

On Suppression

Suppression. Repression. Control. Restraint. Inhibition. Censorship. Domination. Subjugation. Restriction. Conquest. Despotism. Tyranny. Oppression. These words connote desperation, sadness, and other deep-seated but unexpressed emotions; over these kinds of words hangs a brooding cloud of helplessness, hopelessness, despair, struggle, and perhaps eventual defeat. These are slow words. Simmering. Chronic. They are heavy, weighted words and bring about images of great burden and confinement. At the deepest level, one might imagine a pathetic being straining against shackles with all his or her might – desperately striving to be free – to feel, taste, touch, and experience freedom – total, unfettered, break-away freedom.

In these words we find the flavor of extremes – these are not the words of healthy self-control, of a normal “time and place for everything.” These are not the words that describe healthy abiders of the law or observers of social norms. These are neither the words nor the images that hang over us, preventing us from littering, walking on the grass, from getting out of line in kindergarten, from smoking in public places out of respect for non-smoking people, or from cheating on our taxes. There is, in these extreme kinds of words, an element of force – a hint of rawness or perhaps unfairness that suggests an inability to do, or be, or act, or say, or behave otherwise – the idea that once suppression takes hold and becomes an *impression*, then there is no escape without aid.

In medical suppression, we find the desire of a person seeking health to wish the ailment, whatever it is, to go away – or to be less troublesome, less of a burden, less *oppressive*. We are motivated to seek help for a variety of reasons, but in the end, I believe people want relief and wish to suffer less, or to struggle less (myself included!). We come to trust the practitioner whether allopath, acupuncturist, homeopath, herbalist, faith-healer or naturopath – it matters not. I cannot believe that *all* forms of medicine other than homeopathy

are wrong, bad, or suppressive, and in fact, I cannot even believe that all forms of “old school” medicine are suppressive (as an example, setting a broken bone and stitching a laceration are quite necessary procedures, as may be receiving a physical examination each year just to monitor progress). I can easily believe that any form of medicine, if practiced poorly, can be terribly suppressive and more dangerous to health than going untreated. And sometimes suppression may be required in an acute, emergency situation where life clearly hangs in the balance – bleeding is suppressed by pressure, injury and shock are treated in trauma cases by pain suppressing medicines and emergency procedures, a person at death’s door is rushed to the emergency room whereupon he is put on a respirator, forced antibiotics through a slow drip, and sustained until the crisis passes. After such a crisis, non-suppressive treatments can resume...but sometimes desperate measures are necessary first.

In other cases, suppression may be an outcome that cannot be avoided – such as in the case of a person who is in prison for committing horrible crimes – clearly, being in a prison environment will be suppressive on every plane; but for the safety of others, incarceration is a necessity. Someone who is suicidal may be treated allopathically to dull the senses, and in fact the patient may be restrained to prevent self-harm. Again, in the immediacy of the crisis, these kinds of steps, although suppressive, may be necessary as an intervention (but this kind of treatment cannot hope to cure the patient of his or her desire to die, which would be the ultimate objective of homeopathic treatment.).

In Homeopathic treatment, suppression would be in reverse of the Law of Cure. A good example is a patient who presents with chronic bone pains of the hips and thighs, difficult menses, difficult memory, and sadness with occasional explosions of ill temper. The patient is treated with homeopathic remedies and begins to complain of irrational fears, nightmares and night terrors, a constantly pounding heart that can be seen to move her clothing when it beats, and increased blood pressure. This is accompanied by pain in the chest and left arm, fluid

retention, kidney pain, trouble breathing and a description of “dead” emotions. We know that true healing progresses from within out, from the higher to the lower, and from more vital organs to less vital organs. In this patient, we see movement from bone and lower body to kidney, heart and chest, from difficult menses to retention of fluids throughout the body, and from sadness and poor memory to irrational fear, nightmares, and night terrors with otherwise dead emotions – no sadness, no ill temper, just inability to respond at all except with terror. All symptoms have clearly moved to a deeper expression of illness, and if we ask the patient, we find she has never experienced these kinds of fears or nightmares, she has never suffered from other than intermittent high blood pressure or a mild bladder infection, and she expresses a desire to have her anger back because it is better than feeling nothing at all.

As to the question of suppression in general, whether it is always a bad thing, I believe we can get quite philosophical here. As mentioned at the beginning of this discussion, I think *suppression* goes beyond normal *compliance*. I believe that *norm* is the more appropriate term for what we might consider “having to behave” in public situations. Students are expected to sit in class and not disturb fellow students – in a healthy situation, this is called *courtesy*. If the students choose to do otherwise, they are generally asked to leave the room – this is *consequence*. If, in this same classroom, a disruptive student is gagged and put in the closet, or beaten, or humiliated unmercifully by faculty, *that* would be suppression¹.

There is a beautiful song² about a child who draws flowers using all the colors of the rainbow. This child is forced by his teacher to only color flowers red and leaves green, because “that is how flowers are supposed to be seen.” The child learns to obey the teacher upon being forced – and subsequently upon moving to a new school and meeting a new teacher, is unable

¹ Obviously this is an extreme example. One might argue that a student who is terribly susceptible to ailments from admonition might be suffering from a kind of suppression that is aggravated by the teacher putting him or her out of the classroom – but again, we can argue that the admonition is an appropriate consequence and is not, in itself, a form of suppression, but in fact elicits an exaggerated response due to a pre-existing susceptibility in the student.

² Flowers are Red, Harry Chapin. See endnotes for lyrics.

to paint flowers in anything but red and green and in straight rows, even though encouraged by the new teacher to use all of the colors of the rainbow. This song poignantly illustrates how suppression of creativity and emotions might easily occur (and even how unwittingly, as in the forcing of children to use their right hand for writing, rather than following a natural inclination to use their left). These are more subtle forms of suppression, but may be no less damaging than truly overt or ill-intended means of suppression.

For patients with a history of suppressed physical or emotional pathology, it would be important for me to understand this in a way that enables me to help them identify healthy means of amelioration or alleviation while they are undergoing treatment. In the case of suppression resulting in pathology, I think the challenge will be to guide patients to an understanding of what I think has happened, what to expect when receiving homeopathic treatment (such as aggravations or the return of old symptoms), and to encourage them to use non-suppressive, positive methods to help themselves through these periods (as an example, if a patient feels better with cold drinks and an open window, I might encourage them to use these in moderation – obviously, if a patient says he feels much better after several pints and a good bar fight, I would have to be a little more creative in my advice!). I think I will try to avoid giving “should-ought-must” advice (you should do this, or you ought not to do that, or you must do this – primarily because I don’t find it very helpful for myself, I think!). I think this kind of advice has the potential to act in a suppressive way if given without sensitivity to the patient’s perspective.

Mostly, I think it is important to guide a patient towards ownership of their health and their state, to actively engage them in the healing process. I would explore with the patient what kinds of activities give them pleasure, enjoyment, or relaxation – for those patients who are able to express healthy or balanced ways to achieve this, I would encourage them to continue those activities in moderation (yoga, dance, music, stamp collecting, model ship building, riding motorcycles, hiking, enjoying the seaside, reading, being with loved ones, and so forth). I would

also wish them to explore their habits of diet, hygiene, stimulant use, and sleep to see whether they would be able to reduce or eliminate aggravating or suppressing factors during treatment. I would also ask about what kind of support network a patient has, particularly if they express to me that they have no hobbies, have forgotten how to relax, or find “no joy” in anything at the moment. I think with these kinds of patients, it is a more critical situation. I would feel it necessary to discuss options they feel they have or might consider for support, relief, or “distraction therapy” if things should prove rough for them during treatment. I think the most difficult situation would be one where a patient expresses suicidal thoughts with lack of emotions, hopelessness, or utter despair. These I’ll have to take on a case by case basis and hope to do my level best – in such cases, it may mean a referral to someone more skilled, or a crisis intervention.³ Obviously I will take no case lightly, and ideally will pursue an understanding of the total state of the patient when receiving the case.

In the case of patients with a history of emotional suppression, although specifics in our discussion may differ, the encouragement and exploration of ideas would not. A patient suffering a history of emotional suppression feels no less awful than one who suffers from physical suppression. Again, I will have to let the total state of the patient guide me in these discussions – each patient is unique, and each will have unique needs during the course of their treatment. Simple questions like “What helps you feel better? What do you enjoy doing? What would you like to do?” will help these conversations get moving – I find that when people are invited to be part of their own solution, many generally will be. For those who wish me to tell them what to do, (and I am sure there are patients like this!), I will tell them as compassionately as possible that it is not up to me, but rather a choice they are free to make for themselves, and

³ Having good knowledge of available services in the community is important to a successful practice. A patient may ask for such information and I think it would be a good idea to have it on hand (how to get nutritional counseling, where to find a local health club, the number to the local crisis hotline, hospital emergency room number and location, etc.).

I will encourage them to do so (rather more easily said than done, I suppose, but I do have a little bit of experience in this area already!).

Finally, I think the best practice for me in preparing patients for potential aggravations or healing crises will be to ensure I am sensitive in selecting appropriate potencies to minimize the impact and that I have prepared them for such possibilities. I cannot imagine allowing a patient to leave with a prescription without mentioning the potential for aggravations and that they should call me if anything alarming arises. Clearly, I will want to be very general in this so as not to lead the patient, but again, I think it would be quite frightening to a patient who is new to homeopathy to have this kind of experience without having been at least briefly prepared for it.

Endnotes

Flowers are Red

by Harry Chapin

The little boy went first day of school.
He got some crayons and started to draw.
He put colors all over the paper,
For colors was what he saw.

And the teacher said, "What you doin' young man?"
"I'm paintin' flowers," he said.
She said, "It's not the time for art young man.
And anyway flowers are green and red.

There's a time for everything young man
And a way it should be done.
You've got to show concern for everyone else,
For you're not the only one."

And she said, "Flowers are red young man,
Green leaves are green,
There's no need to see flowers any other way,
Than the way they always have been seen."

But the little boy said...
"There are so many colors in the rainbow
So many colors in the morning sun
So many colors in the flower and I see every one."

Well the teacher said, "You're sassy!
There's ways that things should be,
And you'll paint flowers the way they are
So repeat after me..."

And she said, "Flowers are red young man,
Green leaves are green.
There's no need to see flowers any other way
Than they way they always have been seen."

But the little boy said,
"There are so many colors in the rainbow,
So many colors in the morning sun,
So many colors in the flower and I see every one."

The teacher put him in a corner
She said, "It's for your own good...
And you won't come out 'til you get it right
And are responding like you should."

Well finally he got lonely,
Frightened thoughts filled up his head,
So he went up to the teacher
And this is what he said...

And he said,
"Flowers are red, green leaves are green,
There's no need to see flowers any other way
Than the way they always have been seen."

Time went by like it always does
And they moved to another town,
And the little boy went to another school
And this is what he found...

The teacher there was smilin'
She said..."Painting should be fun
And there are so many colors in a flower,
So let's use every one."

But that little boy painted flowers
In neat rows of green and red,
And when the teacher asked him why
This is what he said...

And he said,
"Flowers are red, green leaves are green,
There's no need to see flowers any other way
Than the way they always have been seen."