

CLINICAL

Can homeopathy learn something from psychoanalysis?

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This paper attempts to demonstrate how some insights from psychoanalysis can be useful in homeopathic treatment. I discuss three concepts:

- (1) **The working alliance:** comparing medical alliance with a psychodynamic alliance.
- (2) **The dream-function:** serious somatic disorders can be the result of a blocked dream function, the restoration of the capacity to dream may lead to the disappearance of these disorders, homeopathy can help in this process.
- (3) **The transgenerational influence:** some traumatic, concealed events from the lives of ancestors can influence their descendants.

I illustrate these concepts with the case of a 23-year-old woman with chronic fatigue syndrome. *Homeopathy* (2007) 96, 108–112.

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We all know patients where therapy is stuck, where there is no progress, where medicine after medicine is tried with little or no result. Very often we suppose we have not found the correct homeopathic medicine yet: maybe there is some small or obscure medicine that will rescue the case. I want to demonstrate that there may be other reasons for the impasse. The first question we can ask is, is the working alliance with this particular patient the right one?

The patient I want to introduce here is a young woman of 23, who has been chronically tired for 6 months. She is tired from the least exertion, cannot cope with her job, is exhausted after a short walk, has palpitations and dyspnoea with the least exertion, sleeps very badly, cannot concentrate and has frequent vaginitis. She has consulted her family physician, who has diagnosed iron deficiency, but iron supplementation has not helped her. On the contrary, her fatigue is getting worse. She tells me that her fatigue started in the summer, during the hot weather. She is a secretary in a large company and asserts it is a pleasant job, with

nice colleagues. She has had a steady relationship with a young man for a couple of years, and plans to get married next year. When I ask her if she has problems in her life, she answers that only this chronic fatigue bothers her. Everything else is *normal*.

She uses this last word again and again when I try to find out more about her psychological state, about her relationships, about her family...everything is *normal*.

‘I have a very good boyfriend, I have a good job and I have a very good family: everything is *normal*.’

For the next two years I try to help her with classical homeopathy: I repertorize her complaints, her food habits, her mental symptoms...no homeopathic medicine really helps. Even the least physical exertion is a tremendous effort for her. Her heart-beat is almost constantly high: in the morning on waking it is already 100, sometimes it goes to 120–130 at rest. I send her to a cardiologist: he speaks of ‘neurocirculatory asthenia’ and advises a rehabilitation programme and a beta-blocker. After a few weeks of rehabilitation she has to stop, because the exercises exhaust her completely. She tries Qi Gong, but these exercises are also too much for her. In the meanwhile she has married and put on 9 kg over 6 months, although her thyroid tests are normal (like the rest of her blood analysis, except for hypercholesterolemia).

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Two years have passed and nothing has changed. I get discouraged. Her tiredness seems to be infectious: after every consultation I feel exhausted myself. I perceive in myself also more and more irritation and frustration, until I ask myself why I get so irritated. The answer comes immediately: I get irritated because she is not telling *a story*. She brings the same complaints to consultation after consultation, always in the same monotonous sequence. My every attempt to get some kind of story collides with her conviction that she is *completely normal*: there is absolutely nothing wrong with her marriage, her job, or with her family. Even more than that: there is nothing to tell about her life. The only thing to talk about is her chronic fatigue. That takes all the space. I realize that my way of working with her is totally ineffective. Her complaints are like a screen behind which she disappears.

What are the characteristics of our working alliance up to now? (I call this a medical working alliance):

- the rhythm is dictated by her complaints;
- her complaints are the main focus in the consultation; and
- our common expectation is an immediate alleviation or disappearance of the complaints.

What are the characteristics of the new working alliance that I want to introduce? (I call this a psychodynamic working alliance):

- the rhythm and the duration of the consultation are fixed in advance;
- her complaints are no longer the main focus, but her life and in particular the unconscious forces in her life (approached through dreams, biographic elements and through transference in the therapy); and
- our expectation is a change of her personality.

The concept of the working alliance was elaborated by Greenson.¹ He distinguishes four types of relations between therapist and patient:

- the working alliance: this is the actual therapeutic setting, installed by the therapist at the beginning of the therapy (many medical doctors do not reflect upon this setting before beginning their therapy); it includes the interventions the therapist is offering: interpretation, mediation, physical contact, acting out, etc.;²
- the transference relationship;
- the countertransference relationship; and
- the relationship in real life.

Only a minority of patients can be helped with a psychodynamic working alliance: many patients who somatize are too vulnerable to undertake psychological exploration. It is of absolute importance to have the consent and cooperation of the patient before setting off on such a psychological journey. Also the therapist must ask himself if he is willing to guide this patient

during this journey. I made the following proposition to her: 'I would like to see you on a regular basis (for instance once every 2 weeks), each time for one hour, and during that hour I would like you to speak about yourself, about your family, your relationships, everything that comes to your mind, but no longer about your complaints. I would also like you to record your dreams and bring them here. I won't give you any more homeopathic medicine until I have more clarity about your problems.'

Her first reaction was rejection: 'But I don't have to say anything more, everything in my life is normal. And dreams: they are nonsense! Dreams are a deception!' I reply that she can think about my proposition, that she is free to accept it or not. Finally, she accepts my proposition. From then on, and this for the next two years, I see her on this basis: mostly every 2 weeks.

The first consultations are rather stiff: it is very difficult for her to direct her attention inwards. Soon, however, she tells me about her dreams. I suggest that she notes them down, and gradually there is a flood of dream material coming to the surface. At first she speaks about her dreams as if they do not belong to her, as if they well up from a source she has nothing to do with. There is a rift between her conscious tale and the content of her dream stories. It is as if someone were to tell a fairy-tale without any empathy or identification with the content. There is a complete split between her consciousness and her unconsciousness. This insight brings me a first hint for a possible homeopathic medicine.

What strikes me in the content of her dreams is the 'horror-like' character: they are mostly frightening dreams, or nightmares. Often she wakes up, bathed in sweat, with palpitations, fearful to go to sleep again.

The most important themes in her dreams are:

- of being attacked by dogs;
- terrible fear of death;
- being raped or sexually abused;
- various forms of threat: guns, spiders, poison, curses;
- being lost in an unknown world;
- criminals whose soul has passed into the bodies of innocent children;
- babies that disappear;
- babies that get killed;
- babies that are abandoned;
- sadness because she does not feel at home, because she is terribly alone;
- a murderer is about;
- near death experiences;
- the feeling of total emptiness;
- to have lost her memory;
- of being paralysed; and
- the feeling of being out of her body.

Most of her dreams are terrifying but a few are blissful experiences where she has the feeling of elevating out of her body. The detached way in which she tells these

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