

CBT, HYPNOSIS... For Whom ?

This will be an important question as soon as, with the GP's and psychiatrist's help, the roles of each as well as the patient's needs and possibilities have been defined...

The patient tries to find what type of 'therapy' might help them :

The knowledge of homoeopathy will constitute invaluable help :

Persuasion ? Suggestion ? Psychoanalysis or its by-products ?

What therapy should be recommended to them ?

'Persuasion' therapies :

The usual type : Cognitive behavioural therapy

It appears that it often attracts the subjects who are indecisive, fearful, full of doubts or inner vagueness and seems less disquieting than analytical therapies, whose unknown and silence they dread :

What, in the latter, makes them confront themselves and the emptiness of their 'void' throws them into a panic. As they are afraid of being reminded of the unbearable feelings they experienced in the defenceless loneliness of their childhood, they dread them and try their best to avoid them... Those who decompensate put forward the silence that is part of them, their length and cost as an excuse. All the reasons potentially making this type seem off-putting and disquieting are put forward. Psychoanalysis or what is like it scares them and they do not want it. They prefer, as they say, 'someone who talks' and a 'more pragmatic approach' to their difficulties. To know 'why ?' is not what they want ! The important thing is to manage to overcome their difficulties or, at least, live with them...

In persuasion therapies, the therapist talks, makes the decisions and exhorts. Playing, so to speak, the role of a 'parent' who gives support, helps them see where they are and free themselves from their fears, they are invested with positive qualities.

Apart from the bandwagon effect of the present trend inherent in a facet regarded as 'too intellectualising' of certain psychoanalytical practices, this may explain the tendency of many patients to choose them and that of many pragmatic doctors to recommend them to them. Their reputation for being less long - which sometimes remains to be proved - and constituting medical care which is thus often refunded by the health service and the publicising that is made about them, giving more importance to the pathology in question than to the subject suffering from it, contribute to the success of this approach. The numerous attacks on the Freudian approach regarded as outdated in comparison with more modern ones which do not put aside the functioning of the brain supplement the reasons for this keen interest, widely popularised through the media by academics of great renown, professors of medicine or psychiatry.

Apparently a 'danger' : the support comes from outside. The context of that type of therapy involves autonomisation and not genuinely taking into account the necessity to acquire individual characteristics to reach the status of a subject. It is important, even if they do not want to go any further in self-knowledge - sometimes they do not have the strength to do so - that they should realise that may be only a stage of the process and they will have

to submit themselves to repetitive exercises and to a sort of gradual and sometimes long relearning.

It is as necessary that they should also understand that the best management of the symptom by a form of therapeutic 'simile' is not a sign of cure. Like in homoeopathy, it is only the symbolic equivalent of a 'similimum' absorbed by the organism that may genuinely reach the symptom and redress the balance.

In this field, homoeopathic dilution or psychoanalytical interpretation plays the same role and has the same effect : a sort of 'informing' effect similar in its consequences. And that poses a problem...

The homoeopathic perspective, in its way of looking at things and methodology, invites reflection and understanding. 'Simile' is not 'similimum'. The latter is always preferable to treat the subject. If the 'simile' is sometimes preferable to it, one should be aware that it is only to preserve the organism which has weakened too much to withstand the effects of it. Hahnemann always advocated giving the subject only what they needed. In the same way, psychoanalysis should be recommended only if the subject is able to withstand the sometimes perturbing effects of it and, should it be the case, it should offer an interpretation judiciously.

In terms of psychic economy, the good management of what might constitute the moving of the symptom always requires one to look into what that might imply for the future of the subject.

If CBT helps live with the symptom, only the occurrence of it, on no account the cause, is modified.

It is thus important, at least so that the subject may really adhere to it and derive the advantage they are entitled to expect from it given the efforts made, that they should be offered help to understand what they may gain from this type of approach, with its possibilities and limits. To enlighten them on this may help them look differently at their difficulties and the possibilities they have to sort out the disadvantages of them.

While there is no doubt as to the usefulness, role and value of this cognitive and behaviouristic approach, it seems essential that the consulted doctor should help the subject become aware of this insofar as, to use an image, only a 'simile' and not a 'similimum' is offered to approach the difficulties.

Given the doubts and fear that dominate them, it is useful to make them realise how, later perhaps, if they have enough inner strength, there will be other possibilities to help them progress on the road to recovery. Even if they are not able to do more because their resistance is too strong or their state does not permit, it is important that they should know that other approaches, which are more based on speech and the meaning of their difficulties, might help them. That will leave some hope and the door open for the future...

The role of the doctor :

In short, the role of the doctor may consist in leading the subject to understand what they are doing, where they are and not to get everything mixed up. Their role is all the more useful in a century when growing 'Luèse' does not make things any clearer and 'everything' is often and inappropriately 'assimilated to everything'.

The strengthening of the therapeutic relationship will make it possible for the door to be left open for other possibilities and the necessity of the 'similimum', like the symbolic image used before, to be gradually internalised, if the subject's fragility permits.

If the subject does not choose to go any further in the understanding of their difficulties, a better life with their problem, which satisfies them, is often organised.

It is noteworthy that the taking of homoeopathic treatment usually makes it easier either for the subject to be able to look after themselves again or for sufficient improvements to occur so that, after a while, they may choose to try other types of therapies which they had hitherto refused vociferously.

Who might benefit from CBT ?

These persuasion therapies may help CARBONIC and SYCOTIC subjects. They are often accompanied by antidepressants... But beware ! Verbalisation, even if it is difficult for them, who are not spontaneously inclined to it, proves necessary to support them usefully, even if it is not done through examination of the unconscious or a more detailed knowledge of the subject's history.

It is useful to explain this while bearing in mind how much, without this cathartic solution, what was held in paralysing obsessions or phobias with all the somatic risks which are linked to them, will remain encysted. From a homoeopathic perspective as well as that which takes into account the functioning of the psyche, the symptom is not the disease, and it is important to bear this in mind.

The new antidepressants further the disappearance of 'the gap' and 'close' it. They make it possible to live a better life with disorders, lessen them and for greater balance to be reached with family and friends and the outside world.

By diminishing the experience of 'gap' linked to the inability to master things, which is difficult to accept and symbolise, they make it possible for anger, refusal, obsessions or phobias to be ironed out. Otherwise one might turn one's aggressiveness to oneself.

Phobics, obsessives, bulimics, compulsive drug addicts, non-melancholic depressives trapped in their convictions, more or less pure sycotics, THUJA, GRAPHITES, AURUM, MEDORRHINUM, SEPIA... need, more than any others, to be helped in the choice of a therapy.

The door will thus be opened for the first time in their world of inhibition and suffocation before another solution may be found to lead them towards self-liberation after the areas of suffering which threw them into their pathology have been touched.

The doctor, aware of this facet, is thus an eminently important benchmark. They help them through their presence and the way they look at their progress and possibilities. This is all the truer as they feel lost in loneliness and despondency, which may remind them of their earliest days when their personality was structuring and their history was developing.

Schizophrenics on the road to reintegration will also benefit from this type of approach : they may see it as a possibility of widening their space on the road to 'normality'.

The doctor represents, when recommending or choosing this approach, a sort of familiar third party and reassuring guarantee. They make it possible for a situation whose defined aims may consist in leaving a psychiatric institution or one's family to be faced so as to move towards non-dependence.

The possibility of being encouraged and helped to break isolation and leave their paralysing fear and the prospect of being able to reduce the medicinal treatment one day

give them strength. As the latter is made less vital because of the easing of their anxiety or changes in their lifestyles, it is of clear symbolic importance. In spite of their sometimes apparent little reactivity, it may be extremely beneficial to ask them to envisage it for the future.

The warm support of the doctor, like that of a 'parent' who reassures, sustains, keeps in check and restrains is sometimes a way of making up for what has been missing. As a firm third party as well as a witness, for the subject and their family who brings them, to their progress, they play an invaluable role. They help demarginalisation and the organisation of a possible prospect of 'normality'. The homoeopathic doctor is, more than anyone else, given this particular role.

Obsessional 'luétiques', like SILICEA and ARSENICUM ALBUM, Phosphoric subjects of the PHOSPHOROUS or LYCOPODIUM type or else 'mixed' remedies like ACTAEA RACEMOSA, LILIUM TIGRINUM, ARGENTUM NITRICUM or CAUSTICUM... may - especially the first - comply, at least at first, with the rules of the type of therapeutic approach which CBT constitutes.

In a form of reassuring ritualisation, they turn to it with no difficulty and carry on with it. They also sometimes do so, it must be said, without genuinely understanding the aim of what is set up.

Bear in mind, especially with the second, their sometimes paradoxical, unexpected and impulsive side : they may overnight give a refusal which is as stubborn as incomprehensible and 'escape'. The fact that they can bear neither its pace nor constraints sometimes causes clear behaviour problems and requires it to be stopped. The unconscious is at work and its obscure functioning cannot always be spotted. The doctor consulted by the family may have to intervene. They should thus be aware of this possibility.

Hypnosis

It may captivate 'TUBERCULINIQUES' and, among them, PHOSPHORUS, who runs the risk of having more or less delirious flights of fancy. It is important that they should be informed of this if they are willing to hear this and helped to turn to another approach, if possible.

It is quite as useful to inform the therapist of the problematic elements of the subject's case history. It is better to advise the patient not to hide anything from the therapist about their ill-being, frequent tendency to go so far as to smoke something else than tobacco and to talk to them about the stages of broken sleep, the preludes to possible decompensation...

The role of the doctor is eminently important and may avoid many unexpected turns of events. Besides, they are involved in them most of the time, if not by the subject themselves, at least by their family or circle of friends alerted.

Hypnosis attracts 'LUETIQUES' in search of new thrills : 'It's rapid' and 'Who knows ?', it may broaden horizons ! As for ARGENTUM NITRICUM, 'I'll learn the reason for my ill-being at last !'. The apparent rationality will be satisfied...

When the pathology which shows their decompensation or progression towards another diathesis begins, ARSENICUM ALBUM, SILICEA and certain PSORIC remedies, NUX VOMICA find it as interesting.

As for LACHESIS, LILIUM TIGRINUM, MOSCHUS... the problem is slightly different... Beware of what may emerge from the bases of the psyche ! This will require an incisive diagnosis and, above all, the spotting of the forerunners of decompensation, when it is the case. Sleep disorders, wrongly labelled anxieties, a tendency to cry and a vindictive and somewhat interpretative mood in a context of ill-being are warning signs that should not be neglected...

Medicinal treatment, when necessary, should be chosen. It entails going beyond a symptomatic response, especially if the 'therapist' who advises and helps alter the patient's behaviour through various exercises is not a doctor : they will not always be necessarily able to see what is beginning as regards a pathology. As it is not very obvious to see for an insufficiently informed person - or, sometimes, for a doctor - and is difficult to label, the former may suddenly decompensate in a depressive and delirious way or through most problematic suicidal or impulsive acting out. Antidepressants prescribed unwisely may, notably for ARGENTUM NITRICUM, IODUM, ARSENICUM ALBUM and SEPIA, hasten its outcome.

The knowledge of homoeopathy, in the spotting of more fragile - and thus more liable to unexpected turns of events - subjects, is appreciably helpful, both for psychiatrists and non-psychiatrists.

It is important to bear in mind that, in this context, feelings which could not, in the past, be expressed in words 'to say' stir. Anxiety, which hides fear, anger, conflicts and, above all, the discovery of what memories do not accept, is there, ready to spring up...

To let oneself go... The psychotic patient is worried about this... Unconscious aggressive drives, anxiety, hidden memories, the risk of 'saying', that of revealing what they feel together with the guilt that is linked to it reappear : THUJA, SEPIA, MEDORRHINUM, MERCURIUS SOLUBILIS, CAUSTICUM... Hypnosis causes them anxiety...

It may be most helpful to reassure them about what they feel and tell them about what it may entail, if they have made the decision to try it out. In the strengthening of the therapeutic relationship which often follows, it may constitute, for the doctor, the opportunity of seeing an excess of anxiety is not beyond the subject's capacity and is not harmful to the therapy.

It is useful to know that certain constitutional types will take refuge instinctively in protective and anxious turning in on themselves and in the fear of confiding by revealing experiences which they find so difficult to share : SEPIA, 'What for ? Besides, what stain might reappear ?' ; timorous and embarrassed LYCOPODIUM, in fear of intrusion and with a desire for mastery ; NATRUM MUR, 'To remain alone to think about my pain...' and CYCLAMEN, 'Who knows what I'm guilty of?'. All these types are proof of it...

Apart from making it possible to understand what they experience, to know that this type of approach may upset their routine may permit to avert the risks inherent in their fragility.

Besides, to prescribe their homoeopathic similimum may help them bear more easily their confrontation with the parts of themselves that are so sensitive !

To take into account the defences built with 'rationality', a refuge for SILICEA, or that of ARSENICUM ALBUM, who has so much difficulty in letting themselves go as regards this form of 'irrational without any genuinely serious foundations', makes it possible to support them.

To help them make a judicious choice, support and enlighten them will be essential for their mental future.

To be continued...