

III- THE AUTOIMMUNE DISEASE, AN OCCURRENCE OF INNER CONFLICT...

It expresses in a patent way the form of correspondence that is detectable between what happens in the cells and what happens in the psyche...

The conflict that appears here expresses itself in several fields...

There are several psychic factors...

They are all the more important as the autoimmune disease is early-onset and make one think of the possible parallel between the constructing of the immunological self and that of the ego and the disturbances affecting both of them.

All subjects do not have the same capacity to respond.

The question of a genetic immunological predisposition to the autoimmune disease will inevitably arise at some stage.

Certain elements inherent in the personality and affecting the early stages of the physical and psychological development may suggest so.

Linked to psychic particularities detectable in early childhood, they point the finger at a sort of 'pre-existent mark' in the subject:

It would constitute a form of imprint of a trauma belonging to the genetic inheritance and passed on by the past generation(s).

In a form of confusion and lack of differentiation, a 'non-metabolised' piece of information would be transmitted, with the aim – and consequence – of permitting to maintain the mother's inner cohesion to the detriment of the child's body.

Carried by the mother but unable to be assimilated by her psyche because of the element impossible to integrate it would convey, it would manifest itself in them at a stage when, being in the stage of fusion-'confusion' linked to the incomplete 'individuation' process under way, they would take responsibility for it through physical symptoms.

The term 'individuation' is taken here in its classic sense. Its definition shows so: 'Individuation: to put in place the intrinsic characteristics resulting in the fact that an individual is different from any other individual'.

Individualisation: 'personalisation; to individualise oneself is to differ from other people by asserting one's personality. In biology, the term refers to the successive process of development which leads the embryo to take on the specific adult form of its species and consequently to become an individual.'

As time does not exist for the unconscious, there would also be confusion in the temporality of the different generations.

This can only contribute to making the confusion greater...

The somatic disorder would become the place where the disturbance forms and the only 'way of communicating' and of 'saying' of the subject.

Visibly transmitted, this disorder affecting both the body and the mind therefore shows the particular role of a message situated in a space outside words and reachable at two different levels:

At the somatic level, there is pathogeny engendering difficulty to distinguish 'Self' from 'Not Self' – (different from oneself).

It occurs during the phase of immunological individuation when the child is confronted with what belongs to the mother, which he/she recognises as his/her (their) self (selves) while detecting something somewhat 'different' from Himself/Herself, the pathogenic information that she carries: he/she therefore responds to it as if to a 'not her' element – thus to a 'not himself/herself' one.

In immunology, diseases whose serological traces only are found are described. We also know that inapparent diseases exist: does not the child react here against a sort of inapparent 'disease'?

This is a breeding ground for a psychic problem...

Transmitted by the unconscious of the adult who projects it on to the child 'made sensitive' by these traces carrying pathogeny, transmitted when they construct their immunological identity, a problem appears...

And it engenders the pathological symptoms.

It shows there is a 'message' carried by the mother which, since it could not be deciphered by her psyche, will manifest itself and emerge in the body of the child, predisposed to the autoimmune disorder...

It is important to stress that the psychosomatic disorder often constitutes the emergence in the body of an occurrence of pathogeny impossible to be integrated by the psyche:

A sort of confusion linked to an incapacity inherent in various factors – certain of which being genetic ones – would lead the anxiety to express itself through the body to appease the tension that has become unbearable.

The child would be 'forbidden from having the autonomy to think for themselves'.

They would suffer violence every day insofar as they would not be able to 'think differently' or 'experience differently from what is licit the situations with which they are confronted'.

The mother - or her substitute -, attentive to the physical needs of the child made 'unable to "think for themselves" ', proves to be closed to their needs to become autonomous: she takes their body, not their thought, into account.

Instead of manifesting their opposition and their distinctive identity, the child 'chooses' to kill themselves through the autoimmune disease instead of running the risk of 'killing the other' on whom their psychic life is founded.

They become part of a disorder in which the adult, by putting in place a defence mechanism against what is seen as foreign to themselves, tries at all costs to maintain their mental stability rather than ensuring the child's 'protection'.

The problem of the disorder, which appeared in the very first weeks of the infant, engenders for them difficulty in constructing their identity:

'Something that might be like "Live and I'll kill you" causes a trauma¹.

¹ René Held.

The imprints reactivated which constitute its base cannot be put into words. Carried by the previous generation and transmitted, they engender mother/child confusion that cannot be deciphered by the psyche...

And they appear in a somatic manner.

The body reacts here to what constitutes the traces of a form of intrusion heavily influenced by both deadly experience and the limits imposed on that experience: the psychic safeguarding is ensured to the detriment of the body.

The subject 'saves' their psychic life by dint of somatic disorder.

Different characteristic elements can be detected, which show the problems of the subject predisposed to autoimmune diseases.

- Strong dependence on the family circle would be present: the subject would be caught in a network in which no 'difference would seem to exist between what the protagonists say'².

There would be in the family's attitude the maintaining of the non-differentiation of its members.

- An event would bring about a fracture in a relationship inducing narcissism and make the subject confront difference.

What awakes 'the element different from themselves' in their psyche would be a source of conflict and would not be able to be 'metabolised'.

No sign of 'difference' is bearable: neither 'emptiness' nor 'a vacuum' can be integrated.

An unrepresentable conflict is put in place.

- Aggressiveness is impossible to express...

It is replaced by the feeling 'that the other has intruded into oneself'. The other, who is different, becomes a 'foreign body within oneself...'

- Every time the conflict is revived, there would be a new attack.

The body expresses the revolt and the inner conflict.

It becomes the place where the subject expresses themselves.

Since it could not be dealt with by the mother's psyche, the conflict affecting both the psychic sphere and the immunological one is 'said' in the child's body...

They 'deal with' a piece of information which, as it belongs to their parent, attests to pathogeny concerning the previous generation(s).

The psychic factors stated here do not – fortunately – necessarily lead to an autoimmune disease.

No systematisation is possible given the multiplicity of parameters at work.

It is a situation that will play the role of summation and repetition that will make the disorder emerge.

² René Held.

At the somatic and psychic levels, the ground and the medium of passage were always prepared by the past traumas.

The impact of the 'trauma' seems to develop its effects at several levels.

If, at the physical level, repetition and summation are always present and the facilitating media of passage, which have no effect for some time, 'cause the fluctuation to develop at some stage to the point of making it effective³', it is the same at the psychic level:

By making the subject face a conflictual situation unmanageable for their psychic economy, every time the basic problem is revived, it leads to a new attack.

The recurrent evolutionary phases, which are always 'hand in glove with repetition', appear from the moment that 'the last traumatic event finds the mark of older events' which have 'already made the subject sensitive', so to speak.

The basic disorder must therefore be made manifest at the level of the body as well as that of the psyche.

To a 'part mechanical, part informative, hybrid' impact, a 'part somatic, part psychic' corollary: the immune system constitutes a nodal point.

It manifests a function which has its counterpart in the psychic system.

The 'interpretation-information' plays a role in the body and the psyche, in the symptomatic manifestation and the inner conflict.

An appropriate treatment or an 'informing' interpretation with this double impact often seems to be effective.

Without attributing it in a definite manner to her role, since it happens spontaneously in 30% of the cases between 2 and 12 months of age, the psychoanalyst Caroline Eliatcheff would report the case of an HIV-positive infant apparently 'cured' spontaneously by the recount of the history of their mother, who carried the disease during her pregnancy.

The homoeopathic medicine has the double potentiality of acting on both the soma and the psyche.

Active in the very place where the pathology is, it has that particular capacity. It 'informs' the body of the disturbance and, at the same time, it gives it the means to put it right.

The psychosomatic disorders concerning the immune system come from disturbances linked together.

By having an effect on both the body and the psyche, they shed light on the possibility of a therapeutic approach at various – drug and verbal – levels but in any case apparently 'informing' ones.

The homoeopathic medicine is typically so in many respects.

If, like the relational and verbal vehicle, which is active because it carries a potential factor in change, it makes parameters about which it is not possible at the present time to understand how they act play a role, their respective effects are obvious.

They can be detected at objective levels and on certain measurable points as well as subjective ones expressed by the patient and (or) their family circle.

The relational aspect of the treatment in every sense of the word is therefore essential here.

³ René Held.

Often refused at first, given that the doctor is seen as 'outside' – which bears the stamp of 'non-reassuring element' –, it will be characterised by submission.

The nursing people and hospital symbolically take the place of the family with all the pathological links inherent in it.

There appears the impossibility of coping with any sort of conflict at the risk of bringing about the explosion of the somatic disorder.

The links established with the elements of the care system are essential:

They involve, in an obvious manner, the subject, caught in the network of their links of the past, the present and the future.

Immunity and the psyche are once again undeniably linked.

They show that, at every level of the course, whether it is that of basic research or that of the therapeutic approach proposed, except in the space concerning the elementary mechanisms of reactional immunology, they cannot be separated...⁴

To be continued...

⁴ Translated by Pascale Tempka