1. How would one go about accessing therapy in France?
   In France there are a couple of ways of accessing therapy I will give the three main ones:

   - The first one is the straightforward approach in which the person reaches out to a therapist in a liberal practise directly to seek treatment.

   - The second and often most common a person talks to his GP about his mental suffering and the GP recommends psychotherapy and he often has a list of professionals. However if you don't feel comfortable enough with your GP to talk about it you can seek a therapist directly or ask someone you trust and value if he knows a good therapist(this wouldn't be refunded by the health care services).

   - The third is to contact a CMP (centre médico-psychologique) or in english Medical-psychological centers. These are institutions that provide free psychotherapies and are related to your area. However there is a waiting list that can be anywhere between 3 and 6 months to start therapy. The initial appointment however can be quicker but it won't be a therapy session but an informational session led by a nurse in order to ask you about your life and mental health details. And please note that you will not choose your therapist; they will be assigned to you.

   You should also know that the securité social (french health care) doesn't refund psychotherapy except if it is a psychiatrist that does it (this is because he is a medical doctor). It also refunds students psychotherapy (during COVID 19) but you need a recommendation for your GP. Some private health care insurances can refund a couple of sessions.

   My advice for anyone seeking therapy would be to start by looking at the different types of therapy and see what you feel the most comfortable with. Then you can seek a therapist working with those tools/methods. If money is an issue do not hesitate to talk about it to your therapist (most of us are not shut to lowering our fees for people with financial hardship).

2. What is your approach as a therapist?
   As a therapist I have an existential and psychodynamic approach. Now what does it mean in practical terms?

   This means I believe that our mental suffering and pain are not just the result of a chemical imbalance in our brain. That suffering is also a manifestation of repressed emotions, false beliefs and desires, fears, anguish, trauma and so much more. Those manifestations are also part of ourselves, but we often fight or are excluded because we don't want to admit or accept them .

   My approach as a therapist is to help my patients come to terms with those elements. Not to reject or deny them but to understand and change them. This process of change is brought through the support,the analysis of both the conscious and unconscious mind and the professional relationship provided by therapy. And it

needs the implication of both the therapist and the patient.
As a psychologist my goals are to help my patients go forward in life with less suffering and more happiness and freedom.
In terms of organisation the therapies I provide are often long term between one and three years with a one hour session every week or every two weeks. During these sessions I will listen to my patient (of course) but I will also provide my insight, my support and interpretations of certain behaviours, patterns, dreams, nightmares. I will also give advice or recommendations.

3. What is psychoanalytic psychopathology?

   Psychoanalytic psychopathology is a psychodynamic model of mental illness. This means that instead of considering the illness as brain or cognitive impairment with consideration that it can be understood and treated by the psychoanalytic/existential model (i.e. the understanding of defense mechanisms, unconscious beliefs, fears, complex, attachment theory etc.). This is the intellectual definition of it but I personally love it because this model of mental illness doesn't reduce humans to their symptoms of personality traits. But opens them to be complex and nuanced individuals that aren't just 'mental unhealthy' but trying through their symptomes to heal or reduce their suffering. And it opens the door to the process of change.

4. How would you explain what schizophrenia is?
   Schizophrenia is classified as a severe and chronic mental illness that greatly impacts the lives of people who have and their environment (meaning family, friends, partners, neighbours…) This illness affects between 0.33% to 0.75% of the world population(reference https://www.nimh.nih.gov/health/statistics/schizophrenia). It involves symptomes like:
   Hallucations (seeing, hearing,feelings this that aren't there i.e. voices)
   Delusions (false beliefs or suspicions that are not share by others)
   Disturbances of emotions, apathy or disconnect between reported emotions and facial expression…
   (See the who for more explanation
   https://www.who.int/news-room/fact-sheets/detail/schizophrenia)
   What it is not: an intellectual disability, a person suffering from schizophrenia isn't inherently violent, schizophrenia isn't multiple personality disorder.

   People experiencing schizophrenia might find it hard to work at a full time job,cope with stressful events, and be in denial about their worsening mental health. Many thing can help them first and foremost medication (it may lessen there anguish, hallucinations etc). Psychotherapy in addition to medication can help them stabilise and improve their mental health.

   It is essential to remember that people experiencing schizophrenia are first and foremost people and they need help when in a state of crisis.

   A good exemple in my opinion of the lived experience of schizophrenia is the video game Senua's sacrifice which is an intense form of the illness but a realistic one.

5. How does living with a disability affect our mental health?

   Living with a disability can drastically affect our mental health. For the sake of simplification I will present two theoretical cases and their repercussions.
   Person A and Person B.

   Person A was able bodied and minded until an accident/illness/mental breakdown… occurred and deprived them of an ability

   Person B was born with a disability and has never had the experience of being able bodied.

   Person A cases (again this is a gross simplification and real cases are often more subtle and nuanced).
   A might be dealing with PTSD related to his accident (which will need to be treated as well)..
   A might at the beginning be in denial of his disability (which is a very costly and ineffective defense mechanism because it uses a lot of mental resources to maintain and will eventually break which results in a deep sense of despair for A).

   Extending on this sense of despair A might feel that his life is over and that nothing meaningful, positive can be lived or experienced in a state of disability. (this depressive state of mind is a normal response to becoming disabled but if it lasts long it can be a warning sign of depression.)
   As such in order to integrate his disability person A will have to mourn his able bodiedness and the abilities he once had (it's easier said than done and the process can be long and difficult).
   Person A might become more recluse or more dependent on his family and friends. And has the realisation of dependency or of loneliness grows suffering and the sense of self worth can decline. And as such it is important to communicate and maintain the bond the person had/has.
   Person A might also be helped by developing new interests and hobbies more accessible to their disability.
   Even if things might never come back to 'normal' (before the event) for person A this does mean that there will not be no future or that the past was irrelevant. The disability means that A will have to rediscover himself in a new light (which is hard and painful but not impossible).
   A good example of this is the movie Patients directed by Grand Corps Malade and Mehdi Idir.

   Person B on the other hand is different.
   For B disability is 'normal' for them. This doesn't mean it's willingly accepted. Person B can put in a lot of energy trying to compensate or overcompensate his limits. This may or may not work out but this strategy is often flawed as they are trying to prove to themselves and others that they can do exactly the same as non disabled people. This internal pressure often leads to aggravation, frustration or sadness when this strategy fails
   Or Person B might have interozided at a young age that he is dependent on others

for his daily life and this might cause him to develop a low self esteem (previously called an inferiority complex). And he might dismiss or fail to recognize his own sense of agency.)
For Person B it is important to recognize the disability but never to reduce themselves to being ‘disabled’ there are individuals with thousands of sides as everyone else and the disability is just one. And sometimes they might struggle to be considered by others (friends, family society) as more than being disabled.

A good example of this is the character of Tyron Lannister in Game of thrones.

5. How does it affect the family’s mental health, for those living with disability?

The family is alway impacted by disability. For parents the birth of disable child can be met with despair, depression, anger, guilty (these feelings and intensity musn’t be blamed on the parents nor the child) it’s often a massive trauma for parents and might sake the family to it core (like a earthquake impacting a house.).

Siblings might be asked by parents to over adapt to the disable child (i.e. repress their jealousy, anger, rivalry which are normal in children this might result in an inability to express those emotions in a healthy way). And they might be asked to play more of a parenting role even later in life if the disable individual is more dependable.

Parents might feel deeply depressed or guilty (in this case seeing a therapist is important to untangle their representations). They might also be in denial and push their disable child to be as good as the non disabled. Causing the child to internalize unrealistic expectations or life goals.

The all family dynamic might revolve around helping the disable child.This can create a lot of tension for both parents as well as financial strain.

Questions sent in:

6. **What’s the difference between bipolar and manic depression?**

   Manic depression is the old and out of date way to say bipolar disorder. Nowadays we use bipolar in the clinical world although some people still say manic depression is a vocabulary faux pas more than anything.If you are wondering it was changed for diagnostic clarity and because ‘maniac’ is negatively associated with madness and violence. So the APA (American psychiatric association) changed it in the early 80’s so that the disorder would be less stigmatized.

7. I’m struggling to make peace with my disability and not being able to do what I could do before. Any advice?

   I have a couple of suggestions that are worth sharing (these are by no means an obligation but a track worth investigating.)

a) Try to go to a support group for people with disabilities. Hearing how others are coping with their disabilities can be a wonderful experience and the connections shared can be very deep and meaningful as they might better understand your lived experience.

b) If you have a liking for self expression (i.e. writing, video making, acting, role playing, sculpting…) I would recommend trying to express the emotions you feel when you think about making peace with your disability (regardless of the emotions as ugly, scary or socially unconventional as might be it is still important to the process of grief).

c) Trying something new (such as a hobby, a sport, studies) that you find interesting and that is adapted to your disability. The connection you make with others may help you find peace with the changes forced on by the disability.

d) Be open to yourself about your feelings (if you feel sadness, rage, despair) try not to repress them but understand them and accept them as a part of yourself (or as a transition to another feeling).

e) Be kind to yourself, it is no easy task to accept disability and the sorrow and loss of one's ablebodydness.And by reaching out you are doing great, take the time you need this isn't a race reinventing once self takes time!

f) Don't isolate yourself from others. Family, friends, neighbours, coworkers can be very caring and loving people (and even if they haven't lived that experience) talking to them might help.(this advice may not apply in cases of toxic families, work environment or problematic neighbors) .

g) If you feel that this advice isn't helpful enough please consider therapy as it might help you grief you former abilities and help you process your disability and reach a true peace of mind.

8. How do I handle my schizophrenic father during his episodes?

This is a complicated question and I will try to answer it to the best of my ability. Because I don't have the context of these episodes and your father's behaviour I can only give very broad advice that may not reflect what you are experiencing. But I will try my best to provide satisfactory answers and advice.

a) If your father is a threat to you or himself (i.e. if he has violent behaviour or attempting to commit suicide). Please call the emergency service of your country and explain the situation. In France the emergency number for psychotic episodes is the number 18 (the firefighters) or 15 (medical emergency) both are valid for meltdowns . They are trained to help de-escalate the situation and to bring the person experiencing schizophrenia to a specialized mental health unit.

b) If your father is experiencing a paranoid episode (i.e. is suspicious, feels as if he is being watched…) or is being delusional (ie he is experiencing a false belief) . You can try talking to them and see if there is a way of des-escalating the feeling before they become full blown.

c) In case of an episode seek outside help if needed. For example, if your father feels better after talking to a member of your community(doctor, policeman, neighbour…), try and reach out to that person and explain the situation and see if they can or are willing to help.

d) If your father is still able to communicate, ask him what would help him or make him feel more secure.

e) Do not blame him for his delusions or hallucinations. Try remaining as calm and open minded as possible as aggression can escalate the crisis. If he is verbally abusive you must try to be firm without answering the aggression with aggression (you can try saying sentences like: “ Dad I understand that you're angry and frustrated but you can’t talk to me like that”.) depending on how accessible he is he may or may not be receptive to this.

f) don’t give your opinion on the delusions or hallucinations of your father. (as this can aggravate him). Likewise use words like stress, angry, scared instead of delusional crazy or mad when addressing his emotions. **Never** mock, ridicule, dismiss or minimize what he is experiencing or act as if it wasn’t there.

g) try and listen to your father without judging or interpreting his behaviour and see if his episode can recede with the talk you are having.

h) when the episode has ended try and ask your father what triggered it and if it can be avoided or minimize the stress of the situation. Also in schizophrenia it is important that the person continues his medication even when they are feeling better. Schizophrenia cannot (as yet) be healed and as such it is a chronic condition that needs to be treated during the entire life of the individual. Also if you can try and ask your fathers psychiatrist if has any advice or insights.

i) don't remain isolated with this situation, talk to your extended family or nuclear about the situation. See if you can get any support for them. I am sure that you deeply love your father and to try and help him the best you can and don’t get me wrong it is admirable. But you must also take care of yourself. You cannot handle this situation by yourself. Please if you take anything away from my advice, you need to watchout for yourself and not because of burnout with your father’s situation.

9. **What are some healthy ways to stop feeling lonely?**
   This question is interesting as I don’t know if the feeling of loneliness is caused by a lack of social interaction or if it is more of existential loneliness (i.e. the deep feeling that no one can understand or feel what we are experiencing) despite being socially active. So in order to please people I will answer both cases.

   First social isolation:

a) Trying to find a club or organisation of people who share a hobby you are passionate about (as there is common interest bonding will be that much easier.) And the plus side is that you might become better at the hobby as you practice with other people.

b) reach out to your friends and family (if the bond wasn't broken off but faded away because you were or they were too busy). You would be surprised at how many friends will appreciate you rekindling the bond. Because bonds don't vanish even if time marches on.

c) if you have a fear of relationship (in the broad sense) take it easy and try reaching out to others at your own pace (it can start by saying hi to neighbors or acquaintances) and each day you may be able to open up a little more each time.

d) Be careful with the internet and bond making. The internet can be wonderful but it can paradoxically make you feel more lonely. If you form a parasocial relationship with youtubers,twichers, influencers it might help you make a first step towards another person but don't overly rely on that bond as they can rarely become your support network. And keep in mind even if you feel as if you know them (which in itself is very debatable.) they do not know you personally, you are one subscriber among many.

Second existential loneliness (ie feeling lonely even when surrounded by others):

a) Try identifying the moment you started feeling this way (did you lose a loved one, did a romantic relationship end, did a friend betray your trust...).
Try asking yourself if this feeling is like a shield to protect yourself against the potential suffering of losing another bond.

If it isn't then you might just need time to yourself to process the event and start connecting again when you are ready.

If it is, this may indicate that your feeling of loneliness might be a defense mechanism against mental suffering. In these cases I would advise psychotherapy to help you process the emotions in order to modify them.

b) You have recently come to an existential realisation about yourself or the world around you (for example that life is incredibly short and fragile, that nothing has any inherent meaning…). These realisations are deep moments of questioning and sometimes of distress. You may feel that others cannot understand you or that it is for the better that they don't share your realisation as it would hurt them. This state of mind is a tricky one as you might feel a deep sense of emptiness. However your realisation might be more common than you think and others might have found a deep sense of meaning or enjoyment of life and trying to connect to them might be hard but there is something to gain with their perspective. I believe you should at least try as staying with this 'realisation' can cause sadness and despair. In short, give a chance to the perspective of others.

10. How do I know when to stop therapy?

    This is a very important question and people are often unclear about it. Therefore thank you for asking.

    Therapy is a peculiar space in which you work in tandem with your therapist. If you are experiencing an improved state of mind and that the issues you have come to therapy for have subsided and that you are feeling you can handle your future without feeling anguished and coping on your own. And you feel a deep and lasting sense of freedom. Then you might be coming close to reaching the ending point of your therapy.

    However and I can't stretch this enough, don't stop therapy as soon as you have started feeling better. I understand that in our modern world we want things to be quick, effective and cheap but the mind doesn't change as fast as we want.If you are feeling better after a couple of sessions it's great! But this progress needs to be built upon and solidified. Every therapist has had patients leave as soon as things got better thinking all had been solved. But most of the time these patients lose the progress and start feeling the same suffering. So please don't make this mistake.

    The best way of knowing when to stop therapy is to talk to your therapist as I said earlier this job is a tandem. You can share your state of mind and he will give you his professional opinion. Most of the time if you have been feeling better in a lasting way your mental health professional will agree with you and offer to reduce the frequency of the session (i.e. going from one a week to one a month.) This is to monitor the situation and prevent relapse and also in order to say goodbye in progressive manner. Don't skip this part either because say goodbye is an important part of all relationships.

    If your therapist disagrees with stopping therapy please hear his reasons without dismissing them. Think about them and see if you agree if you don't try and see if you can reach a compromise with the therapist (i.e. if he can fix a clear goal to cure a symptom or if he feels you are going to face a difficult situation that requires psychological support…). Please keep in mind that the overwhelming majority of therapists have your best interest in mind and have good reasons to maintain therapy.

    If you have the feeling that the mental health professional is artificially prolonging therapy well beyond what it should be (ie if you have been feeling better for a long time and that therapy hasn't provided any benefit in a while) . If he denies it by not providing a reason, doesn't answer your question or at worst interprets it a sign of mental illness or questions your sanity this could mean that your therapist has ulterior motives to keep you in therapy. In this case ending the therapy without the approval of the therapist might be necessary.

    Also please don't end the therapy because of comparison with other people. The therapy you are experiencing is unique to you and the therapist and can't be compared to others.

11. I constantly feel like running away and cannot get that thought out of my head. How do I deal with these thoughts?

Thank you for reaching out, living with those thoughts couldn't have been easy.

First of all I would recommend you find a place you feel safe and secure (for some it is their bedroom, others it's their garden…). You can listen to soft or comforting music if it helps you.

Secondly I would advise that once you feel secure enough try and reach out to those thoughts and feelings (this process can be scary just try your best it might not work immediately don't push yourself too much). If it's too much, take a break and do something you enjoy. If you have issues pushing away the thoughts, imagine an iron safe picture yourself turning the wheel of the safe to lock those thoughts away. This fix is temporary (as it doesn't cure the problem).
Remember those thoughts are contentanded and you can open the safe or not.

Thirdly, with time and practice you might be able to reach out to those feelings more and more. The goal is to understand where they originate and why they are coming back now. Are you feeling in danger at present? Are you experiencing a traumatic event that echoes your past? What is the trigger of those thoughts? Trying to understand might help you lessen your need to run away.

These methods are only preliminary work. I would strongly advise you to reach out to a therapist to help you better cope with those feelings and thoughts. Please don't stay alone with this.