE + WHITE CHESTNUT + GENTIAN + CERATO + ASPEN + CHERRY PLUM (50 ml).

Five weeks later, she did not come for follow-up. I phoned her, and she explained me that about two weeks after previous consultation, she felt so badly during night that her husband decided to take her to psychiatric emergency. She got some antidepressants. She admitted that except this night she felt better (it was more the decision of her husband to go to the psychiatrist). She also spontaneously reported that her long-lasting problem, psoriasis got better after essences too. When she had taken the essences she felt better than now when she was taking only antidepressants. She stopped essences after the psychiatric consultation because of fear of their interaction with psychiatric pills.

I recommended her to continue essences together with antidepressants.

Follow-up after 9 weeks

T: How do you feel?	<i>Open question.</i>
P: At the beginning, I took essences for two weeks, but then, one night, I had a strange feeling in the body. At this moment, my husband decided to take me to the psychiatrist. I felt as if my spine were “electrized”. And it was really painful.	She returns to the “one bad night” experience. Another new problem appeared and that provoked her fear again. The psychiatrist is a symbol of protection against mental problems.
T: Uhm.	
P: And then, it was OK again. After the essences, I had mainly psychosomatic symptoms, about one week. And then it seemed to go. But one thing really surprised me. I had for many years psoriasis on my legs, I underwent different dermatological treatment including radiotherapy, and it was sometimes better sometimes worse but never OK. However, now, it started to disappear! And clean skin remained. And then, these feelings in the spina appeared and I had a fear, what it meant.	Uhm, we have never spoken about psoriasis. Seems good! <i>Change talk.</i>
T: You were afraid of it.	<i>Simple reflection.</i>
P: Yes. And still one thing is interesting. Before the essences, you probably know the feeling too, like trembling of stomach. It is something normal and people use to have it sometimes, but from that event twenty years ago, I did not feel it again.	Feelings she used to have twenty years ago are

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<p>And now, it came back. After the drops, it started to return. For example, when my granddaughter did something (risky), I used to feel nothing in my belly but now, I feel this trembling again. And I think the drops really work, when I was for a follow-up at the psychiatrist; she told me I should be happy that I had overcome it so easily. (She did not expect so quick effect of antidepressants). But I think it is not only because of antidepressants. It is also because of drops. I reproach myself that I did not trust you more and I started to take these (psychiatric) pills. The sleep after drops was better. I have an explanation for that, I do not know whether it might be so, but I think twenty years ago, it was not a real healing, it was just suppression. And now, I am returning to a normal state, as I used to be before (when I was young and healthy). My husband can confirm it – he told me, you look better now. But I answered him, I felt better even before antidepressants, when using drops. Even before the pills, I began to feel better.</p>	<p>back. <i>Change talk.</i></p> <p>She is surprisingly sure about something. There is no “<i>I don’t know</i>”!</p> <p>She expresses a clear opinion of her own! <i>Change talk.</i></p> <p>PINE still has something to do.</p> <p>It is not as it used to be, she has her opinion, explanation.</p> <p>Her husband has always been a source of opinions for her but now she is able to disagree, to trust more the opinion of her own. <i>Change talk.</i></p>
<p>T: You began to feel better even before antidepressants. You believe that it was because of essences. Apart from the change on the mental level, you have also noticed a physical change; your psoriasis gets better even without a dermatological treatment. Furthermore, there is a change in the belly feeling. Can you tell me more about it?</p>	<p><i>Summarizing.</i></p> <p><i>Open question.</i></p>
<p>P: I have read that people with Parkinson disease or multiple sclerosis do not have this feeling. This feeling is ... like itching or trembling here (showing to the stomach area), my husband cannot understand it, he thinks that it is nonsense, but when something makes you nervous, you feel an itching in the stomach. And I haven’t had this feeling for twenty years. And I have started to feel it again.</p>	<p>This feeling is something what normal people feel, and it is important for her. Ill people do not feel that.</p> <p>Again, she is able to have an opinion of her own in spite of disagreement of her husband. <i>Change talk.</i></p>
<p>T: The feeling came back.</p>	<p><i>Simple reflection.</i></p>
<p>P: Yes.</p>	
<p>T: And how is the feeling? Pleasant or unpleasant?</p>	<p><i>Closed question</i> to clarify the meaning of the feeling for her.</p>
<p>P: It is normal, a normal feeling normal people feel and I haven’t had it. Like when you get frightened by something.</p>	<p>It is not important whether it is pleasant or not, it is important that it is normal. She feels more normal than previously.</p>
<p>T: You perceive your emotions in your body again.</p>	<p><i>Complex reflection</i> – “feeling emotions in your body”.</p>
<p>P: Yes. Even when I interrupted the drops, these feelings were there. Even after two weeks, I have still felt it.</p>	<p>The effect of drops is persistent.</p>
<p>T: This feeling is important for you.</p>	<p><i>Complex reflection</i> – she spent some time and</p>

	energy with this feeling, she is even able to argue with her husband because of that. So, it must be somehow important for her.
P: It is a warning sign for me. Before that, when I had not this feeling, I did not know I had a fear of something. And something might have happened.	She is glad that she feels fear again. This trembling in the stomach serves her as an alarm signal that something is wrong.
T: And it seems as if you know better what you feel or what is right for you.	<i>Complex reflection – continuing the paragraph.</i>
P: Yes, I know things better.	
T: You were quite insecure, you tried to find some advice, help from others.	<i>Complex reflection – continuing the paragraph.</i>
P: Uhm.	
T: And now, you know what is right even when your husband disagrees.	<i>Complex reflection – continuing the paragraph.</i>
P: I know that the drops help me.	She KNOWS. <i>Change talk.</i>

Follow-up after 15 weeks

After another 6 weeks, during next follow-up, she felt better. She even noticed that her neuropathy, a chronic annoying pain in legs, got better too. One year later, she still continues with BFT and she knows it helps her and it is the right therapy for her.

Case 9

☉ 32 year old female. I have already treated her with BFT about 4-5 years ago because of exhaustion with success (OLIVE and CENTAURY as a main part of the combination). She comes because of recurrent oral herpes and genital infections.

T: So, how can I help you?	<i>Open question.</i>
P: As I have written you (in e-mail), I have long-term problems, herpes, on mouth, and mycotic gynaecological infections. It lasts about one year, and I have tried that allopathic medicine and it is not effective. I am under treatment in the faculty hospital now, and the doctor is ... lax. And what annoys me too, I have to take regularly remedies, and I think I am still too young for that.	Two annoying infections – the first idea is CRAB APPLE.
T: You have annoying infections, and you also do not like taking remedies regularly.	<i>Simple reflection.</i>
P: Yes. I take valaciclovir and Xados. But as for valaciclovir, it is really brutal, as I have written you. Normally, I take one pill daily but when there is herpes on lips beginning, I have to take four pills daily. And I think it is too much for my body, for liver, kidneys etc. It is not good. And my common sense tells me, if I take the remedy for a long time the virus can become resistant to the remedy.	She has a fear of damaging her organs by chemical remedies – MIMULUS, CRAB APPLE: “ <i>this remedy purifies wounds (the whole body, actually) if the patient has reason to believe that some poison has entered which must be drawn out.</i> ” At the same time she has a fear that the antiviral remedy can lose its effect if it is taken too long – MIMULUS.
T: You are afraid that long-term usage of chemical remedies can damage your body. Besides, the remedy can lose its effectivity.	<i>Summarizing her worries</i> – exploring MIMULUS theme.
P: Uhm.	
T: What has happened in your life since we met last time?	<i>Open question.</i>
P: We have a baby, a boy. The beginning was really difficult. I had problems with breast-feeding (voice trembling), after birth he was diagnosed hypospadias (congenital defect of penis), he had to undergo an operation. I must confess we had a really terrible period, we also had a car accident, and the repair cost a lot of money, really crazy. And because of my health state (now), I am ugly to my husband, and he is ugly to me. I feel as if in a vicious circle.	She feels unsuccessful attempt to breast-feed as her personal failure – PINE: “ <i>...they think that they could have done better, and are never content with their efforts or the results.</i> ” And maybe also HONEYSUCKLE: “ <i>... ambitions which have not come true.</i> ” She might have an ideal, how her childbirth and the time after should be, but she failed. Being a perfect mum is often a strong ambition for many women. There is also a list of disagreeable events – as if she asked “why” it happened to her – WILLOW?
T: You had quite a difficult time.	<i>Complex reflection</i> – weakened - adding “difficult

	time". Weakened reflection helps to reduce emotional charge and shift more to rational level.
P: Yes.	
T: How did you perceive these situations?	<i>Open question.</i>
P: We looked forward to a baby, really a lot. And it was a terrible shock, like slapping into face. (Starting to cry) It was really terrible. (At the beginning), we were happy because I became pregnant very quickly. We looked forward so much, and then, it was ... terrible (crying; cannot speak). We had a terrible fear ... and mainly, when you take a baby from his mum ...	It was a shock for her – STAR OF BETHLEHEM: “For those in great distress under conditions which for a time produce great unhappiness. The shock of serious news ...” Fear for their baby – RED CHESTNUT. Sadness because of separation from her child – HONEYSUCKLE.
T: It was a big shock for you. And a lot of fear.	<i>Simple reflection.</i>
P: (crying; speaking only with difficulty) I saw him only for 15 seconds, and then they took him away. They had to suck away amniotic fluid from his lungs, and moved him to a different hospital. I had to stay in the hospital three days and couldn't see him. Only my husband saw him during that time.	She missed him a lot – HONEYSUCKLE. It hurt a lot – STAR OF BETHLEHEM. The baby had a complication during the birth and had to be transferred to a specialised centre in another city. The mother had to perceive a terrible sorrow (STAR OF BETHLEHEM, HONEYSUCKLE) and fear (RED CHESTNUT) during that time.
T: You even couldn't see him. You both have been lonely.	Complex reflection – adding “lonely” – exploring HONEYSUCKLE theme.
P: (crying) I stayed in the bed, I looked at the ceiling and I was absolutely desperate. Luckily, they moved me a single room; otherwise, to look at other women cuddling their children would have been ... (cannot speak) unbearable.	Just to see another woman with her healthy baby would reactivate the pain of her own – STAR OF BETHLEHEM.
T: Uhm.	
P: And it was strange, when they finally brought him back to me, I understand, the doctors had to do some medical procedures, examinations, and so on. It lasted me one or two hours to feel again that it was our baby, or, my baby. It was really terrible. But, luckily, they made him all the tests and except hypospadias, he was healthy. It was great. And I think it was also because of stress that I couldn't breast-feed him. I tried everything, from Homeopathy to breast pump and herbal teas but without effect.	Her emotions were as if frozen, still paralyzed by terrible experience – STAR OF BETHLEHEM. Maybe even slight trace of feeling guilty (PINE) – I was not able to feel what women usually feel. Breast-feeding was a failure (PINE).
T: How have you perceived this situation with breast-feeding?	<i>Open question.</i>
P: It was bad; I felt terribly pity because of that.	“Pity” sounds like HONEYSUCKLE, there might be PINE too.
T: You have blamed yourself.	<i>Complex reflection</i> – testing PINE theme.
P: Yes, probably yes. Or, I started to breast-feed him. But it was not effective, and my son cried a lot, so, when he was two months old I definitely ended breast-feeding.	It was not a complete failure. It is a good opportunity to enhance her belief in the strengths of her own. You can see how her mood will change during a few moments.
T: You have succeeded to breast-feed for two months.	<i>Complex reflection</i> – reframing her experience from failure to success. <i>Affirmation.</i>
P: Yes (lively), we had to give him “side dishes”	It was a partial success.

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but at least, there was something.	
T: In spite of all these adversities of life, you were able to breast-feed him.	Another <i>affirmation</i> .
P: (Smiling) Yes and I am very grateful because of that.	
T: Even when it was difficult for you, you were able to continue to fight. You tried every possible way. You do not give up things.	Still another <i>affirmation</i> .
P: And my husband, and everybody, they all tried to console me. But you know, when the mum cannot breast-feed ...	
T: You have perceived it as a failure.	<i>Complex reflection</i> – adding “failure”. Again, exploring PINE theme.
P: Well ... maybe I felt more anger that it was not possible. And failure, maybe too.	She also felt angry – towards fate? Sounds like WILLOW.
T: And maybe even a feeling of injustice, “why me”.	<i>Complex reflection</i> exploring WILLOW theme.
P: I felt it more as for hypospadias. I was angry because of that. Ah, what I should tell you; I had terrible feelings of anger and rage, “if all that happens to me, why still another problem?” I am very fearful when there is a health problem (the exact translation of the word she used “strašpytel” is “a sack full of fears”). And my husband is the same. We both have a big respect towards hospital, and when we heard what everything we would have to face we felt panicky. It was the first time in the hospital for me; it was also a shock for me. And, I must confess, I also felt envy towards my friends who had healthy children. And (why) we got these (unlucky) cards to play. But the anger, the feeling upset, it was very intense. I have needed a lot of time to go through that. And it is still there but it is not so strong. And he, my little son, is so marvellous. I had a terrible fear for him.	“Why us” is here – WILLOW. Apart from that, there are fears. Fear for her baby – RED CHESTNUT, of future – MIMULUS. Envy – HOLLY, but there might be more important feeling guilty because envy – PINE. She felt it was not nice from her to feel envy toward other mothers with healthy children. She also feels the fate is unjust.
T: Terrible fear.	<i>Simple reflection</i> .
P: Yes, I had a fear how would be the operation, how he would cope with it. And I must say that he was great, really.	
T: You are proud of him.	<i>Complex reflection</i> with <i>affirmation</i> . She needs to boost her self-confidence; she was able to bear such a great son.
P: Yes (tears).	
T: What about your herpes?	<i>Open question</i> .
P: Well, herpes. It is terrible. I have always suffered because of it, three or four times a year. It has not been SO terrible. But last year, it started abruptly, herpes big as a pancake. During pregnancy and the first year after the birth, there was no herpes. And then, suddenly ...	
T: Apart from herpes, what else happened in your life?	<i>Open question</i> .

<p>P: Uhm ... yes, there was one thing. I made a mistake as for taking contraceptive pills; I took a pill without hormones, and had a fear that I might be pregnant. I started to feel sick. Then, gynaecologist told me that it was because of hormone changes, I was not pregnant. I do not know whether it might have been caused by contraception, my idea is that the hormones caused that my body lost balance. I do not know, doctors said that was not possible.</p>	<p>She made a mistake – PINE. Fear of being pregnant – MIMULUS.</p>
<p>T: For you, it seemed that there might be a connection.</p>	<p><i>Complex reflection.</i></p>
<p>P: I just have such an idea. I think about it a lot.</p>	<p>WHITE CHESTNUT.</p>
<p>T: When you return back to those moments, to contraceptive pills, what are your feelings?</p>	<p><i>Open question.</i></p>
<p>P: (impulsively) That it is chemical rubbish, and I do not want it anymore. It was a bad thing that I asked the doctor to prescribe it. And after that, I had absolutely terrible herpes. I went to doctor and asked him for acyclovir (usual remedy for herpes) but it had no effect. New blisters all over the mouth continued to appear. It was the time when our son began to walk. And my mouth, there was a yellow sticky liquid oozing out, and I was terribly contagious.</p>	<p>Chemical rubbish – CRAB APPLE. It was her mistake to ask a doctor for pills – PINE. Fear of being contagious – CRAB APPLE, RED CHESTNUT, MIMULUS.</p>
<p>T: You had a fear.</p>	<p><i>Complex reflection – adding “fear”.</i></p>
<p>P: a terrible fear.</p>	
<p>T: a fear that you transmit herpes to him.</p>	
<p>P: Also, and mainly what was happening with me. Without any cause.</p>	<p>It was more MIMULUS (fear for herself) than RED CHESTNUT (fear for the son).</p>
<p>T: You had a fear for yourself too.</p>	<p><i>Complex reflection – further exploring fear theme.</i></p>
<p>P: You visited one doctor after another like an idiot (crying, hardly able to speak), they looked at you badly ... simply FEAR, and I did not know what the problem was. Why, WHY, acyclovir did not work. And apart from that, I got an infection of the face, I had big red circles in cheeks. I went to dermatology, and they gave me some antibiotic ointment. For a while, it seemed better, but after two weeks, it was back again. And then, it was better for a few months. I was examined at allergology, and they found allergies I had never had before. And then, during Easter, it came again. I do not understand it, it has been good until now, and it is back. Almost at the same time as it came last year. I do not understand it. I feel really angry because of that (crying). Because it already lasts one year! I am also angry because, (it is not easy) to explain to a small baby that you cannot kiss him, we all like a lot of contact, and it is not possible now. He does not un-</p>	<p>Shift of the person: from “I” to “you” - she wants to distance painful feelings from herself. The theme is too painful for her, as if it happened yesterday – STAR OF BETHLEHEM. Fear – MIMULUS, almost panic – ROCK ROSE. There is one problem after another; the fate is quite cruel to her – WILLOW? For some time good, then bad again – it looks like GENTIAN pattern. Missing physical contact – HONEYSUCKLE.</p>

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<p>derstand it. And there are practical things too, you cannot cook, you have to be on guard all the time, it is contagious. It is disagreeable. And besides, there is mycosis. Up there and down there, on both sides there are infections, it is really bad.</p>	<p>Again, shifting the person; “I” changes to “you” You have to be on the guard all the time – MIMULUS. It is contagious – CRAB APPLE. One disaster after another; how the fate can be cruel – WILLOW?</p>
<p>T: Why you.</p>	<p><i>Complex reflection – WILLOW theme.</i></p>
<p>P: I do not know, I have never experienced anything similar. I even have never had urinary tract infections. NEVER. Yes, there was a problem with sweets, with jam and chocolate. During pregnancy, there were quite a lot of them. And after the childbirth, it was very difficult for me, so I ate a lot of sweets.</p>	<p>Maybe a guilt feeling because of eating too many sweets – PINE. She used to use avoidance strategy when treating mycosis – I must avoid sweets – it might be a MIMULUS strategy, or she thinks her immune system is not as strong as the immune system of other people – LARCH. Sweets are a poison for the body – CRAB APPLE.</p>

Therapy: HONEYSUCKLE + STAR OF BETHLEHEM + RED CHESTNUT + PINE + WILLOW + CRAB APPLE + MIMULUS (50 ml bottle)

After one week I received following e-mail:

Dear doctor,

I would like to ask you whether it is normal, after these essences I have. Since yesterday, herpes has been trying to burst out in a big extent ... I am a little bit nervous because of that. I take valaciclovir in higher doses. It is true that the eruption is limited to one place and it is itching again, a sign I haven't had yet. It is different.

The lower part (of the body) is turbulent a little bit too but it is bearable.

Otherwise I feel well, I think about things, try to organize my thoughts.

Doctor from immunology has written me that there is no risk of resistance to valaciclovir.

I do not like to annoy you; I just want to ask ...

Yours sincerely,

In this e-mail there you can see a quite frequent reaction when treating physical complaints with BFT. While on the physical level there is no significant change, there is a reaction on the mental level. Here you can see that her reaction is that of MIMULUS – she has a fear that her complaints have got worse, she has even contacted her allergologist and me. At this moment, it is important to remain calm. She needs a lot of support now. Although this situation certainly might produce a feeling of fear or disappointment in the therapist, it is important to control these negative emotions (even with the use of MIMULUS or GENTIAN if necessary). Otherwise, there is a risk of domino effect – both can fall and the therapeutic process might be endangered. Of course, it is OK if the patient wants to undergo some examinations of allopathic medicine “just for sure”. Examinations with negative finding support the effect of MIMULUS.

This discrepancy between stable physical problem and intense subjective perceiving is typical for BFT. For example, an eruption may react with intensified itching but the extent remains the same. Or, there is an aggravation of breathlessness in asthma but the results of spirometric examination remains the same or is even better.

Sometimes, I meet with GENTIAN reaction – *“I hoped that it would be good but it is back again!”* Here, it is crucial to support the hope of the patient: *“You hoped it would be finally OK but it came back. It was a big disappointment for you. However, I am believe that the therapy is going the right way. In your therapy, a big theme is to overcome set-backs.”*

My answer:

Dear ...,

Your big theme in your life is fear. At present, your reaction is mainly about fear that the herpes might get worse again. When you overcome your fear, you will be the king and nobody will be able to beat you ☺. Don't worry, you have all the resources you need and you just need to give your body enough time to react. Anyway, if you feel the need to ask me anything or you would like to come earlier to a follow-up do not hesitate to call me.

Your sincerely,

Josef Stefanek

That e-mail helped her to overcome her fears.

Follow-up after 6 weeks

T: How do you feel?	<i>Open question.</i>
P: I am fine. Fine.	<i>Change talk.</i>
T: There is a visible difference. You are smiling.	<i>Complex reflection – adding the general impression.</i>
P: I feel more comfortable, and feel that I am processing all these things. The problems settled down, even herpes, a LOT. Still two weeks after the e-mail, I felt terribly, but since that time it was OK. I also went to dermatology, as my allergologist had recommended me, and they gave me some solution, I was told that it was used against herpes (simple local remedy for itching; “no chemistry”). I use it whenever I feel it is coming back, and last two weeks it (herpes) even that did not appear. Whenever I felt it was coming I used the solution, and, I must tell, it worked. But last two weeks, really well.	She feels better on the mental level. Her herpes is better too. <i>Change talk.</i> There is a change on mental as well as a somatic level – <i>significant change.</i> Even a simple remedy (with no antiviral effect) helped her. <i>Change talk.</i>
T: You feel significantly better. The frequency and intensity of herpes is lower. You also found a dermatological solution that could help at the moment when it started again. You have a new tool how to deal with it. What about valaciclovir?	<i>Summarizing.</i> Acknowledging that she is more powerful, she has more options on how to influence the health problem. <i>Open question.</i>
P: I still use it, one pill daily. The doctor recommended me to do so.	There is still some fear, allopathic doctor as an authority symbolises a protection for her. There is some hesitation whether what she did was right or not, to continue with valaciclovir.
T: It is OK to combine Bach essences with allopathic medicine. It is up to your doctor, when she decides to stop, you can stop it.	<i>Providing information,</i> giving her permission to maintain this support. If I forced her to stop the remedy now and she obeyed, there would be a real danger that herpes could relapse, not be-

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	cause the virus itself but because of her fear.
P: She wrote me there was no danger of resistance of viruses against valaciclovir, so I do not pay much attention to it. And I started to pick up some herbs, to dry them; I am like an herbalist (laughing).	Fear of resistance to valaciclovir is milder too. She seeks another options on how to fight with the disease – she actively tries to fight with the disease – <i>change talk – action talk</i> .
T: You are not helpless anymore. You yourself try to fight with the disease. You have a new solution for herpes. Besides, you also want to have something more natural, and you started to collect herbs.	<i>Summarizing</i> . Supporting her effort to be powerful over her life again.
P: What is still a problem is the gynaecological mycosis. I use some local ointments, and thanks to Bach essences, it does not spread. There is still some itching but it is not as terrible as it used to be.	There is also some improvement in gynaecological area. <i>Change talk</i> .
T: The mycosis is better too, it does not spread. Furthermore, the symptoms are also milder, itching is not so intense.	<i>Summarizing</i> . The weather was hot and she is quite overweight, so there might be still other causes for mycosis.
P: But I must tell that it might have been my mistake too. I ate quite a lot of sweets. Before that, last nine months, I did not eat anything. And now, I wanted to try it.	She tries to return to normal life, gives up a very restrictive diet. Her avoidance cycle is being interrupted. Earlier, she avoided sweets because of fear of infections. Now, her fear is milder and that is why she eats more sweets. <i>Change talk</i> .
T: You felt better, so you felt it was the time to loosen the restrictions you had used to abide by. You are returning to a normal life.	<i>Complex reflection</i> .
P: Yes, it seems so. And I feel so.	<i>Change talk</i> .

The therapy remains the same.

Follow-up after 3 months

T: How do you feel?	<i>Open question</i> .
P: I am fine. Only ... I am on valaciclovir again because in mouth, here (showing upper lip), there were two blisters. Terrible herpes!	It seems to be a trial for a positive GENTIAN state of the therapist ☺. As we have already told, such minor relapses are quite natural and frequent. The most important is not to get involved into patient's doubts. Therapist's calmness and firm conviction that the therapy is moving in the right direction is the best remedy. In similar situations there is often a provoking factor that led to aggravation of symptoms.
T: Till now, it was quite OK and now, there is herpes again. When did it start?	<i>Simple reflection. Closed question</i> .
P: Three days ago.	
T: So, it appeared again.	<i>Simple reflection</i> .
P: Uhm. I looked at it ... ha ... I was surprised by that.	She did not expect the return of herpes.
T: You did not expect it might come again.	<i>Simple reflection</i> .

P: Yes, of course.	
T: You hoped you had overcome it but another situation came ... what was the provoking impulse?	<i>Simple reflection. Open question.</i> Another possible question could be “ <i>What happened in your life recently?</i> ”
P: I do not know whether it is possible but two weeks ago, my father-in-law had a serious car accident. And the husband felt badly because of that, and we were in a hurry all the time, to the hospital and home, every day, but I, when I felt tired, I went to the bed. I did not feel it was too much for me. I don't know, and it is only father-in-law, it is not my father, it is not nice to tell that, I like him, but ...	There was a shocking event – a car accident; especially for STAR OF BETHLEHEM it is typical that the complaints return at the times of disasters or bad news. She is aware of a possible psychosomatic cause of her complaint – her concept of the disease is active; she will try to improve her mental state to be able to deal better with somatic disease.
T: You have an idea about possible connection, even when you are not sure, with the car accident of your father-in-law.	<i>Simple reflection.</i>
P: We spoke about that a lot, the situation was overwhelming especially for my husband, he was irritable because of that. We did not quarrel but I could see he had a fear for his dad. Normal, common situation. Similar things may happen, and one should take it as it is.	Although she tries to rationalize the emotions during this period, there is something she tries to suppress – you can see the change of person at the end – “ <i>one should take it as it is</i> ”.
T: Your husband had quite stressful time, he did not quarrel and you could see it was too much for him and you tried to help him.	<i>Summarizing.</i>
P: Yes, maybe. Or, maybe I should get used to the fact that I will sometimes have herpes.	Herpes does not mean panic anymore. It is something that sometimes comes and she can deal with it.
T: You are able to take it more easily; you understand that herpes might sometimes happen. You had herpes even years ago, sometimes.	<i>Complex reflection – adding “take it more easily”.</i> <i>Affirmation.</i>
P: Yes, I will probably have to accept it. And to accept that there are no miracles, that I cannot expect that herpes disappears forever. And I must tell, I took one dose at 7 p.m., and at 11 p.m. there was no herpes anymore.	We are going to the point of the whole story! Although the herpes was “terrible” it disappeared spontaneously during four hours!
T: Quite fast effect.	<i>Simple reflection.</i>
P: YES, and in the morning, there was nothing. And I was satisfied by that. I still used the ointment from dermatology.	There was certainly a huge difference between the course of herpes before the therapy and now. <i>Change talk.</i>
T: You used all the tools you could use. And during a few hours, herpes disappeared.	<i>Empowering the patient.</i>
P: Uhm.	
T: Is it your experience with herpes that it disappears so quickly?	<i>Closed question to demonstrate more clearly the improvement.</i>
P: Well, last two months I did not take valaciclovir anymore. So I think that it is more effective when I do not use it all the time. For two months, it was OK, so ...	No miraculous antiviral remedy including valaciclovir is capable of eliminating herpes in four hours. It was her immune system that was able to eliminate the viruses so fast. As you can see, she still needs the “crutch” of chemical remedy.
T: You were startled by that.	<i>Complex reflection – exploring fear theme.</i>
P: Yes.	

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T: Do you like to hear my opinion about that?	<i>Asking for permission.</i>
P: Yes.	
T: It may or may not concern you but some people have a problem that is provoked by some situation. And when they, even after years, get into a situation somehow resembling the previous one, their complaints might reappear. In your life, it may be the theme of shock of bad news and fear for somebody close, like with your little son. What do you think about that?	<i>Education.</i>
P: Uhm. Do you believe that this idea did not come to my mind, but absolutely not.	
T: (describing similar case)	
P: Uhm. Yes, YES.	She understands better her problem = she feels more powerful.
T: And to heal herpes during a few hours, it sounds quite extraordinary to me.	<i>Providing information.</i>
P: Yes, I TELL TO MYSELF, how it is possible. (When herpes appeared) I told to my husband, I was really angry because this herpes, and I needed some time for myself, not to pay attention to problems of others but time to pay attention to myself. And I told to my son, sorry, I have a sore mouth (I cannot pay so much attention to you).	She has realized that the herpes appears when she does not have enough time to take care of herself. She is able to set boundaries. <i>Change talk.</i>
... T: being cured forever, it is like a fairy-tale. They (the prince and princess) have married and have been happy until death. In real life, fairy-tales do not exist. Our goal is, your problems should be less frequent and less intense during the time and they should need less intensive therapy. And it sounds that exactly that is happening in this situation. For two months you were able to stop valaciclovir, and even when herpes appeared again, you healed it during four hours.	<i>Education.</i>
.... (when leaving the consulting room, she still turned back and told) And by the way, I reconciled with my brother. a few years ago, we had a conflict, and we did not communicate. This time, I wrote him I missed him, that what had happened was not important, that he would remain my brother and sister forever. And whenever he would need anything he could call me. And a few days, nothing happened, so I thought it was futile. But then, on Saturday, he called me and invited us to come and see them.	There is also a change on interpersonal level – confirming <i>significant change.</i>

Therapy: HONEYSUCKLE + STAR OF BETHLEHEM + RED CHESTNUT + PINE + CRAB APPLE + MIMULUS + GENTIAN (50 ml bottle)

Case 9

During following half a year, her therapy continued and there was a constant improvement. Finally, she felt so strong that she decided to terminate the treatment. Of course, she knows she can call me whenever needed in the future.

Case 10

⊗ 44 years, female, married, two children of her own (daughter 22, son 12), one daughter adopted (6 years). The patient at first brought her two children (son and adopted daughter) two years ago for Bach flower therapy. Son came because of fears (of doctor, nightmares), the prescription based on *MIMULUS* helped. As for the adopted daughter, the situation was much more difficult. After premature very difficult birth she had a serious brain damage (her survival was almost a miracle), according to a psychologist, she had a medium degree mental retardation. After the therapy (*CHESTNUT BUD*, *VERVAIN* and *IMPATIENS* as basic remedies), she is quite well now. She still needs BFT but there is a chance that she will be able to study in a normal school with healthy schoolmates. She can learn much more easily and she likes learning new things.

The mother comes now to treat herself; there is a problem in her relationship with her parents-in-law.

First impression: pleasant, smiling, as if nothing is happening, a contrast with a certain urgency when asking for a consultation.	Seems like <i>CENTAURY</i> .
T: So, how can I help you?	<i>Open question.</i>
P: I feel quite a lot of stress now. Last year at the end of holidays we had a problem (voice trembling) with my mother-in-law. And the problem is still there. My daughter had a party, she celebrated her 21 st birthday, and we planned a barbecue. My husband's parents usually take part in such events, so we invited them. They planned to be abroad about that time but we organized the party after their expected return home. However, they (parents-in-law) did not communicate with us much. They did not tell a word and postponed their holiday a day later. And during the party, when we called them and asked them, when they would arrive, and they started to yell, how it is possible, we even had not invited them! How it was possible that we had planned the party for the day (we should know) they would still be on holiday. She (mother-in-law) accused me that I had spoilt her the holiday.	She feels hurt by false accusations and negative emotions of her mother-in-law. Accusations even when unjust can provoke reproaches of conscience (<i>PINE</i>).
T: You felt attacked by her.	<i>Complex reflection</i> – adding “attack”. Exploring <i>HOLLY</i> theme.
P: I felt badly because of that. But we continued with the party and the party was nice, maybe even better than usually because they weren't there. Everybody felt better. My mother-in-law is quite a difficult person (so we all were happy she was not there). We left them quite a lot of steaks and	

<p>sweets, so, when they arrived next day, I went to welcome them, and carried them food. And it probably was a mistake. She started to yell at me, she felt ashamed because of me, how deeply I had injured her, I had spoilt their whole holiday (beginning to cry), and so on. She was absolutely hysterical. I tried to excuse myself, excuse us, we had not done intentionally, and you had heard about the party many times, that you decided to come one day later, it was not our fault. She started to be vulgar, pushed me out of the room and smashed the door. I hoped it finished but after a while she came to us and started to yell again. I was alone at home, and she screamed at me. Shame on you! Shame on you!</p>	<p>She tried to settle down the situation.</p> <p>She feels attacked by negative emotions. Even when she certainly does not correspond to HOLLY as a personality type, I use HOLLY in similar cases as a protective shield: “<i>For those who sometimes are attacked by thoughts of such kind as jealousy, envy, revenge, suspicion.</i>” <i>For the different forms of vexation.</i>”</p>
<p>T: She was very impolite and unjust to you. As I understand, you live very close.</p>	<p><i>Complex reflection – weakened</i>, reflecting her emotions and reducing the emotional charge. Changing the theme (the situation is clear enough, it is not necessary to cause her further pain), exploring more the place where they live.</p>
<p>P: We live in the same house, they live on the ground floor, and we live upstairs. We share the garden.</p> <p>She yelled at me, it is the first time such a thing had happened to her, that I was terrible, and all the time, she screamed “Shame on you! Shame on you!”</p> <p>I told her, do not scream at me, I do not scream at you. Finally, she left, and since that time did not speak with me ... it was a terrible experience (crying). And it is terrible to live there.</p>	<p>Living with parents-in-law in one house often brings problems.</p> <p>Although it happened about nine months ago, the memories are still full of emotions and very painful for her. (STAR OF BETHLEHEM). Although I tried to direct her attention to a different direction, she returned in her thoughts back to the conflict – WHITE CHESTNUT?</p> <p>She tried to protect herself but had not enough strength (CENTAURY). It is difficult to tell “no” to somebody who is almost in a position of your parent and for whom you should have respect.</p>
<p>T: It hurt you a lot.</p>	<p><i>Complex reflection – reflecting hurt feelings.</i></p>
<p>P: I feel here (showing the centre of her chest) a heavy burden lying here. (crying)</p>	<p>She translates her feelings into a body language. Emotions corresponding to Oversensitivity group (AGRIMONY, CENTAURY, WALNUT and HOLLY) often project into chest chakra.</p>
<p>T: You are a very sensitive person. You want to help people. And suddenly, there is a person who yells at you without any reason. As if he wanted to injure you, with her words.</p>	<p><i>Complex reflection – reflecting sensitivity.</i></p> <p><i>Complex reflection – adding “intentional attack” (exploring HOLLY theme)</i></p>
<p>P: Yes, maybe yes.</p> <p>Because of that, last Christmas we decided to leave, to build a house of our own. However, it is not so fast.</p>	<p><i>Change talk – they are not only helpless victims; they have already taken first steps to change it.</i></p>
<p>T: It was a shock for you, without warning.</p>	<p><i>Complex reflection</i> exploring “shock” (STAR OF BETHLEHEM).</p>
<p>P: We already had problems with them earlier. We agreed that they would live downstairs, and we would live upstairs, and the garden would belong to all. However, whenever we wanted to do something in the garden, everything was</p>	<p>They tried to find a compromise, to be on friendly terms with them but it was not possible:</p> <p>AGRIMONY: “... <i>people who love peace and are distressed by argument or quarrel, to avoid which</i></p>

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<p>wrong. For example, we planted some trees but during our holiday they dug them out. At first, I tried to tolerate it. I told to myself, “Well, they are (too) old, they do not like anything ...” They did not tell it directly, “Do not plant the trees”. And they also expected that we would work regularly in the garden, twice a week, hoe plants, pull out weeds. But we had to go to work, so it was not always possible. And they weren’t able to accept it. So, we left the garden, it is theirs only now. (crying) I am happy that we have bought the land for the house but it is still ... (crying)</p>	<p><i>they will agree to give up much.”</i></p> <p>They are more servants than real family members - CENTAURY: <i>”Kind, quiet, gentle people who are over-anxious to serve others. They overtax their strength in their endeavours. Their wish so grows upon them that they become more servants than willing helpers. Their good nature leads them to do more than their own share of work, and in so doing they may neglect their own particular mission in life.”</i></p>
<p>T: It is still very painful for you. You live with them in the same house, you meet each other frequently. When the house is ready, you will be able to move but now you must “survive” there.</p>	<p><i>Complex reflection – finishing the paragraph.</i></p>
<p>P: Uhm. My husband tried to settle it down, to find a compromise, but they started to yell at him too. They were really nasty to him. After that, I asked him, “Please do not solve these things (with your parents) when I am at home (voice trembling), I cannot bear it.” (crying)</p>	<p>The husband might be CENTAURY and/or AGRIMONY too.</p> <p>She even is not able to bear the conflict when she is not an active participant in it – AGRIMONY is extremely sensitive to conflict.</p>
<p>T: You cannot bear conflicts.</p>	<p><i>Complex reflection – adding “bear conflicts”</i></p>
<p>P: Uhm.</p>	
<p>T: I tell you one interesting thing I have noticed. When you have come you have smiled. As if nothing happened. But now, I can see how much suffering is inside of you.</p>	<p><i>Complex reflection – reflecting the discrepancy between the behaviour and feelings (AGRIMONY).</i></p>
<p>P: (crying, almost unable to speak) it is still very painful for me.</p>	<p>Keeping a smile is her way how to hide real emotions. It is an acute state here, constitutional AGRIMONY persons usually answer <i>“people often tell me that I behave as if nothing is happening.”</i> Painful feelings – STAR OF BETHLEHEM.</p>
<p>T: (offering paper tissues) How about your husband, how are his feelings?</p>	<p><i>Open question. She feels helpless and desperate. It is the time to explore her resources.</i></p>
<p>P: He feels it exactly in the same way but he does not take in too much inside. It was him who came with the idea that we should move, leave this house.</p>	<p>It is important that her husband is on her side of the conflict. Quite frequently, the husband in a similar situation might feel split between two sides. Luckily, it is not the case.</p>
<p>T: It is not easy to be in a conflict with somebody else for you. What is important, your husband is on your side. What about reproaches of conscience?</p>	<p><i>Complex reflection, open question – exploring PINE theme. Even when people in a similar situation rationally understand that there is no other way they may feel guilty.</i></p>
<p>P: I think frequently about whether we could have done anything differently, whether we were to apologize, to conform. But at the same time I tell to myself, we did exactly as we used to do. And suddenly, there was a problem. I have asked my friend, am I really so bad, so terrible? Whether I am really so bad when she is so bad to me (crying, almost unable to speak). And she has told me, she (your mother-in-law)</p>	<p>Confirming PINE theme.</p> <p>She actively tries to overcome her guilt feelings – <i>change talk.</i></p> <p>It is clear that PINE is her theme too. She does more than is her duty, she is like a servant – CENTAURY.</p>

should be very very grateful for what you do for her.	
T: You are a good person. Maybe even too good. Your story reminded me of one fairy-tale, “Baton, come on”. If somebody is too good, other people can abuse him.	<i>Affirmation</i> about personal qualities. Using metaphor – the fairy-tale about a musician who was very poor and had a lot of children. Once, when the whole family suffered because of hunger, he shared his last slice of bread with an old man. And this man, in fact a fairy godfather, gave him some miraculous things to have enough food and money. However, later these things were stolen by a dishonest innkeeper. After that, the musician felt sad and hopeless. Finally he met the fairy godfather again and received a sack with a miraculous baton. And this baton jumped outside when called and started to beat whoever at whom he pointed. Using this baton, he punished the innkeeper and got back stolen things. This fairy-tale carries a message that even a kind-hearted person sometimes needs to pay back. This story is well-known even to small children in Czech republic. It is associated with a lot of emotions and aptly describes her problem.
P: My mum tells it too, to fight back. But I have no strength anymore.	No strength – CENTAURY.
T: You have no strength anymore.	<i>Simple reflection.</i>
P: Uhm. And she (mother-in-law) is hypocritical. In front of other people, she smiles all the time and is very pleasant. She has already destroyed other people. She used to have some friends but she has nobody now. They (parents-in-law) have no friends.	She is full of negative emotions towards her mother-in-law (HOLLY).
T: She is unhappy and lonely and takes out her negative emotions on you now.	<i>Complex reflection – reframing</i> - offering another point of view to her mother-in-law.
P: The weather is fine now, so we go to the garden with children. And she sits there and looks at us like a bogey.	
T: And does not speak with you.	<i>Complex reflection – continuing the paragraph.</i>
P: Uhm. And when she looks at me, it is as if she stabbed me with a knife into my back. So, I avoid the contact with her. But children, they like swimming in the pool in the garden ... (that is why I cannot avoid all contacts with her.) So, I must bear it.	She is very sensitive to her look. Even a trace of suspiciousness – what her look might mean? (HOLLY) Even the look hurts her (“as if stabbed with a knife in my back” – she is oversensitive, vulnerable (HOLLY, CENTAURY), has a fear of another attack (MIMULUS) and her old wound reactivates repeatedly (STAR OF BETHLEHEM). Avoiding strategy also confirms MIMULUS and CENTAURY theme.
T: So, because of children ...	<i>Facilitating the spontaneous speech.</i>
P: Yes, children can see that, how the situation is. It is not easy. We would rather avoid speaking about it, about their granny but my son has already ... when we were on a trip, he saw some old woman with her grandchildren and their rela-	They would like to protect their children by hiding the reality – it is AGRIMONY strategy. She also feels sympathy with her children – they

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<p>relationship looked very harmonious. And he told me, mum, it would be great if we had such a great granny. (crying) She is good to them but they (children) can see there is something wrong.</p>	<p>will never have a loving granny – sounds like HONEYSUCKLE.</p>
<p>T: You feel pity for them that they will never had such a good granny.</p>	<p><i>Complex reflection</i> – adding “pity”.</p>
<p>P: Well, it always reminds me of my own granny. Mum had to work a lot and that is why it was my granny who took care of me. And she was great.</p>	<p>Return to the past confirms HONEYSUCKLE theme.</p>
<p>T: You feel a pity that your children will never have as good granny as you had.</p>	<p><i>Complex reflection</i> – connecting past with present.</p>
<p>P: Uhm.</p>	

Therapy: AGRIMONY + CENTAURY + HOLLY + PINE + HONEYSUCKLE + STAR OF BETHLEHEM + MIMULUS (50 ml, 4 times daily four drops into any drink; she can take extra dose whenever necessary).

Follow-up after 6 weeks

<p>T: How do you feel?</p>	<p><i>Open question.</i></p>
<p>P: It is good now. I spent two weeks on holiday, and when I was away I felt really very well. Only the third day (of holiday), I woke up during the night and felt a pressure here (shows the centre of her chest), I started to think about what was happening at home, but then, I let it go, and it was a real relief. Only the last day, when we packed things before returning home, I felt badly again. Otherwise, it is better.</p>	<p>She can relax and enjoy the time when she is not at home. She recovered some energy. <i>Change talk.</i></p>
<p>T: You feel better. Especially during the holiday, it you felt very well. Before the return home, the feelings appeared again. When did you return?</p>	<p><i>Summarizing. Closed question</i> to clarify the length of her stay at home after the holiday.</p>
<p>P: Two days ago.</p>	<p>Two days after the return is still a short time to make definite conclusions about her state and effect of the remedy.</p>
<p>T: And the feelings came back.</p>	<p><i>Simple reflection.</i></p>
<p>P: Yes, because we are back, in the situation. And because the parents-in-law made some changes in the house during the time we were away. (I feel) as if we did not live there anymore.</p>	<p>For her parents-in-law, crossing boundaries of other people is absolutely natural. Dealing with such people is a real challenge for CENTAURY persons.</p>
<p>T: They expect you will move.</p>	<p><i>Complex reflection</i> – adding “move”.</p>
<p>P: Yes, exactly. They installed a hutch in front of the house. They have never allowed us to keep our dog in the house because of smell but they have bought a new dog now. They do not speak with us; they have told our children that it is a preparation for the time when we move, so that</p>	<p>The behaviour of her parents-in-law is quite childish, “<i>I will show you I do not need you.</i>”</p>

they will not feel lonely there. Huh! (energetically).	Her energetic “Huh!” reaction signals that she is moving from self-pity, passivity and feeling of helplessness to anger.
T: They do things they have never allowed you to do. How do you feel about that?	<i>Simple reflection. Open question</i> – what does the final “Huh” mean?
P: I do not like it. Or, before that, they refused to plant any new bushes. But now, there are four new bushes. I did not like the return home.	She seems to be angry. Their garden seems to transform into a battlefield and her parents-in-law are placing their troops there.
T: The situation is still complicated.	<i>Complex reflection.</i>
P: Yes, but even before the holiday, I felt better. And I feel better now too.	Again, confirming that the remedy has a positive effect. <i>Change talk.</i>
T: On one side, there is the outer situation. We do not have the power to change your parents-in-law, the only solution is probably to move. On the other hand, there are your inner feelings. And this is a thing we can really change, the way how you perceive the situation and how you react. You seem to feel angry now.	Using <i>double-sided reflection</i> . Note that the part you do not want to develop is the former, and the second one, positive, is the latter. Separating what cannot and what can be changed helps to focus more on the feelings and reactions, rather than staying in complaining about her parents-in-law’s behaviour. <i>Complex reflection</i> reflecting observation.
P: Well, no, it is not anger, I do not feel angry, I feel ... I feel a pity. We are not allowed to do something, and then, they themselves do that. I feel pity.	Even when she seems angry, she does not feel anger. For most people, such an experience would lead to feelings of anger. It seems that pity feeling covers her anger, as the anger is still not acceptable for her. According to her early childhood experiences, it is OK to feel pity but it is not OK to feel angry. Anger is an emotion that is frequently suppressed and persecuted, while feeling sad and pity often attracts attention and care. She learnt during her childhood that it was safer for her to feel pity than angry. When she seemed sad during her childhood, it was more probable that her needs would be fulfilled. This process in unconscious, it is not a real manipulation but a survival strategy we all sometimes use. In transactional analysis, these artificial emotions covering authentic emotions are called <i>racket feelings</i> . If she finally recognizes the anger lying underneath, it will be a clear sign of progress in therapy. However, the energy of anger is already there.
T: You also thought a lot about whether you could have done anything differently. What about these thoughts?	<i>Open question</i> about PINE.
P: I do not think about that anymore. I decided not to return to the past. I closed the door.	There is improvement of negative PINE feelings. <i>Change talk</i> . She also decided to “close the door” of the past – positive effect of HONEYSUCKLE.
T: What about your feelings about your mother-in-law manipulating with your children?	<i>Open question.</i>
P: it is similar. They (parents-in-law) do not ask us anything, do not communicate with us at all, but the children tell us what granny asks, strange things, even things that children cannot answer. For example, our daughter asked me, what they were to do with their swimming pool after we would move. She answered them “You have to	Again, parents-in-law use manipulative strategies.

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ask my parents, I do not know”.	
T: They try to manipulate with you using your children. Maybe their idea is, when you or the children miss their swimming pool you will not leave.	<i>Complex reflection</i> – adding “manipulation”
P: Yes, it seems so. But in fact, the swimming pool is absolutely unimportant for me.	
T: It has its worth for them but not for you. So, you felt better even before the holiday.	<i>Complex reflection</i> - adding “worth”. <i>Simple reflection</i> – coming back to her feelings.
P: Yes. For example, when I met her in the garden and she was angry, I did not mind it too much.	She is less sensitive to her angry looks. She is less intuitive as for what the feelings of other people are and is less sensitive to conflict (AGRIMONY). <i>Change talk.</i>
T: Six weeks ago, your feeling would have been different.	<i>Complex reflection</i> – comparing the past with the present. Whenever there is a positive change it is worth exploring it in a more detail.
P: I would have preferred to wait until she leaves, even half an hour.	She used an avoiding strategy in the past. Her fear seems less intense now (positive effect of MIMULUS) and she feels stronger (CENTAURY) and less sensitive to “ugly look” (HOLLY).
T: Earlier, you preferred to avoid her, rather than to stay in the same space with her, and now, you do not pay much attention to it.	<i>Complex reflection</i> – <i>double-sided</i> , comparing the past and the present. The positive part, the present, is the latter. We can expect that she will explore more the latter part.
P: I do my work and let her be.	She is able to ignore her. <i>Change talk.</i>
T: And what about her angry look?	<i>Open question.</i>
P: I do not look at her so much.	It is still not easy but she is capable of facing her. <i>Change talk.</i>
T: You just ignore her.	<i>Complex reflection</i> – adding “ignore”.
P: Yes, I do as if she did not sit there. I do not know whether it is good or bad ...	She finally manifests some anger in her behaviour – she ignores her. “Good or bad” – it sounds like PINE theme. Or maybe SCLERANTHUS – she cannot decide.
T: You do not know whether it is good or bad ...	<i>Simple reflection.</i>
P: I think it is not good to ignore her but when she looks at me and her look hurts me I do not know what else to do.	She still feels uncomfortable when ignoring her – PINE is still needed. There is ambivalence. Let’s explore it.
T: What other options do you have?	<i>Open question</i> leading her to explore her options.
P: I can avoid her, stay in the house and give up going outside.	
T: Staying in the house and avoiding her is a better option for you.	<i>Complex reflection - amplified</i> , provoking her to react (“No, it is not better ...”
P: If I avoid meeting her, it would be probably better for me. For example, we have small kitten now. And I went to the garden and played with them. And they went to the garden too, sat down, looked at me. They have talked something, “Look, she is sitting on the floor”, I do not know what but it was probably about me. It was strange.	However, the attempt to provoke her to react contrarily was not successful. She is still suspicious – HOLLY is still needed.
T: What about you, how did you perceive it?	<i>Open question.</i>
P: It was annoying.	She does not speak about being hurt as previously; she feels annoyed. In annoyed feeling, there is also a part of anger. <i>Change talk.</i>

T: Let's imagine a theoretical possibility that you would avoid her all the time. How would your life be?	Playing with fantasies about future to evoke more energy to change things. Let's begin with the negative variant.
P: Well, it would be rather difficult; I would have to be closed in our part of the house. During our holiday they created their "strongholds" all over the garden, so, there is no place in the garden where I could freely go.	She is aware of negatives of avoiding strategy.
T: And let's imagine another possibility, the variant that you would be able and ready to ignore her angry looks.	And let's continue with exploring the other variant.
P: Yes, that would be better. She would be probably angry because of that but if I were able to ignore her looks, I would not mind it.	She is also aware of risks of assertive variant; however, at the same time she feels that this obstacle can be overcome.
T: It seems that there are two possibilities. One is better from short-term point of view. If you decide to withdraw you can avoid disagreeable feelings at that moment. The problem might be in the future. The other possibility is, to face her and to ignore her angry looks. It is not so easy at that moment but from a long-term point of view, it seems to bring some benefit.	<i>Summarizing.</i>
P: Uhm.	

Therapy remains the same.

Follow-up after 3 months

She feels well, everything settled down, she spent three week holiday at home, she met them more frequently. It was not easy but she managed it well. Now, when she is back at work, she feels very well, without any problems.

She took part at a family party where her parents-in-law also took part. She simply avoided them and she enjoyed being there. She does not feel guilt anymore because she avoids them. The project of their house is progressing fast.

Dictionary of used medical and psychological terms

ADHD, Attention deficit hyperactivity disorder – a neuropsychiatric diagnosis including restlessness, lack of attention and acting without regards to consequences.

Adult → Ego-states.

Analytical psychology – a psychotherapeutic approach developed by Carl Gustav Jung, a pupil of Sigmund Freud. “It emphasizes the importance of the individual psyche and the personal quest for wholeness. Important concepts in Jung’s system are individuation, symbols, the personal unconscious, the collective unconscious, archetypes, complexes, the persona, the shadow, the anima and animus, and the self.” (Wikipedia)

Anxiolytic – a type of pills used to calm the patient down, like Valium or Xanax. The problem with these medicines is that there is a high risk of dependence; they should be used only for a few days or two or three weeks at maximum. From a psychiatric point of view, if there is a long-lasting anxiety it is much better to use some types of antidepressants. We can add that the usage of BFT is the best 😊.

Antidepressant – pills used to increase the levels of some brain hormones like serotonin or norepinephrine. The result is that the mood gets better and anxiety is reduced after some time. There are many types of these remedies and they differ in its effect. They are generally very safe and there is no risk of dependence.

Antihypertensive (drug) – a medicine lowering blood pressure.

Antipsychotic – the strongest psychiatric remedies, used in severe conditions like various types of psychosis – →schizophrenia, →bipolar disorder etc.

Arthrosis – a degenerative change of a joint, typically of hip joint, of a knee or of intervertebral joints.

Bipolar disorder – sometimes also called manic depressive disorder, is characteristic by rapid and dramatic swings of mood, like alternation of hilarity and depression or anger and depression.

Borreliosis – a tick-borne infection endemic in Central Europe. It begins with a typical eruption in the place of the contact with the tick. If untreated, this eruption disappears after a few months but further problems, like joint swelling or neurological problems may appear.

Bronchoscopy – endoscopic investigation of lungs → Endoscopy.

Child → Ego-states.

Cognitive-behavioural therapy – a psychotherapeutic approach. Its basic idea is that the psychic problem is caused by dysfunctional thinking and behavioural patterns that we have learnt during our childhood. The patient can replace them by new more effective patterns. During the therapy the patient learns and trains these new patterns.

Colonoscopy – an endoscopic investigation of large bowel; apart from diagnostics, during this procedure the doctor can also make some therapeutic procedures, like removing polyps → Endoscopy.

Congruity – the opposite of → incongruity.

Dysgraphia – a disorder manifesting by problems with a fine coordination of hand muscles, leading to unsightly handwriting.

Dyslexia – a disorder manifesting by reading problems.

Dysorthographia – a disorder manifesting by making a lot of grammatical mistakes when writing.

Ego-states:

Our personality isn't a homogenous entity; it has a few distinct parts. We can use a well-known PAC (Parent – Adult – Child) model of transactional analysis:

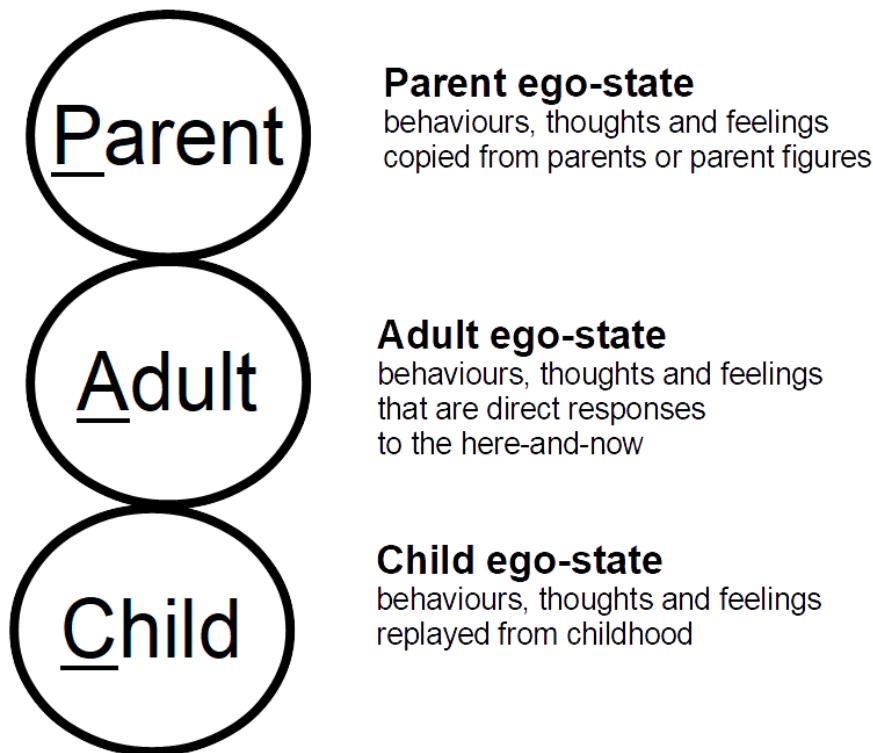


Diagram 47. The ego-state model. From (Stewart & Joines, 2012).

Our personality consists of three so called **ego-states**. We unconsciously move between them and our thinking, feeling and behavioural patterns change. While this incessant process seems quite natural to us, other people may be surprised by our changes.

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Imagine a situation when you drive a car. You are a skilled driver, and you routinely solve one task after another. Suddenly another driver does not give you way on the crossroad. Luckily, your reflexes are good and at the last moment you avoid an accident. Until now, you have solved the situation here and now and have used Adult ego-state. However, at this moment you switch to your Parent. You replay the thinking, feeling and behaviour of your father. You react the same way as he reacted in a similar situation. You begin to yell at the irresponsible drivers who endanger other people.

The traffic is very busy today, and you see that you will not come in time. Suddenly you shift to your Child. You begin to feel, think and behave the same way as you thought, felt, and behaved when you were young and came late to the school. Finally you relax and return to the Adult ego-state. You know that your boss is a reasonable person and he will accept your apology. Example taken from the book *TA Today* (Stewart & Joines, 2012)

Empty nest syndrome - a situation that sometimes emerges after the last child leaves home and mother (less frequently father), till now taking care of the children, suddenly has too much free time and does not know how to use it.

Endoscopy – an examination of internal organs by a flexible tube with an optical equipment. Depending on the examined organ, it can be gastroscopy (oesophagus, stomach and duodenum), enteroscopy (small intestine), colonoscopy (large intestine), laparoscopy (abdominal cavity), bronchoscopy (lungs) thoracoscopy (chest), cystoscopy (urine bladder), arthroscopy (joints) etc. During this procedure, taking specimens, removal of polypus or surgical procedure can be done.

Epicondylitis – inflammation of a place where the muscle is connected to the bone.

Epigastrium – the pit of the stomach.

Existential therapy – a branch of psychotherapy. Its basic idea is that the person remains psychically healthy as long as he has some meaning in his life.

Extra-uterine pregnancy – a pathological pregnancy where the foetus settles outside of the uterus. It is a gynaecological emergency and must be solved as soon as possible. Otherwise there is a high risk of a lethal bleeding.

Flashback - sudden very disagreeable recollections of some traumatic event.

Functional abnormality → Morphological abnormality.

Gastroesophageal reflux – returning of the gastric acid to the oesophagus.

Gestalt – a branch of psychotherapy developed by Fritz Perls and others. “Gestalt therapy is a client-centred approach to psychotherapy that helps clients focus on the present and understand what is really happening in their lives right now, rather than what they may perceive to be happening based on past experience. Instead of simply talking about past situations, clients are encouraged to experience them, perhaps through re-enactment. Through the gestalt process, clients learn to become more aware of how their own negative thought patterns and behaviours are blocking true self-awareness and making them unhappy.” (Psychology Today)

Haematuria – the presence of blood in urine. It may be seen by naked eye (macroscopic haematuria) or can be only detected by laboratory examination (microscopic haematuria).

Inner Child → Ego-states.

Inner Adult → Ego-states.

Inner Parent – → Ego-states.

Incongruity, incongruent – there is a discrepancy between verbal and non-verbal level of communication, e.g. the patient speaks about sad things and laughs, or describes how he is pleased to see you but keeps a stiff, strict face expression. See also 13.9.

Intervertebral disc – a cartilaginous disc between vertebrae. A typical problem appears when it slips to a side and presses the nerves or spinal chord. An operation is often necessary.

Laryngitis – inflammation of larynx.

Logotherapy – a type of →Existential therapy developed by Viktor Emmanuel Frankl.

Morphological abnormality – a change of an organ revealed by physical examination, X-ray, ultrasound, CT, MRI, lab tests etc. The opposite is functional abnormality when all the findings are normal or almost normal.

Myasthenia gravis – a serious autoimmune disease when the antibodies destroy the connection between nerves and muscles. A progressive weakness is characteristic, finally leading to breathing difficulties and death.

Neuro-circulatory asthenia – a diagnosis used in allopathic medicine for situation when the patient comes because of some alarming problem, like chest pain or breathlessness but all findings are normal.

Neuro-linguistic programming - a method of influencing brain behaviour (the "neuro" part of the phrase) through the use of language (the "linguistic" part) and other types of communication to enable a person to "recode" the way the brain responds to stimuli (that's the "programming") and manifest new and better behaviours.

Noogenic neurosis – a term used by → Existential therapy for psychic problems caused by lack of meaning in life.

Nosology – a scientific branch dealing with the classification of diseases.

Obsessive-compulsive disorder – a psychiatric disorder characterised by obsessive thoughts and compulsive, ritualistic behaviour.

Paliative therapy – a type of the therapy that can only reduce the symptoms, slow down the progression but is unable to cure the disease.

Palpitation – disagreeably perceived heartbeat. It may be fast, irregular, or strong.

Panic attack – a sudden attack of a fear of death, usually associated with intense somatic symptoms like → palpitations, chest pain or → vertigo. However, the problem isn't caused by a physical disease but by overwhelming terror.

Parent - see Ego-states.

Parturition – childbirth.

Peritonsillar abscess – a collection of pus appearing close to tonsils. It is a rare but dangerous complication of angina.

Person-centred approach/therapy – a branch of psychotherapy developed by Carl Rogers and others (see also Foreword).

Posttraumatic stress syndrome – a psychic disorder caused by an intense traumatic experience, like a car accident, mass catastrophe, physical assault, rape etc. → Flashbacks are typical.

Procrastination – frequent postponing of some important actions.

Prostatitis – inflammation of prostate gland; acute prostatitis is a life-threatening disease, chronic prostatitis is an annoying problem returning from time to time and causing urinary problems or pain on the perineum.

Primary pulmonary hypertension – a rare but deadly disease of unknown origin characterised by growing blood pressure in the pulmonary artery.

Projection – a psychological phenomenon when the person projects his feelings to another person. For example, he is sad but he is convinced that the other person is sad, not him.

Prolapse of intervertebral disc → Intervertebral disc.

Psychoanalysis – the oldest branch of psychotherapy founded by Sigmund Freud. Well-known are terms like ego, superego, id, Eros or Thanatos.

Psychological games – a repetitive sequence of thoughts, feelings and behaviour leading to the same disagreeable result. See also 4.5.7. Chestnut Bud (*Aesculus hippocastanum*).

Psychosomatic – a somatic problem caused by psychic factors.

Regression – a psychological defence mechanism; the patient returns to thinking, feelings and behaviour he used to have during his childhood – see also Ego-states.

Restless leg syndrome – a disease of peripheral nerves characterised by restless legs and the urge to constantly change the position, typically during night.

Schizophrenia – a serious psychiatric disorder characterised by delusions and hallucinations.

Spirometry – an examination of lung function. The patient breathes deeply through a tube and the volume of air and speed of flow is measured.

Symbiosis – a psychological phenomenon; two persons are so closely bound to each other that one person perceives feelings of the other one as if they were his. A physiological symbiosis appears between mother and her little baby after childbirth.

Systemic lupus erythematosus – a serious, potentially life-threatening autoimmune disease. It often manifests as a facial eruption or arthritis but any organ can be affected, e.g. heart, brain, kidneys, lungs or liver.

Tachycardia – heart rate higher than 100 beats per minute. It may or may not be irregular.

Tranquillizer → Anxiolytic.

Transactional analysis → a branch of psychotherapy developed by Eric Berne. → Ego-states, → Psychological games, see also footnote in Foreword.

Vertigo – dizziness.

List of used abbreviations

ADHD – attention deficit hyperactivity disorder;

BFT – Bach Flower Therapy;

MI – motivational interviewing;

OARS, OARS (+ I) – basic communication techniques: **O**pen questions, **A**ffirmations, **R**eflections, **S**ummarizing and offering **I**nformation (see chapter 10).

TA - transactional analysis.

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