



Research paper

Depressed patients' experiences with and perspectives on treatment provided by homeopaths. A qualitative interview study embedded in a trial



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ABSTRACT

Introduction: Depression is one of the clinical conditions patients most commonly consult homeopaths. This study therefore aimed to learn about patients' experiences having this intervention.

Methods: A semi-structured qualitative interview study was nested within a randomised controlled trial to learn about depressed patients' experiences with treatment provided by homeopaths. A purposive selection of adults with moderate to severe self-reported depression were included. Interviews were conducted post initial consultation and six months post-randomisation. Thematic analysis was used to develop themes describing participants' experiences, thoughts and understandings.

Results: Forty-six interviews were carried out with 33 adults. Sixteen themes were developed and have been categorised under three main headings: 1) changed understanding of the intervention, with themes such as understanding the intervention as being adapted; 2) experiences with the consultation and the medication, such as caring support, trust and optimism arising from consultations with homeopaths; and 3) changes in state of health, such as improvement in mood, wellbeing and ability to cope, or little or no change, or transient adverse events.

Conclusion: This is the first qualitative study of depressed patients' experiences with treatment provided by homeopaths. Results provide an insight into their experiences with consultations and homeopathic and antidepressant medication, their understanding of the intervention, and the changes in their state of health over time.

1. Introduction

Roughly one in four people in the UK suffer from recurrent depression, according to a large cross-sectional survey [1]. The World Health Organization predicts that depression will become the leading burden of disease worldwide by the year 2030 [2]. Interventions recommended by the National Institute for Health and Care Excellence include antidepressants and counselling interventions which benefit many patients, but not all [3]. However, some depressed patients use homeopathy, a complementary and alternative treatment approach. The 12-month prevalence of homeopathy use (medications and/or consultations) for patients overall was 3.9% (range 0.7–9.8%), according to a recently published systematic review including studies carried out in 11 countries [4]. It has been found to be more commonly used in Europe than the United States and Canada [5]. Homeopaths provide treatment involving a combination of consultations and homeopathic medicines [6]. Depression is one of the clinical conditions adults most often consult homeopaths for [7,8]. The medicines are

prescribed on the basis of several underlying principles [6]. The core principle treat “like with like” suggests that patients' symptoms may be successfully treated with substances known to cause similar symptoms in healthy people [9]. Homeopathic medicines are produced through a process of serial dilution and succussion (shaking) in order to reduce the risk of side effects, but this has also been the subject of considerable controversy.

Qualitative studies can be used in order to learn about patients' experiences, beliefs and understandings [10]. The aim of this qualitative study was to explore depressed patients' experiences with treatment provided by homeopaths. The results of this study were originally published as part of one of our PhD Theses [11]. This article presents the results in a format more appropriate for a research journal. A systematic review recently carried out in this field failed to identify any published qualitative studies (P. Viksveen, P. Fibert, C. Relton. Homeopathy in the treatment of depression: a systematic review. Submitted). The research reported in this article therefore fills an evidence gap.

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2. Methods

2.1. Design and study setting

This qualitative study was nested within a large pragmatic randomised controlled trial, the Depression in South Yorkshire trial (DEPSY), testing the effectiveness of adjunctive treatment provided by homeopaths for adults who self-reported depression, compared to usual care alone [12]. Treatment was provided by seven homeopaths for up to 9 months, in three integrated health clinics in Barnsley, Doncaster and Sheffield, and a medical centre in Rotherham. Practitioners had been instructed to practise as usual. Further details have been reported in the trial article [13]. For the qualitative study, a purposive sample of participants was selected and interviewed in order to learn from their experiences with the intervention and to compare their experiences with antidepressants and other depression interventions. This research was approved by the National Regional Ethics Service (REC reference 12/YH/0379) and the protocol was published prior to trial start [12].

2.2. Participants and recruitment

The DEPSY trial recruited participants from the Yorkshire Health Study, a longitudinal cohort consisting of patients recruited through 43 general practitioners in South Yorkshire [14]. To be eligible for the trial a minimum score of 10 points on the 9-item self-report Patient Health Questionnaire (PHQ-9) (range 0–27 points) was required, corresponding to moderate depression and considered to be an appropriate cut-off score for major depressive disorder [15]. The screening measure (PHQ-9) has been found to be a valid and reliable screening tool with a high degree of sensitivity and specificity for identifying depression [16], and data suggested most participants suffered from chronic depression [13]. The trial included 566 participants aged 18 to 85 years, with about one third in each of three depression categories: moderate, moderately severe and severe depression [13]. One third ($n = 185$) were randomly selected to receive an offer of treatment provided by a homeopath. Forty percent (74/185) took up the offer of treatment, most of whom (90%) had two or more consultations with a homeopath within the following 9 months.

In order to gain knowledge about a variety of in depth experiences, maximum variation sampling [17], a type of purposive sampling, was used. Participants with a variety of characteristics were included (age, gender, employment status, city/borough of residence, degree of depression). They were treated by different homeopaths in different clinics. Only those who were or who had previously received antidepressant or “talking therapy” interventions were included, thereby enabling comparison of experiences with different interventions.

Participants were selected and invited to take part as interviews progressed with the goal of reaching theoretical saturation, i.e. when additional interviews did not contribute further to the development of themes [18,19]. However, due to resource constraints this was not reached.

Out of 47 trial participants invited (by post and then by telephone contact), 33 consented to participate and were interviewed (6 did not want to participate, 5 accepted the invitation but later cancelled, 2 agreed but did not turn up for interviews, 1 could not be reached). The 33 interviewed participants (female $n = 18$) were of different age groups (from 25 to 74 years), varying degrees of depression, including employed and unemployed participants, and varying socio-economic status, from all four districts in South Yorkshire. Each participant was treated by one of the seven trial homeopaths.

2.3. Data collection

Forty-six semi-structured interviews were carried out with 33 adults, 16 shortly after their first consultation with a homeopath in order to capture their initial experiences with and views of the

treatment, and then 30 were interviewed about 6 months after randomisation in order to learn about their long-term experiences. All those interviewed in the first round of interviews were also invited to the second round of interviews, but 3 could not be reached. Therefore, 13 participants were interviewed twice, 3 were interviewed only at 1–2 months, and 17 were interviewed only at 6 months. Most interviews were carried out in the clinics where participants received homeopathic treatment, one was conducted at the University of Sheffield and two using Skype technology. Interview length varied from 27 to 119 min (median 51), depending on how much information participants had to share.

All interviews were carried out by one researcher (PV) using interview guides (Appendix A) approved by the National Regional Ethics Service. Interview guides were developed with advice from experienced researchers. The researcher explained the purpose of the interview and invited participants to ‘tell their story’, i.e. to talk about their experience with the treatment.

Interview themes do not emerge by themselves, but are developed through the researchers’ understanding of the interviews. The interviewer’s background is therefore also of importance. In this study, the interviewer had over 20 years of experience as a practising homeopath. He was therefore particularly cautious not to “put words into participant’s mouth”, but to use open-ended questions, in order to capture participants’ thoughts, feelings, views and experiences with their depression, the tested intervention, as well as with other interventions. Moreover, interviewees’ responses were followed up, rather than to guide them in any particular way. Due to his homeopathy background, as well as experience with other qualitative research, the interviewer was very much used to posing open-ended and non-leading questions. Moreover, the interview guide included “neutral” questions to avoid leading participants to respond in any particular way, but rather ask them e.g. “How has your mood been?” or “What is your experience with homeopathic treatment?”

Forty-five audio recorded interviews were transcribed by one person and checked by a second. In addition, the first researcher made notes throughout interviews. In one interview the audio recording equipment failed and the interviewee checked the researcher’s notes. A second researcher was consulted in the event of any discrepancies between the first researcher’s and the transcriber’s understanding of the audio recordings. Most differences in understanding were resolved through consensus, with only two that required the assessment of a third researcher.

2.4. Data analysis

Inductive thematic analysis was used to learn from participants’ experiences [20,21]. Codes and theory were developed through a “bottom up” approach, on the basis of participants’ statements during interviews, as opposed to a “top-down” approach with pre-existing theories or concepts [22]. The analytic process started during interviews, but was mainly carried out following each individual interview. Each interview transcript was read at least three times. Initial codes were developed for relevant quotes that could contribute to answering the research question. A code could be a single word or a brief sentence to capture the essence of what participants said, using either their own words or codes developed by the researcher. Codes were developed by one researcher (PV) and checked by a second (CR). The process of coding contributed to the development of themes which could describe how depressed patients presented thoughts, understandings and feelings linked to their state of health and experiences with the intervention [23]. Themes were developed on the basis of codes and were supported by the use of several quotes from different interviewed participants. Codes and themes were developed, re-visited and compared to each other 94 times throughout the research process in order to determine which ones to keep, change, merge, split or exclude. Themes were aimed to be easily understandable and supported by rich descriptions.

The results reported in this article are illustrated with the use of participant quotes, as suggested by Braun and Clarke [21]. We have used three headings to categorise themes. These headings are not themes developed on the basis of the interviews, but are three areas of questions included in the interview guide.

3. Results

3.1. State of health at treatment start

Data collected through the trial [13] showed that the mean self-reported depression score (PHQ-9) of those interviewed was 16.5 points (SD 7.0) at baseline, which corresponds to moderately severe depression. This score was comparable to the PHQ-9 scores for those not interviewed (16.1, SD 4.1). Fifteen (46%) were categorised with moderate depression, eight (24%) with moderately severe and nine (27%) with severe depression (not categorised $n = 1$). Depression was chronic in 29 patients (88%), lasting from 1 to 28 years (median 12, interquartile range 9–22) (unknown $n = 4$). Twenty patients provided information on the onset of the current depression episode, which 15 (75%) described as chronic, two acute (10%), two sub-acute (10%), and one periodic (5%).

Interviewees typically described feelings of being depressed or feeling a lack of joy, pleasure and enthusiasm. Commonly accompanying symptoms included anxiety, inertia, irritability, reduced self-confidence, changes in appetite and sleep, as well as physical symptoms. Trial data showed that most interviewees ($n = 30/33$, 91%) suffered from anxiety and long-standing health conditions. On average, they were taking 3.7 (SD 3.7) different drugs for various health problems. Two in three were currently taking antidepressants and 94% ($n = 31/33$) had done so in the past.

3.2. Results of the qualitative interviews

As already stated, some interviews took place shortly after their first consultation with a homeopath and others took place after 6 months. This was done in order to capture experiences and views shortly after starting treatment, as these may be forgotten by interviewees half a year after treatment start. Indeed, we did find that patients' understandings of the intervention had changed over time. Their experiences with consultations and medications at the first and second interviews were however comparable. They have therefore been reported collectively.

The developed themes were categorised under three main headings:

1. Changed understanding of the intervention;
2. Experiences with the consultation and the medication;
3. Changes in state of health.

Themes described in the text are reported in Table 1.

1. Changed understanding of the intervention: From knowing little or nothing, to understanding the treatment as adapted to the individual and their condition

Initially, most participants had no or very limited knowledge about homeopathy, illustrated by statements such as: "I'd heard of homeopathy, but I didn't know what it was" (Interview number 4) and "I thought it was something to do with Chinese medicine," (I28) and very few had heard about the basic principles of homeopathy.

Changed understanding of the intervention over the first 6 months is described by three themes: **Adapted treatment**; **credibility** and **working mechanisms**. Participants understood treatment as **adapted** to them and their problems in a **holistic** way, where the practitioner understood and addressed the person as a whole human being, and adjusted the treatment accordingly. "[The homeopath is] looking at your whole being. [...] They are looking at your whole, the whole body, your whole person. Your physical, your mental, everything." (I23) Other

participants described **adapted** treatment as **condition-specific**, where the homeopath addressed one presenting physical or mental condition at the time. "[She] tailors everything to whatever the current issue is. At first it was to treat the depression, then it moved onto fixing my headaches and now it's to do with my PMT [pre-menstrual tension]. [...] It's not treating my actual depression itself, but it's treating the other symptoms that go around. It's a very holistic kind of therapy." (I32)

Participants typically described the treatment as being complementary, taking place in parallel with the treatment they were already having, rather than replacing it. "[The homeopath] tried to get it to go a bit hand in hand with the [cognitive behavioural] therapy. [...] I would make a connection with something she would say. I was then able to take that back to the [cognitive behavioural] therapy appointments because it wasn't something that I had thought of and it wasn't part of the discussion I had had then." (I45)

Some described the treatment as an alternative that could replace antidepressants or "talking therapies". "I had hopes that maybe I could get to the bottom of it [...] Maybe be able to come off Amitriptyline." (I5)

Changed understanding of the intervention: From knowing little or nothing, to strengthened credibility or uncertainty about the credibility and working mechanisms

The theme of **credibility** had two polarities – aspects **strengthening the credibility** of the intervention and aspects that made participants feel **uncertain about its credibility**. **Strengthening** aspects could include their perception of the practitioner as thorough, open-minded, committed and competent, of being a professional, or the fact that homeopathic medicines were produced in pharmacies. Strange procedures for administration of medication, contributed to **uncertainty** about the credibility of the treatment. "I had to bang the bottle, tap the bottle five times [...]. That was to agitate the contents. [...] That to me seemed a little bit like witchcraft. [...]" (I2) In the second interview, the same participant said: "I came to the conclusion it's very scientific, because [the homeopath] talked about [...] remedies are made up at the pharmacy. [And] she's got a BSc, so it must be very scientific." (I18)

Those who mentioned criticism of homeopathy, typically also provided arguments in favour of homeopathy. Their understanding seemed to be balanced, as described by this participant: "There is a lot of stuff on internet about it. [...] 50 percent of people saying, it's total rubbish, it's total bunkum. The only thing you are taking is water because it's diluted that much that there is nothing left on it. And then you read other side, where people say, this works so well that we recommend it to everybody and then the farmers saying they have had homeopathic cures given to the animals and it's worked." (I43)

The theme of **credibility** was also linked to **working mechanisms**. Some participants expressed **uncertainty**, whereas others talked about **complex working mechanisms**. **Uncertainties** could be described as "I really don't know what they are actually doing or what it is achieving." (I42) Some doubted the benefit of homeopathic medicines. Those describing **complex working mechanisms** understood treatment effects as a result of a "combination of factors" including the homeopathic medicines and the consultations. "It's not just the medication, it's the whole session that helps. [...] It's good the three quarters of an hour I see [the homeopath] that helps me as well so I am thinking well, if that's helping me maybe the remedy itself will help me [...] It's not the be all and end all, because I think the package itself helps." (I31)

Others pointed to changes in life circumstances or their surroundings as other factors that might have contributed to changes in their health. Although participants could reflect over the possible working mechanisms, they acknowledged that it is not always possible to "know it all", to have all the answers. "I've heard it referred to as Snake oil or one that's not proper medicine and the NHS shouldn't be subsidising it, because it's not backed up by science. I've read a lot about the placebo effect. I think sometimes things work that you don't necessarily know why they work or it might not be immediately apparent why they work. I don't think that science knows everything yet." (I11)

Irrespective of their understanding of homeopathy, and although

Table 1
Themes describing depressed patients' experiences with treatment provided by homeopaths.

Themes	Sub-themes	Codes
Changed understanding of the intervention		
Adapted treatment	Holistic and condition-specific	Treatment tailored to individuals and problems; homeopath prescribing to the individual; addressing specific symptoms, disease or body part
Credibility	Complementary and alternative	Runs in parallel or integrated; cumulated effect; alternative; consecutive
	Strengthened credibility	Committed; thorough; open-minded; professional; providing explanation; responds to media criticism; refers to research; produced in pharmacies; university degree
Uncertain and complex working mechanisms	Uncertain about credibility	Dilute nature of homeopathic remedies; small amounts of medicine; medication procedures imprecise or difficult to understand; media criticism
	Uncertainty about working mechanisms	Uncertainty about causality and working mechanisms; don't know how treatment works; providing suggestions for working mechanisms; uncertain about benefit of homeopathic medicines
Complex working mechanisms		Combination of factors – remedies and consultations; no doubts about benefit of consultations; “mind over matter” effect; external factors; other possibilities; doesn't matter as long as it works
Experiences with the consultation and the medication		
Caring support	Feeling listened to and understood	Homeopath showing interest; listening; warm and friendly; taking time; being responsive and understanding
Trust	Acceptance	Accepting; non-judgmental; respectful
	Sincere and committed	Sincere; committed; genuine; honest; motivated and desire to help; thorough; persistent
	Competent	Practitioners' competence
Optimism	Independent person	Neutral; not family and friends; intention to help
	Safety and concerns	No concerns; lack of information provided by homeopath; sufficient information; lack of understanding of treatment; side effects; placebo; feeling categorised
Opening up and unloading		Homeopath seems optimistic; positive; encouraging; enthusiastic
Reflection and realisation		Telling my story; unloading worries and concerns; burden off shoulders; anxious, embarrassed – opened up after a while; feeling relaxed; feeling in control; no pressure
Form and amount of homeopathic medicines		Reflection; realisation; thinking deeper; bringing back forgotten memories
Procedures for taking homeopathic medicines		Small sweet pills; liquid remedies; single or daily doses
Changes in state of health		
Improved mood		Dissolved in mouth/under tongue; avoid touching medicines; dissolve medicine in water; take apart from food and drinks; avoid certain substances; drink water; strange and complicated administration procedures
Improved wellbeing and energy, and feeling more balanced		Less depressed; happier; dark cloud lifted, stopped self-reproach; less anxious/panic attacks; less irritable/short-tempered; temporary or sustained improvement; influenced by life circumstances
Improved coping		Feeling better overall; improvement of several symptoms; increased energy; reduced anxiety; calmer; more relaxed; less irritable or aggressive; sleeping better; but will always be a bit “hyper” or “fiery”
Physical improvement		Handling work; ability to cope/manage life; reduced isolation and self-harm; increased socialising and self-care; coping with past/current emotions; letting go of the past; living in the moment; seeking additional answers and help
Little or no change		Reduced: chronic pain; headache; vertigo/dizziness with nausea; cramps; menstrual periods; breathing problems; heaviness in feet; eczema, cuts and bruises; reduced conventional drugs
Transient adverse events or feeling worse		No or short-lasting improvement; slight/temporary improvement; relapse after consultation
		Various transient symptoms, most mild, some moderate or severe; headache; pain in chest, jaw, neck and back; slight vertigo; uncertainty about causative link; no diagnosed disease; homeopath reassured patients; homeopaths aware homeopathic remedies may cause transient adverse events; homeopathic aggravation followed by improvement; decline in state of health

* Themes and sub-themes developed on the basis of participants' descriptions at 1–2 and 6 month interviews.

the possibility of a placebo effect was acknowledged, participants were largely unconcerned as to how the treatment worked, as long as their health improved. “Maybe it has a bit of a placebo effect, but who cares.” (18) And: “It almost doesn't matter. The fact is if you feel better then things are better in your life [...]” (129)

2. Experiences with the consultation and the medication

Participants described their experiences with the consultation extensively, resulting in five themes: *Caring support*; *trust*; *optimism*; *opening up and unloading*; and *reflection and realisation*.

Caring support: Feeling listened to, understood and accepted

Caring support included two sub-themes, firstly a **feeling of being listened to and understood**. The practitioner appeared to listen carefully, showed interest, gave sufficient amount of time, and seemed responsive and understanding. “I found it very easy to talk to her. [...] you immediately felt like there was all the time in the world to talk, which of course you never feel at the GP. [...] She said she's wanting to know me and know the whole picture [...] The fact that she was looking at me intensely, listening and writing down what I was saying made it feel like she was really

taking notice of me. That makes [...] it easier to talk and talk about things that are quite difficult to talk about.” (17)

The second subtheme of *caring support* was **acceptance**. Participants described the practitioner as respectful, non-judgmental and accepting. “She didn't judge me or anything and she just listened. [You] could see she was very compassionate.” (13)

Trust: An independent practitioner, who was sincere, committed and competent

Most participants developed what can be described as a sense of *trust* in the practitioner, depending on their perception of the practitioner being *sincere and committed*; *competent*; being an *independent person*; and the extent to which they had any concerns about the *safety* of the intervention. The sense of sincerity and commitment can be described as: “[The homeopath] seems very, very honest. She seems very sincere. I think she genuinely wants to help people.” (120) Competence was described as: “I think she already knew what was wrong with me to 90% [...] She can pick it up very well. I saw her on three or four occasions and every time I walk through the door, she says, you are better. You are getting

better. She knew, you see. [She] seems to know her job.” (I35) The sense of **trust** was strengthened by the perception of the practitioner being thorough and persistent, and by the fact that it was an *independent person*, someone neutral and not in any other way involved in their life, with no other agendas than providing treatment. “Being able to open up to someone, I think, someone that you don’t know, initially. [...] It’s like talking to someone who you have known forever. But, they are trying to help you, [...] but not being a friend or relation as such and you kind of explain how you are feeling at the time and they understand. Say that to your friend or relative and they probably won’t understand.” (I37)

Trust: Safety and concerns

Doubts about practitioner competence and safety concerns were mentioned by some participants and these reduced their sense of trust, although these doubts were mostly resolved through the homeopath’s explanation or, as in the following example – an explanation given by the patient’s GP: “I was being put on arsenic. [...] I found it quite frightening. [...] I even mentioned it to my GP who again backed up what [the homeopath] had said about it. [...] He was explaining about the memory with the arsenic. [...] you are not drinking loads of arsenic.” (I12)

Homeopaths’ optimism

Optimism came out of participants’ descriptions of the homeopath appearing to be positive or optimistic about the treatment and the prognosis. “She listens a lot and tries to give you positive feedback I would say and tries to make you think what flooding the situation for a happy ending and not a sad ending.” (I39)

Opening up and unloading, reflecting and coming to realisations

The themes of **caring support** and **trust**, and to some extent also **optimism**, contributed to **opening up** and **unloading**. Participants were able to tell their stories, and described feelings of letting go of worries and concerns in life. “[When] I get home it feels like I don’t have to think about that problem anymore. I’ve have told someone so it’s off my mind. [I] feel a bit like clearer and just a lot of pressure and weight off my shoulders and stuff.” (I40)

Moreover, the consultation facilitated participants’ **reflection** and in some instances also resulted in **realisations**. They were encouraged by the homeopaths’ presence and interest, they were given sufficient time and they were asked questions about central issues in their life that encouraged them to reflect. This process could bring back forgotten memories or help reach new realisations. “[...] once I’d answered a question, she would ask a follow up question and then another follow up question. Each one delved a little deeper [...] it was making me think about things that I’d perhaps never thought about before.” (I6)

These insights were brought into individuals’ everyday lives and positively influenced their mental health and feeling of wellbeing.

Descriptions of experiences with homeopathic medicines

In contrast to the more extensive and deep reaching processes associated with the consultations, participants’ experiences with taking homeopathic medicines were mostly limited to descriptions of the **form and amount** of, and **procedures** for, taking the medicines. Some described this as a simple task of taking only one dose or daily doses of sweet pills or liquids orally, whereas others found it strange that they should not touch the medicines or difficult to take the pills as they were so small, thereby reducing the credibility of the intervention. A few participants also described **immediate effects** following intake of the medication. These could be positive or negative, and are described under **transient adverse events** in the following sections.

3. Changes in state of health

Improved mood

The most clearly and extensively described change in health was an **improvement in mood**. After the first consultation participants typically described themselves as being depressed, of everything being pointless, as a black dog on your back or as being in a fog or a box. A few months later, at the second (long-term) interview, most interviewees described themselves as feeling less depressed, less anxious or irritable. Improvement was for some temporary and for others more permanent.

“I must say that since I’ve been on these tablets, I haven’t had any depression downs or ups. I have just been quite normal. [The antidepressants] seem to keep me on a level. [...] I’ve been on them a long time, the same ones. Erm, but I must admit that with the ones that [the homeopath] has given me, I feel even more calm. [...] I am not going down into the depths and being miserable, very miserable, more on a level with myself. I am happy in myself.” (I25)

Improved wellbeing and energy, and feeling more balanced

Some felt calmer, more relaxed, with reduced levels of anxiety and improved sleep, a sense of **feeling more balanced**, although some acknowledged there are “ups and downs” in life. “I didn’t feel anxiety and if I did it was easier to manage the feeling that I needed to escape [...] I feel a lot more calmer in myself. [...] My partner thinks I am more chilled [...] now you sleep fully and you don’t seem as distressed, he said.” (I41)

Improved ability to cope

Several of those interviewed initially described feeling out of control, as if controlled by external circumstances, with inability to carry out daily routines at treatment start. At the long term follow-up many described **improved ability to cope**. They handled work and life better, they were more social and less isolated, and coped better with their emotions. Some felt they could let go of the past and living more in the moment, and others sought additional answers and help. “I have been a lot more positive and I’ve been getting up and going out. Something I haven’t done in a long time. [...] I went for a walk up the lake. I haven’t done that in over two years. [...] I have never opened curtains in two years in my [home]. In the last week or so, I’ve had my curtains open two or three times during the week. I’m going out a lot more rather than isolating myself in my [home]. I am socialising with people rather than keeping away from people. [...] I’m actually getting round to cooking something.” (I15)

As described by the same participant at the long-term interview, the **improved ability to cope** diminished if their mental health deteriorated: “[...] then I just went downhill again. And then I came to see her again, I’d hurt myself [...]. [The homeopath] gave me another dose [...]. It seemed to keep me okay.” (I24)

Physical improvement

From feeling inert and unable to carry out daily routines at treatment start, some described **improved wellbeing and energy**, feeling being better overall, whereas others described **physical improvement**, such as reduced pain and headache at the long-term follow-up interview. “[The homeopath] prescribed some [medicine]. [...] And within a few days I could feel the difference. I was totally amazed, I felt calmer, I began to start sleeping better, the cramps finished and I generally was feeling a little bit better. [...] My whole body was feeling better from it.” (I26)

Little or no change in the state of health, and adverse events

Others felt only **little improvement**, lasting shortly after each consultation; **or no change** at all: “She has tried three, maybe four remedies on me. I don’t think either of us feel that we are having much success, really.” (I19)

A few also described **feeling worse** or experiencing **transient adverse events**. Although most adverse events were mild, a limited number were severe; however, all were transient. “I felt very, very poorly one night. I had chest pains and erm, I had pain in my back and pain in my jaw and pain in my neck. I went to the hospital and they did a battery of tests and said there was nothing wrong.” (I2)

Some of those interviewed described what homeopaths would define as a “homeopathic aggravation” [24], an aggravation followed by a significant improvement. “As soon as I took the first remedy I noticed [...] an intensification of my fears. [And] I’d get a pressure around my forehead [...] Then what happens is it will ease off and recede more and more [...] I’d had that experience of taking the remedy, each time, I’d go through an intensification and then I’d come out at like a better level.” (I46)

Summary of depressed patients’ experiences with treatment provided by homeopaths

Those who participated in this study knew little about homeopathy. Nevertheless, they agreed to participate, hoping for health benefits. Rich descriptions were provided about consultations with their

homeopath, who they perceived as an independent stranger who they could speak openly to, someone who listened attentively, who cared, who was optimistic, who they trusted and who had all the best intentions to help. Through the consultations those interviewed felt they could open up, unload thoughts and feelings about negative health and life experiences, and the process encouraged them to reflect. In some instances this gave them realisations helping them improve their mental health, or to seek out additional treatment or activities to support their health.

Whereas consultations were described in rich detail, experiences with taking homeopathic medicines seemed less tangible. Some experienced symptoms shortly after medication, a few of which were characterised as severe, but all were transient and some resulted in an improved state of health.

Improvements in mental health throughout the course of treatment were described, also with improvements in general wellbeing, quality of life and ability to cope. They understood the treatment as adapted to them and their complaints. When attempting to understand the mechanisms involved in their homeopathic treatment, participants either emphasised the importance of consultations, they referred to the effect as being the result of complex mechanisms or they did not know how the treatment worked. Irrespective of what perspective they took, they had had an open-minded attitude, wanted to “give it a try”, and were more interested in whether it helped, rather than why.

4. Discussion

4.1. Discussion of results

This is the first qualitative interview study assessing depressed patients' experiences with treatment provided by homeopaths. Inclusion of patients from one geographical area who were treated by a limited number of homeopaths and lack of thematic saturation in this study limits the generalisability of these results. Although all participants suffered from self-reported depression and hoped to improve their health, not all were treatment seeking, thereby reducing the generalisability for treatment seeking patients with diagnosed depression. Moreover, results of qualitative studies cannot easily be generalised to the population of depressed patients. However, participants with a wide variety in baseline characteristics were interviewed, thereby providing an important first insight into experiences of adults with chronic self-reported depression who are likely to take up an offer of treatment provided by a homeopath.

4.1.1. Comparison with other studies

Although no other studies have assessed depressed patients' experiences with treatment provided by homeopaths, some have assessed homeopathy treatment for other patient groups [25–32]. There are several similarities between the findings of these studies and our results. We have however reported larger number of themes compared to other studies, and some of our themes were not found in other studies.

Caring support is the theme with the greatest similarity to those reported in other studies. Others have described emotional support [25,26], having sufficient time to tell the patient story [29,31], feeling listened to [26,29,30], empathy [28,29], and acceptance [25,28]. Jørgensen & Launsø [27] found that patients suffering from allergies or asthma would discontinue treatment if they felt practitioners were not giving them enough time and attention at follow-up consultations. Optimism was also described by participants in some studies as an important characteristic emerging from consultations with homeopaths [25,26]. Others also found that patients could open up and unload [25,26,33], and explore their issues [25,27], which had similarities to our theme of reflection and realisation. Little can however be found in other studies suggesting that trust, safety and concerns were important issues and none mentioned the importance of the homeopath being an independent person, someone not otherwise involved in the patient's

life. These could be topics of greater importance to depressed patients, or it may be that researchers in other studies did not ask participants questions to elicit such information.

Participants in several studies have also described homeopathic treatment as being holistic [28–31], but none described the treatment as being adapted to the individual's clinical condition. Little can be found in other studies on participants' understanding of the working mechanism and the credibility of homeopathy, with the exception of some skepticism mentioned in one study reporting on over-the-counter use of homeopathic medication during childbirth [34].

Participants in other qualitative studies have also reported improvements in mood [26,32,34], but none with specific reference to depression. Others also found improved energy or wellbeing [25,27,30], improved ability to cope [25–27,32,34], and physical improvements [25,27,30,32,34]. Little/no change, adverse events or feeling worse has also been mentioned by others [27,30,32,34]. Feeling more balanced was however not a theme reported in any other study.

Although limited information was provided by participants in our study concerning their experiences with homeopathic remedies, this does not seem to have been the focus of other qualitative studies.

4.1.2. Comparison with other interventions

Participants' rich descriptions of their experiences with consultations provide a basis for comparison with “talking therapies” and other interventions. A recently published study of depressed patients' experiences (with listening visits, CBT, facilitated physical activity and antidepressants), found a strengthened practitioner-patient relationship contributing to more effective patient-practitioner interaction and higher treatment compliance [35]. These characteristics included approachability, empathy, support and active listening, characteristics which resemble the *caring support* theme in our study. CBT patients report feeling listened to and understood (a sub-theme in our study), as the most important factor in helping them overcome their mental health challenges [36]. Descriptions of homeopaths' behaviour as being warm and friendly, non-judgmental, accepting good listeners, have strong similarities with “empathic understanding” and “unconditional positive regard”, key concepts considered in the Rogerian tradition to be among the necessary and sufficient conditions to facilitate change in patients' mental health state [37,38].

The theme of *trust* has also been described as a significant factor in general practice [39], which together with *caring support* contributed to a positive patient-practitioner relationship. This relationship, which may be described as a therapeutic alliance between patient and practitioner, plays an important role in improvement of patient outcomes in psychotherapy [40], as well as in homeopathy [41,42]. The trust theme adds to two other themes developed in this study, *opening up and unloading* and *reflection and realisation* – aspects which positively influence patients' mental state of health. Patients' trust in their practitioner has also been found to be an important factor for shared decision making [43].

4.2. Discussion of methods

A number of approaches were used to strengthen the trustworthiness of the results, including a “bottom up” approach for development of codes and themes, based on and closely linked to participants' descriptions and their own words. Open-ended interview questions allowed participants to speak freely during interviews, by probing to obtain more complete and in-depth understandings of descriptions, by returning to issues already raised by participants, and by attempting to discover conflicting or opposing views. To ensure accuracy of transcriptions and codes and to increase trustworthiness of results, at least two researchers were used at every stage. Easily understandable themes, and characteristics describing themes, were developed on the basis of codes, supported by rich descriptions and the use of several quotes from different interviewed participants.

Due to limited resources, thematic saturation was not reached. Different questions might have resulted in different themes. For example, shared decision-making has been found by others to be more common in complementary and alternative medicine consultations than in conventional medicine [44], but no interview questions in our study addressed this particular topic. Few concerns about the treatment were expressed. It is possible participants tried to avoid a conflict with the interviewer, who was also a homeopath, but they were not informed about the interviewer's background unless they specifically asked about it (at the end of two interviews).

Some research suggests there are potential risks of harm when addressing sensitive issues during qualitative interviews, whereas others suggest qualitative interviews may even have therapeutic benefits [45]. The interviewer has extensive experience in interviewing adults with mental health problems and was cautious not to put any undue pressure onto participants. They were also asked about their experience of the interview and no feedback suggested they had any negative experiences, although some stated that they enjoyed the interview, found it interesting and felt listened to.

As many depressed patients consult with homeopaths and as this research only provides a first insight into patients' experiences with this intervention further research is warranted.

5. Conclusion

This qualitative study provided a first understanding of depressed patients' experiences with treatment provided by homeopaths as an adjunct to usual care. Most of those interviewed were uncertain about how the treatment worked, but described improvements in their mental and general state of health. Their experiences with the consultation were described through themes such as caring support and trust, and shared several similarities with "talking therapy" interventions. The results of this research may be of relevance to patients and providers considering homeopathic treatment for depressed patients. Given the low risk involved with homeopathic treatment, clinicians and health-care providers could consider recommending treatment by homeopaths as an adjunct to usual care, in particular for depressed patients who do not respond well to antidepressant medication or "talking therapies".

Conflict of interest

None.

Authors (contributorship)

The research done by both authors, including the conception and design of the study, analysis/interpretation of data, drafting of the article and final approval of the version submitted. PV carried out all interviews.

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Ethics approval

National Regional Ethics Service (REC reference 12/YH/0379).

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Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <http://dx.doi.org/10.1016/j.eujim.2017.09.004>.

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