

Chapter 5

Recovering from the effects of abandonment

As we have seen, a person suffering from the effects of abandonment is only very seldom aware of the fact that he has this “illness”. It must be emphasized at the outset that the person affected does not necessarily display any symptoms and is not ill in the strictest sense of the word. When a person is tense in certain situations or when he repeats life patterns without being able to escape from them, it is very hard or even impossible for him to arrive at the right conclusion. Nothing really points him in this direction. He may be aware that something “isn’t going right” in the way he is living his life, but things rarely go any further. What’s more, as we have also seen, it’s painful to admit that we have been abandoned. Even when a person accepts this fact, he often refuses to attribute any importance to it and instead tries to minimize the impact it has had and still has on him. Lastly, the clinical symptoms seen in a person suffering from the effects of abandonment are not specific to abandonment. Indeed, cystitis, like Pascale had, has other possible causes besides abandonment. The most we can say, if we look at it from the point of view of energy medicine, is that cystitis is often associated with fear, a fear that itself often underlies abandonment.

There are actually no clinical signs or symptoms we can classify under the heading of “Abandonment”. It is only by agreeing to look beyond observable signs that a person will discover that abandonment is his basic problem. And only then will he be able to confront it and recover completely. If he doesn’t do so, there is every chance his symptoms will linger on. This is why Pascale, after first suffering bouts of acute cystitis, then developed recurring cystitis and finally reached the stage of what doctors call “chronic cystitis”. It should be stressed that this typically medical verbiage doesn’t have much of an effect on what the affected person is experiencing! Instead, the individual continues to be treated with antibiotics or other substances that don’t really contribute to helping her resolve her problem....

As the various examples we have described show, the root cause of a person’s ill-being or symptoms must be determined in order for him to be treated. As long as the person has not identified the abandonment that is affecting him, it is an illusion to talk about treatment or therapy for its effects.

The paradox of a person suffering the effects of abandonment

Emily, a 43-year-old woman with three teenagers, came to see me after her husband left her “like a bolt from the blue”. Emily runs a business, but she has really hardly worked since he left, she feels so miserable: she has lost a lot of weight and no longer cares about anything. She complains about feeling very weary, weak and tired. She can’t sleep without pills and has suicidal thoughts. She is also having trouble concentrating and remembering things, can no longer read and feels very vulnerable. Finally, she can’t stand any noise at all and won’t put up with even the slightest annoyance. She came to see me on the recommendation of one of her friends, who is very worried about the

ongoing deterioration in her health. Emily tells me that she was completely unprepared for this event, as she thought her marriage was working well without any major problems. She had worked very hard at it, what's more, and doesn't understand why suddenly, without any advance warning, her husband decided to leave her for another woman. In addition, she has discovered he had previously been unfaithful to her. Emily is very angry with her husband. She didn't hesitate to tell him and showed it by throwing his entire wardrobe into the garbage. She has been mourning his departure for six months and can't seem to get back on her feet. She is also very angry with her husband's mistress. She has of course been to see her family doctor, who told her she was having a nervous breakdown and immediately prescribed an antidepressant that she has been taking for three weeks, a drug that – aside from making her feel “pushed aside and stunned” – doesn't seem to be having any noticeable effects....

Emily got married at 19 and lived happily with her spouse without any marriage problems until the day he gave her the terrible news. She can't understand how you can cheat on the other person in a marriage and she herself has never been unfaithful to her husband. She feels a profound sense of injustice, since she did everything she could to make her family life as perfect and happy as possible, which took quite a bit of self-denial; in addition to running a business, Emily had three children into which both she and her husband put and continue to put a great deal of effort. She doesn't understand what is happening and chalks her husband's departure up to the notorious “fifties mid-life crisis” (and her husband won't be there for three years yet!) and feels betrayed and abandoned. At no point does she ask herself any personal questions and I feel she is truly and deeply in a state of total incomprehension as to what has happened. As I can also tell that Emily is of more than average intelligence and that she works in an environment where she associates with many people, this naiveté surprises me, but for the moment I don't want to draw her attention to this issue. She is haunted by a profound sense of injustice: she feels that others view with contempt what she has achieved, established and built up for her family; she feels ridiculed and sullied. She has the impression she hasn't gotten anything back in return for what she has done and the personal sacrifices she has made. This sense of injustice wounds her deeply.

Emily is in pain and it is urgent to begin treatment immediately so she can regain a degree of well-being as quickly as possible. Two possible choices present themselves to the doctor and the patient in order to tackle and try to eliminate her suffering: the standard approach, which views illness as a matter of chance, and a different approach, less conventional and non-institutional, which I prefer, which views illness as a source of hope. Let's try to understand how these two approaches differ.

The standard medical approach: illness as a matter of chance

Standard medical intervention has three components: the first consists in telling the person that his symptoms (tiredness, weariness, sleep disturbances, extreme irritability and vulnerability, lack of concentration and memory loss, inability to tolerate noise, lack of interest in daily activities and suicidal thoughts) are part of a syndrome, which is to say a group of symptoms, known as a “nervous breakdown”; the second consists in

prescribing a drug called an antidepressant to fight this group of symptoms; finally, the doctor who uses this approach may also advise the individual to see a psychiatrist or psychologist.

The strategy is simple and involves:

1. Dealing with the patient's feelings of ill-being by prescribing a drug to help the patient feel better both physically and mentally, at the risk of a few side effects that vary depending on the antidepressant. The drug takes about two or three weeks to achieve its full effect. Nowadays, the tendency is to prescribe for a period of at least a year and sometimes longer. Research has in fact shown that relapses are very frequent when an antidepressant is taken for a shorter period.
2. Recommending long-term psychological analysis so the patient can figure out why he has reacted so strongly to what is certainly a difficult situation, but one that shouldn't have such major consequences. Analysis of this kind is supposed to help him gain a new attitude to life and thus avoid relapse. This approach, basically analytic and intellectual, will last months if not years. Its purpose is to enable the patient to learn more about the "faulty", pathological" or "abnormal" mechanisms he has put in place and which he is told are at the root of his feelings of ill-being. Naturally, it is to be hoped that in the course of this lengthy analysis, the patient will gradually learn to get along without antidepressants, although nothing is less certain! This approach fights the symptoms and the illness; at the same time it tries to help the patient understand why he is suffering. Once this is done, the task is deemed to have been carried out more than adequately by the health-care professionals involved.

The concept of "normality" is at the root of this approach. This normality is defined by standardized medicine and by health professionals who are themselves shaped by a kind of society and science that believe themselves to be all-powerful and therefore decide for the individual what is normal and what isn't. Thus, weeping at the death of a close relative is considered normal, but too much weeping is abnormal and must be stopped by an antidepressant, without which the person risks finding himself once again unable to make it through the humdrum daily grind. This is why the consumption of antidepressants has exploded in recent years in many European countries, especially in France, the country that consumes the largest amount of these kinds of drugs, as well as in North America. This situation, which delights the pharmaceutical conglomerates, should be of concern to those in charge of public health, in as much as they are in fact responsible and have some influence over the issue. As for psychiatrists and psychologists, they are so overworked that it is difficult to get an appointment with them. There are two additional explanations for this: it is fashionable to have "my shrink" and therapy is usually lengthy.

Who defines norms? What scientific grounds should we rely on to decide what is normal and what is not? At what point does suffering become "abnormal"? Does an individual have to resign himself to accepting norms defined in a totally arbitrary way by

a bunch of other individuals who claim to be competent to do so? This subject deserves a book all by itself and it's not my intention to dwell on it. However, it seems to me essential to be aware of the fact that standard medical practice is unfortunately constrained by these norms and that most health professionals are either taken in by this state of affairs or participate in it. These are all the misguided views of a medical system with one goal and one goal only: *to fight the illness*.

The result is a simplistic and reductionist kind of logic: do whatever it takes to arrest or minimize symptoms and establish new ways of functioning in order to avoid a relapse. In short, it's a matter of treating the *symptoms*, not the *causes* of the illness. I have already compared this approach with that of a plumber called in because of a leak and who then does the following: first, he tells his client, quite firmly, that there is indeed a leak; he then adds that the leak is not normal and that therefore it must be fixed. This is his "diagnosis", just like that of a doctor telling the patient he is suffering from depression. Then he writes a "prescription" so the client can get himself some buckets and floor cloths to mop up the damage caused by the leak and at the same time feel temporarily better. Finally, he tells his client that he thinks he'll come back and see how things are going...I can imagine the look on the client's face as well as what would happen if a scene like this took place. It's a very good bet that the plumber, in the best-case scenario, would soon go bankrupt; in the worst case, he'd be accused of professional incompetence and would find himself in court. It is surprising to see how women and men with intelligence and brains put up with the way traditional medicine continues to act, without ever asking why. So much the better for the medical and pharmaceutical communities, as well as for insurance companies; so much the worse for the individual. So much the better for those who have retained their decision-making power and so much the worse for those who accept this dictatorship without batting an eyelid and asking any questions. In short, so much the better for aggressors and so much the worse for victims. However, for the aggressors to pretend they have the right to talk about medical ethics seems to me a bit much. Since when, in fact, do medical ethics have the right to make fun of and take responsibility away from those who are suffering? Fighting *against* illness can only lead to failure, not recovery, for as long as the cause of the illness is unknown, the illness carries on with its work in one way or another and later recurs, just as the leak keeps on leaking if nothing is done to find the root cause.

A vain struggle

As a result, fighting the illness is not a very useful approach. In fact, it allows the illness:

- to *recur* and hence become chronic. Let's take the example of a person with sinusitis. He is treated with antibiotics that, at first, generally make the symptoms disappear or alleviate them. But it is common for sinusitis to recur, either a few days or a few weeks later. The next antibiotics will be different or stronger. The diagnosis changes from acute sinusitis to recurring sinusitis. Finally, if the disease persists, the practitioner will conclude it is chronic, based on X-rays that will eventually be taken, showing a thickening of the mucous membranes in the sinuses. And the treatment will be repeated despite its lack of success, without

either the patient or the doctor asking themselves questions as to the effectiveness of their approach to the disease;

- to *rearrange itself* in such a way that treatment methods won't work: organisms like viruses, bacteria and abnormal cells have an extraordinary power to adapt that enables them to ensure their survival. Viruses are able to change a single element of part of their capsule to prevent treatment from having any effect; this is how the influenza virus continues to thrive year after year – it reappears each time with its shape changed just enough for it not to be recognized by the memory in the immune cells that ensure our natural defence. As for bacteria, they develop very sophisticated ways of resisting antibiotic attack; research has therefore had to come up with stronger and stronger drugs to destroy them. Unfortunately, the strength of these antibiotics has proven to be very toxic for human beings, sometimes so toxic that it is absolutely necessary to find other molecules for use in their place. The strength acquired by these bacteria in the course of this process of “natural selection” is such that for some, like *Staphylococcus aureus* (golden staph), current drugs don't work, which explains the ravages caused by nosocomial infections – infections picked up in hospital environments. Paradoxically, staying in hospital for treatment can be dangerous;
- to disappear and *then to recur in another form*: existing methods of treatment are such that they cause the illness to change shape; this is an interesting phenomenon not taken into account by standard medicine, for many reasons which I won't go into here. To understand this phenomenon, let's go back to the example of a person suffering from chronic sinusitis during childhood and adolescence. It may happen that by means of antibiotics and other substances this person is cured of his illness. He and his doctor then claim victory. Very often, however, ten or twenty years later, relatively serious rheumatic illnesses will appear. The standard medical approach will say this is just chance. On the other hand, the medical approach that takes into consideration the idea of “internal milieu” or “terrain” is very familiar with the link between sinusitis and rheumatism. This approach defines “terrain” as all of the strengths and weaknesses found in every human being at the moment of birth. When an illness appears, it therefore seems more sensible to make use of it to reinforce the terrain, rather than trying to eradicate it at any cost at the risk of weakening the terrain, especially since, if the terrain is weakened, there is a strong likelihood the illness will reappear some time later in another guise. Without dwelling too long on the idea of terrain, let's keep in mind that getting rid of the symptoms of an illness using more and more aggressive treatments is often just a way of postponing the search for a solution that will lead to a long-lasting cure.

Fighting the illness doesn't work for several reasons:

- It's a *waste of energy*, just like the long-term use of buckets and floor cloths to deal with a leak would be.

- It means you are putting your faith in drugs whose side effects are often of more concern than the illness itself. It is really amazing to see how strong the correlation is between major side effects and serious illness. Serious illness calls for drugs with major toxic effects! Indeed, the treatment often consists of a combination of several drugs, each with many cumulative side effects. Note that these side effects include the shutting down of normal white blood cell production when certain substances are administered, especially those used in the field of oncology; the problem is that white blood cells are needed to fight viruses, bacteria and other invaders. We then find ourselves in a situation where the patient, rid of the abnormal cells produced by his body and therefore cured of cancer, dies of an everyday illness like the flu, because he no longer has any natural defences.
- It relieves the patient of responsibility for his own illness. The standard medical view is simple, not to say simplistic: a person who is unwell is not responsible for what he is experiencing, because illness just strikes by chance; it's by chance that the person has been attacked by a virus or bacterium, or by chance that he is the victim of a tumor caused by an abnormal cell with a particularly strong potential to multiply, in the case of cancer, for example. It is therefore logical to do everything possible to fight whatever is responsible; only rarely is this the person who is ill. Thus, and often with the agreement of the patient, we fight the virus, the bacterium or the abnormal cell. Where is the patient in all of this? On the periphery, not at the centre, since he is not responsible for anything and is merely a victim.

Relieving the patient of responsibility has another consequence: who is best placed to fight the illness effectively? Certainly not the person who is ill, given that he is usually relatively ignorant about science and medicine. The obvious response is the doctor and the medical community. And this is how, for the benefit of the patient and his doctor, direct responsibility for recovery is handed over to the doctor, who becomes the only one responsible for fighting the illness and who therefore has all the decision-making power; it's not really by accident that he writes a "prescription" after making a diagnosis. Thus, the patient learns almost nothing from what he is experiencing in the course of his illness, except that he has very little role to play in it. He hands over control and responsibility to an all-powerful doctor. How fortunate that the big gurus in white coats are there, ready to save him! This is unfortunately the main reason why it is very likely that the illness will recur in chronic form, despite the use of a large array of drugs and the doctor's wise advice.

Soul therapists

Understanding the meaning of the illness is the third component of the standard medical approach. Understanding is the prerogative of psychiatrists, psychologists and psychoanalysts. These people will intervene when asked to do so by the person who is ill or another health professional, who will likely have judged that his patient needs this treatment, given how "abnormal" his suffering is. In Emily's case, it is abnormal for her

to be “as sad as all that”; similarly, it is acceptable for her to be angry, but not so much so that she holds “such” a grudge against her husband. Very quickly, a soul therapist – let’s not forget that “psyche” means soul – will confirm or refute the diagnosis put forward by the general practitioner or other non specialist. Once the diagnosis has been confirmed, the patient will be encouraged to begin analysis.

The current vagueness in the field of psychotherapy is likely to add to poor Emily’s anxieties. There is in fact a wide range of approaches depending on whether one finds oneself stretched out on the sofa of a psychiatrist or psychoanalyst who is Freudian, Lacanian, Jungian or something else, or seated across from a general practitioner; whether one undergoes psychoanalytic or cognitive-behavioural psychotherapy; whether or not one takes medication at the same time....What’s more, approaches vary from country to country; for example, take the French, British and American schools, which are themselves subdivided into different currents of thought that oppose each other with varying degrees of strength. All it takes to be convinced of this is to look at the war underway in France between the defenders of psychoanalysis and the defenders of cognitive-behavioural therapies.

It’s just as obvious that the therapist, often believing beyond a shadow of a doubt that his approach is the most suitable (otherwise he would already have changed to another one!), will believe that his is the one the person seeking treatment should choose. Lastly, and I exaggerate only slightly, it’s equally obvious that each therapist adapts his approach to his own personal and professional experience. I have tried to be as concise as possible in describing the wide range of therapies that may be suggested to the person seeking treatment, who, most of the time, is not capable of making an objective choice. He will therefore throw himself into a given therapy, without really knowing what it consists of. As we see, there is no lack of diversity, but there is also total incoherence.

After this non-choice has been imposed on him, the patient just has to participate in discovering the reasons for and trying to understand why he feels unwell. This may take the form of short-term or long-term therapy.

Emily will likely become aware that she is suffering from feelings of rejection and abandonment by her husband, which will certainly lead her, sooner or later, to the abandonment she experienced in her childhood. At the same time, the therapist advises her to accept these events, which she can’t change, and to “forgive” those responsible. There you have a summary, in a few sentences, of the lengthy therapy that is supposed to put Emily back on the road to normality. Over months and years, she has become a living bible on the why and how of her problem of abandonment and feelings of worthlessness. She has absolutely no idea, however, about what to do to get better. On the other hand, she has learned to detach herself from her problems, to minimize them so as to handle them better, and even to anticipate the devastating effects of her crises by distancing herself with the aid of a few “mild” pharmacological substances and by resorting to avoidance and escape. She can add to all this the faithful practice of mind control techniques. She does indeed feel much better when she distances herself from the problem. She knows how to deal with it more effectively since she knows all the ins and

outs of her personal puzzle. Emily feels better because of her knowledge and awareness. The soul therapist will be deemed to be at the root of this entire process of self-discovery and may be thanked, even glorified, by the person who continues to suffer, but who knows why he suffers thanks to the remarkable work done! I can't help but quote, in conclusion, what the famous Jungian-trained psychologist James Hillman says about psychology:

“Psychology’s ‘mortal sin’ is the deadening of life. It is to distill boredom in its manuals and speeches, to make a show of its self-satisfied droning, its pretention, its new ‘findings’ that could hardly be more banal, its soothing exhortations, its decorum, its snobbism, its gatherings of experts, its tranquilizing consulting rooms, all those stagnant waters where the soul goes to be restored in a last attempt to salvage a crustless and tasteless white-bread culture.”²⁰

In short, this is the process proposed by standard medicine to cure a patient suffering from the effects of abandonment:

1. Detach yourself from your problem;
2. Minimize the problem;
3. Take anti-anxiety medication;
4. Resort to avoidance and escape;
5. Use mind-control techniques.

The non-institutional medical approach: illness as source of hope

Everyone who has read this far will have understood that there is another way to approach suffering and illness. As I have already written, this is the approach I prefer.

What is urgent is not to explain what has happened, but to refocus the patient on the present moment, the only period in which he lives and in which he will be able to renew contact with himself. What is urgent is not to discuss what has occurred, nor to understand what has happened, but to recognize the emotions that were felt and expressed at the time he was abandoned. These are two aspects of the attitude that must be adopted if we want to help a person who is unwell to recover from what is making him ill; this is not an illness brought on by chance, but rather an illness that is a source of hope.

Symptoms as friends

In this approach, Emily’s symptoms are no longer enemies; they are instead signals that her body is sending her to make her understand something. They are no longer things to be fought, but important indicators that, if interpreted for what they are, will enable Emily to get better, as long as she does what she needs to do. In this approach, the body is not an enemy; quite the contrary, it’s a friend who sends a message to the person who is unwell so that he or she can take charge and begin to get better.

Let's come back to Emily and her symptoms: what is her body trying to tell her through these signals? Tiredness, sleep disturbances, excessive irritability – their purpose is to make her notice the tension she has inside. These symptoms are definitely physical and speak volumes. You don't need to have completed very advanced studies to understand their message. Tension can only exist when there are at least two parties or two groups who oppose each other. What are these two parties in Emily's case?

Let's remember one key point: a human being lives in the present moment and it is only when he lives in the present moment that he is in touch with what is fundamental to life, that is to say:

- His emotions: joy, sadness, and anger, in all their guises;
- What he wants and what he doesn't want;
- The entire useful part of his brain, notably his memory and ability to think;
- Intuition, creativity, enthusiasm, spontaneity and many other qualities as well;
- Love.

What signal does a human being's body send him to let him know he is living in the present? A feeling of physical *relaxation*. What signal does a human being's body send him to let him know he isn't living in the present? A feeling of tension that is perfectly perceptible physically, if a person has even a minimum of self-awareness. This tension takes various forms that a person, if he is living in the future, calls "uneasiness", "fear", "anxiety", "panic", "phobia", depending on its intensity; if a person is living in the past, he will call it instead "regrets", "remorse", "guilt", again depending on the intensity. What signal does a human being's body send him when he no longer is aware of, feels, or expresses emotions of joy, sadness or anger? Again, tension, very noticeable physically, that may take the form of a knot, spasms, a lump or many other tangible physical symptoms. As soon as the person suffering allows himself once again to become aware of, feel and express his emotions, there is an almost immediate feeling of relaxation that he immediately feels physically.

We could give many more examples and they would all show that each time a human being blocks what makes him human, his body immediately tells him so by means of varying degrees of tension. Our body can thus be considered our best friend, who warns us of the danger in not living in the present moment and being in touch with ourselves. The body, though the tensions that give it life, tells us that our mind is taking control of our self. As already mentioned, the mind, or the ego, is responsible for:

- cutting us off from the present moment and pushing us into the future, with its retinue of fears, anxieties and loss of self-confidence, as well as into the past, with its share of guilt and regrets;
- cutting us off from our emotions to the point where we may no longer even be aware we have any;
- making us compare ourselves to others, with all that that implies: judgments, the impression of being inferior or superior, normal or abnormal;

- encouraging us to do “what we have to” and “what has to be done”, to the detriment of what we want;
- leading us to always put others before ourselves at the risk of not respecting ourselves;
- keeping us from wanting certain things and not wanting others;
- keeping us from feeling our desires and non-desires;
- plunging us into empty thoughts and illusions;
- keeping us from contacting what makes us complete human beings, gifted with intuition, creativity, and many other qualities.

In short, our mind keeps us from loving ourselves; it represents true non-love. We're lucky that as soon as it intervenes in one way or another, our body lets us know, like the true friend it is. Unfortunately, we don't listen to it, or at least very seldom; we don't pay attention to its warnings. What happens then? Tension lasts as long as the mind is in control and plays the lead role. At first, a series of symptoms appears which we can group under the heading of *tiredness-stress*. The signs are as follows:

- tiredness when getting up in the morning, which the person may feel for part of the day or the whole day;
- sudden feelings of tiredness occurring at regular times;
- sleep disturbances that may manifest themselves in difficulties getting to sleep or in waking up one or more times during the night, sometimes accompanied by a feeling of tension or anxiety;
- being unable to remember dreams or having repeated nightmares;
- increased irritability and vulnerability, and perhaps a feeling of weariness that may go as far as suicidal thoughts;
- a significant decline in concentration and memory;
- a decrease in or loss of libido.

All of these signs, of which there may be many or just a few, are serious alarms our body sends us to warn us that we are not respecting ourselves, either because we're not allowing ourselves to live in the present moment, or because we're out of touch with ourselves. Our body tries to attract our attention by telling us that we're being controlled by our mind and are no longer in harmony with ourselves.

If our mind continues to call the tune, and we persist in not listening to our best friend, our body, the latter will do what it takes to get our attention by presenting us with more serious signals, such as an illness or injury.

Science has proven that where there is ongoing tension, our immune defences become incapable of fulfilling their role in repelling attacks. These defences are extremely complex and amazingly effective in protecting us from attack by viruses and bacteria occurring in our environment. A skin culture, for example, would show the presence of thousands of bacteria belonging to various families, perfectly balanced and inoffensive as long as our natural defences are working. Under the effect of stress, another word for tension, our defences may become ineffective; an imbalance in the proportion of various

families of bacteria may also occur. In this way, a predominance of specific bacteria, such as streptococcus, may cause infections manifesting themselves as spots covering the whole body or part of it. The phenomenon is identical for the abnormal cells our body produces daily: these cells are managed by our immune system, which gets rid of them very quickly with great efficiency. When long-lasting tensions exist, the cells responsible for this daily cleansing become ineffective and benign or malignant tumors may occur. In the same way, our body is perfectly equipped to protect us against torn muscles or tendons; it also has a complete system of reflexes on the alert, as well as a well-developed capacity for concentration capable of protecting us from all kinds of accidents and injuries.

When these defence systems become paralyzed or ineffective, any given virus can express itself freely without any interference. Let's take the herpes virus as an example and examine the one that expresses itself as labial herpes, commonly called a "cold sore" or "fever blister", on the lips. Once it has been transmitted to a person, the virus will be dealt with by the defence system, which will keep it from expressing itself in its usual form: herpetic vesicles causing very painful itching around the lips. All that is required for a cold sore to appear is a psychological shock, too much sun exposure or excess fatigue. These different kinds of shock decrease a person's resistance; at the same time, the virus may express itself and a cold sore appears. This is how the body tells a person with labial herpes that he is not taking proper care of himself. We have looked at a virus as an example, but it is clearly true for all of the body's potential attackers.

Thus, our body is always speaking to us and giving us information about ourselves using two very simple signals: relaxation and tension. If it then sends more precise signals, it's because we have forgotten or refused to listen to the first warning. And remember that this forgetting, or refusal, stems from our mind. Emily's body is speaking loudly, trying to send her messages, but she doesn't want to hear them, especially since she has never been taught to listen. What is it telling her? The answer, given what has already been explained, now seems obvious: her mind is in control; it either drags her out of the present moment and plunges her into the past or the future, or it cuts her off from her emotions, or both.

Healing oneself

A non-institutional medical approach therefore devotes itself to helping the person who is unwell to carry out two distinct yet complementary activities, which are, in order:

- 1) switching off, that is, telling the mind to be quiet so he can experience life in the here and now;
- 2) recognizing, feeling and expressing his emotions.

We will take a look at these two components in more detail a bit later, but a number of advantages of this approach can be highlighted here.

- It makes the person responsible for his illness. This point seems to me to be the distinguishing feature of this approach. Making the person responsible is the same as telling him that his illness did not occur “just like that”, but in order to send him a message, which is that he is no longer listening to himself and has not respected himself for some time. I have often been reproached with the following: “Saying this to a sick person makes him feel very guilty. Not only is the person ill but, in addition, you criticize him for it and lay the responsibility for his illness on his shoulders. Wouldn’t it be better to show a little compassion for him?” It is true that saying this isn’t easy, just as it is difficult to hear it. In both cases, courage is needed, but speaking and hearing the truth is often a difficult thing to do. The person, because of his mind, will reproach me for “making him feel guilty”, words that sound like a value judgment; there is no judgment in the fact of telling someone he is responsible for his illness; on the contrary, this is the same as telling the person that he is not just a toy, a victim of things bigger than himself, but that he exists and has a degree of control with regard to his illness. As for compassion, forgive me if I smile. There is actually much more compassion in telling a human being he is responsible for what happens to him in life, than in confirming him in the notion, condescendingly or not, that he is not responsible and that this is why it is up to the virtuous man in white to treat him! Lastly, and this is definitely the most important point, speaking in this way to a person who is unwell comes down to telling him he is responsible for his recovery. This corollary is vital and must be emphasized at least as much as the first part of the argument. Telling a human being that he is responsible for his ill-being, as well as for his well-being, is in my view the greatest proof of respect we can show him. This is the same as saying: “You exist. You have the possibility, power and right to suffer, fall ill or hurt yourself, just as you have the possibility, power and right not to suffer, to recover, to feel well and to be good to yourself.” It is also telling him he is all-powerful with respect to himself and that nobody else can recover for him or cure him. It is helping the person to regain both his capacity for living fully in the present moment and his autonomy, since illness means a loss of autonomy, a backing away from life and submission to the mind. As for the person who is supposed to help, he has to demonstrate great humility and show the person who is ill that he has deep confidence in his ability to move toward well-being and recovery.
- It does not *hand control over to drugs*, of whatever kind. Drugs may be used in a very specific way for a short time, to relieve some symptoms, but on no account are they an end in themselves. Antidepressants and other drugs of this kind are avoided insofar as possible, since they mask or decrease perception and the relationship to the emotions that must be felt and expressed for the person to feel better. The non-institutional approach encourages the expression of emotions blocked by the mind. Any medication or therapeutic approach that does the opposite cannot be considered viable in the medium and long term.
- It allows the person who is ill to fight for himself and not against the illness or symptoms. I often say that cemeteries are full of people who fought against

something. This is absolutely true. Fighting against something is not positive and shouldn't be an end in itself; fighting for oneself is the only thing that is really important. In the end, isn't living well and happily our main goal? The intention underlying what we do is very important: in the case of a "fight against", our intention is to win in a battle between us and a virus, a bacterium or abnormal cells. To reach our goal, we use various methods that aim to destroy "the enemy", with all the side effects we know about, without asking any questions about ourselves and our illness. And so we are faced with serious contradictions: medicine uses certain very powerful drugs, although it knows they pose fundamental risks to the patient. On the other hand, if the basic intention is to fight for oneself or for the patient, the approach will put the person – not the treatment – first, with the goal of helping the person who is ill to regain his dignity and autonomy as a complete human being. What better approach could there be?

(Note: The remainder of the chapter discusses the OGE Method.)