

## **A COMPLEX TRIO :**

### **THE DOCTOR, THE PSYCHIATRIST - OR PSYCHOTHERAPIST - AND THE PATIENT. 2.**

A complex trio in so far as each of the protagonists plays a particular role which, requiring a definition, influences the therapeutic process and requires specification so that the appropriate response may be given.

There will be various influential factors, in which the personality of each will play a role and the knowledge of the homoeopathic types in question will be appreciably helpful to throw light on certain behaviours of the 'treating person' and 'treated person'. They will make it possible to have a more appropriate therapeutic attitude.

#### **The patient refuses to have a 'therapy' which would nonetheless be useful :**

It is essential that their general practitioner should try with them to understand their fears and prejudices and lead them to verbalise and think about what holds them back.

It is quite as important to mention the limits of the help that can be provided... To suggest some specialist advice or treatment by the latter when the limits of care from a GP have been reached is often useful.

It is then necessary to inform the patient of the differences and place of everyone.

In any case, remain ready to help while being careful that the respective roles of each are neither mixed up nor denied because of a sort of disguised refusal from the patient to modify the nature of the relationship. Otherwise this will only be a source of later complication.

This is also true when a psychiatrist, while continuing to follow the progress of a patient that they support and to whom they prescribe medication, refers them to a psychotherapist for an analysis or analytical psychotherapy. This is also possible... This proves necessary when the setting, mode or manner in which the relationship started does not make the therapy beneficial in the same place and requires the 'follow-ups' to be differentiated. To be aware of this can avoid misinterpretations and permit to understand what it is all about when the patient mentions this...

#### **The therapy has been accepted**

##### **It is a support therapy :**

The GP should listen in a benevolent way and with an open mind to what the patient has to say while sending them back, if possible, to their therapist - a psychiatrist or not. Contact with the latter can be suggested. It is quite conceivable if the patient agrees, if it proves necessary, and if it is appropriate.

To prescribe a homoeopathic treatment will be useful... It will help restore mental equilibrium and greatly facilitate verbalisation, as the change of remedy also often indicates a change in the psyche, and vice versa.

Unless it is prescribed by the specialist consulted, a 'chemical' treatment can be necessary to get over a difficulty or complement the work in progress.

Treatment modifications are all the more useful as they are made, except in an emergency, with and in conjunction with the latter or redirected to them. Both the patient and doctors will be spared anxiety, abuse and troubles.

In both cases, it is important that they each should, as advocated by the most basic medical code of ethics, be informed of the problems or changes taking place.

### **It is an analytical therapy or an analysis :**

Whoever the therapist is, the practitioner should refrain from any negative opinion - and often from any opinion at all - about the course of the 'therapy' : even if they are a GP or a psychiatrist surrounded by an aura of knowledge which is not usable in this case as it is about another way of understanding the functioning of the psyche, the latter should as often as possible avoid any comment :

The opinion given in this domain cannot but be subjective and out of the reality of what really happens or develops.

Moreover, it can act as a brake on or a handicap to the therapeutic relationship between the patient and their analyst... It requires one to be careful not to intervene inopportunistly in the talking cure.

Do not make any comment... To talk the subject into thinking about their desire and motivations to confide in this manner out of the appropriate place is necessary... To send them back to their therapist and suggest to them that they should talk about it where their cure, **whose course and not content must be listened to**, takes place is as necessary. Sulphur and Nux Vomica should remain extremely circumspect, Arsenicum Album and Lycopodium should refrain from any opinion about the validity, 'soundness' or conformity to the rules of what is recounted, Argentum Nitricum should not express their impatience to see things change... Sepia, who is more composed and conscious of difficulty, will generally be much more circumspect... Pulsatilla will be more tactful...

It can be important that the doctor, be it a GP or specialist, should sometimes make the patient fully aware of all the progress they have made. They can thus encourage them in their effort and help them progress towards autonomy, as a watchful parent might do.

Homoeopathic treatment is most welcome... By facilitating verbalisation and revealing what the subject reveals of themselves and the stages of their development, it constitutes, in its content and the help that it gives, invaluable help. The subject and doctor may talk about it and find encouraging benchmarks on the development of the work in progress.

Chemical treatment can be added to it unless it is prescribed by the specialist, provided that it does not block too strongly the anxiety that constitutes the cause of the cure and goes with each realisation engendering progress.

### **The patient has accepted the therapy but simply refuses to carry on with it :**

If they are having a **support therapy**, help them analyse why and suggest to them that they should go and see their psychiatrist again before making any final decision...

In case this is not enough, suggest talking about it with the latter or the therapist in question to try to understand what is the matter with it and help the relationship change to greater trust and understanding of what is happening.

If the problem persists in spite of all these efforts, suggest to them that they should ask the opinion of another doctor to explain what is going on and understand, if possible, the true meaning of it.

In any case, be neither too interventionist nor too directive.

The patient is **in analysis or psychotherapy of analytical inspiration.**

Send them back to their therapist - and to themselves.

If they mention other shorter, easier, etc therapies to back the reasons for their resistance, explain the differences, make them realise the aim, explain that, like in homoeopathy, the periods of improvement are often preceded by periods of aggravation : when the core of the problem is reached, the organism quite often defends itself and reacts.

Say the other therapies also have their limits and, in the end, what they will not have sorted out by means of this will always be there, and not necessarily in a chosen and more pleasant form and at the right time. As a general rule, effort and perseverance will be needed most of the time to achieve a result.

Also suggest to try to analyse what blocks and hinders progress and talk about it with their therapist. If no solution is found, the problem might reappear in force in whatever form... One should draw their attention to this.

**Absolutely let them decide themselves, without expressing your opinion on the appropriateness or not of giving up, if they still want to do so.**

It is necessary to understand that, if the doctor is put in a situation of omnipotence or seen as an ally and protector against the irruptions of the unconscious appearing in the therapy and which the patient does not bear, they will give their opinion ; even if it is as qualified as possible, it will be for them to help solve 'magically' the problem.

It is useful to know that, from that moment on, some sort of symptomatology will be used as a façade... It will be all the more difficult to check as the real stakes are not understood and assessed. If, after much erring and suffering, they are later assimilated, they will only shatter the patient's confidence and lead them to ask the opinion and help of another doctor. Once the doctor has lost, in spite of themselves, their aura of competence and credibility, they will be accused of 'all faults'.

In case of intercurrent problems, it is essential to listen, support, explain, send the patient back to their psychiatrist if need be and answer their questions with the appropriate circumspection and neutrality. The knowledge of homoeopathic types will prove invaluable, imparting a very different turn, which it will be necessary to analyse, to the words of a Moschus or Ignatia, or to the ire of a Lycopodium or Arsenicum Album.

To be continued...