

The psychiatrist and homoeopath faced with psychic pain (2)

III - The view of a psychiatrist... and of a homoeopath as well¹

A very particular view...

It has significant advantages

Supplementing the way of tackling the problem with the particular approach inherent in that of a homoeopath not specialised in the field of psychiatry, which is not well known because it is quite new, this view widens the scope of exploration.

It might be described as specific :

Without 'points of reference' linked to the experience of the past, it is plunged into the evolutionary and also 'rigid' - if not closed - facets of society in some ways of interpreting the origins of its disorders : it detects many forerunners of them : many of the patients who express their questioning show the malaise, the imperceptible changes, and the more marked ones of their environments, by which they are affected in terms of suffering.

Backed up by different approaches.

Combining the knowledge of the classic specialist with that of the homoeopath, the homoeopathic psychiatrist is led to explore new aspects of a field into which, despite different essays, Hahnemann did not go very far.

Enlightened by their different contributions, they cannot leave out any elements which contribute to the specificity of the practising of their profession : the Hahnemannian discipline and its evolutions, that unusual space inherent in the perception of the unconscious, which is active at different levels, is at the centre of the interests of the rigorous aspect of science.

The knowledge of homoeopathy : an advantage to the practising of their profession.

Apart from leading them to a more precise diagnosis, bringing up various useful points to research and to more appropriate - even allopathic - treatment, what comes from its experience is unusual : it may enlighten about many fields all practitioners who are not psychiatrists - and even more so if they are homoeopaths.

An overall and multifocal approach

To obtain a better understanding of the dynamics of the psyche, with its somatopsychic, diathetic bases and psychopathological risks, is in the domain of the homoeopath² ;

To understand it and endeavour to 'hear' it through its psychological and behavioural modalities is in the domain of the psychiatrist.

¹ Third part of an article entitled *The psychiatrist and (or) homoeopath faced with psychic pain*, Dr Geneviève Ziegel, and published on homeopsy.com

² As each section of the article, like each of the texts published on the site, is meant to be potentially read independently of one another, it has been difficult to avoid needless repetition appropriate to the context in which it is formulated. Certain notes, sometimes long but essential to shed light on the various questions which have inevitably arisen, have not been inserted into the body text so as not to interrupt its thread.

A more specialised perspective

To bring to light aspects which cannot be perceived by those who, through lack of training in the subject, are not even aware of them constitutes the interest of their particular approach.

In close touch with the trends found all over the world, their view may help draw attention to points which are often vague or of which people are not always aware.

An approach anchored in the past and in the present

Rooted in the principles dictated by Hahnemann...

Inclined to ask themselves questions and, like him, to reappraise their points of view, they are more and more concerned with some changes **also** affecting the world of homoeopathy.

Concerned with the changes in the world...

A psychiatrist but also a homoeopathic doctor, they are entrusted with the mental health of those whose paradoxes and changes they see, if only through the evolution of the prescriptions they are led to make.

They are in a position to determine their difficulties and ever-changing nature : even the way in which the subject and their illness are apprehended and treated is liable to quicker and quicker changes.

Observing and 'witnessing'

The evolution of what they discover day by day leads them to make their job as a therapist progress but also to become a sort of 'reporter' and perhaps of 'watchman' in the field constituted by the Hahnemannian approach, which is not always really understood, and even less so when it spreads in the little-known field of psychic pain and psychiatry.

The facts mentioned here were unjustified only ten years ago. Perhaps they also accompany the turning point that seems to be occurring : the way the capacity as homoeopath, like that as psychiatrist, will be apprehended will only be modified.

If the past varies the present, it also has an influence on the future.

An evolution similar to that of their time

If the homoeopathic psychiatrist anchors the practising of their profession to what was transmitted to them and which, notably in homoeopathy, admits of no changes without running the risk of betraying its foundations, their knowledge of the dynamics of the unconscious and that of the advances as regards medicines³ are made use of every day : they lead one to be more careful, to make a diagnosis, and to try to avoid certain pitfalls.

The risk of sinking into the easiness of routine and the unenlightened obedience to new 'modern' directives - both in allopathy and in homoeopathy - are part of them : one may even forget about the 'subject'.

Changing the face of psychiatry and that of homoeopathy, the period that is emerging may make one fear it. If one cannot situate precisely the beginning of that insidious change⁴,

³ Of whatever nature ;

⁴ It seems that it started around 2000-2002 (?). Even in 2006 - and this had puzzled me - a colleague who was nevertheless experienced suggested that I should make out a list of the medicines corresponding to a certain illness which, to his astonishment - he was probably already ensnared in what was expressed by the supporters

perhaps one can advance that the year 2017 has made people aware of it at different levels and in many fields.

The tendency to give a more and more psychosomatic direction to disorders is not the least of them at present. Linked to the often little-known but quite Kentian need to try to find the origins of disorders in the 'mental state', it even also changes subtly the methodology and approach of some pluralistic practitioners⁵ : paradoxically, as this was the case in the past when the psychoanalytic approach prevailed⁶, what comes from the 'mental state' is being given absolute and predominant value. What comes from the soma, and which nevertheless plays a role in influencing its way of functioning and of expressing itself, is somewhat weakened in its impact even though, although their effects are intimately connected, the psychological approach and the somatic approach of the disorder concern two different levels of observation.

An unusual job

A specific type of training

A doctor in the most classic sense of the word, a specialist in the psyche through their studies and hospital - first - and then private - or not - experience, a psychoanalyst or a psychotherapist, the homoeopathic psychiatrist adds homoeopathy to their specificity of observation and therapeutic possibilities.

To that unusual career path, only a particular view focused on the patient who makes them wonder as much as the world in which the latter moves and of which they show the changes, can correspond.

Practical and theoretical...

Beyond the day-to-day impact which follows from the questions reaching the field of action of the psychiatrist also trained in homoeopathy, there are different sorts of theoretical thoughts which result from what they observe.

They show how difficult it is to untangle the knots which appear as soon as one tries to shed light with an open mind on what is stated more and more often with vigour, confidence, and calm certainty.

A particular way of listening

of the new theorisations - , I refused to do : I intuitively only agreed to name the medicines usually prescribed for a certain type of pathology. (Author's note)

In 2011, an article published in a daily newspaper mentioned, in an unfortunate shift in vocabulary, the medicines recommended for ADD or melancholic depression - and not the medicines often found in those affections - , thus destroying, as regards the choice of a homoeopathic substance, any reference to the similitude and the individualisation essential to the Hahnemannian practice. See *Psychiatry and homoeopathy... About a publication* on homeopsy.com, October 2011.

⁵ This has reached the point where, - as it emerged from a clinical case recently recounted by a pluralistic practitioner - to find the treatment appropriate to the ENT disorders observed in acute forms, the psychological history of the subject was sifted through to determine what was linked to an emotional or affective trauma and which might have constituted the **basic** cause of the disorder presenting itself. Like in many facts recounted at present, the psycho-emotional history seems to take an essential place compared with the physical and diathetic one, showing that looking for signs about the psyche eventually has an important place without, very often, one being able to explain why.

⁶ - with the excesses that may have been linked to it in a caricatural way -

It is also the role of the homoeopathic psychiatrist to shed light on those vague, hazy if not confusing aspects which are found in today's world of medical care, notably in homoeopathy.

Often not obvious to those who, in view of a different type of training, are not able to look critically at what is proposed to them, they can only make them wonder if they are based on an imprisoning, restrictive way of thinking which abandons the subject and turns them into an object to be put into a category...

Faced with the misuse of psychiatric classifications and an unequivocal way of thinking which makes a diagnosis come like a 'bolt from the blue' and does not leave any room for questions, they can only pay attention to this.

They can only do so if, within the scope of homoeopathy, statements using a seemingly logical, deductive, and flawless way of reasoning are supposed to lead to the only interpretation put forward, concerning either the pathological behaviour⁷ or the problems⁸ presenting themselves...

Trained to detect the points of confusion, the shifts in vocabulary, the imaginary points which eventually become reality⁹, and the explanation of certain elements by inappropriate concepts - because they are taken out of the reality of their context - , the homoeopathic psychiatrist can only bring a more enlightened view¹⁰.

The changes affecting the world of medical care can only make them wonder as a doctor of the mind and as a homoeopath, all the more so as, like any psychiatrist, they are used to taking into account the somatopsychic component of the disorder as the language of the unconscious.

A nodal position

At the convergence of several worlds...

Trained in the same melting pot as an allopathic doctor and aware of the imperatives imposed by the scientific mode, a shrink in touch with the slightest changes of concepts, they have, as a homoeopath - and to remain in line with the Hahnemannian practice - , to synthesise what their training and their practice impose on their way of thinking.

A very complex position if, through lack of knowledge of their real theoretical basis¹¹, the meaning of certain concepts is altered or assertions express questionable points of view even for someone who is not a specialist on the subject¹² before being laid down as sorts of 'truths' since they are not only based on Traditions but also backed up by modern theories.

⁷ In the case of Citrus limon - mentioned, as an example among others, in the section 2 of this article - homeopsy.com, September 2017 ; the fact of 'refusing to tidy up one's room'.

⁸ - In the case of Citrus limon, the 'problems with the father and authority'.

⁹ Which engenders great difficulty given the need to untangle each knot.

¹⁰ Given the necessity, in their practice, to pay attention to what is conveyed and to the context in which the subject moves : this explains the need, here, to make a full examination of what is being put in place in a more and more complex way in the world of homoeopathy with the application of the Kentian theorisation. Although most arduous, the task is necessary to clarify the differences between what was proposed by Hahnemann, partially followed by Kent, and then variably stated by today's different trends.

¹¹ Which is quite understandable given the evolution of knowledge and the specialised aspect of many areas of competence.

¹² Hence the difficulty of setting out all the problematic elements in a simple way : the interlinked aspect of the levels of observation, the inappropriate reintroduction of a 'spiritual' plane coming from Traditions under the pretence of 'modernity' - quantum physics demands it - , the vagueness behind the apparent rigour, the confusion of concepts and theoretical approaches are not the least of them. The need to have an explanation to everything, as if there could not or should not exist the possibility of doubt or flaw in the thread of

A step backwards, the claiming of modernism at the heart of medical care...

Somewhat neglected, Hahnemann and Freud are subjected to the same reassessments at present ; the approach to psychic pain is divided between one using medicines of all types, accompanied by short-term types of therapy and one focused more on listening and prescriptions reduced as much as possible.

The fact of not taking into account nuances which prevent one being imprisoned in a concept becomes problematic : to determine accurately the molecule or the homoeopathic medicine(s) to use in an appropriate dosage, dilution, or interval is nevertheless as essential¹³ as the psychotherapeutic mode of treatment to recommend.

Short-term type of therapy, simple support, analytic psychotherapy or psychoanalysis in a different space from that of the drug prescription : everything is possible, and the homoeopathic psychiatrist can see it more precisely in a time when the medicine become a 'king' again very often constitutes the only response to psychic pain.

At the heart of their approach... the subject.

Paradoxically, the latter is objectified more and more and, for some time, has often been reduced to the silence of medicines : through lack of truly qualified diagnosis, the latter do not always seem appropriate in their prescription or accompanied by sufficiently enlightened listening to justify the choice of them and their dosage¹⁴.

deductions, very often overwhelms the thought : it can be detected in many pieces of writing, with sometimes even additions to texts published to remain in phase with what appears every day, coming from approaches from various countries. It seems that one must remain part of the current climate and of that of the modernism instilled in the world of homoeopathy : to shed light on a view marked by the past and integrated with the Kantian thought through a 'modern' explanation **also** puts intuition at the leading edge of progress. Consequently, one can claim more officially what one had until now said in veiled terms or to one another, even if what underlies the theorisation on which one relies has often not yet been really formulated in its essence. The changes and combinations of plans are justified and any potential criticism anticipated. What is taught can be officially stated as at the leading edge of progress : like in many fields - food included - , what comes from Traditions - whose contribution is not to be denied but put back in its appropriate place - regains its importance and justifies the most surprising assertions. Hahnemann's thought is 'hackneyed' but one nevertheless claims it officially ; one enters the world of progress and even tries, in order to authenticate one's point of view, to justify scientifically the results observed by relying on case studies. If this is in no way questionable, this may nevertheless constitute, **in that context at least**, a very delicate if not risky enterprise. It must be said here, in the defence of many doctors, that their studies prepare them only partially for that kind of work or the way of thinking of researchers and 'scientists' : protocols must be adapted and results convincing as regards certain patent, verifiable, and - for certain of them - quantifiable criteria. (Cf. the Swiss study regarding ADD in *De l'hyperactivité aux nouvelles pathologies*) This seems by no means assured of success if, for a prescription, one bases one's judgement on results coming from the administration of substances coming from the new 'pathogénésies', with the predominance, for their prescription, of mental signs and their authentication by a few case studies.

Therefore, confronted with both the 'reassuring' modernity and the difficulty of understanding what makes one feel ill at ease or fascinates one, not being able, because of everyone's silence, to voice the slightest criticism and, in a way, siderated in their thought, many groups find themselves unable to voice the slightest reservation. Cf. , on the subject, the article by René-Philippe Halm, *Le Cymothoa et l'homéopathie moderne*, Cahiers de Biothérapie, mars 2017.

¹³ Several theses done within the context of the Faculté de Pharmacie de Montpellier show the need to adapt the useful dosage and the choice of the allopathic medicine according to the medicine and homoeopathic diathesis corresponding to the subject, the state of their emunctories, and their propensity for sclerosis. (Cf. *De la psychiatrie à l'homéopathie*)

¹⁴ Therefore, to prescribe Depamide® for a 'dysthymic'-type pathology as it can notably be observed in Lachesis - or, sometimes, in Liliun tigrinum - may save them from using benzodiazepines or sleeping pills which are not always well tolerated or appropriate. In the same way, to increase the dosage of an SSRI because the subject

This is paradoxical given the help which the DSM classifications¹⁵ are supposed to give...

It seems that the simple fact of having to make the pathology fit into a pre-established context constitutes a form of constraint if not of brake : defined once and for all, so to speak, the subject no longer appears to enjoy the advantage of seeing those elements observed and listened to and which, appearing as time passes, are likely to make other people's way of looking at their disorder evolve and to modify the perception of their pathology.

This is what many practitioners of all kinds, trained before the era of the DSM and of diagnostic classifications, see at present.

While the Freudian unconscious is left out the neuron regains its place to explain the pathology in an unequivocal way - without it being really understood that it is only the expression of it ;

The world of allopathy and that of homoeopathy seem to be affected by this in the same way.

Soma and psyche : the same attention...

To the psychiatrist whom they are and to the homoeopath attached to the Hahnemannian view whose opinions they espouse, they are undeniably linked and depend on the physiopathology associated with them.

The subject, their psyche, and their disorders are reliant on what the functioning of the body makes possible. They are not reduced to a mentality freed from the functioning of its neurons and from its various kinds of metabolism or to a body as an object, limited only to its cells.

It is important to stress that, among the practitioners who are the supporters of the unicity of the medicine, those who have followed the teachings of Pierre Schmidt in no way leave out physical signs even though, as the stamp of Kent, the 'mental state' is examined more and more, even for a very clear case of somatic disorder : if they remain within the scope of the Hahnemannian approach used by the pluralists, this no longer seems to be the case for many of the supporters of the new practices. Very often, even if they are mentioned, physical signs do not seem to be of great importance. Sometimes, certain 'pathogénésies' no longer even attach any importance to them or do so in such a trivial way that it is no longer of any real importance compared with all the pieces of information concerning the psyche in a more or less appropriate way. The reference to physiopathology no longer seems absolutely fundamental¹⁶, and the reference to 'pathogénésies' either since, for certain of them, Y. Scholten said that he deduced them from what he had perceived of them during meditation¹⁷.

does not feel well is often out of place, notably when the reappearance or increase of the signs of anxiety, of apparent depression, and of sleeping disorders shows the start of an intolerance to a drug that had been well tolerated until then.

¹⁵ - more and more decried -

¹⁶ Which is not what comes from many - either pluralistic or unicist - masters of homoeopathy. Cf. R. Zissu, H. Voisin, G. Demangeat...

¹⁷ One can only deplore the lack of criticism of those who espouse his views, not only as regards what Hahnemann advocated but also what Kent advocated when he mentioned the 'intuitive' perception of the medicine. Besides, if one views the situation in this way and espouses a view which confers, like in certain Traditions, the role of a Diviner linked to the forces of nature and able to transmit their message, how can one be sure of being able to perceive it without being 'polluted' by elements coming from one's conscience ? The soothsayers who replaced the Diviners owing to the excesses linked to the festivities held in honour of Bacchus brought that evolution to light : they brought about the abolition of all the spiritual aspect linked to the issue of

A 'different' view and place...

Poised between the world of allopathy and that of psychology and psychoanalysis, the homoeopathic psychiatrist also has the privilege of benefiting from the contribution of that of homoeopathy : through it, they also illustrate an approach to medical care in phase with what is imposed by the laws of life, whose movements and risk of progressiveness¹⁸ they perceive.

More equipped to understand, diagnose, anticipate and, above all else, treat in a better way the disorder which they have the chance to observe and treat, they are helped by the knowledge which they have acquired but also forced to submit to certain requirements guaranteeing that they can continue to practise their profession : the latter, which have appeared in the course of very recent practice, go beyond the scope of medical care to mention the theoretical points of view which spread and confront each other within it.¹⁹

Therefore, they need to be stated.²⁰

To be continued...

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the remedy (pharmakos) to reach the notion of medicine (pharmakon) - this point is amply developed in the book *L'homéopathie face au placebo*.

¹⁸ Perhaps they are also helped by the fact that, even if they are affected by severe pathologies and hopeful of no longer taking any medicines or of weakening their disturbing effects, the patients who come to leave it to them to treat them show the movements and trends present in society, whose forerunners they show.

¹⁹ It is undeniable that this work of analysis of practices could not have been done only ten years ago, which shows how quickly everything has developed. (Author's note)

²⁰ Translated by Pascale Tempka