

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 a 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

dreams is in stark contrast with the intensity of her experience at night. At night she is alternately in heaven and hell, during the day she is the even-tempered woman, mostly friendly and smiling.

With every wave of dream material that she lives through during the night, something is washed off from her, she has some liberation and more vital energy. It became clear to me how her dream functioning was blocked before the therapy and how this seemed to have led to an obstruction of her vital energy and the production of numerous somatic symptoms. It was essential for her healing that this dream functioning was restored and an effective homeopathic remedy should help her on this level. The remedy that I gave her undoubtedly did this greatly.

The French psychoanalyst Joyce McDougall has made very interesting observations on the importance of the dream function on mental and bodily health. She writes: 'When we are able to give expression to primitive feelings and fantasies through our dreams (where we are all permitted to be deluded and hallucinated) and through freedom to daydream, it is possible that these may prevent the body from acting in a 'delusional way,' that is, reacting with somatic responses that obey no biological need.'³

George Vitoulkas also stresses the importance of dreams: 'Dreams, whether they be symbolic, prophetic or completely meaningless to the logical mind, function to clear the basic ground for mental and emotional balance on a deeper subconscious level so that the individual can continue his life undisturbed. Dreams clear the 'apparatus' so that 'universal energy' will go through it without encountering 'noise' or 'jams' that accumulate during awake-time. Some dreams may be understood by the logical mind, and this helps the individual understand some of his problematic issues on deeper levels. Some other dreams may appear meaningless or incomprehensible but still provide needed help on a subconscious level.'⁴

I found myself asking: 'Is there some logic behind her violent dreams? What is the connection with her life? Why is she so detached from her dreams?' At first sight nothing violent has happened in her life. She has indeed grown up in a rather 'normal' family: I mean a family where no children were killed, where no visible physical violence reigned, no war or terror struck and no famine has occurred. She comes from a middle-class family, with a father and mother, she has one younger brother, she has done advanced studies, she has a job and a husband.

Why does she have these terrible dreams? I can only see some meaning in her dreams when I look closer at her family history. In her mother's generation something very dramatic happened: a little sister (Y) of her mother died at a very young age. The little girl died at the age of 3 months from diarrhoea (the mother of my patient was 2 years old at that time). This must have been a terrible shock for the grandmother and the

mother of my patient. After that the grandmother did not leave her house at all for a long time. From then on, her whole life seemed dedicated to getting back her dead child. Six long years later she was delivered of a little girl again, and she promptly named it after her dead child Y. Now everything was 'normal' again and not many words were spilt about the dead girl, or on the loneliness of the little sister who survived it all.

This surviving sister gets older, marries and has a baby of her own (my patient), and then another drama almost happens. At the same age that Y died (3 months), my patient almost dies from cot-death ('I was almost in heaven'). She is found by her mother's sister (who replaced the dead child Y). When my patient is 7 months old, she gets diarrhoea herself and has to be hospitalized. She stays for 3 weeks in an intensive care unit, where all physical contact between mother and child is forbidden. A few years later the mother of my patient has another child: a son. When this boy is 3 months old, the mother has to be hospitalized with Guillain-Barré paralysis. Incidentally the grandmother goes on holiday on the same day that the mother is hospitalized. So they both leave this boy when he is at the crucial age of 3 months.

From the age of 3, my patient suffers from chronic bronchitis (she had to take antibiotics for a whole year), and from the age of 6 she had frequent episodes of vaginitis. Between the age of 6 and the age of 18, she suffered from anxiety related stomach problems: she had to vomit when going out. This problem disappeared completely under previous homeopathic treatment (I gave her Phosphorus at that time. Between 18 and 23 years of age, when her chronic fatigue started, I had not seen her). Now, she is married, and on the brink of having children herself: but her chronic fatigue prevents her.

In my opinion one can only understand the content of her dreams in the context of a transgenerational influence. Anne Ancelin Schützenberger, a French psychotherapist, writes: 'Transgenerational influences are not told, they are secrets, un-expressed material, things that are concealed, hidden, often forbidden to be even thought about, and that can travel to the descendants without being thought of or digested.'⁵ (My translation).

In the family of my patient it was no secret that a baby died at a very young age, but all the thoughts, emotions and fantasies around this death were concealed and did not find any expression. The grandmother who lost her baby did not go through a real mourning, but hoped for a rebirth of the child. Most probably she lost all emotional contact with her surviving daughter, who could not find ways to metabolize the loss of her sister and kept the loss well hidden in her unconsciousness, ready to be transferred to her own daughter. Linked with the unresolved mourning process of both grandmother and mother, the prematurely dead girl is haunting my patient: the 'phantom' of the dead girl Y.

Since the family had not really taken leave of her, she 'comes back' and influences the living. The concept of the 'phantom' was developed by two French psychoanalysts of Hungarian origin, Nicolas Abraham and Maria Török. 'The phantom is the activity in the unconscious of the disgraceful secret of another person (incest, crime, illegitimate child, etc.). Its law is the obligation of not knowing. Its manifestation, the haunting, is the return of the phantom in words and strange acts, in symptoms (phobic, obsessive...) etc.'⁶ (My translation). The phantom arises from an event that is at the same time tragic and concealed; most often the event has to do with sex and death.

In my patient's family the death of this little girl at 3 months was for some reason covered by shame and secrecy. I can only guess why: was it because one of the parents held himself or herself responsible for this death? Was it because the death of the child came in the middle of a family dispute? Had this child a special symbolic function in this family? I do not know. I only know that the shadow of this child, the phantom became active each time at the crucial period of 3 months: when my patient is 3 months old she almost dies; when her brother is 3 months old, the mother is paralysed by Guillain-Barré.

Now I can understand why my patient was so detached from her dreams: in a way, these dreams belonged to her ancestors and only partly to her. She was invaded by symbols from lives before her (especially her mother and her dead aunt). In this context I can understand her dream of the soul of criminals that pass into the bodies of innocent children. Schützenberger describes how some grandchildren of war victims, of concentration camp survivors are haunted by terrifying nightmares that have nothing to do with their own life.⁵

Which homeopathic medicine helped her the most? I looked for a remedy that has this radical split between conscious and unconscious. It was clear to me that a very big part of her spirit was outside her consciousness. I had the impression she was in a state of 'emotional stupor.' A state of narcosis, of anaesthesia. Very few emotions could reach her conscious mind. Instead she was deadly tired. Of course I thought of *Opium*, the stupefying *Papaver somniferum*, used since centuries to eliminate pain and anxiety and to bring sleep.

The following rubrics describe her state:

- unconsciousness, mental insensibility;
- indifference, does not complain (her tendency to look at every event in her life as normal, without any emotional colouring);
- happy face;
- painlessness of complaints usually painful;
- sleepiness, overpowering;
- anxiety after fright (from her biography it is clear that **her life** was in great danger several times, but this was **totally** eliminated from her consciousness; it was only

in her nightmares that she came in touch with her fright, during the day she was totally unaware of it;

- delusion animals (I take the rubric 'delusion' also when it concerns 'dreams': in my experience these rubrics are interchangeable); and
- delusion being out her body (in her dreams she has near-death-experiences: they refer most probably to actual early-childhood events).

Boericke writes in his *Materia Medica* on *Opium*: 'Unable to understand or appreciate his sufferings.'⁷ In psychoanalytical terms, she was in a state of 'denial': a complete split between her conscious mind and feelings, perceptions, thoughts and memories linked to certain life-events on the other hand. Joyce McDougall suggests that this mechanism is at work in somatizing patients.³

I gave her *Opium* regularly over the course of two years, in potencies from 200 to 10 M. Over these years she explored through her dreams unknown territories of herself and her family. Slowly she regained her vitality, her physical symptoms disappeared and finally she became pregnant! At that moment she very abruptly stopped her exploration. She did not want to speak anymore about her dreams. From then on I saw her again in a medical working alliance.

One could ask: what did actually help this patient? Was it the change in the working alliance and the subsequent exploration of her dreams, or was it the homeopathic medicine? The process of her dreams started through a change in my working alliance and this happened before taking *Opium*. On the other hand, each time that she got stuck in this process (for instance when she was so terrified during the night that she could not find any rest, or when she had so troubling somatic symptoms that she could not cope with it anymore), *Opium* helped her quickly and she could continue her process. Besides, I could only find an effective medicine through changing my relationship with her. The action of the homeopathic medicine was intimately woven with the relationship that I had with her as a therapist. It is impossible to separate these two influences. That is what makes it very difficult to evaluate homeopathic medicines along the lines of pharmacotherapy, where this separation between therapist and medicine is seen as essential. In homeopathic therapy (certainly with chronic cases), there are a number of factors (apart from the medicine) which determine the response of the patient: the moment in time that the patient asks for help, the particular doctor or therapist that he or she chooses, the relationship that develops between doctor and patient. In order to heal, there has to be an 'intimate' relationship between doctor and patient. In this intimate relationship the remedy is born.

I give the last word in this story to my patient herself. She described these two years in this metaphor: 'I am like a computer in the process of 'defragmentation.' This costs me a lot of energy and time. In the meantime I can't do anything else.'

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