

## **The relevance or not of personalized follow-up in care**

Is continuity of care a thing of the past?

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# **The power of the word**

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**As a preamble: Let's start with a little game!**

**Would two people agree to play a little game? These 2 people will receive an explanatory envelope.**

You will see the point of it at the end of the second part of this presentation.

**Our reflection concerns: The relevance of personalized follow-up in care, the axes of which are as follows:**

**Part 1- The Patient**

**Part 2 - The Practitioner**

**Part 3 – Case study of a meeting with Bettina as part of my activities as a socio-therapist.**

**Part 4 - Some theoretical aspects, as an aid to understanding.**

## Part 1 concerns the patient.

A **person who needs care, the patient**, is not necessarily asking anything, he (or she) find themselves having to depend on others. They confide their failing health to professionals. They are no longer in control. The laying bare of what has been minimized or concealed can be painful. They run the risk of no longer being able to manage their emotions. The ability to protect themselves may be shattered and symptoms which are usually under control revealed.

## Part 2 concerns the practitioner.

Whatever the area that requires intervention, **the practitioner** is confronted by a person, by their emotions. The medical record, if there is one, communicates valuable information that can be useful in building a relationship.

Often, **the practitioner** fears that attempting to persuade the patient during the therapeutic process will invest them with the aura of a potential saviour, with the risk of dependence.

And conversely: they may find themselves faced with resistance in the patient (mistrust), linked to the fear of the practitioner's status which holds all the power.

## Development of Part 1, the patient.

### 1 a. The patient, the person seeking help, is afraid.

If, due to traumatic experiences, the person in front of the practitioner has developed a weak, hyperactive, aggressive or withdrawn psychic defence mechanism, they will be strongly focused on themselves, anxious in the presence of the counsellor. This is what we encounter very frequently. Even if the patient is seeking help, they perceive people in positions of authority as potential aggressors to be seduced or controlled. This is due to a strong feeling of loss of control. The fact of exposing their failures, physical or psychological, puts them in danger. Shame is mixed with fear. They are no longer in control of their reactions, and these may well be visible.

Paul Tournier, a pioneer of these ideas in the 1950s, speaks of "**the Personality or façade and the true inner Person**" ('Personnage' and 'personne' which are difficult to translate accurately). **What is visible to the eyes of all, masks what is buried deep within the depths of the psyche.**

Today we will speak of a fragmented, multiple personality, of altered states that can manifest themselves in turn.

### 1 b. The patient shows anxiety about the diagnosis.

Paul Tournier quotes Professor van den Bergen, who when speaking of mankind says: "**Man is a whole world! ... an inextricable tangle of innumerable and limitless elements**". The patient is anxious about receiving a diagnosis, which reinforces their fears about their lack of self-esteem or the negative view they have of their own status. They become dejected or aggressive. In the context of symptoms of psychological disorder, related to a disturbed social life, the person will think: I am crazy, I have done wrong. They dive into a feeling of guilt, whether true or false. This is what I have heard many times during screening appointments as part of my work at Le Sas.

### 1 c. The patient is afraid of dying.

In his book, "**The Violence within**" published in 1977, Paul Tournier touches on the same problem, **violence becomes an identity and a screen when faced with danger.**

However, it does not reflect the true personality of the person in front of the practitioner. It reveals their frailties and their need for protection. True power has nothing violent about it!

We find in the patient a desire to die, which they are already aware of, made more real by the fact of being exposed, and particularly when faced by the obligation to trust someone. Men manifest this even more strongly than women.

This desire to flee is present even while the person seeking care seems to be agreeing with and submitting to therapy.

These attitudes are reactions and the logical sequel of one or more experiences of abandonment, experienced in early childhood, traumatic to a greater or lesser degree. In short, a person is anxious about what has already escaped them, **the relationship of trust. Trust in themselves first and then in any person in a position of authority.** This plays a role, unconsciously, in one way or another.

What they will try to defend at all costs is precisely their skin! As Didier Anzieu explains in his book, "the Skin-Self".

## Development of Part 2, the practitioner.

**2 a.** According to the concept of psychoanalyst Didier Anzieu <sup>1</sup>, the skin, desired and perceived as an insurmountable barrier at the level of the deep ego, no longer fulfils that function! The soul, with its repressed emotions, is exposed. The doctor, as well as all those involved in care, are confronted with the emotions of their patient as well as their own. They too are face to face with their humanity. Have they done their research and sought answers to justify and defend their own existence and the legitimacy of their role as participants?

This question is crucial in the practice not only of care for others, but in the ability to consider the person as a priority, "the inner being" rather than the disease, with all the risks of the relationship and of one's own desire to perform well. Both the doctor Paul Tournier, whose enormous impact in the world is recognized in terms of his ability to convey his questions and their answers and the psychoanalyst Viktor Frankl <sup>2</sup>, founder of logotherapy were confronted in their lives by a deep search for meaning. For Viktor Frankl, three years of internment in a concentration camp, for Paul Tournier, the premature loss of his father, then his mother (when he was 6 years old), taught them a lot about human nature and psychological workings. Both Viktor Frankl and Paul Tournier emphasize the importance of supporting medical treatment with SPEECH (LA PAROLE or the word) to **give substance to the patient's existence** rather than to his survival, particularly in the case of endogenous neuroses.

**2 b.** SPEECH in its spiritual sense emerged strongly and was recognized as important during the talks at the UNIL (University of Lausanne), in what is called "The Clinic of Meaning" in November 2019.

For Viktor Frankl – the aim is **to give substance to the patient's existence** rather than to his survival, especially in the case of endogenous neuroses.

**Speech is central according to Dr Paul Tournier. You only have to read his book "A listening ear" to be convinced of this!**

**2 c.** As a pioneer, Dr Paul Tournier was anchored in **the Bible, also called The Word ('la parole')**, deeply convinced of its Life-giving creative power.

The word (or speech) is very much there to create links, to regain lost trust...

On page 35 of "A listening ear", Paul Tournier encourages us to open up ourselves, to enter into a relationship with the patient in order to foster a personal relationship with them.

I cannot resist recalling here the prologue of the Gospel of John, which begins precisely by evoking this anchoring that gives meaning:

**In the beginning was the Word, and the Word was with God, and the Word was God. He was in the beginning with God. Through him all things were made; without him nothing was made that has been made. (John 1:1-2)**

The word is central in this text in particular, since it underlines the very essence of the Divine, which is **relationship, communication and creativity**.

A particularly interesting premise in relation to our subject.

Alright, we are no longer living at the time of the creation of the world. Although, remember that the person in front of us is also a whole world! The words which are spoken play a role in actions leading to change just as much as the words which are received. Words with the power of life or death, words that are constructive or devastating, even in the field of care. <sup>3</sup>

**The tongue has the power of life and death....** It is up to us to reap the consequences!

Speech also has the power to heal, according to Didier Anzieu, who talks about **the Skin of Words**, which rebuilds badly burned victims who cannot be touched.

## 2 d. Who am I, in my role as practitioner?

I am **neither judge** nor God,

I have an attitude of **openness towards what is to come!**

I treat **a person** who is suffering, not the suffering of the person.

**I commit them** to that which is greater than me.

## 2 e. Who is the other person in need of care?

It is written: You shall love your neighbour as yourself... The first neighbour is me. **It's my own well-being that will give rise to well-being.** I can realize that I too am loved by one greater than myself, that I am only an instrument, one agent for change.

**I accompany a part of the way, I listen, I act, I take by the hand a story that does not belong to me. I am a human among humans, with certain skills that can open up a future, for me as well as for the patient, I will provide a link between the various participants.**

How am I going to deal with what will be shared with me so as not to flee, or invest too much of myself? Is my yardstick internal and/or external to me?

**That is the fundamental question. My choice can allow me to avoid making the other's problem my problem, but to offload it on one greater than myself.**

The same questions are faced by my patient. To whom am I going to entrust my health, my life? What will the practitioner think of me?

The doctor and the therapist are on the front line with regards to the patient.

Paul Tournier writes in all his books that the human being is a unit composed of elements that are dependent on each other, that are interdependent. In his book, "A listening ear",<sup>4</sup> he shares a personal experience of the consequences for relationships of his mother's premature death, in particular in terms of his commitment as a doctor. For him, it was an important realization that the personal path of the practitioner is not to be neglected.

Continuity of care can create enough bonds of trust to bring out the hidden truths that hinder both physical and psychological healing. We will talk about this again in Part 4, the theoretical part about the construction of personality.

## Conclusion of Part 2

- **The awareness that the "Médecine de la personne" association has been promoting for 74 years is crucial.**
- **More than treating the physical aspect of the disease and fighting against death, it encourages the practitioners to give themselves the means to be bearers of Life, to consider patients as people!**

### *Continuation of the game!*

*Thank you for taking part in the little game as a prelude to the presentation.*

*How did you feel about being kicked out of your chair without the person wanting to take your place talking to you? Was it easy to take the other's place without talking to them? We thus see that speech is essential to form relationships, to be understood and to understand.*

## Part 3. Case report of an encounter in the context of my activities as a socio-therapist.

### Bettina

She is 16 years old, her parents don't know what to do with her anymore. They ask for a 2-day evaluation. (She will come with her father, and they will stay in a caravan, in the parking lot of Le Sas).

The young girl has **had broken relationships** since she was a little girl, even with her parents, brothers and sisters... She locks herself in her room, runs away from school, from doctors, from all constraints.

Constant aggression, constant fear, constant flight....

**Bettina feels attacked always, everywhere. She told me later: In kindergarten, all the children had fun pulling down their panties, except her, and everyone laughed at her.**

She is ashamed, she is afraid, she flees. At night, it's peaceful. I like the night, I feel good. I go into the forest at night by candlelight. There is no human influence, no vacuum cleaner noise... she will tell me later.

When she and her father arrive at the appointment, I see a scowling child in front of me, who one would think was eight years old when she is actually 16. The child stands in front of me and has no desire to speak... she looks down at her feet.... She grunts from time to time.

I don't force her. I speak with her father who answers for her and shares the family's dismay at this child who hides away, who runs away from school, locks herself in her room all the time, sulking in front of her brothers and sisters.



It is a miracle that she agrees to take part. I give her a ball of clay, she keeps a very small part of it from which comes the image of this little scowling girl, whose bent back can be seen.

"I have imagination: I think of stories, but they don't ever have an ending. I write, **but I can't find the beginning of the story again...**", she says.

At school, she was called "The Whiner", she didn't play with anyone and took refuge in the trees.



A three-month stay in a clinic further aggravates the child's distress. Because of her excessive weight, she is deprived of desserts and snacks. Then the carers panic. The weight loss is too fast, which raises fears of anorexia. She is forced to follow a completely opposite diet, she is forced to eat. The contradictions in the care, the failure to listen to the little girl who had taken on board the instructions, once again totally threw her off balance.

The parents didn't understand. They are worried, what are the professional prospects for their daughter? She has severe pain in her back as well as in her hands, which doesn't make her life easy, according to her father. From a medical point of view, it is thought to be an orphan disease.... Autoimmune.

At Le Sas, on the first day, it's dad who speaks. Bettina will not look at me and remains sullen during the 3-hour interview. I discover Jewish ancestry on the father's side. The pain of a family chased into exile several generations ago... The family's name makes one think of vagabonds.

The next day, we had an appointment at 9am. I drove there, thinking about my chances of establishing contact with the girl. I was travelling between my home and the place where we would meet when **the thought of addressing her in English came to me.**

After initial greetings, I addressed Bettina in English, to her father's surprise. Bettina raised her head, looked at me for the first time and immediately spoke in English! She was looking at me, interested and smiling.

**The broken parts** (Altered Personality States), worried about past events, were delighted. And the young girl was surprised... surprised to feel joy. **She existed for me. Things started to change for her.**

To understand this change in behaviour, it is interesting to know that previously, her father, seeing his daughter constantly confined to her room, had given her a computer. A source of joy and interest for Bettina who took the opportunity to learn the language of Shakespeare. Just then, she was the one who asked to work with the clay. Out of her hands came three padlocks, with a key.

Message received: I had to open three padlocks!

In a few months huge progress was made in her journey towards healing. During follow-up, for both parents as much as

for the young girl, by skype, by text message and phone. Nowadays she manages her life. Her apartment, decorated with a lot of creative flair, is pleasant, her relationships more and more numerous.

The bird came out of its cage. The young girl's joy is immense. She wants to study, to make up for lost time! She loves to write and wants to become a writer.



During the management of her case, being non-judgmental, listening and trust were the priorities. The young girl possessed the key that would open a path to healing. She didn't have the means to open the locks. She was able to express it. The words she heard opened up a new **place of trust** for her.

One downside. She still has a disability pension (Disability Insurance) and pain in her hands that prevents her from considering an apprenticeship. She did not talk about it, as if the ultimate aim of full freedom was still a utopia!

Interviews with her parents, especially her mother<sup>5</sup>, revealed a long history of women who had suffered. Her great-grandmother had been sold by her poor (Swiss) parents. Her grandmother, after a disastrous first marriage and a dependent child, married a rich man with whom she was not in love and with whom she was very unhappy.

The fear of the other, of others, the lack of confidence in her own skills were in a sense a trans-generational phenomenon.

We saw each other again. The integration of an altered personality state with the conviction that the world was full of bad people was accomplished.

We have stayed in touch with Bettina and her family.

## Part 4. Some theoretical concepts to aid understanding.

**It will not be a question of learning from the other, nor of teaching them, but of understanding them.**

The meeting gives them the opportunity to enter into what they could "Be", that is to say to become a whole person in their own right.

In the desire to accompany the "Person" rather than a "Personnage or Façade", according to the teachings of the book 'The meaning of persons' by Paul Tournier. Here are some outlines to illustrate it.

Violence, abuse and neglect define what has an impact on the psychologic level and modify personality and human behaviour. We are very often confronted with this problem when caring for people. For those who are already familiar with these principles, forgive me for reminding you of them.



These outlines that I have developed and that I use in the context of the therapeutic workshops of Le Sas do not explain everything! They are simple and basic to allow people without specific training to understand the meaning of their emotions.

These outlines can be used by others, please just cite the source: [lesas.ch](http://lesas.ch)

## Outlines

1. **The foundational statement: mankind is a holistic type of creature**, from the Greek "holos" meaning totality, the whole. He is surrounded and contained by the envelope of the Ego skin, represented here by the golden circle that surrounds them.
2. The body, the soul and the spirit are interdependent, with reason and intellect.
3. **The mind-the psyche**. Underpinning the life force that makes us seek beauty, whether in nature or in works of art, music, gastronomy, there is **the human spirit**. Like **the search for meaning**! The multitude of whys. Heredity, illness, life, death? **The drive to live** – This drive passes through **the heart**. I like, I don't like.... But when I love, it's the dynamo that propels me forwards! I design projects, then I act, I give myself the means to achieve it, and in the end, my spirit is delighted with the result. The pleasure makes me want to start all over again! It's like installing an engine on your boat!

**The 4 parts send stimuli to each other. The same is true of suffering.**

4. **The eye** above defines the **human need for an external frame of reference**. Linked to the need for meaning, they can be diverse. For Dr Paul Tournier, a Christian, it is the Spirit of the God of Jesus Christ, the God of life. For example, the human mind can be compared to the copper wire of a lamp, the same material as the one in the plug. The copper wire allows electricity to pass from the power generator and turn on the lamp that lights up! The drive to live takes on new dimensions! Stronger, broader!

**Our spirit** has the possibility – the freedom – to encounter the Spirit of God, according to the Biblical texts, in Revelation chapter 3 v. 20, the gospel of John, chapter 4 v. 24.

5. **The knife which breaks your heart**. It can be a single phrase (you'll never achieve anything, I would have been better off having an abortion... etc.), Betrayals, lies, contempt, loss of place, ... No need to describe them further, the media give us enough examples!
6. **The heart**, the container of emotions is broken, the emotional invades everything, in an unpredictable fashion. It paralyzes and crushes the different parts. The resulting stress is called **PTSD**. (Post Traumatic Stress Disorder). Those affected say they feel like they're in a jar, locked up or frozen...
7. Result: **impulse towards death** ... As a reminder, it starts off in the mind and when the heart becomes involved, the negative messages (related to the experiences of broken relationships) multiply. The person hears them, listens to them, believes them and is suspicious of everything that is offered to them and wary of the people they meet. They show fear. Through **the intellect**, they analyse and decide, and generally reject the propositions. The body only partially responds.

The death impulse starts in the same way as the impulse for life, through the mind. It gives an impetus and is stopped by what dwells in a broken heart. Fears due to negative experiences, memories of traumas that are always very present in one's conscious or



unconscious, fear of reliving them... Abuse, violence and neglect that the person has never dared to talk about...

If the person tries to act, despite this, by **controlling their emotions**, they put themselves under stress, succeed with difficulty, if they persist, they expose themselves to **burnout**.

8. The more or less obvious result of the first emotional shock is the **arrest of growth at the emotional level**.... And the retreating in on oneself. **The fellow in the jar** is ashamed, he fears the judgment of others. He protects himself. He goes from being confident to being a control-freak. Shame, doubt, false guilt set in.

The first emotional shock (trauma) casts doubt on the subject's ability to "do the right thing", to be loved. It is the loss of a place of safety. See "**A place for you**" by Dr Paul Tournier

9. **The jar** seen from above represents the person, with the arrow pointing towards the Self. This is related to the frame of reference that is no longer in the other, but in oneself. We talk about an **ego-centric, narcissistic** personality. **The impact** will be more or less serious depending on the nature of their personality, their heredity, their education. The age and development of the person at the time of impact will also change the extent of the impact.
10. This schema represents **the ambivalence** in which a victim finds themselves and their need for control while submitting to the pressures imposed by society. Dr Tournier's book, "**Violence and Power**" describes this duality well.

The objective is not control, but the care that will allow healing, to leave behind ambivalence. "**A place for you**" always and again by Dr Paul Tournier gives an important key to this feeling of well-being that stems from the certainty of being.

**The person who does not find meaning in their sufferings and in life, suffers doubly. They suffer because of the suffering and because of its absurdity, resulting in rebellion and possible violence or apathy and depression.**

A doctor, a therapist, whatever their discipline, erupts into the person's inner, private life. They therefore represent either a threat in the physical realm, but also in the psychological realm, or play a **part in rebuilding**.

From what has been discussed, it seems obvious that continuity of care is not a thing of the past, on the contrary, it is more vital than ever, given the threats that weigh on society and that also significantly increase the levels of anxiety.

**Listening is vital.** A non-judgmental attitude counteracts what has been destructive and gradually favours an opening of **the person** and not **of the personage or façade**, the ideal image they want to give of themselves. This space of trust needs to be protected. Finding their true self, their true person, takes away the fear of being in danger again.

Most of our fellow citizens are struggling against a death impulse, linked to post-traumatic stress.

The entirety of people with post-traumatic stress disorder makes up the majority of society... Whether it is at the level of a family, a society, a people, or nations, the behaviours related to what we have just seen will be identical, with what this means in terms of consequences if work is not done to speak, to listen.

**Speech or 'the Word'** is life-giving. It is therefore important to consider our approach according to the axis proposed by Dr Paul Tournier, to consider the subject as a unique creature worthy of being

loved whose life has meaning. **The companion accompanies**, at each stage of the process and this isn't a tautology. We do not enter into judgment; right or wrong, who are we to judge! We give them the keys to understanding!

**Each human being is a unique creature whose life has meaning**, and continuity of care is essential to avoid a replay of the scenarios that give rise to the death impulse.

The relationship is obviously the foundation of any action with the purpose of providing therapy, the rest is useful, necessary, indispensable, but remains secondary.

**All effective therapy is based on a relationship of trust. This makes the process easier. The therapist will not act without having the subject's agreement, nor without having explained to them the sequence of events and the impact of the proposed action.**

**Continuity of care is therefore not a thing of the past! That was the question forming the basis of our meeting.**

**The words** spoken by the first therapist, as they start treating the patient, whether or not relayed by the practitioners, are central. The bond of trust that will be created in this way will stimulate the life impulse. It will facilitate a receptiveness to other care.

Dr Thomas Ihde, doctor in charge of the Interlaken Psychiatric Hospital and former president of the Swiss foundation Pro Mente Sana, holds an interesting opinion in the sense of a possible evolution in diagnosis. Dr Florin Orha, Swiss Medical Federation psychiatrist and former doctor in charge of the Perreux psychiatric hospital in the canton of Neuchâtel, also has the idea of a possible evolution from one state to another by avoiding the lifelong stigmatization of a pathology. He recognizes that traumas can be helped to evolve in a positive fashion through the power of speech.

**The books of Dr Paul Tournier are an extraordinary source of experiences and teachings.**

I would like to stress that **we are not called upon to leave our comfort zone**, quite the contrary! **The comfort zone is to live connected to each other and by the One who is all-wise, who knows everything.** He gives us the power to love!

What do we offer, what do **I** offer in order to meet not only the person in the context of my professional activities but also as a member of a living community, both within the family and in the wider society? What is the impact of my action as an activist **for Médecine de la Personne, its association, its promotion, the updating of what Paul Tournier talks about, the loss of meaning?**

**If nothing makes sense, we are in a situation of no sense, perhaps even working against the grain or 'counter sense'.**

**For the record, I would like to quote Antoine de St Exupéry**, who in the autobiographical account of the little Prince, highlights the very principles of a reconnection through TRUST: "I am looking for friends," says the little prince, "what does it mean to tame someone?" "It's something too often forgotten," said the fox. It means "to create links..." Just like Paul Tournier does in all his books... **Antoine de St.-Exupéry**<sup>6</sup> lost his father suddenly, when he was 4 years old.

**Paul Tournier** lost his father 3 months after his birth and his mother at the age of 6. Both discovered meaning, the value of life and relationships by connecting with the living God!

**Two men who did not stay withdrawn in on themselves, who made of their lives signposts. They have given hope to thousands, if not millions, of other wounded people.**

**The therapeutic process** does not stop with the treatment of the wound, the suffering, the discomfort, it aims to lead the person towards **inner unity**. Illnesses or trials become opportunities

for the growth of the personality. The process begins with a request for assistance. It continues in a relational dynamic of trust that allows the person to get in touch with his or her depths, to become aware, to take a step back, to name, to enter into the five stages of the grieving process as **Elisabeth Kubler-Ross**<sup>7</sup> advocates in order to then look up and welcome the One who leads to healing, to liberation, to inner unity.

### **It is the emergence of the true personality**

This path passes via the integration of one's own history, through the peace of forgiveness granted which leads to reconciliation with oneself and then with the Divine who people feel is responsible for the tragedies they have experienced. Then there is the path of reconciliation and reconstruction!

Gone is the endemic guilt!

The integration of all the little pieces of the broken heart (Altered Personality States or multiple personality disorder) is an integral part of the care necessary to build the true personality on the psychological, physical and spiritual levels! An important aspect that Dr Tournier briefly (too briefly) talks about in his book "A doctor's casebook in the light of the bible"<sup>8</sup>.

This is in contrast to what was commonly referred to as "characters" or identity. It is a vast, magnificent and fascinating subject, with many eloquent testimonies and which deserves to be taken as the main theme in itself.

**The initiative comes from the person themselves, but we, the caregivers, members of the association of Médecine de la Personne, can be the bearers of hope.**

Thank you for listening. I am available for any questions.

I am accompanied by Geneviève De Longueville who has herself experienced the course and who can share her feelings as a patient, and then as a counsellor for several years. We work in collaboration at Le Sas.

### **For the record:**

**The human being is a unique creature whose life has meaning.**

"I am the captain of my soul," said Nelson Mandela.

**Viktor Frankl**, psychoanalyst and father of logotherapy, emphasized the need of men to find meaning in their lives, which Paul Tournier emphasizes<sup>9</sup>.

## **Conclusion**

**"Whoever does not find meaning in life suffers doubly. He suffers from suffering and from the fact that it is absurd."**

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### **Appendix: List of Books with Comments**

**The main titles and what you can learn from them.**

- **The meaning of persons:** The façade in all its ambivalence and the truth of the being.

- **A place for you:** Highlights the need for roots which give identity and for ties to other people.
- **Escape from loneliness:** Shows the path towards the other, from the sense of community, a way of setting aside a judgemental attitude, a sense of oneself, of others.
- **Guilt and grace:** discovery of the origins of both one and the other.
- **The strong and the weak:** Which the famous Jean de la Fontaine would not deny! As we can read in fable of the wolf and the lamb.
- **Violence and power:** Evokes the suffering and reactions of people with PTSD who mistake violence for a display of power.
- **The mission of women:** An interesting reflection on the issues faced by couples and men and women in society.
- **A Doctor's casebook in the light of the bible:** Giving meaning to what the person experiences through care.

<sup>1</sup> Didier Anzieu, 1923-1999, French psychoanalyst, professor of psychology, *Le Moi-Peau* Ed. Payot 1997

<sup>2</sup> Viktor Frankl, 1905-1997, Austrian jew, neurologist and psychologist.

<sup>3</sup> The Bible, book of Proverbs chapter 18 verses 21 to 23

<sup>4</sup> Dr Paul Tournier, 1898-1986, Swiss doctor. *The listening ear*, p. 115 in the French edition.

<sup>5</sup> 19 6 Bettina's mother

<sup>6</sup> Antoine de St Exupéry, 1900-1944, Aviator, *Citadelle*, Ed. Gallimard 1948

<sup>7</sup> Elisabeth Kubler-Ross, Swiss psychiatrist, "*The Last Moments of Life*" 1969 Ed. In English, On Death and Dying.

<sup>8</sup> Dr Paul Tournier, 1898-1986, doctor, *A doctor's casebook in the light of the bible*, Ed. Delachaux et Nestlé 1951 p 87 and 88 in the French edition.

<sup>9</sup> Dr Paul Tournier, 1898-1986, Swiss doctor, *The listening ear*, Ed. de Caux 1984 p. 82 in the French edition, Conference in Montreux under the title *The enigma of suffering*.