

A FEW NEW ASPECTS...

Witnesses to recent changes in the geography of what had been somewhat clearly defined so far, many of the 'new' therapies are now, after being confronted with their limits, adorned with analytical concepts.

In the same way, many analyses are often supplemented, in different contexts, with other types of therapies or bodywork. Undergone simultaneously or sometimes immediately after, they permit realisations which, studied or reviewed in the course of the analysis or outside it by the subject accustomed to the examination of what comes from their unconscious, facilitate progress. The information deriving from them, which will be used later, will help internalise the message.

While it retains its most classic theoretical basis, psychoanalysis sometimes has to be somewhat modified as regards its course or instructions. Subjects are different and needs are widened to new pictures :

In a time when the boundaries between generations are very often blurred, age no longer constitutes a limit. Work on oneself makes it possible to reach a form of soothing when loneliness and more or less open or concealed conflicts engender the emergence of problems that had not been sorted out in the past.

Subjects who, a few years ago, would in no way have been likely to want or be able to undergo an analysis in any way now do so or express a need to do so. And yet they turn to it spontaneously, forcing, as it were, their way into a private space for speech which would never have been opened to them without their peremptory asking. They prompt one to question many preconceived ideas, to go beyond much self-assurance and very often surprise one by their ability to take such a step in spite of at best general scepticism or indifference and at worst the discreet but real jibes of the people who surround them.

Their fragility and certain aspects of their pathology require an adjustment of the cure : for instance, it is useful to mention certain depressives or dysthymics, certain borderline subjects or ones labelled as subjects with fits of delirium... Aware of the impact on themselves of serious events about which they were never able to talk but whose weight on the occurrence of their pathology they are conscious of, they often insist on attending therapy sessions. An oral approach - sometimes *specifically* an analysis - outside the taking of the necessary medicine(s) - is often *demandé* by them... It leads to an adjustment of many professions and generates careful consideration.

Anxious to get rid of the constraints of medicines or to reduce them as much as possible, those patients lead the doctor to modify their conceptions and assess the ability of certain subjects to make efforts, who cling to their desire to leave their statuses as sick people and social welfare recipients... They prompt them to look differently at the respective place of the psychotherapeutic approach in the literal sense of the word in comparison with the medicinal approach which somewhat imprisons in a nosographic concept. Paradoxically, they prompt them to show more perceptiveness in their diagnosis, the perceptiveness of readjusting their unadapted conceptions... But, above all else, they prompt them to 'dis-imprison' the subject to distinguish them in their specificity as a being moving forward in a given time with all the splitting of norms, ways of thinking and habits...

As they have assessed the risks of a refusal or end of the treatment, strangely enough, those are the subjects who, by accepting the idea of submitting themselves to it by force of circumstance and trying to find the limit allowed, lead the doctor to confront the limitations they have set.

Many of those subjects, after talking about it in therapy, which they often wish to have 'in due form', as if they wanted to be spared none of the constraints imposed on less fragile subjects... say later... Everything happens as if that long progression at the door of 'psychiatry' in all the 'horror' it may have represented for them since it categorised them as out of norms and the world of the 'living', had given them, through the unforeseen turns of events and suffering of their lives, the strength to go further on...

To try to regain, in spite of the diagnoses established, in spite of the ever-present risks of decompensation, their statuses as subjects becomes their essential aim. They prompt the doctor as well as the psychiatrist to question themselves more in the face of the strength of their need, the constancy of their efforts and their saving doggedness. They sometimes command admiration because of their bellicose combativeness in a world which has already categorised them, virtually buried or forgotten them. They refuse 100% refunding and indefinite sick leave and resume, even very late, their - often never-ending - studies, often in hard conditions... They eventually emerge, sometimes despite all opposition. They show what they are capable of and go back to the world of 'normal people' which had given their disorders only a frequently final medicinal response. In the environment where they were, they were not even able to express the jostling sensations, unsaid and impossible thoughts intermingled in delirium.

To try to hear them beyond the 'chemical' response whose usefulness should in no way be denied on some occasions should on no account prevent one from trying to understand and listening...

All those who force their way into that space as well as those who ask for the interview engender it... They prompt one not to take the easy way out by choosing a remedy without what is beyond it - be it an allopathic or homoeopathic remedy.

Many years may pass before one can tell what 'disrupted' or understand how the threads of the history wove the pathology... And this very often happens in a context different from neuroleptics...

It sometimes happens in the surgery of the homoeopath, who is surrounded by an aura of greater attention to what is synonymous with subject to them ; it is sometimes in that of the 'therapist' or with the support group that what really happened will be clarified... The links and the way they were actually built appear in their genuineness.

Remedies - neuroleptics, mood stabilisers, sometimes antidepressants, tranquillisers... - are accepted because they are decided on and not imposed. They are internalised and seen as essential help and the patient very often manages the appropriate doses themselves. They are so used to it...

Other solutions are often sought as potential alternatives to reduce them as much as possible... Homoeopathy is one of them : it can meet with their expectations and permit them to push the limits of the possible. They find it capable of helping them regain a status different from that as a sick person and of giving meaning and hope to a life which tries, as it were, to normalise.

A short article about the use of homoeopathy in psychiatry in a newspaper for the layman has resulted until now in over 3,000 applications for the list of homoeopathic psychiatrists ; there are still applications arriving nine months later.

The doctor should be aware of this evolution, linked to the popularisation of knowledge through the media which is, in this case, positive. It compels them to take the change into account and not to remain confined to their conceptions which therefore become outmoded or obsolete. They should be able to question what appeared to be established conceptions to respond in an appropriate way to the generations that follow one another in their surgery: they lead them to think about apparently established conceptions. The evolution of needs and the problematics that appears only reflect the society to which they too belong and of which they are one of the most important cogs.

Should a patient labelled as psychotic want to talk in an appropriate space, even if they have a block, are silent, tensed up in paralysing defences or sometimes even worrying in their silences full of anger and persecutory resentment... do not hesitate... :

Put them into reliable and expert hands, exhort them to talk about their experience of the illness and say that ill-being does not necessarily mean going to hospital... Surprise will often appear in time, when the subject feels better and more self-confident and, when something is wrong, they dare to come without waiting for their family to call for help. That of seeing them reincrease spontaneously the doses of their remedies, as a diabetic would do with insulin, is not the slightest. The feeling of having full subject status and the desire to keep it, even if it is sometimes helped by the taking of medicines, is a most strong motivation... Those who, even in good conditions, have undergone the hell of deconstruction and of being put on the sidelines of the 'normal' world know and say so. They have painful and traumatising memories of it.

The homoeopathic approach may be appreciably helpful : it is symbolic of an opening to a space where the subject feels they are taken into account as an individualised being and outside a nosographic label. Besides, it is decided on, which constitutes, for them, a form of rise to the status as a person 'like any other', which had been somewhat injured until then.

Paradoxically, it compels one to establish an even more perceptive diagnosis. The knowledge of the psychopathological risks of the different homoeopathic types makes it possible to find the appropriate treatment more easily. Curiously, it also compels the patient to accept, if only by the way of approaching the problem and subject, the heavier medicines that had been refused until then.

To have the impression that only what one has - often reluctantly - decided on is imposed allows one to envisage a future when the burdening medicine, symbol of the weight of one's history, will be reduced as much as possible...

Those patients, Silicea, Natrum mur, Phosphorus, Tuberculinum, Causticum... , who are sensitive and reactive as well as defensive and hurt, know they cannot deny the impact or healing effects of it.

To have internalised this is often a sign of their genuine progress towards recovery and of their taking into account of 'limits' and the real as regards the inescapable constraints it imposes. The possibility of choosing a space, either that of the analysis or that of the homoeopathic therapeutics, is essential to them... It enables them to 'recognise themselves' at last and makes them feel they can at last be recognised as full subjects... They feel capable

of and allowed to manage not only the effects of a pathology they did not choose, but also the way of living their lives...

Consequently, they can rightly permit themselves to give themselves the means to play a role in them.

The doctor should be aware of this, halfway between the one who limits, makes decisions and sometimes imposes, like a watchful parent, and the one who supports, confides, explains and helps them venture on to the road to creative autonomy...

The homoeopathic approach, beyond its way of approaching and treating the pathology, contributes to it... It is, first and foremost, that which, firstly and essentially, gives the subject their place in their complexity but also and above all else in their individuality¹...²

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¹ Text extracted, like the previous ones under the heading *What type of psychotherapy, and for whom ?*, from the book *Psychothérapie et psychothérapies*, Geneviève Ziegel (To be published in 2012, Ed. Homeopsy).

² Translated by Pascale Tempka